

**A STUDY TO EVALUATE THE EFFECTIVENESS OF EARLY
SUCKLING ON THIRD STAGE OF LABOUR AMONG
PARTURIENT WOMEN IN GOVERNMENT RANEES HOSPITAL
AT PUDUKKOTTAI**

By

MANGALS



**A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R.
MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILMENT
OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF
SCIENCE IN NURSING.**

OCTOBER 2015

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EXAMINERS :

1.

2.

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that the Ethical committee of Karpaga Vinayaga College of Nursing has discussed with its members regarding the topic for the study, its implications and subjects under the study for the thesis of M.Sc (N) programme on the topic **“A Study to evaluate the effectiveness of early suckling on third stage labour among parturient women at Government Ranees Hospital, Pudukkottai.”** The committee has passed clearance for the same topic for her to pursue.

ETHICAL COMMITTEE

ACKNOWLEDGEMENT

“Gratitude makes of our past, brings peace for today,

And creates a vision for tomorrow”

-John Fitzgerald Kenned

I’m very grateful to “God Almighty” for his abundance grace, mercy and blessing for the successful completion of this study.

I wish to express my deep sense of gratitude and thanks to **Dr. S. Kavitha Subramanian., Ph.D.**, Managing Trustee, Karpaga Vinayaga College of Nursing, for providing me an opportunity to undertake the course under Karpaga Vinayaga Educational Trust.

I express my sincere gratitude and endless thanks to **Dr. Hyrunnisa, M.B.B.S., DGO.**, Chief Civil Surgeon, Government Ranees Hospital, for the constant guidance and valuable suggestions which strengthened me to pursue my study effectively.

I wish to express my deep sense of gratitude to **Dr. Syed Moideen, M.D., Hospital Superintendent**, Government Head Quarters Hospital, Pudukkottai, for granting me permission to conduct the study and for his constant guidance and valuable suggestions.

I express my sincere and whole hearted gratitude to **Prof. S. Sumithra, M.Sc.(N)., Ph.D.**, Principal, Karpaga Vinayaga College of Nursing, Pudukkottai, for her fondle care, patience, encouragement, abiding guidance and constant support given during the entire study. I consider this as a great honour and privilege to complete the study under her supervision.

I would like to put my heartfelt credit to **Ms. M. Vanichitradevi M.Sc. (N).**, Vice Principal, Karpaga Vinayaga College of Nursing, Pudukkottai, for her valuable suggestions and immense direction for the completion of my dissertation.

It is the most pleasant time to express my gratitude and exclusive thanks to my Guide **Ms. C.Radha, M.Sc(N)**, Associate Professor, Department of Obstetrics and Gynaecological Nursing, for her innovative, constructive and diligent effort to ensure the best quality of the study and her inspiring words will never be forgotten, which helped me to do my study in a wonderful and fruitful manner.

My sincere thanks to **Ms.Vimala**, Nursing Superintendent, Government Ranees Hospital, Pudukkottai, who granted permission to conduct the study and for the facilities she had provided in the hospital which enabled me to do this study.

I'm very grate full to **Ms. R.Pandiselvi, M.Sc.(N)** and **Ms. M.K. Mahalakshmi, M.Sc.(N)** Lecturers, Department of Obstetrics and Gynaecological Nursing, for their help and support throughout my study.

I broaden my honest recognition to all the **Faculty Members** of Karpaga Vinayaga College of Nursing, for their hold during the course of this study.

I am obliged to the **Medical and Nursing Experts** for validating the tool and for the constructive comments.

I widen my genuine gratitude to the **Dissertation Committee** for offering constructive criticism and due sanction for carrying out this research work.

My sincere thanks to **Mr.Venkatraman, M.Sc., M.Phil., Ph.D.**,for his assistance in the statistical analysis of this study.

I am delighted to convey my earnest gratefulness to **Ms. C. Saranya., B.Com, M.L.I.Sc**, Librarian, Karpaga Vinayaga College of Nursing and Special thanks to the **Librarians** of The Tamilnadu Dr.M.G.R Medical University and

Apollo College of Nursing, Chennai, for extending necessary library facilities throughout the study.

I thank all the Nursing and Non-nursing **Staffs** of Government Ranees Hospital, Pudukkottai for their guidance and timely help during data collection period.

My truthful praise to all the **parturient women** who took part in this study, without their cooperation the study would not have been possible.

I wish to express my sincere gratitude to **Ms. S. Maheswari, M.Com, B.Ed.**, and to **Ms.Muthulakshmi MA, M.Phil** for their valuable editorial support.

I express my special thanks to **New Cyber Cafe, Net Centre, My cafe Net Centre**, for their cooperation and untiring patience in typing this dissertation.

I express a heartfelt thanks to my **Beloved Parents Mr.G.Shanmugam and Ms.S.Rukmani shanmugam** for their valuable support, blessings and prayers.

I express my gratitude to my **beloved husband Mr.S.Ganesan M.Sc., B.Ed.**, and my **lovable kids G.Swethalakshmi , G.Haritha, G.Harshitha** for their unbounded love and affection, ceaseless support, optimistic encouragement, unparallel support and guidance for the successful completion of my study.

Last but not least, I express heartfelt gratitude and thanks to **My Classmates and Friends** who encouraged and supported to complete the study.

WITH A PLEASING HEART

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ABSTRACT

A True Experimental study to evaluate the effectiveness of early suckling on third stage of labour among parturient women at Government Ranees Hospital, Pudukkottai, was taken by Ms. Mangai.S in partial fulfillment of the requirements for the degree of **MASTER OF SCIENCE IN NURSING** by the Tamilnadu Dr.M.G.R.Medical University Chennai.

OBJECTIVES

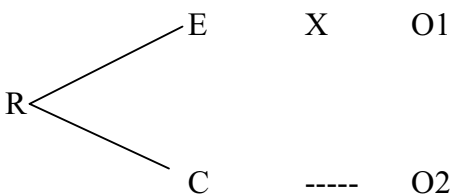
1. To evaluate the effectiveness of early suckling on third stage of labour among parturient women in experimental and control group.
2. To associate the duration of third stage of labour among parturient women in experimental and control group with the selected demographic variables.
3. To associate the amount of blood loss among parturient women in experimental and control group with the selected demographic variables.

Conceptual Frame : Christen M.Swans Theory Of Caring (1993)

Work

Research Design : Post test Only Control Group Design

Group Design :



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graph LR; R --- E; R --- C; E --- X; X --- O1; X --- O2; C -.- O1; C -.- O2
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Population : The target population was parturient women in third stage of labour.

Sample size : 120 mothers, 60 in the experimental group and 60 mothers

Sampling Technique : Probability simple random sampling

- Setting : Government Ranees Hospital, Pudukkottai.
- Tool : Structured observation record for observing duration and amount of blood loss, standardised Latch score and maternal satisfaction rating scale
- Data collection : A true experimental post test only control group design was used. The time of data collection was day and night of all seven days of the week. The early suckling was given for about fifteen minutes to note the change in the duration of third stage labour and Blood loss during third stage of labour.
- Data analysis : Descriptive statistics (Frequency, percentage mean and standard deviation) and Inferential statistics (Unpaired ‘t’ test and chi-square) were used to the research Hypothesis and the Latch score was assessed using standardised rating scale and maternal satisfaction score was also assessed using rating scale.

MAJOR FINDINGS OF THE STUDY

In experimental group 52(86.67%) of them had 8-10 minutes duration of third stage of labour whereas in control group 21 (35.0%) had 8-10minutes, 8 (13.33%) of them had 11-13 minutes in experimental group, whereas in control group 28(46.7%) had 11-13 mts and in experimental group none of them were in 14-16 mts whereas in control group 11(18.33%)had 14-16 mts. In experimental group the mean value was 1.13,standard deviation was 0.34 , whereas in control group the mean value was 1.83,standard deviation was 0.71 and obtained ‘t’value 6.822 shows significance at $p < 0.001$. In experimental group 47(78.33%) of them had 100-150 ml of total blood loss , whereas in control group 29(48.33%)of had 100-150 ml. In experimental group the mean value was 1.13 whereas 1.83 in

control group ,standard deviation was to 0.46 in experimental group, whereas 0.66 in control group and obtained 't' value 3.658 shows significance at $p < 0.001$. This reveals that early suckling was effective in reducing the duration of third stage of labour and blood loss. There was a significant association found on duration of third stage of labour and blood loss among parturient women in experimental group with their selected demographic variables. The Latch score was assessed using standardised rating scale and maternal satisfaction score was also assessed using rating scale and both of found to be 100% among experimental group.

CONCLUSION

1. The early suckling was the most safe and most effective intervention during third stage of labour.
2. The administration of early suckling can naturally release the oxytocin to stimulate the uterine contraction and it helps to reduce duration of third stage of labour and amount of blood loss and increase maternal infant bonding.

CHAPTER I INTRODUCTION

BACK GROUND OF THE STUDY

*“Child birth is more admirable than conquest, more amazing than
Self - defence and courageous as either one.”*

-Gloria

*“Breast feeding is the women’s right and
to be breast feed is baby’s right”*

-Charles.M

Pregnancy and delivery are natural and joyous human events. It’s a wonderful experience. The child birth is a universally celebrated event and the happiest occasion in a women’s life, though it carries some amount of risk to the fetomaternal unit.

The birth of a child is one of the most exciting situations, yet anxiety producing physiological adaptation is involved in labour and birth. The midwife must perform frequent and careful assessment and should provide necessary care during the labour process to achieve a safe outcome of labour.

Women of child bearing age, growing infants and children together form around 59% of our society’s population. They are the most dependent and vulnerable members of the society who are at a high risk of morbidity and mortality.

The goal of sound maternal and obstetrical care is healthy pregnancy with a physically safe and emotionally satisfying outcome for mother, infant and the family. Consistent health supervision and surveillance are of utmost importance in achieving safe motherhood concept.

The aim of maternal and child health is to ensure that throughout pregnancy, labor and puerperium, the mother will have a good health and that every pregnancy may culminate in a healthy mother and healthy baby.

From a recent study on maternal mortality jointly carried out by WHO and UNICEF, it is estimated that globally 585,000 maternal deaths that occur every year are related to pregnancy, and about 99% of these deaths that occur in developing countries. Direct obstetric deaths are those resulting from complications of pregnancy, labour and puerperium or from a chain of events resulting from above.

WHO reported that there were an estimated 289,000 global maternal death in the year of 2013. Two third of maternal deaths occur in developing countries ,in that India is leading the list with 17% or nearly 50,000 of 2.84 lakhs women dies as a result of complications due to pregnancy or child bearing in 2013 due to direct and indirect causes during the antenatal , intra natal and postnatal period.

As per the **Sample Registration System (2012)**, the current level of Infant mortality rate in Tamil Nadu for the year 2012 is 21 per 1000 live birth and 23 international health agencies had pledged to reduce the under five mortality by three fourth by the year 2015 .These were called Millennium Development Goals number 4 and 5.

- Decade Report 2000-2010

The National Family Health survey published in the year 2000 by International Institute for Population Studies shows that maternal mortality in India is 540 per 1,00,000 live birth.

According to MMR BULLETIN Report 2012, Tamilnadu estimates MMR for about 105 per 1, 00,000 women in the age group of 15-45 yrs.The life time risk is that at least one women of reproductive age will die due to risks associated with

child birth and puerperium. The major causes of maternal mortality during the year 1998 were higher due to antenatal and postnatal haemorrhage (29%) comparing puerperal sepsis (16%), obstructed labour (10%), abortion (9 %), toxemia (8%) and unclassified causes (9%). Newer approaches such as “risk approach” and primary health care are steps in the right direction to reduce maternal mortality.

The third stage labour is a crucial period where an unexpected and uncontrolled bleeding can lead to a rapid deterioration of the mother culminating in an occasional mortality.

Studies indicate that often expulsion and contractions can be encouraged by putting the infant to the breast immediately after birth. Vigilance is crucial as it should be remembered that the longer the placenta remains undelivered, the greater risk for bleeding, as placenta still in it. These physiological changes may be enhanced by encouraging suckling by the baby. This will result in release of oxytocin from the posterior lobe of the pituitary which helps to secure good uterine action.

The goal of third stage of labour is to help in the prompt separation and expulsion of placenta and also promotion of suckling in the healthy baby immediately to facilitate to uterine contractions there by to reduce blood loss.

As postpartum haemorrhage is one of the leading causes of maternal mortality, the third stage of labour is extreme importance in the management of labour. The third stage of labour is concerned with the separation and expulsion of the placenta and membranes and the control of bleeding from the placental sites **(Bonnar)**. Therefore minimizing the third stage bleeding becomes an essential measure to reduce maternal mortality with the help of suckling.(Sharda 2001).

Labour is a natural process. There are four stages of labour. In that the third stage of labour is a very crucial period in the women's life and complications are more expected during third stage of labour. The third stage of labour begins upon completion of the birth of the baby and ends with the birth of the placenta. It is also known as placental stage of labour.

- **Annamma Jacob 2014.**

In the third stage, the mothers face many problems like haemorrhage, retained placenta and inversion of the uterus. This may lead to increased mortality and morbidity rate. These problems can be prevented by breast feeding especially early suckling .In women early suckling play an important function like, promoting bonding between mother and baby, helps in involution of the uterus to pre pregnant state, act as natural contraceptive and reduces the risk of primary post partum haemorrhage.

- **Bonnar John 2000.**

The equivalent of breast milk is yet to be invented by the scientific community despite tremendous advances in science and technology. Babies need appropriate nutrition, affection, stimulation and protection against infection. Breast feeding meets these needs and gives them the best start of life according to the slogan "**Breast milk is first milk and saves one billion lives.**"

- **Nanthini Subbaiah 2003.**

Breast milk is produced by a lactating female. Breast feeding should commence as soon as possible after giving birth and every 1-3 hours per 24 hours (8-12 times per 24 hours).The first and the foremost favour of breast milk is that it creates a special bonding experience between mother and child ,which is unparallel and it provides a special nutrition to the infant.

The benefits of breast feeding are incalculable, from the supply of antibodies which protect an infant at birth, to the exclusive nutrients in mother's milk which prevents a number of childhood diseases. Breast milk is a complete

food for the infant .The nutritional profile of calories, vitamins, and minerals is the best for infant and breast milk has the perfect proportion of them all.

In “**Healthier Nation Action Report**” the government has highlighted the promotion of breast feeding in order to assist improvement in health and to reduce the health inequalities of mother and children.

- Health Technology Assessment 2000.

The practice of breast feeding has become a worldwide health goal for all nations because many of the unique components are found only in human milk. Breast feeding alone reduces the infant mortality rates by 13% it is not only the best food for the child but also ensures a strong foundation for a healthy life throughout life.

- WHO&UNICEF 2000.

In **Millennium Development Goals (2013)** WHO stated that there have been improvements in exclusive breast feeding and early suckling has widely helped to reduce the infant mortality rate.

Midwives should be competent in both active and physiological management of third stage of labour which includes giving uterotonic, cord clamping and controlled cord traction, which reduces severe bleeding and anaemia. Physiological management include no prophylactic uterotonic, no clamping and cutting cord until the placenta is delivered and promoting the use of gravity to assist delivery of placenta in a timely manner with maternal effort. Reducing the duration of third stage will assist in reducing the blood loss and skin to skin contact has been shown to reduce the length of third stage and the risk of occurrence of postpartum haemorrhages.

-Dr. Irene Light Christopher 2015.

NEED FOR THE STUDY

“Breast feeding has justifiably called the gold standard for infant”

- WABA/WHO/UNICEF-2014.

Suckling and nursing are synonyms for breast feeding. It is the feeding of an infant or young child with breast milk directly from the female human breast.

“Breast milk is the Cinderella substance of the decade” and it is a natural and most precious gift to the newborn. Breast milk is the ideal food for the infant because it is safe, clear, hygienic, cheap and available to the infant at correct temperature. It also contains anti microbial factors there by it protects the infants from infections and disease.

-K.Park 2013.

Breast feeding is a right for every mother and it is essential to fulfil every child’s right to adequate food and the highest attainable standard of health.

- WABA 2000.

Modern medical sciences say that the neonate should suckle within half an hour of birth as recommended by **WHO and UNICEF.**

Nipple stimulation by immediate suckling after the delivery helps to aid uterine contraction and it has been practiced for many years and may be used either in addition to various components of active management of third stage of labour.

Stimulating the nipple, by the way of early suckling may increase the release of oxytocin which may stimulate the uterine contractions, encourage placental separation, reduces post partum haemorrhage and shortens the duration of third stage of labour

- D.W.Irons 2005.

The importance of early suckling in active versus expectant management of third stage of labour and implementation protocol was that early suckling facilitates the release of endogenous oxytocin which aids in the promotion of bonding. The let down reflex is elicited through infant suckling that stimulates the sensory nerve endings in the nipple. These impulses travel via the afferent neural pathways in the spinal cord to the hypothalamus, stimulating oxytocin release from the posterior pituitary gland. Oxytocin allows for milk ejection and promotes uterine contraction that helps to maintain the uterine tone.

- Beglay et al 2015

In 2003, the International Federation Of Gynaecology and Obstetrics (IFGO) and the International Confederation Midwives (ICM) issued a joint statement that has prioritized universal access to active management of third stage of labour in respond to the urgent need to make real progress in reducing the maternal mortality rate globally. In that protocol they emphasized the need for early suckling which generally takes place between 10 and 45 mts during the post partum period depending on health condition of the baby. It reduces the duration of third stage of labour, blood loss and the risk of retained placenta.

The frequency of haemorrhage increases by 10 to 40 mts after the birth of the baby. An oxytocin agent is usually not recommended unless uterine tone is poor. Instead of oxytocin agent encourage the mother to feed the baby as soon as after the delivery of the baby, since it may enhance certain physiological changes. The result of early suckling reflex releases oxytocin from the posterior lobe of the pituitary gland which helps to secure good uterine action. Hence early suckling is one of the physiological management of third stage of labour.

-Bennet V.Ruth 2007.

The early suckling establishes a deep rooted maternal bond in all mammals. Suckling triggers mechanisms that reduce crying, there by conserving energy. Infants also form affection bonds with their mothers through nursing-suckling interactions.

-Blass. E2008.

Research study conducted on early suckling indentified that there is powerful learning mechanism behind suckling along with providing insight in to suckling in infants including human babies. This suckling also helps to illuminate basic learning, enhances memory and reinforcement mechanisms in the brain.

-Beth Azar 2000.

Breast milk is the prepared form of nourishment for an infant. The immediate health benefit of breast feeding is established to provide protection against infectious diseases there by reducing the morbidity and mortality in early life and lowers the cardio metabolic risk and cardio vascular outcome in adult hood.

-Christoper.G.Owen 2010.

WHO (2001) approves that there is also an association between earlier suckling and longer feeding duration. They found that in addition to suckling at the breast immediately or soon after birth helps in contraction of the uterus and helps to prevent severe bleeding. The infants rooting and suckling reflexes are strong immediately after delivery and after birth putting the baby immediately to the breast will help to strengthen initial mother child bonding and stimulates the release of oxytocin which facilitates the uterine contraction and complete expulsion of the placenta and membranes during third stage labour.

Abhay Bang (2000) conducted a Prospective observational study in Gadchiroli, India among women who have undergone home deliveries and are as emergencies with third stage complications to a referral hospital. Among that

retained placenta constituted 68% of emergencies, primary and secondary post partum haemorrhage was seen in 16.4% and 15.6% of women respectively. There was a considerable delay in referral and 31.4% patients were admitted in shock. It was concluded that training of traditional birth attendants in management of the third stage of labor will reduce these complications in the developing countries, where approximately 80% of all births are managed by untrained personnel who conduct deliveries at home.

The suckling reflex of the newborn has been found to be strongest after birth. If the infant is not fed, the reflex diminishes rapidly and reappears only 40 hours later.

- Arachaksy 2000.

UNICEF (2007) Report states that India has close to 2.5 million children born every year; out of these 1.9 million were under five children, who die in a year. Only 23.4% of newborns across the country begin breast feeding within an hour of birth. This rate has to be improved up to 90% or more in order to achieve Millennium Development Goals and to fight malnutrition among children in India. Early initiation of breast feeding practice promotes quality health care for children and reduces their specific health problems.

Infant Mortality Rate is regarded as an important and sensitive indicator of the health status of a community. It also reflects the general standard of living of the people and the effectiveness of interventions taken for improving maternal and child health in a country. IMR is still in the unacceptable range and a lot needs to be done. IMR in Tamil Nadu is less than 50/1000 live births. About 50% of the infant deaths occur within the neonatal period. Services for the infants that promote early and adequate breast feeding and adequate immunization need to be strengthened.

- Bir Singh 2006.

Early Breast Feeding should be initiated as soon as possible (within one hour of delivery) using support from Health Care Personnel /Peer and providing kangaroo mother care for 1 hour during first three hours after birth has a positive impact on breast feeding.

-TNMC JOGN 2015

The Latch charting system was developed by Jensen et al, In 1994 based on the model of the Apgar scoring system. The system assigns a numerical score (0, 1, or 2) to five key breast feeding components. The total score ranges from 0 to 10, with the higher score representing successful breast feeding.

In regards to maternal mortality and morbidity statistical data received and from the various information received from the media and considering the above factors from the work experience in the Obstetrics Unit with an aim to reduce the maternal mortality and morbidity rate by strengthening the midwifery care, a felt need was identified by the investigator to emphasize the importance of early breast suckling, which can facilitates maternal as well as foetal well being.

If early suckling is combined with active management of third stage of labour is provided to a parturient women by a competent midwife, it helps to reduce the duration of third stage of labour and reduces the blood loss by enhancing the uterine contraction which aids in placental separation and also establishes a bonding between the mother and infant. With this background, the present study undertaken to evaluate the effectiveness of early suckling on third stage of labour.

STATEMENT OF THE PROBLEM

“A study to evaluate the effectiveness of early suckling on third stage labour among parturient women at Government Ranees hospital, Pudukkottai”.

OBJECTIVES

1. To evaluate the effectiveness of early suckling on third stage of labour among parturient women in experimental and control group.
2. To associate the duration of third stage of labour among parturient women in experimental and control group with the selected demographic variables.
3. To associate the amount of blood during third stage of labour among parturient women in experimental and control group with the selected demographic variables.

HYPOTHESES

- H1: There will be a significant difference on duration of third stage of labour among Parturient women in experimental and control group.
- H2 : There will be a significant association on duration of third stage of labour among Parturient in women in experimental group with the Selected demographic variables.

OPERATIONAL DEFINITIONS

EFFECTIVENESS

It refers to statistically significant difference in terms of duration of third stage of labour and total blood loss during third stage of labour between the parturient women in the experimental and control group.

EARLY SUCKLING

Baby is placed on mother's breast immediately after birth and breast feeding (suckling) is initiated before expulsion of placenta.

THIRD STAGE OF LABOUR

It is the time period from the birth of the baby to expulsion of placenta and its membrane.

The duration of third stage lasts for about 5 mts and up to 30 mts and the estimated blood loss is about 500ml.

PARTURIENT WOMEN

In this study, the parturient woman refers to a woman who is in the process of giving child birth.

ASSUMPTION

1. Early suckling has some effect on third stage of labour.
2. Early suckling may reduce the duration of third stage of labour and blood loss.

DELIMITATION

This study is limited to

1. 120 samples only.
2. Parturient mothers in third stage of labour.

PROJECTED OUTCOME

Physiological management of early suckling will reduce the duration of third stage of and amount of blood loss.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is an essential component of the research process. It is a critical examination of publications related to topic of interest. Review should be comprehensive and elaborate. It helps to plan and conduct the study in a systematic and scientific manner.

For the present study, the related literature was reviewed and organized as following.

1. Studies related to third stage of labour.
2. Studies related to effectiveness of early suckling.

1. Studies related to third stage of labour

Kamini Rao, (2011)The third stage of labour is the period from birth of the baby till delivery of the placenta. The three classical signs of placental separation include lengthening of the umbilical cord, gushing of blood from the vagina and change in the shape of the uterine fundus from discoid to globular, with elevation of the fundal height. In about 80% of the normal labor, the placenta separates in the central area first and in the remaining 20% of the cases, the placenta is delivered sideways as the lower edge of the placenta is initially separated. The average blood loss at delivery is generally estimated to be about 500ml. The total duration of the third stage of labour involves the delivery of the placenta, which usually happens within 5 – 10 minutes after the delivery of the fetus, but it is considered normal up to 30 minutes after delivery. The delivery of the placenta can be managed either by expectant management or by active management.

Begley M (2015) conducted a study to compare the effectiveness of active versus expectant management of third stage of labour. In this study randomized and quasi randomized control design was used and the total number of sample was about 8247. It was concluded that for women at mixed levels of risk for bleeding,

active management showed a reduction in the average risk of maternal primary haemorrhage at time of birth. (average risk ratio RR 0.34,95% confidence interval was 0.14 to 0.87, and the maternal haemoglobin was found to be less than 9g / dl following birth (RR 0.50,95%).Hence it was concluded that active management was effective in management of third stage of labour.

Dutta(2013) stated that separation of the placenta is achieved by marked reduction in the uterine surface of the placental site following delivery due to retraction.

Mahboubeh Taebi (2012) conducted a cross sectional study on the use of labour stimulation, analgesia during labour and cord drainage during third stage of labour. The total number of sample was 1000 women with normal vaginal deliveries in Kashan Shabihkhani Hospital. Checklist was used for data collection and the mothers were divided into two groups according to the duration of third stage: less than or equal to six minutes (group 1), more than six minutes (group2) which was considered as the prolonged third stage.

The average duration of third stage of labour was found to be 6.03 + 5.15 (minimum) and maximum of 6 minutes. The median of this stage was 5 minutes. 736 subjects (73.6%) had a third stage of less than or equal to 6 minutes (group1) and 264 subjects (26.40%) had a third stage of more than 6 minutes (group2).It was concluded that the use of induction, analgesic drugs during labour and umbilical cord drainage reduced the prolongation of the third stage of labour. But among multi parity women, the duration of the third stage was found to be decreased.

Begley et al (2011) stated that reducing the duration of third stage of labour can be enhanced through proactively encouraging women to adapt an upright position shortly after birth which may assist in reducing blood loss without the necessity of resorting to utero tonics and cord traction.

Jean Pierre Lina Lubaki et al (2010) conducted an interventional study on active management of third stage of labour. The incidence of post partum hemorrhage and maternal death rate was assessed in the Vanga Health Zone. Post test only design was used and the study population was 6339 parturient women who attended the Vanga Health Zone Maternity Ward. Data sheet was used for collecting information. It was concluded that, active management of third stage of labour reduced the incidence of post partum haemorrhage for about 70% and also reduced the maternal death rate for about 70% among the parturient women. It was concluded that active management was found to be effective in reducing the complications.

Frank Silver Man (2010) stated that the signs of placental separation include a gush of blood, lengthening of the umbilical cord and anterior upward movement of the uterine fundus, which becomes firmer and globular after the detachment of placenta. Placental expulsion follows as a result of a combination of events including spontaneous uterine contraction and by the down ward pressure from the developing retro placental hematoma and an increase in maternal intra abdominal pressure.

Frank (2010) surveyed the duration of third stage of labour among parturient women in a tertiary hospital for a period of one month. It was found that the duration of third stage of labour was about 5 to 6 mts. About 90% of the placenta delivered within 15 mts and 10% delivered of the placenta within 30 mts after the birth of the baby.

Vanaja Kumari (2011) reported that the incidence of third stage complications like haemorrhage, obstetric shock, uterine inversion, septicaemia and obstetric hysterectomy was constant if third stage is more than 30mts among cases referred from outside with the history of retained placenta following delivery.

Metin Atlay A (2007) conducted a study on the location of placenta at term pregnancies and its effects on the duration of the third stage of labour in women with singleton pregnancies. The total number of sample was 207, in that the placental implantation was determined as anterior (n=78), posterior (n=59) or fundal (n=64) by ultra sound. After delivery oxytocin was routinely given. It was concluded that the duration of third stage of labour was (anteriorly) 10.36 + 5.94 min,(posteriorly) 10.44 + 5.35 and (fundal)3.12 + 4.25 min with placenta located anteriorly, posteriorly and fundal respectively. The length of third stage of laobur was approximately 2 minutes shorter in the fundal placenta group compared to the other two groups.

Path (2006) conducted a comparative study to assess the effectiveness of active management of third stage of labour, using quasi experimental research design among antenatal mothers. The data was analyzed through observation and measurable method. It was concluded that active management of third stage of labour reduced the risk of prolonged third stage beyond 30 minutes when compared to supplemental oxytocin and bimanual compression and hence active management of third stage of labour was found to be effective.

Magnn (2005) conducted a prospective observational study to estimate the length of the third stage of labour and is correlated with the occurrence of post partum haemorrhage. The total population was 6588 vaginal deliveries in a single tertiary obstetric hospital and PPH occurred in 335(5.1%) of mothers. The length of third stage of labour was found to be 10 mts among 95% of women and 30 mts among 10% of women. The mean time curve was about 18 mts. Hence it was concluded that, the risk of post partum haemorrhage was correlated with the length of third stage of labour.

Egebo (2000) conducted a study to know the validation of laboratory method of measuring post partum blood loss, at gynaecological operations in

Singapore. The blood was collected in measurable bottle among postnatal mothers. About 50 – 1000ml of measured blood was poured in to the absorbent paper and sanitary pads, in order to mimic conditions like measuring blood loss in clinical trials in the postpartum period. The amount of blood absorbed into the absorbent paper and sanitary pads was measured by tepid method of automatic alkaline hematin. The study showed that this method produced a reliable and accurate means of measuring blood loss.

II. Studies related to effectiveness of suckling

Jenifer Shalini (2015) conducted an experimental study to assess the effectiveness of early suckling on third stage of labour among parturient women. Quantitative research approach was used and data was collected by using structured observation record. The total duration of third stage of labour among parturient mother was about 8 – 10 mts (n=27) with the mean score of 9.63 and standard deviation of 0.62, duration of third stage of labour among parturient mother was about 11-13mts (n=18) with the mean score of was 12.28 with the standard deviation of 0.82, the total duration of 14 – 16 mts (n=11) with the mean 14.64 and standard deviation of 0.67 and the mean score of 7-16 mts (n=4) was 18.25 with the standard deviation of 1.25. It was concluded that there was a significant association between early suckling and the third stage of labour at P 0.007 level.

Pediatr J. et al (2013) stated that breast feeding can promote hormonal processes and protect mothers against depression by acting as a control response to stress.

Himani (2011) conducted a study to assess the effect of initiation of breast feeding immediately after the delivery on maternal infant bonding. Quasi experimental design with purposive sampling technique was employed to select the samples from the population. The total samples were 218 mothers and their newborn babies in obstetric unit, Nehru Hospital PGIMER, Chandigarh. The

samples were divided into control group and experimental group of 119 mothers and newborns in each group. Experimental group was initiated breast feeding immediately after birth and the control group babies do not receive breast feeding. After the analysis the result revealed that initiation of breast feeding within one hour of delivery improves maternal infant bonding when compared to control group babies.

Ram. C (2011) conducted a study to assess the effectiveness of correct position, attachment and effective suckling among mothers and infants. The study design was observational, descriptive and cross sectional study and the total number sample size was 192 mothers and infants in neonate units.

The researcher observed the mothers and baby's position, attachment and effective suckling by using **WHO B-R-E-A-S-T** feed observation form and the grading of positioning attachment and suckling was done according to the score of various characteristics. The data analysis revealed that poorer positioning was found among 24% of primipara mothers than multipara mothers (86%). It was found that young primipara mothers need more support and guidance for correct breast feeding techniques and position. Hence it was concluded that correct breast feeding techniques improves the suckling among neonates.

Marin et al (2010) stated that skin to skin contact and early breast feeding may facilitate the delivery of the placenta by increasing the plasma oxytocin level which in turn helps to contract the uterine muscles and activates the living ligatures. Hence it helps to reduce the bleeding during the third stage of labour and it also helps in formation of retro placental clot and enhances placental delivery.

Marshall Karlus (2009) conducted a survey on early emotional ties among mother and infant. During early breast feeding, the researcher observed that if an infant's lip touched her mother's nipple in the first hour of life, plasma oxytocin

was found to be elevated following birth in women who held their infants skin to skin, notably the oxytocin peaked after expulsion of the placenta. It was concluded that after one or two suckling periods, the blood oxytocin became elevated with each breast feeding. So he concluded that this increased the hormone level may enhance the bonding of the mother to her infant, and also helped to initiate strong uterine muscles to contract and helps to prevent bleeding during the postnatal period.

W. Jonas (2008) conducted a study to investigate the pattern of maternal blood pressure before, during and after a breast feed following two days postpartum. The total number of population was 66 primigravida mothers with normal deliveries and the blood pressure was measured at 5, 10, 30 and 60 minutes in connection with a morning breast feed. Among 33 women, the blood pressure was monitored before and after breast feeding for a period of 25 weeks. The blood pressure was significantly reduced in response to breast feeding following two days after birth. The fall in systolic and diastolic blood pressure was about 88 (SD =11.00) and 77 (SD =9.3) respectively. It was concluded that both systolic and diastolic blood pressure is significantly reducing during a breast feeding session.

Bystrova K (2007) conducted a study to assess the effects of delivery ward practices and early suckling on maternal axillar and breast temperatures during first two hours of post partum period. Randomized control group design was used among 176 mother infant pair, they were randomized as follows. (Group I) infants lying prone in skin to skin contact on their mother chest by early suckling name (skin to skin group (n=44), (Group II) infants who were dressed and lying prone on their mothers chest named mothers arm, (Group III) infants who were dressed and kept in nursery, named (nursery group). Then the episodes of early suckling were noted, maternal axillar and breast temperature was measured at 15 minutes intervals from 30 to 120 minutes after birth. It was found that the axillar temperatures rise significantly in all the mothers in skin to skin, early suckling group and lowest

among mothers in the nursery group. It was concluded that, a positive relationship was found between the maternal temperature and early suckling.

D.W Irons (2005) conducted a study to assess the effect of nipple stimulation on uterine activity during the third stage of labour using randomized sampling technique. The total sample of 20 parturient mothers divided into experimental and control group of 10 each. Experimental group received nipple stimulation for 15 mts and regular oxytocin injection was given for the control group. The uterine activity was continuously measured by using the placenta as an in situ hydro stasis bag connected to a pressure transducer. The uterine pressure was found to be 103 mmHg in the nipple stimulation groups, where as in control group it was 70.8 mmHg. Hence the duration of the third stage and blood loss tend to be reduced with nipple stimulation(25.7 versus 16.6 mts) compared to control group (20.3 versus 12.3 min).It was concluded that nipple stimulation increases the uterine pressure and it also helps in reducing the incidence of post partum hemorrhage.

Karan M Ed Mond (2005) conducted a study to evaluate the timing of initiation of breast feeding with risk of neonatal mortality among women in child bearing age and their infants. The breast feeding was initiated within the first day of birth in 71% of infants and by the end of day 3 in all mothers. 70% of mothers were allowed for exclusively breast feeding during neonatal period. It was concluded that early initiation of breast feeding has the potential to reduce the risk of neonatal mortality rate. According to Child Survival Millennium Development Goal 16% of neonatal deaths could be saved if all infants were breastfed from day one and up to 22% if breast feeding is started within the first hour of life. Hence the study was found to be effective in reducing the neonatal mortality rate with early initiation of breast feeding.

R. Cordan (2005) cited that early and frequent suckling may increase the prolactin receptors in the breast and hence making milk production more effective.

Deliek Bilgic et al (2004) conducted a study to evaluate the effect of early breast feeding on the duration of 3rd stage of labor and the mother infant interaction among eighty five eligible subjects who were divided into two groups in randomized manner. Early breast feeding group (n=43) and control group (n=42). The rate of placental separation at the first 5 – 10 minutes of the third stage was significantly higher (83.3%, Vs16.7%) in the early breast feeding group. This rate was found higher (42.6%Vs7.4%) than those of who are breast feeding more than 10 minutes at P0.05 level. Mother infant verbal interaction scores were significantly higher in the early breast feeding group (26.5+44) than control group (13.9+3.6). Hence early breast feeding reduces the duration of third stage of labour and increases the mother infant verbal interaction.

Summary

This chapter deals with related literature review and was organized as studies related to third stage of labor and studies related to effectiveness of suckling.

CONCEPTUAL FRAME WORK

The present study is based on the concept of early suckling on women who are in third stage of labour, to note the change the duration of third stage of labour and blood loss.

This study has adopted the Christen M. Swans Theory of Caring (1993). Swanson states that caring is a nurturing way of relating to a value of others, towards themselves .The parturient mother feels a sense of personal satisfaction, commitment and responsibility by the care provided by the midwife during the third stage of labour.

The caring model, in which Swanson proposed the five basic processes of knowing, being with, doing for, enabling and maintaining belief.

Knowing (empathy)

Is the process of striving to understand the meaning of an event in the life of others.

Being with (presence)

It means showing feeling without burdening the one called for.

Doing for (evidence based practices)

It means to do for others what one would do for self if at all possible.

Enabling (empowerment)

In this study, enabling means facilitating one's life style by helping them to understand the unfamiliar events happening in their life and by helping them to undergo the process of life transition by focusing on the life events of others.

In this study the midwives helps to make the women to understand about the process of birth and helps to understand the importance of early suckling.

Maintaining belief (instilling hope)

Is sustaining faith in the other's capacity to get through an event or transition and fare future with meaning.

In this study midwives is maintaining belief that early suckling has effect on third stage of labour by reducing the duration of third stage of labour and the amount of blood loss.

Knowing

The researcher knowing the demographic variables such as mothers age, type of delivery, gravida, duration of first stage of labour and duration of second stage of labour.

Being with

It refers to explaining the procedure to the mother, getting the consent and observation of the process of labour from second stage to third stage.

Doing for

This change is observed after initiating early breast feeding in the neonate immediately after the birth and before the expulsion of placenta.

Enabling

It refers to the process of identifying the change in the duration and amount of blood loss during the third stage of labour. It is observed by observation on a record sheet. . The Latch score was assessed using standardised rating scale and maternal satisfaction score was also assessed using rating scale.

Maintaining belief

Early suckling helps to avoid complication of third stage of labour and enhances interaction between mother and infant and establishes continuous breast feeding.

CHAPTER III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure for gathering valid and reliable data for the purpose of investigation.

-Polit and Hungler 2003.

METHODOLOGY

This chapter consists of description of the research methodology which the investigator adopted to evaluate the effectiveness of early suckling on third stage of labour. It includes research approach, research design, variables, settings, population, sampling technique, sample size, criteria for sample selection, development of the tool, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH

An evaluative research approach was selected for this study. Evaluative approach is an applied form of research that involves finding out how well the program practice, procedure policy are working.

In this study the investigator need to evaluate the effectiveness of early suckling on third stage of labour among parturient women in selected hospital.

RESEARCH DESIGN

True Experimental Research Design- Post test only control group design was used.

R <	E	X	O1
	C	-----	O2

R- Randomization

E – Experimental group

C – Control group

X – Intervention

O1 – Post test

O2-Post test

POPULATION

The population was parturient women who have been admitted in the labour ward.

SETTINGS

The study was conducted in labour room at Government Ranees Hospital which is situated around 4 km from karpaga vinayaga college of nursing.

SAMPLING

SAMPLE

The sample consists of parturient women who were in third stage of labour.

SAMPLE SIZE

The Sample size was 120 parturient women, among them 60 was assigned to experimental group and 60 in control group.

SAMPLING TECHNIQUE

In this study probability simple random sampling technique was adopted.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

Parturient women who are

1. between 38 to 42 weeks of gestation
2. having Singleton pregnancy with a live foetus.
3. undergoing normal vaginal delivery with or without episiotomy.

EXCLUSION CRITERIA

Parturient women who are with

- systemic and psychiatric disorder
- Severe pregnancy induced hypertension and anaemia
- nipple abnormalities
- foetal abnormalities
- placental disorders
- with dystocia
- undergone lower segmental caesarean section
- who are not willing to participate.
- newborn whose Apgar score is less than 7 at 1 mt.

VARIABLES

INDEPENDENT VARIABLES

Early suckling initiated by the new born on the mother's breast immediately after the delivery.

DEPENDENT VARIABLES

Duration of third stage of labour and amount of blood loss during third stage of labour of the parturient women.

DESCRIPTION OF THE TOOL

The selection and development of tool the consists of three sections

Section A : Demographic Data

Consists of demographic data such as age of the mother, gravida, type of delivery, duration of third stage of labour, duration of second stage of labour, and APGAR score of the new born at 1 minute.

Section B : Structured observation record on third stage of labour

It includes the time of delivery, duration of placental separation and lengthening of cord, expulsion of placenta, duration of third stage of labour and total blood loss during third stage of labour.

The duration of third stage of labour was categorized in the following division such as 8 – 10 mts, 11 – 13 mts, 14 – 16 mts and more than 16 mts.

The blood loss during third stage of labour was categorized in to following divisions 100-150ml, 151 – 200ml, 201 – 250ml.

Section C: Assessment of latch score and maternal satisfaction

a. Assessment of latch score –observation record

Breast feeding Latch Score was assessed using standardised scale.

The components of latch was assessed on the areas of **LATCH**, Audible swallowing, Type of nipple, Comfort and Hold (Positioning). The total score of latch is 10. The baby was put into the breast and the suckling on the areas of the Latch score was assessed. The scores were categorized as follows

Category	Score
Good	7 -10
Fair	4 – 6
Poor	1 -3

b. Assessment of maternal satisfaction

The maternal satisfaction was assessed using a modified rating scale. The rating scale consists of scores from 1 -5.the scores were assigned as follows

Category	Score
Very satisfied	5
Satisfied	4
Satisfied not dissatisfied	3
Dissatisfied	2
Very satisfied	1

VALIDITY AND RELIABILITY

VALIDITY

Content validity is concerned with the sampling adequacy of items for the construct that is being measured. Content validity is relevant for both effective measure and cognitive measure.

Validity of the tool was obtained from 1 Medical expert and 3 experts in the field Of Nursing.

RELIABILITY

Reliability of the tool was established by Karl Pearson correlation coefficient using formula and it was found $r=0.9$. Hence the tool was reliable to proceed this study.

The “r” was calculated using the formula

$$r = \frac{\sum (x - \bar{x})(y - \bar{y})}{\sqrt{\sum (x - \bar{x})^2 \sum (y - \bar{y})^2}}$$

PILOT STUDY

Pilot study was conducted at government ranees hospital pudukkottai over a period of 7 days. A total number of 12 samples who met the inclusion criteria were obtained by using probability simple random sampling technique. The study was conducted and the data was collected by structured observation record sheet. The Latch score was assessed using standardised rating scale and maternal satisfaction rating scale score was also assessed using modified rating scale. The tool was checked for feasibility.

METHODS OF DATA COLLECTION

ETHICAL CONSIDERATION

Prior to data collection, written permission was obtained from the Residential Medical Officer and General Director of Government Ranee's Hospital, Pudukkottai.

Written consent was obtained from the parturient womens.

DATA COLLECTION METHOD

The data was collected for a period of 6 weeks.

DATA COLLECTION PROCEDURE

The total sample of 120 parturient women who met the inclusion criteria was selected by probability simple random sampling technique. Among them 60 were in experimental group and 60 were in control group in Government Ranees Hospital respectively. From the completion of second stage of labour to the completion of third stage of labour, the total blood loss was measured by a pad (made of gauze) by the investigator who was conducting the delivery. After birth of baby Apgar score was checked at one minute. The newborn's face was wiped and the newborn was wrapped with sterile linen and the baby was put on the mother's breast at the areola and checked for effective suckling pattern until the completion of third stage of labour. The time of placental separation was observed and total blood loss was

measured and documented in the structured observation record sheet. The Latch score was assessed using standardised rating scale and maternal satisfaction score was also assessed using modified rating scale.

PLAN FOR DATA ANALYSIS

The data collected was organized and analysed as per the following section.

SECTION A

Frequency and percentage distribution of parturient women in experimental and control group according to their selected demographic variables

SECTION B

Comparison of duration of third stage of labour and amount of blood loss among parturient women in experimental and control group.

SECTION C

Hypothesis testing

SECTION D

Frequency and percentage distribution of Latch Score.

SECTION E

Frequency and percentage distribution of Maternal Satisfaction Score.

The collected data was analyzed by using descriptive and inferential statistics.

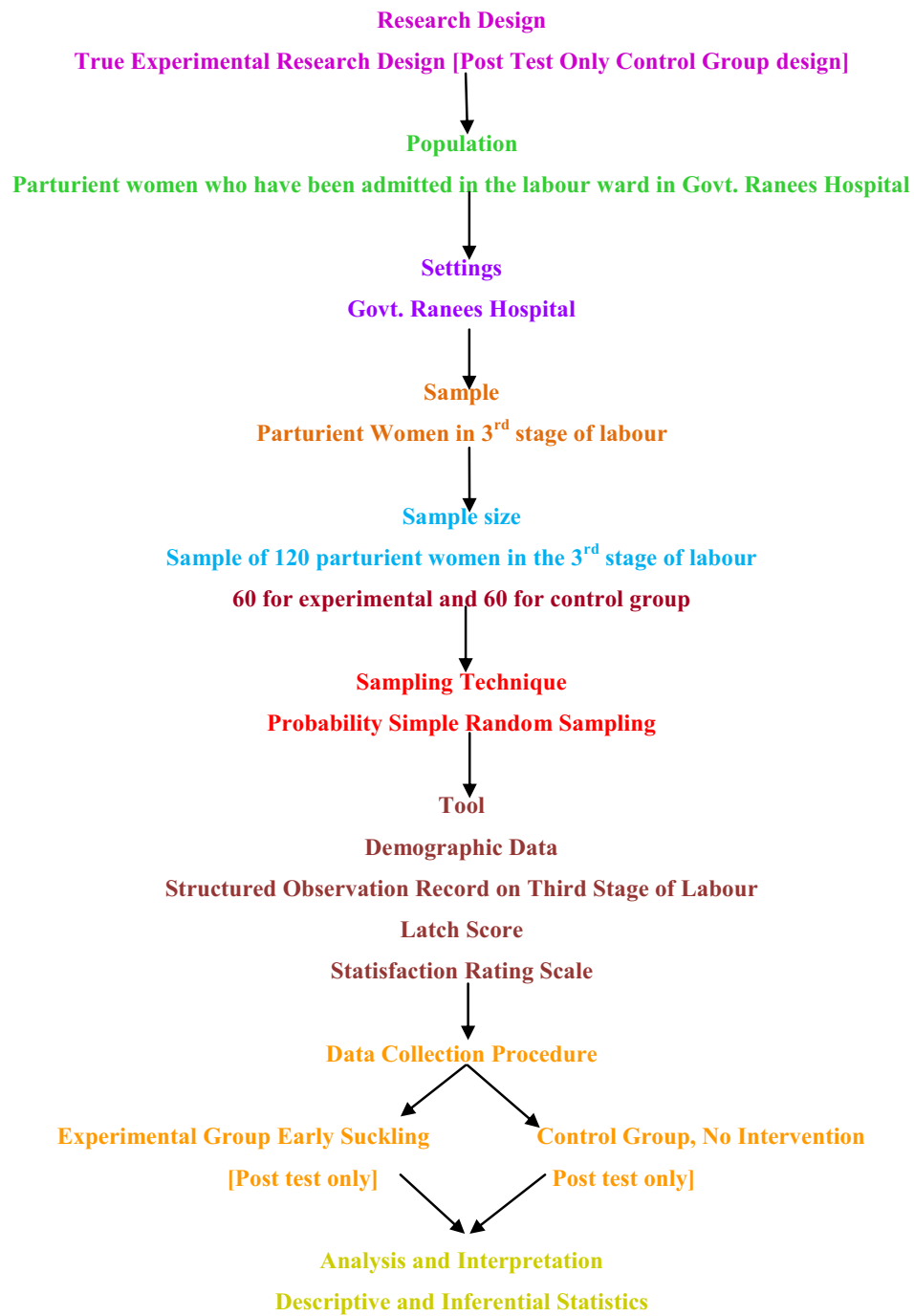


Figure: 2 Schematic Representation of Research Methodology

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data collected from 120 parturient women (60 Experimental and 60 Control) in Government Ranees Hospital, Pudukottai. The data collected was organized, tabulated and analyzed according to the objectives. The findings based on the descriptive and inferential statistical analysis are presented under the following sections.

ORGANIZATION OF DATA

Section A: Description of demographic variables of the parturient women in experimental and control group.

Section B: Assessment of duration and amount of blood loss during third stage of labour among parturient women in experimental and control group.

Section C: Comparison of duration and amount of blood loss during third stage of labour among parturient women between the experimental and control group.

Section D: Association of duration and amount of blood loss during third stage of labour among parturient women with their selected demographic variables in the experimental group.

Section E: Association of duration and amount of blood loss during third stage of labour among parturient women with their selected demographic variables in the control group.

Section F: Frequency and percentage distribution of Latch Score among babies of parturient women in experimental group.

Section G: Frequency and percentage distribution of Maternal Satisfaction Score among parturient women in experimental group.

SECTION A
DESCRIPTION OF DEMOGRAPHIC VARIABLES OF THE
PARTURIENT MOTHERS IN EXPERIMENTAL AND CONTROL GROUP.

Table 1: Frequency and percentage distribution of demographic variables of parturient women in experimental and control group.

N=120(60+60)

Demographic Variables	Experimental Group		Control Group	
	No.	%	No.	%
Age of Mother				
<20 yrs	9	15.00	8	13.33
21 - 25 yrs	25	41.67	33	55.00
26 - 30 yrs	18	30.00	13	21.67
>30 yrs	8	13.33	6	10.00
Gravida				
I	33	55.00	35	58.33
II	20	33.33	15	25.00
III	6	10.00	9	15.00
IV	1	1.67	1	1.67
Type of delivery				
Spontaneous	37	61.67	41	68.33
Induced	23	38.33	19	31.67

Demographic Variables	Experimental Group		Control Group	
	No.	%	No.	%
Duration of first stage of labour				
6 - 12 hrs	27	45.00	25	41.67
13 - 24 hrs	33	55.00	35	58.33
>24 hrs	0	0.00	0	0.00
Duration of second stage of labour				
30 mts	27	45.00	26	43.33
30 mts - 1 hour	33	55.00	34	56.67
1 - 2 hrs	0	0.00	0	0.00
>2 hrs	0	0.00	0	0.00
Apgar score at 1 min				
7	0	0.00	0	0.00
8	0	0.00	0	0.00
9	23	38.33	19	31.67
10	37	61.67	41	68.33
History of Pitocin drip				
Given	21	35.00	19	31.67
Not given	39	65.00	41	68.33
Weight of baby				
2.7 - 2.8 kgs	3	5.00	8	13.33
2.9 - 3 kgs	30	50.0	28	46.67
>3 kgs	27	45.0	24	40.00
Sex of baby				
Male	35	58.33	34	56.67
Female	25	41.67	26	43.33

Demographic Variables	Experimental Group		Control Group	
	No.	%	No.	%
Are you aware of planned parenthood?				
Yes	60	100.00	60	100.00
No	0	0.00	0	0.00
If yes, service of information				
Health personnel	60	100.00	60	100.00
Friends	0	0.00	0	0.00
Family	0	0.00	0	0.00
Media	0	0.00	0	0.00

The table 1 shows that in the experimental group, majority 25(41.67%) were in the age group of 21 – 25 yrs, 33(55%) were primi gravida women, 37(61.67%) had spontaneous delivery, 33(55%) were in duration range of 13 – 24 hrs during first stage of labour, 33(55%) were 30 mts – 1 hour duration of stage of labour, 37(61.67%) had an apgar score at 1 min as 10, 39(65%) were not given pitocin drip and 30(50%) of babies weighed 2.9 – 3 kgs.

Whereas in the control group, majority 33(55%) were in the age group of 21–25 yrs, 35(58.33%) were primi gravida women, 41(68.33%) had spontaneous delivery, 35(58.33%) were in duration range of 13 – 24 hrs during first stage of labour, 34(56.67%) were 30 mts – 1 hour duration of stage of labour, 41(68.33%) had an apgar score at 1 min as 10, 41(68.33%) were not given pitocin drip and 28(46.67%) of babies were in the weight range of 2.9 – 3 kgs.

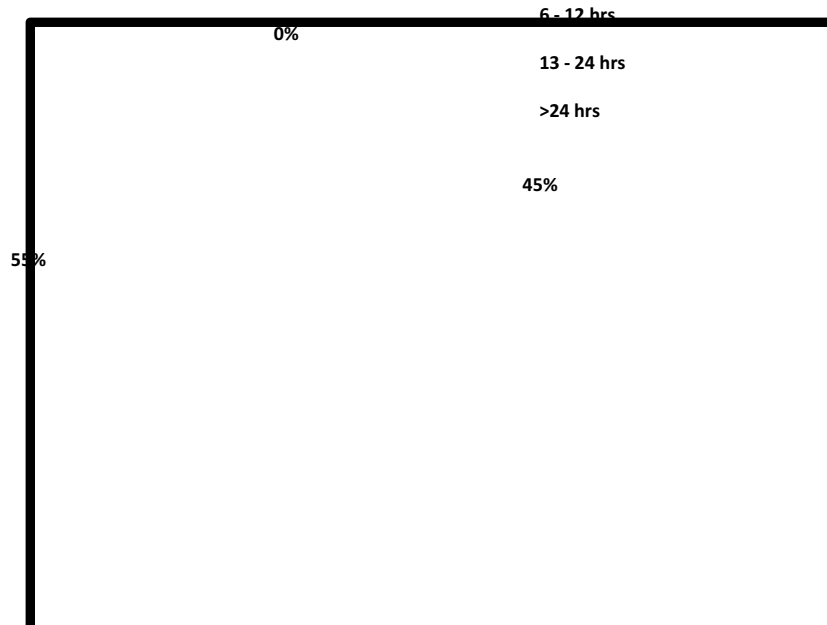


Figure 3: Percentage distribution of duration of first stage of labour among parturient women in the experimental group

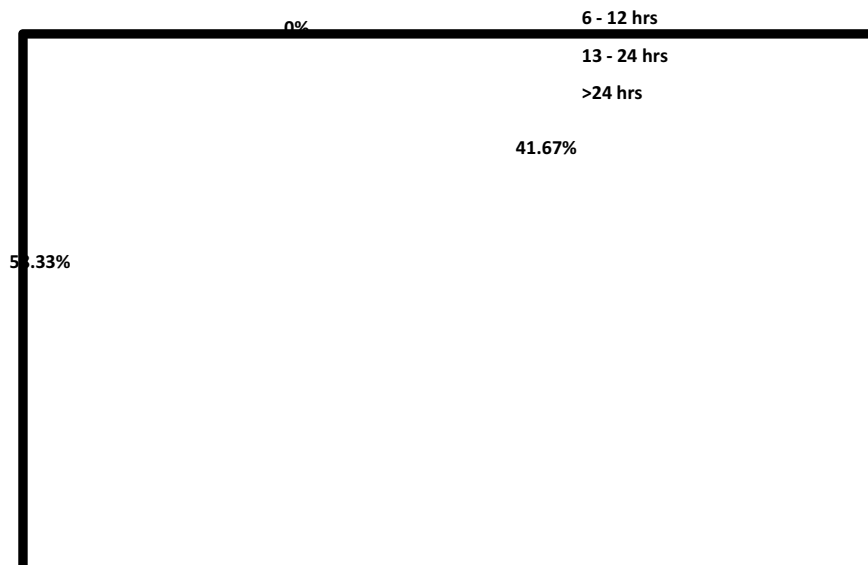


Figure 4 : Percentage distribution of duration of first stage of labour among parturient women in the control group

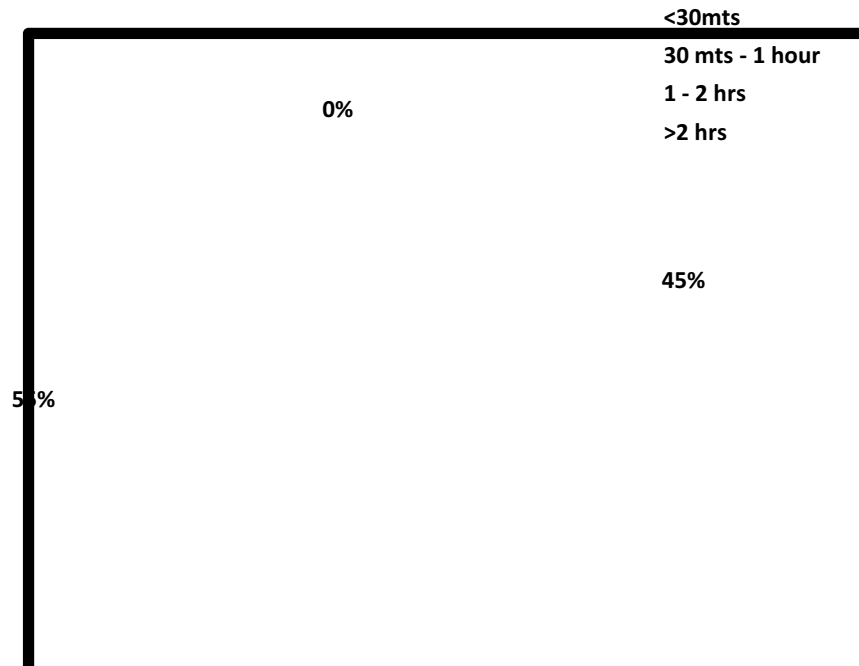


Figure 5 : Percentage distribution of duration of second stage of labour among parturient women in the experimental group

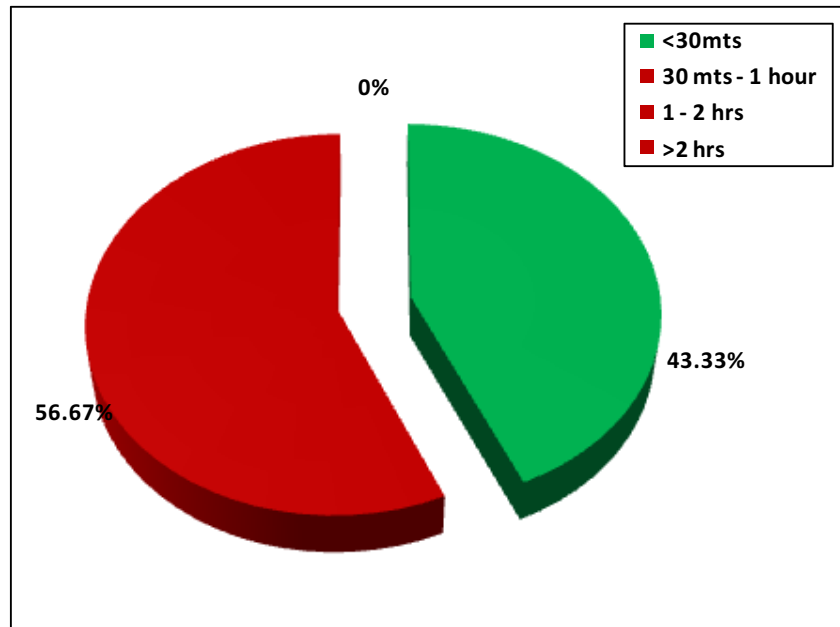


Figure 6: Percentage distribution of duration of second stage of labour among parturient women in the control group

SECTION B

ASSESSMENT OF DURATION AND AMOUNT OF BLOOD LOSS DURING THIRD STAGE OF LABOUR AMONG PARTURIENT WOMEN IN EXPERIMENTAL AND CONTROL GROUP.

Table 2: Frequency and percentage distribution of duration of third stage of labour among parturient women in experimental and control group

N=120(60+60)

Duration of third stage of labour	8 – 10 mts		11 – 13 mts		14 – 16 mts		>16 mts	
	No.	%	No.	%	No.	%	No.	%
Experimental Group	52	86.67	8	13.33	0	0	0	0
Control Group	21	35.0	28	46.67	11	18.33	0	0

The table 2 reveals the percentage distribution of duration of third stage of labour among parturient women in experimental and control group.

The table 2 shows that in experimental group, revealed that majority 52(86.67%) were 8 – 10 mts and only 8(13.33%) were 11 – 13 mts in duration of third stage of labour among parturient women.

Whereas in the control group, revealed that 28(46.67%) had were 11 – 13 mts, 21(35%) were 8 – 10 mts and 11(18.33%) were 14 – 16 mts in duration of third of third stage of labour among parturient women.

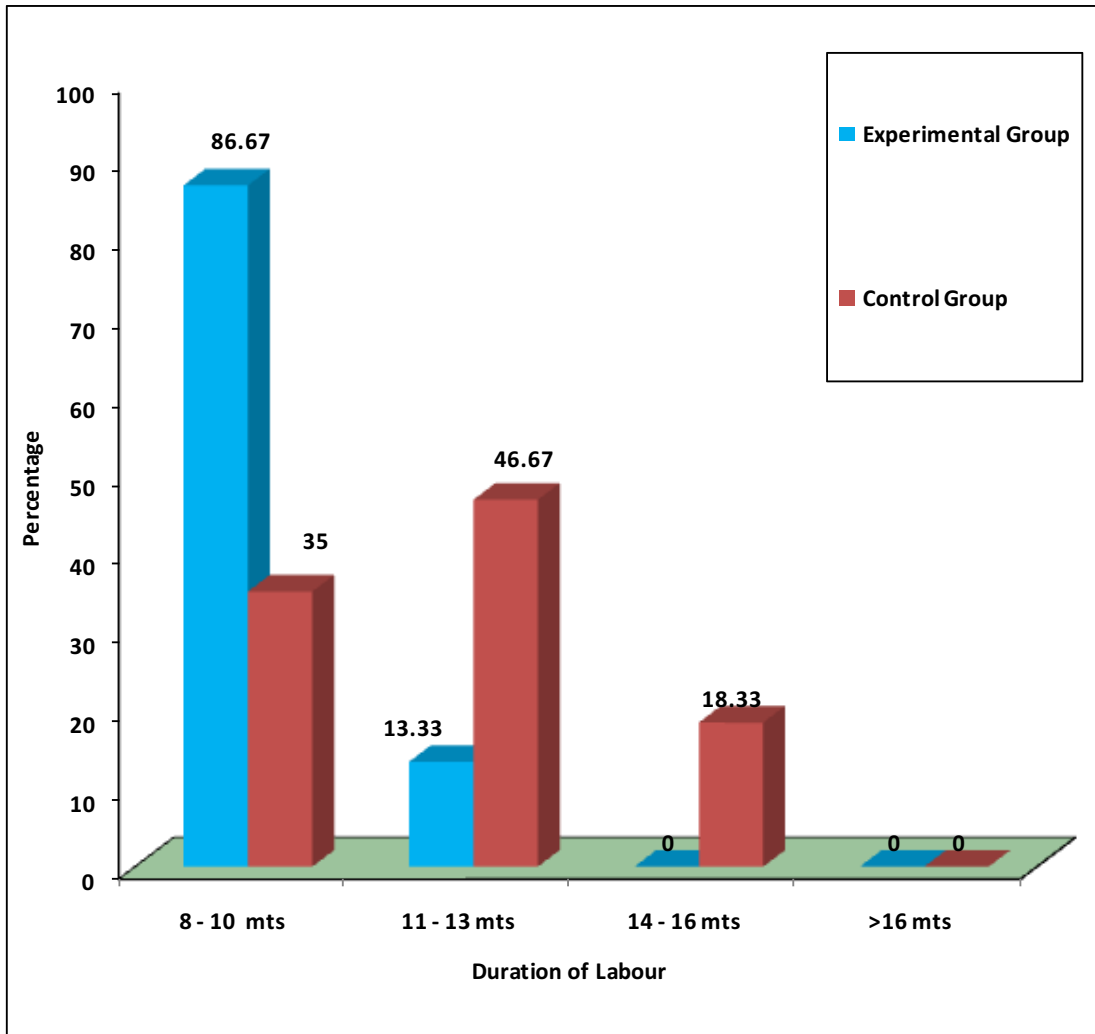


Figure 7 : Percentage distribution of duration of third stage of labour among parturient women in experimental and control group

Table 3: Frequency and percentage distribution of amount of blood loss during third stage of labour among parturient women in experimental and control group

Amount of Blood Loss	N=120(60+60)					
	100 – 150 ml		151 – 200 ml		201 – 250 ml	
	No.	%	No.	%	No.	%
Experimental Group	47	78.33	12	20.0	1	1.67
Control Group	29	48.33	25	41.67	6	10.0

The table 3 reveals the percentage distribution of amount of blood loss during third stage of labour among parturient women in experimental and control group.

The table 3 shows that in experimental group, revealed that majority 47(78.33%) had lost 100 – 150 ml , 12(20%) had lost 151 – 200 ml and 1(1.67) had lost 201-250ml of blood loss during third stage of labour.

Whereas in the control group, revealed that majority 29(48.33%) had lost 100 – 150 ml, 25(41.67%) lost 151 – 200 ml and 6(10%) lost 201 – 250 ml of blood during third stage of labour.

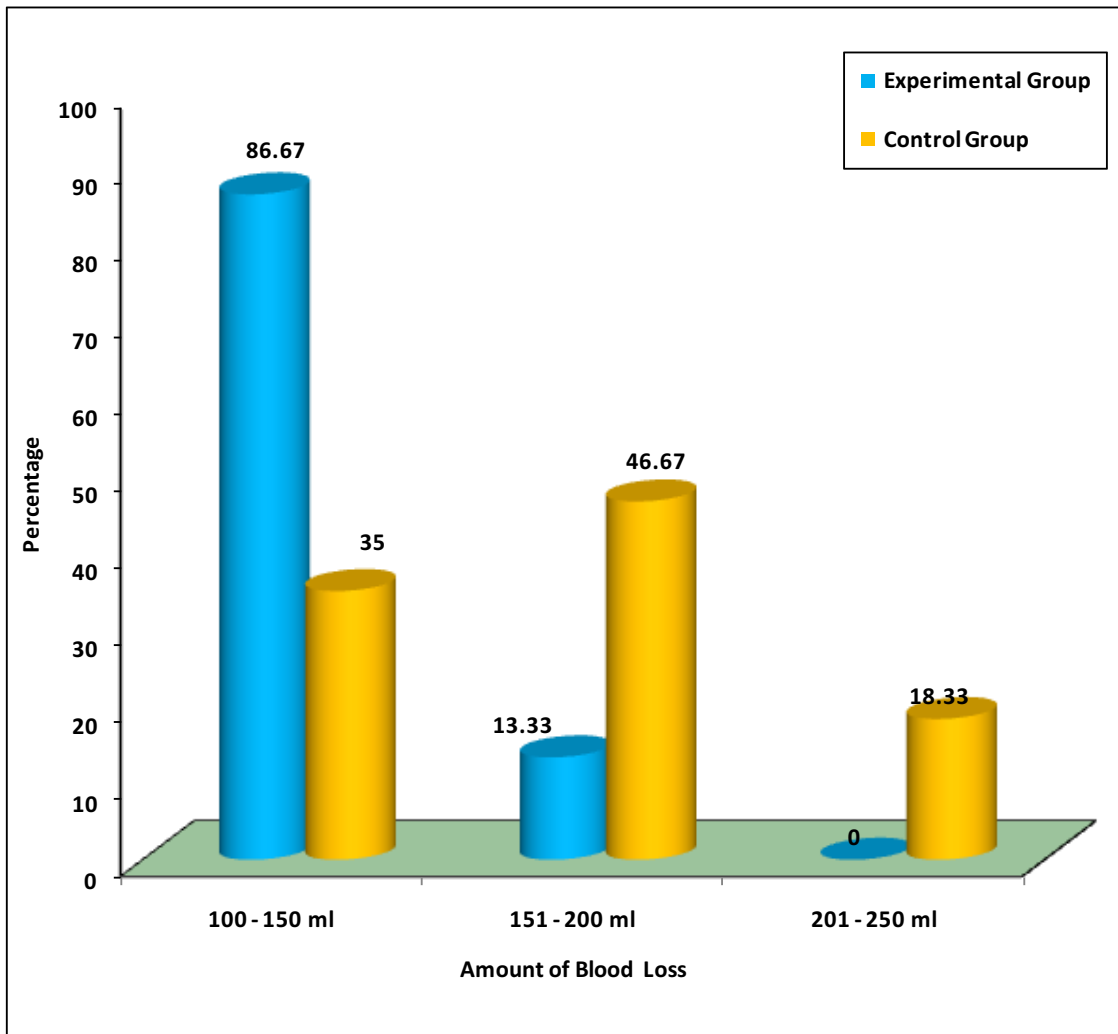


Figure 8: Percentage distribution of amount of blood loss during third stage of labour among parturient women in experimental and control group

SECTION C

COMPARISON OF DURATION AND AMOUNT OF BLOOD LOSS DURING THIRD STAGE OF LABOUR AMONG PARTURIENT WOMEN BETWEEN THE EXPERIMENTAL AND CONTROL GROUP.

Table 4: Comparison of duration of third stage of labour among parturient women between the experimental and control group.

N=120(60+60)

Duration of third stage of labour	Mean	S.D	Unpaired 't' Value
Experimental Group	1.13	0.34	t = 6.822***
Control Group	1.83	0.71	p = 0.000, S

***p<0.001, S – Significant

The table 4 shows the comparison of duration of third stage of labour among parturient women between the experimental and control group.

The mean score of duration of third stage of labour in the experimental group was 1.13 with S.D 0.34 and the mean score in the control group was 1.83 with S.D 0.71.

The calculated unpaired't' value of t = 6.822 was found to be statistically significant at p<0.001 level.

This clearly shows that the administration of early suckling on third stage of labour had significant reduction in the duration of third stage of labour among parturient women in experimental group than the control group. This clearly indicates that early suckling was effective in reducing the duration of third stage of labour among parturient women.

Table 5: Comparison of amount of blood loss during third stage of labour among parturient women between the experimental and control group.

N=120(60+60)

Amount of Blood Loss	Mean	S.D	Unpaired 't' Value
Experimental Group	1.23	0.46	t = 3.658***
Control Group	1.61	0.66	p = 0.000, S

***p<0.001, S – Significant

The table 5 shows the comparison of amount of blood loss during third stage of labour among parturient women between the experimental and control group.

The mean score of blood loss in the experimental group was 1.23 with S.D 0.46 and the mean score in the control group was 1.61 with S.D 0.66.

The calculated unpaired 't' value of t = 3.658 was found to be statistically significant at p<0.001 level.

This clearly shows that the administration of early suckling on third stage of labour had significant reduction in the amount of blood loss during third stage of labour among parturient women in experimental group than the control group. This clearly indicates that early suckling was effective in reducing the amount of blood loss during third stage of labour among parturient women.

SECTION D

**ASSOCIATION OF DURATION AND AMOUNT OF BLOOD LOSS
DURING THIRD STAGE OF LABOUR AMONG PARTURIENT
WOMEN WITH THEIR SELECTED DEMOGRAPHIC VARIABLES
IN THE EXPERIMENTAL GROUP.**

Table 6: Association of duration of third stage of labour among parturient women with their selected demographic variables in experimental group.

Demographic Variables	8 – 10 mts		11 – 13 mts		Chi-Square Value
	No.	%	No.	%	
	N = 60				
Age of Mother					
<20 yrs	8	13.3	1	1.7	$\chi^2 = 2.308$ d.f = 3 p = 0.511 N.S
21 - 25 yrs	20	33.3	5	8.3	
26 - 30 yrs	16	26.7	2	3.3	
>30 yrs	8	13.3	0	0	
Gravida					
I	27	45.0	6	10.0	$\chi^2 = 1.941$ d.f = 3 p = 0.585 N.S
II	18	30.0	2	3.3	
III	6	10.0	0	0	
IV	1	1.7	0	0	
Type of delivery					
Spontaneous	32	53.3	5	8.3	$\chi^2 = 0.003$ d.f = 1 p = 0.958 N.S
Induced	20	33.3	3	5.0	
Duration of first stage of labour					
6 - 12 hrs	24	40.0	3	5.0	$\chi^2 = 0.210$ d.f = 1
13 - 24 hrs	28	48.7	5	8.3	

Demographic Variables	8 – 10 mts		11 – 13 mts		Chi-Square Value
	No.	%	No.	%	
>24 hrs	-	-	-	-	p = 0.647 N.S
Duration of second stage of labour					
< 30 mts	24	40.0	3	5.0	$\chi^2 = 0.210$ d.f = 1
30 mts - 1 hour	28	48.7	5	8.3	p = 0.647
1 - 2 hrs	-	-	-	-	N.S
>2 hrs	-	-	-	-	
Apgar score at 1 min					
7	-	-	-	-	$\chi^2 = 0.003$ d.f = 1
8	-	-	-	-	
9	20	33.3	3	5.0	p = 0.958
10	32	53.3	5	8.3	N.S
History of Pitocin drip					
Given	19	31.7	2	3.3	$\chi^2 = 0.406$ d.f = 1
Not given	33	55.0	6	10.0	p = 0.524 N.S
Weight of baby					
2.7 - 2.8 kgs	1	1.7	2	3.3	$\chi^2 = 9.840$ d.f = 2
2.9 - 3 kgs	25	41.7	5	8.3	p = 0.007
>3 kgs	26	43.3	1	1.7	S**
Sex of baby					
Male	32	53.3	3	5.0	$\chi^2 = 1.648$ d.f = 1
Female	20	33.3	5	8.3	p = 0.199 N.S
Are you aware of planned parenthood?					
Yes	52	86.7	8	13.3	-
No	-	-	-	-	

Demographic Variables	8 – 10 mts		11 – 13 mts		Chi-Square Value
	No.	%	No.	%	
If yes, service of information					
Health personnel	52	86.7	8	13.3	
Friends	-	-	-	-	-
Family	-	-	-	-	
Media	-	-	-	-	
N.S – Not Significant					

The table 6 shows that the demographic variables (i.e) weight of the baby had shown statistically significant association with the duration of third stage of labour among parturient women in the experimental group. The other demographic variables were not found to had significant association.

Table 7: Association of amount of blood loss during third stage of labour among parturient women with their selected demographic variables in experimental group.

Demographic Variables	N = 60						Chi-Square Value
	100 – 150 ml		151 – 200 ml		201 – 250 ml		
	No.	%	No.	%	No.	%	
Age of Mother							
<20 yrs	6	10.0	3	5.0	0	0	$\chi^2 = 4.921$ d.f = 6 p = 0.554 N.S
21 - 25 yrs	18	30.0	6	10.0	1	1.7	
26 - 30 yrs	15	25.0	3	5.0	0	0	
>30 yrs	8	13.3	0	0	0	0	
Gravida							
I	21	35.0	11	18.3	1	1.7	$\chi^2 = 9.440$ d.f = 6 p = 0.150 N.S
II	19	31.7	1	1.7	0	0	
III	6	10.0	0	0	0	0	
IV	1	1.7	0	0	0	0	
Type of delivery							
Spontaneous	28	46.7	8	13.3	1	1.7	$\chi^2 = 0.836$ d.f = 2 p = 0.659 N.S
Induced	19	31.7	4	6.7	0	0	
Duration of first stage of labour							
6 - 12 hrs	25	41.7	2	3.3	0	0	$\chi^2 = 5.985$ d.f = 2 p = 0.050 S*
13 - 24 hrs	22	36.7	10	16.7	1	1.7	
>24 hrs	-	-	-	-	-	-	
Duration of second stage of labour							
< 30 mts	25	41.7	2	3.3	0	0	$\chi^2 = 5.985$ d.f = 2
30 mts - 1 hour	22	36.7	10	16.7	1	1.7	

Demographic Variables	100 – 150 ml		151 – 200 ml		201 – 250 ml		Chi-Square Value
	No.	%	No.	%	No.	%	
	1 - 2 hrs	-	-	-	-	-	
>2 hrs	-	-	-	-	-	-	S*
Apgar score at 1 min							
7	-	-	-	-	-	-	$\chi^2 = 0.836$
8	-	-	-	-	-	-	d.f = 2
9	19	31.7	4	6.7	0	0	p = 0.659
10	28	46.7	8	13.3	1	1.7	N.S
History of Pitocin drip							
Given	18	30.0	3	5.0	0	0	$\chi^2 = 1.291$
Not given	29	48.3	9	15.0	1	1.7	d.f = 2
Weight of baby							
2.7 - 2.8 kgs	1	1.7	2	3.3	0	0	p = 0.524
2.9 - 3 kgs	24	40.0	6	10.0	0	0	$\chi^2 = 5.672$
>3 kgs	22	36.7	4	6.7	1	1.7	d.f = 4
Sex of baby							
Male	27	45.0	8	13.3	0	0	$\chi^2 = 1.758$
Female	20	33.3	4	6.7	1	1.7	d.f = 2
Are you aware of planned parenthood?							
Yes	47	78.3	12	20.0	1	1.7	p = 0.415
No	-	-	-	-	-	-	N.S
If yes, service of information							
Health personnel	47	78.3	12	20.0	1	1.7	-
Friends	-	-	-	-	-	-	-
Family	-	-	-	-	-	-	-
Media	-	-	-	-	-	-	-

*p<0.05, S – Significant, N.S – Not Significant

The table 7 shows that the demographic variables duration of first stage of labour and duration of second stage of labour had shown statistically significant association with amount of blood loss during third stage of labour among parturient women at $p < 0.05$ level.

The other demographic variables had not shown statistically significant association with the amount of blood loss during third stage of labour among parturient women in the experimental group.

SECTION E

**ASSOCIATION OF DURATION AND AMOUNT OF BLOOD LOSS
DURING THIRD STAGE OF LABOUR AMONG PARTURIENT
WOMEN WITH THEIR SELECTED DEMOGRAPHIC VARIABLES
IN THE CONTROL GROUP.**

Table 8: Association of duration of third stage of labour among parturient women with their selected demographic variables in control group.

Demographic Variables	N = 60						Chi-Square Value
	8 – 10		11 – 13		14 – 16		
	mts		mts		mts		
	No.	%	No.	%	No.	%	
Age of Mother							
<20 yrs	4	6.7	3	5.0	1	1.7	$\chi^2 = 3.316$ d.f = 6 p = 0.768 N.S
21 - 25 yrs	9	15.0	16	26.7	8	13.3	
26 - 30 yrs	6	10.0	6	10.0	1	1.7	
>30 yrs	2	3.3	3	5.0	1	1.7	
Gravida							
I	15	25.0	13	21.7	7	11.7	$\chi^2 = 5.166$ d.f = 6 p = 0.523 N.S
II	5	8.3	8	13.3	2	3.3	
III	1	1.7	6	10.0	2	3.3	
IV	0	0	1	1.7	0	0	
Type of delivery							
Spontaneous	14	23.3	19	31.7	8	13.3	$\chi^2 = 0.128$ d.f = 2 p = 0.938
Induced	7	11.7	9	15.0	3	5.0	
							$\chi^2 = 1.527$

Demographic Variables	8 – 10		11 – 13		14 – 16		Chi-Square Value
	mts		mts		mts		
	No.	%	No.	%	No.	%	
							d.f = 2
Duration of first stage of labour							p = 0.466
6 - 12 hrs	7	11.7	14	23.3	4	6.7	N.S
13 - 24 hrs	14	23.3	14	23.3	7	11.7	
>24 hrs	-	-	-	-			
Duration of second stage of labour							$\chi^2 = 0.364$
<30 mts	8	13.3	13	21.7	5	8.3	d.f = 2
30 mts - 1 hour	13	21.7	15	25.0	6	10.0	p = 0.834
1 - 2 hrs	-	-	-	-	-	-	N.S
>2 hrs	-	-	-	-	-	-	
Apgar score at 1 min							$\chi^2 = 2.724$
7	-	-	-	-	-	-	d.f = 2
8	-	-	-	-	-	-	p = 0.256
9	4	6.7	10	16.7	5	8.3	N.S
10	17	28.3	18	30.0	6	10.0	
History of Pitocin drip							$\chi^2 = 1.163$
Given	7	11.7	10	16.7	2	3.3	d.f = 2
					9	15.0	p = 0.559
Not given	14	23.3	18	30.0			N.S
Weight of baby							$\chi^2 = 10.641$
2.7 - 2.8 kgs	4	6.7	3	5.0	1	1.7	d.f = 4
2.9 - 3 kgs	5	8.3	19	31.7	4	6.7	p = 0.031
>3 kgs	12	20.0	6	10.0	6	10.0	S*
Sex of baby							$\chi^2 = 0.364$
Male	11	18.3	17	28.3	6	10.0	d.f = 2
					5	8.3	p = 0.834
Female	10	16.7	11	18.3			N.S

Demographic Variables	8 – 10		11 – 13		14 – 16		Chi-Square Value
	mts		mts		mts		
	No.	%	No.	%	No.	%	
Are you aware of planned parenthood?							
Yes	21	35.0	28	46.7	11	18.3	-
No	-	-	-	-	-	-	-
If yes, service of information							
Health personnel	21	35.0	28	46.7	11	18.3	-
Friends	-	-	-	-	-	-	-
Family	-	-	-	-	-	-	-
Media	-	-	-	-	-	-	-

*p<0.05, S – Significant, N.S – Not Significant

The table 8 shows that the demographic variable weight of baby had shown statistically significant association with duration of third stage of labour among parturient women at p<0.05 level.

The other demographic variables had not shown statistically significant association with the duration of third stage of labour among parturient women in the control group.

Table 9: Association of amount of blood loss during third stage of labour among parturient women with their selected demographic variables in control group.

Demographic Variables	N = 60						Chi-Square Value
	100 – 150 ml		151 – 200 ml		201 – 250 ml		
	No.	%	No.	%	No.	%	
Age of Mother							
<20 yrs	4	6.7	3	5.0	1	1.7	$\chi^2 = 1.184$ d.f = 6 p = 0.978 N.S
21 - 25 yrs	15	25.0	14	23.3	4	6.7	
26 - 30 yrs	7	11.7	5	8.3	1	1.7	
>30 yrs	3	5.0	3	5.0	0	0	
Gravida							
I	16	26.7	14	23.3	5	8.3	$\chi^2 = 8.791$ d.f = 6 p = 0.186 N.S
II	10	16.7	4	6.7	1	1.7	
III	2	3.3	7	11.7	0	0	
IV	1	1.7	0	0	0	0	
Type of delivery							
Spontaneous	23	38.3	15	25.0	3	5.0	$\chi^2 = 3.349$ d.f = 2 p = 0.187
	6	10.0	10	16.7	3	5.0	
Induced							N.S
Duration of first stage of labour							
6 - 12 hrs	14	23.3	10	16.7	1	1.7	$\chi^2 = 2.093$ d.f = 2 p = 0.351 N.S
13 - 24 hrs	15	25.0	15	25.0	5	8.3	
>24 hrs	-	-	-	-			
Duration of second stage of labour							
30 mts	15	25.0	10	16.7	1	1.7	$\chi^2 = 2.682$ d.f = 2 p = 0.262 N.S
30 mts - 1 hour	14	23.3	15	25.0	5	8.3	
1 - 2 hrs	-	-	-	-			
>2 hrs	-	-	-	-			

Demographic Variables	100 – 150		151 – 200		201 – 250		Chi-Square Value
	ml		ml		ml		
	No.	%	No.	%	No.	%	
Apgar score at 1 min							
7	-	-	-	-	-	-	$\chi^2 = 5.228$
8	-	-	-	-	-	-	d.f = 2
9	6	10.0	9	15.0	4	6.7	p = 0.073
10	23	38.3	16	26.7	2	3.3	N.S
History of Pitocin drip							
Given	7	11.7	10	16.7	2	3.3	$\chi^2 = 1.570$
					4	6.7	d.f = 2
Not given	22	36.7	15	25.0			p = 0.456
							N.S
Weight of baby							
2.7 - 2.8 kgs	4	6.7	3	5.0	1	1.7	$\chi^2 = 9.257$
2.9 - 3 kgs	12	20.0	16	26.7	0	0	d.f = 4
>3 kgs	13	21.7	6	10.0	5	8.3	p = 0.055
							N.S
Sex of baby							
Male	13	21.7	18	30.0	3	5.0	$\chi^2 = 4.158$
					3	5.0	d.f = 2
Female	16	26.7	7	11.7			p = 0.125
							N.S
Are you aware of planned parenthood?							
Yes	29	48.3	25	41.7	6	10.0	-
No	-	-	-	-			
If yes, service of information							
Health personnel	29	48.3	25	41.7	6	10.0	
Friends	-	-	-	-			-
Family	-	-	-	-			
Media	-	-	-	-			

N.S – Not Significant

The table 9 shows that none of the demographic variables had shown statistically significant association with the amount of blood loss during third stage of labour among parturient women in the control group.

Section F: Frequency and percentage distribution of Latch Score.

Table 10: Frequency and percentage distribution of Latch Score of parturient women in experimental group.

Categorization of Latch score	Experimental Group	
	No.	%
Good	60	100
Fair	-	-
Poor	-	-

The table 10 shows that majority (100%) of the babies of the parturient women in the experimental group had belonged to the category of good on the breast feeding latch score. (ie) explain about “L” is for how well the infant latches onto the breast,”A” is for the amount of audible swallowing noted ,”T” is for the mother’s nipple type /condition,”C” is for the mother level of comfort ,and “H” is for the amount of help the mothers needs to hold her infant to the breast.

Section G: Frequency and percentage distribution of Maternal Satisfaction Score related to breast feeding.

Table 11: Frequency and percentage distribution of Maternal Satisfaction Score related to breast feeding of parturient women in experimental group.

Categorization of Maternal Satisfaction score	N=60 Experimental Group	
	No.	%
Very satisfied	60	100
Satisfied	-	-
Satisfied not satisfied	-	-
Dissatisfied	-	-
Very dissatisfied	-	-

The table 11 shows that majority (100%) of the parturient mothers in the experimental group had found to be very satisfied with the early suckling during the third stage of labour. Hence the early suckling helps to improve the maternal infant bonding.

CHAPTER V

DISCUSSION

Introduction

The purpose of this study was to evaluate the effectiveness of early suckling on third stage of labour among parturient woman in experimental and control group in Government Ranees Hospital, Pudukkottai.

Demographic variables:

In experimental group majority 25(41.67%) of the parturient women were in 21 – 25 years, 33(55.00%) of them were primigravida, 37(61.67%) of them had spontaneous delivery, 33(55.00%) had duration of first stage of labour was 13 -24 hours. About 33(55.00%) had duration of second stage of labour was 30 mts - 1 hour and 37 (61.67%) of their newborn got Apgar score of 10 at one mt. About 39(65%) had received pitocin drip, 30(50.0%) of babies had weight of above 3 kgs. About 35(58.33%) of the newborns were male, and 60(100%) received the planned parenthood information through health personnel.

In control group majority 33(55.00%) of the parturient women were in 21 – 25 years, 35(58.33%) of them were primigravida, 41(68.33%) of them had spontaneous delivery, 35(58.33%) had duration of first stage of labour was 13 -24 hours. About 34(56.67%) had duration of second stage of labour was 30 mts - 1 hour and 41 (68.33%) of their newborn got Apgar score of 10 at one mt. About 41(68.33%) had not received pitocin drip, 28(46.67%) of babies had weight of above 2.9 - 3 kgs and 60(100%) received the Planned Parenthood information through health personnel.

The findings of the present study was supported by **Jinu K John (2008)** conducted a study on effectiveness of suckling technique on selected physiological outcomes during the third stage of labour among mothers in selected hospital at

Kerala. In experimental group 10(67%) of them were in 21-25 years, 12(80%) of them belongs to primigravida, 3(20%) of them belongs to multigravida, whereas in control group 11(73%) of them were in 21-25 years, 11(73%) of them belongs to primigravida and 4(27%) of them belongs to multigravida.

And also the findings of the present study was supported by **Dilek Bilgek (2004)** conducted a study regarding the effect of early breast feeding on duration of the third stage of labor and enhances the infant mother interaction. In experimental group 19(52%) of them were in 20-24 years, 19(52.8%) of them belongs to primigravida, 17(47.2%) of them belongs to multigravida, whereas in control group 23(63.9%) of them were in 20-24 years, 14(38.9%) of them belongs to primigravida, and 22(61.1%) of them belongs to multigravida.

Comparison of third stage of labour (Duration of third stage of labour & blood loss) among parturient women in experimental and control group.

In experimental group majority 52(86.67%) of the parturient women had 8 - 10 minutes on duration of third stage of labour, 8(13.33%) of them had 11 -13 minutes and none of them were in 14 -16 and more than 16 minutes. Whereas in control group 21(35.0%) of them had 8 -10 minutes, 28(46.67%) of them had 11 – 13 minutes, 11(18.33%) of them had 14 -16 minutes none of them were in more than 16 minutes.

In experimental group majority 47(78.33%) of the parturient women had 100 -150ml of total blood loss, 12(20%) of them had 151 – 200 ml and 1(1.67%) of them had 201 -250 ml. whereas in control group 29(48.33%) of them had 100 - 150ml of total blood loss, 25(41.67%) of them had 151 – 200 ml and 6(10%) of them had 201 -250 ml.

In experimental group the mean value of duration of third stage of labour was 1.13

Whereas in control group the mean value was 1.83. The difference in the standard deviation was found to be 0.34 in experimental group and 0.71 in control group.

In experimental group the mean value of blood loss was 1.23, whereas in control group the mean value was 1.61. The difference in the standard deviation was found to be 0.46 in experimental group and 0.66 in control group.

This revealed that early suckling was effective on duration of third stage of labour and blood loss.

1. First objective was to evaluate the effectiveness of early suckling on third stage labour among parturient women in experimental and control group.

The calculated 't' value of 6.822 showed that there was a significance difference between the experimental and control group on duration of third stage of labour at $P < 0.001$ level.

The calculated "t" value 3.658 showed that significance difference was found between the experimental and control group on amount of blood loss during third stage of labour at $P < 0.001$ level.

This clearly shows that the administration of early suckling on third stage of labour had significant reduction in the duration of third stage of labour among parturient women in experimental group than the control group. This clearly indicates that early suckling was effective in reducing the duration of third stage of labour among parturient women.

The findings of the present study was supported by, **Jenifer Shalini (2015)** conducted a experimental study to assess the effectiveness of early suckling on third stage of labour among parturient women. Quantitative research approach was used and data was collected by using structured observation record. The total duration of third stage of labour among parturient mother was 8 – 10 mts (n=27)

with the mean score of 9.63 and standard deviation of 0.62, with the mean score of 11-13mts (n=18) was 12.28 with the standard deviation of 0.82, the total duration of 14 – 16 mts (n=11) with the mean 14.64 and standard deviation of 0.67 and the mean score of 7-16 mts (n=4) was 18.25 with the standard deviation of 1.25. It was concluded that there was a significant association between early suckling and the third stage of labour at P 0.007 level.

This study was supported by **Dilek Bil Gic,(2004)** the study showed that in early breast feeding group the rate of placental delivery at the first 5-10 minutes of the third stage was significantly higher 30(41.7) was very less. Mother –infant verbal interaction scores were significantly higher in the early breast feeding group(13.9+_3.6). The result of the study was early suckling or early breast feeding decrease the duration of labour and increase the mother-infant interaction.

This revealed that early suckling was effective on duration of third stage of labour and blood loss.

2. Second objective was to associate duration of the third stage of labour among parturient women in experimental and control group with their selected demographic variables.

There was a significant association found on duration of third stage of labour among parturient women in experimental group with their selected demographic variables and no association was found on duration of third stage of labour and blood loss parturient women in among control group with their selected demographic variables.

3. Third objective was to associate amount of blood loss during third stage of labour among parturient women .

There was a significant association found on amount of blood loss among parturient women in experimental group with the selected demographic variables.

4. Frequency and percentage distribution of Latch Score of parturient women in experimental group.

The results revealed that majority (100%) of the babies of the parturient mothers in the experimental group had belonged to the category of good on the breast feeding latch score.

This was supported by Himani (2011) conducted a study to assess the effect of initiation of breast feeding immediately after the delivery on maternal infant bonding. Quasi experimental design with purposive sampling technique was employed to select the samples from the population. The total samples were 218 mothers and their newborn babies in obstetric unit, Nehru Hospital PGIMER, Chandigarh. The samples were divided into control group and experimental group of 119 mothers and newborns in each group. Experimental group was initiated breast feeding immediately after birth and the control group babies do not receive breast feeding. After the analysis the result revealed that initiation of breast feeding within one hour of delivery improves maternal infant bonding when compared to control group babies.

5. Frequency and percentage distribution of Maternal Satisfaction Score related to breast feeding of parturient mothers in experimental group.

The results showed that majority (100%) of the parturient mothers in the experimental group had found to be very satisfied with the early suckling during the third stage of labour.

This study was supported by Deliek Bilgic et al (2004) conducted a study to evaluate the effect of early breast feeding on the duration of 3rd stage of labor and the mother infant interaction among eighty five eligible subjects who were divided into two groups in randomized manner. Early breast feeding group (n=43) and control group (n=42) .The rate of placental separation at the first 5 – 10 minutes of the third stage was significantly higher (83.3%, Vs16.7%) in the early

breast feeding group. This rate was found higher (42.6%Vs7.4%) than those of who are breast feeding more than 10 minutes at P0.05 level. Mother infant verbal interaction scores were significantly higher in the early breast feeding group (26.5+44) than control group (13.9+3.6).Hence early breast feeding reduces the duration of third stage of labour and increases the mother infant verbal interaction.

As a result of increased mother infant interaction and early suckling the parturient women found to be satisfied by the care by the investigator.

Summary

The discussion is made in this chapter based on the objectives of present study and it was supported with similar studies conducted by other investigators.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter presents the summary of the study and conclusion drawn. It classifies limitations of the study, implications, recommendations in different areas like nursing practice, nursing education, nursing administration, nursing research and recommendation for the further study.

SUMMARY OF THE STUDY

“A study to evaluate the effectiveness of early suckling on third stage labour among parturient women at Government Ranees hospital, Pudukkottai”.

OBJECTIVES

1. To evaluate the effectiveness of early suckling on third stage of labour among parturient women in experimental and control group.
2. To associate the duration of third stage of labour among parturient women in experimental and control group with the selected demographic variables.
3. To associate the amount of blood during third stage of labour among parturient women in experimental and control group with the selected demographic variables.

HYPOTHESES

- H1: There will be a significant difference on duration of third stage of labour among Parturient women in experimental and control group.
- H2: There will be a significant association on duration of third stage of labour among Parturient in women in experimental group with the Selected demographic variables.

The main study was conducted for a period of six weeks at Government Ranees Hospital Pudukkottai. The total samples of 120 parturient women were selected according to their inclusion criteria by probability simple random sampling technique. Among them 60 were assigned to experimental group and 60 were assigned to control group. The data collection tool consists of two sections, Section-I Demographic variables of parturient women and section –II was an observation record sheet on third stage of labour. The Latch score was assessed using standardised rating scale and maternal satisfaction score was also assessed using modified rating scale. The data was analyzed by using descriptive and inferential statistics.

THE STUDY FINDINGS ARE SUMMARIZED AS FOLLOWS:

1. **Demographic variables of parturient women** In experimental group majority 25(41.67%) of the parturient women were in 21 – 25 years, 33(55.00%) of them were primigravida, 37(61.67%) of them had spontaneous delivery, 33(55.00%) had duration of first stage of labour was 13 -24 hours. About 33(55.00%) had duration of second stage of labour was 30 mts - 1 hour and 37 (61.67%) of their newborn got Apgar score of 10 at one mt. About 39(65%) had received pitocin drip, 30(530.0%) of babies had weight of above 3 kgs. About 35(58.33%) of the newborns were male, 60(100%) had received information regarding Planned Parenthood and 60(100%) received the Planned Parenthood information through health personnel.
 - In control group majority 33(55.00%) of the parturient women were in 21 – 25 years, 35(58.33%) of them were primigravida, 41(68.33%) of them had spontaneous delivery, 35(58.33%) had duration of first stage of labour was 13 -24 hours. About 34(56.67%) had duration of second stage of labour was 30 mts - 1 hour and 41 (68.33%) of their newborn got Apgar score of 10 at one mt. About 41(68.33%) had not received pitocin drip, 28(46.67%) of babies had weight of above 2.9 - 3 kgs. planned parenthood and 60(100%) received the Planned Parenthood information through health personnel.

Findings related to effectiveness of early suckling on third stage of labour among parturient women.

- In experimental group majority 52(86.67%) of the parturient women had 8 - 10 minutes on duration of third stage of labour, 8(13.33%) of them had duration of 11 -13 minutes and none of them were in the duration of 14 -16 and more than 16 minutes. Whereas in control group 21(35.0%) of them had 8 -10 minutes, 28(46.67%) of them had 11 – 13 minutes, 11(18.33%) of them had 14 -16 minutes none of them were in more than 16 minutes.
- In experimental group 47(78.33%) of them had 100 -150ml of total blood loss, 12(20%) of them had 151 – 200 ml and 1(1.67%) of them had 201 -250 ml. whereas in control group 29(48.33%) of them had 100 -150ml of total blood loss, 25(41.67%) of them had 151 – 200 ml and 6(10%) of them had 201 -250 ml of total blood loss.
- In experimental group the mean value of duration of third stage of labour was 1.13, whereas in control group the mean value was 1.83. The difference in the standard deviation was found to be 0.34 in experimental group and 0.71 in control group.
- In experimental group the value of amount of blood loss during third stage of labour was 1.23, whereas in control group the mean value was 1.61. The difference in the standard deviation was found to be 3.658 in experimental group and 0.001 in control group. This reveals that early suckling was more effective on duration of third stage of labour compare to blood loss.
- The calculated “t” 6.822 value shows that there was a significant difference between the experimental and control group on duration of third stage of labour at $P < 0.001$.
- The calculated ‘t’ value 3.658 shows that there was a significant difference between the experimental and control group on blood loss at $P < 0.001$ level.
- The Chi square analysis was used to find out the association which shows that there was statistically significant association found among the demographic variables like duration of first stage of labour and duration of

second stage of labour with amount of blood loss during third stage of labour among parturient mothers at $P < 0.05$ level in the experimental group whereas none of the demographic variables had shown statistically significant association with the duration of third stage of labour among parturient mothers in the control group.

- The Latch score was assessed using standardised rating scale and maternal satisfaction rating scale score was also assessed using modified rating scale. Majority (100%) of the babies of the parturient women in the experimental group had belonged to the category of good on the breast feeding latch score and majority (100%) of the parturient mothers in the experimental group had found to be very satisfied with the early suckling during the third stage of labour

Conclusion

The study findings revealed that early suckling is an effective intervention on duration of third stage of labour and blood loss.

There was a significant association found between the third stage of labour with their selected demographic variables like weight of the baby, duration of first stage of labour and duration of second stage of labour.

Implications for Nursing practice:

There are several important implications for nursing practice.

Nursing Service:

- Early suckling demonstration classes can be conducted in hospital and maternity and child health centre.
- Midwives can establish the practice of early suckling as a routine management of third stage of labour.
- Awareness can be created among the antenatal mothers about effectiveness of early suckling in hospital and maternity centres.

- Midwives can plan the nursing management and enhance the nurse patient relationship and sense of cooperation, sense of well being of the mother, and baby through the development of mutually agreed goals.
- Have a written early suckling policy and training that is routinely communicated to all health care staff.
- Educate all pregnant women about advantages of breast feeding, breast feeding position and techniques and about correct latching.

Nursing Education:

- The curriculum can involve the nurse educators to have the additional responsibility to update their knowledge on early suckling on third stage of labour this can be done in collaboration with the nurse administrator by planning and conducting ,continuing educational programmes.
- The teachers can work together in clinical area to disseminate knowledge on early suckling, through clinical teaching /ward demonstration.

Nursing Administration:

- The nurse administrator coordinates her work along with the staffs, to encourage the parturient women for the co-operation of early suckling on third stage of labour.
- Midwifery department should have policy and decision to use early suckling practice during third stage of labour as one of the essential activity to reduce the duration of third stage of labour and reduce the blood loss.
- Nursing administrator should organize in service educational programme to staff nurses regarding early suckling on third stage of labour for parturient women.

Nursing Research:

- There is a need to find out various innovative methods on early suckling to reduce the duration of third stage of labour and reduce the blood loss.

- The study will be a vulnerable reference material for future researcher.

Recommendation for further Research

- A comparative study can be conducted between primigravida and multigravida women on effectiveness of early suckling on third stage of labour.
- A similar study can be done using the large sample primigravida women.
- A similar study can be conducted to find out the other aspect of effectiveness of early suckling such as mother baby bonding, temperature maintenance, mother's psychology, baby's behaviour and suckling response of the baby.
- A STP can be done related to the technique of Latching among primi and multigravida women.
- A prospective observational study can be done related to the Latch score Assessed in the first 24 hours after delivery predict Non Exclusive Breastfeeding at Hospital discharge.

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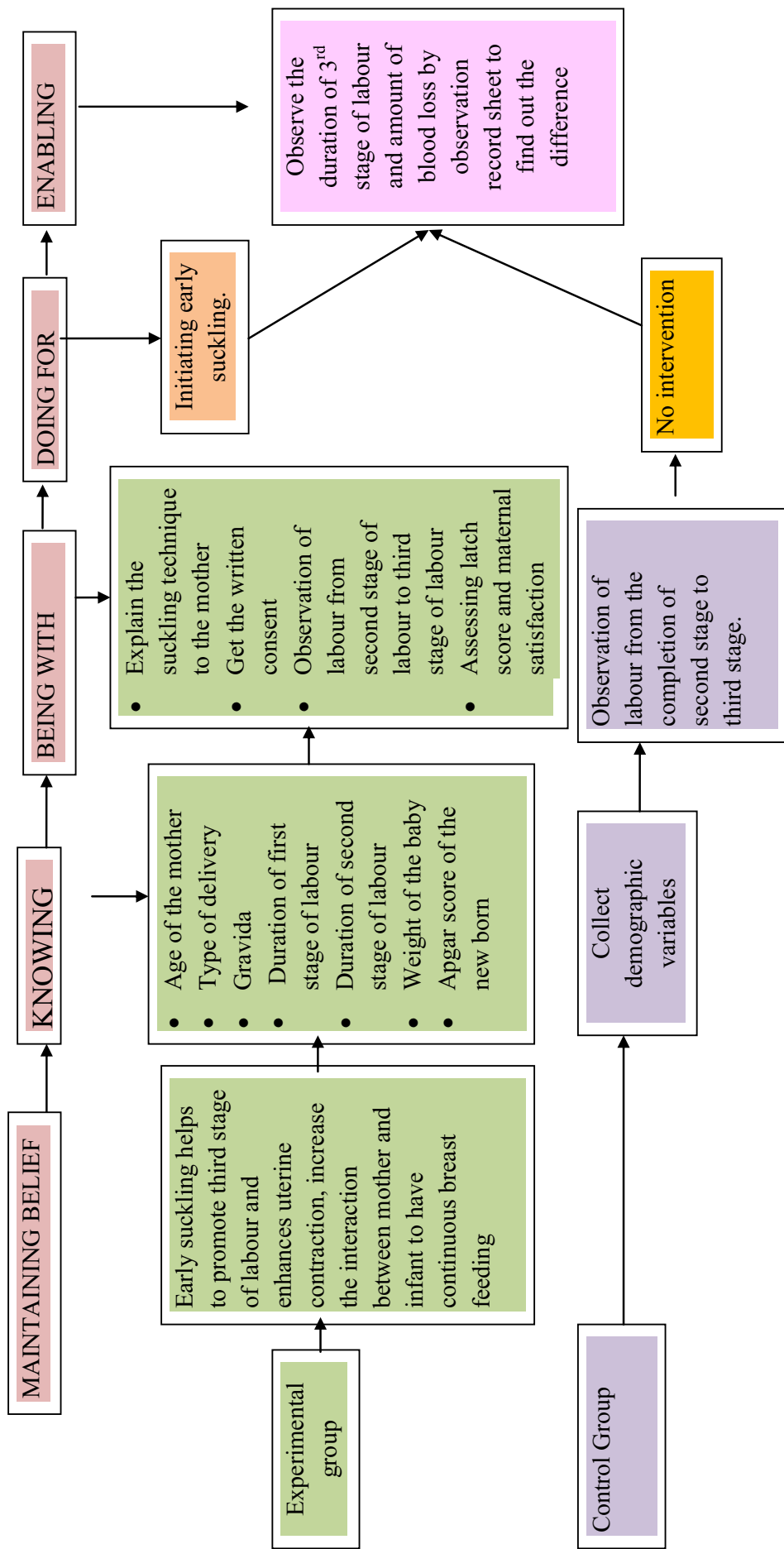


Figure.1: CONCEPTUAL FRAME WORK BASED ON KRISTEN.M SWANS THEORY OF CARING (1993) TO EVALUATE EFFECTIVENESS OF EARLY SUCKLING ON THIRD STAGE OF LABOUR AMONG PARTURIENT WOMEN

APPENDIX A
DATA COLLECTION TOOL
SECTION I

DEMOGRAPHIC DATA

1. Age of the mother
 - a. Less than 20 years
 - b. 21 – 25 years
 - c. 26 – 30 years
 - d. More than 31 years
2. Gravida
 - a. Primi gravida
 - b. II gravida
 - c. III gravida
 - d. IV gravida
3. Type of delivery
 - a. Spontaneous
 - b. Induced
4. Duration of first stage of labour
 - a. 6 – 12 hrs
 - b. 13 – 24 hrs
 - c. More than 24 hrs
5. Duration of second stage of labour
 - a. Less than 30 minutes
 - b. 30 mts – 1 hr
 - c. 1hr – 2hr
 - d. More than 2 hrs

6. APGAR score of the new born at 1 minute
 - a. Score of 7
 - b. Score of 8
 - c. Score of 9
 - d. Score of 10
7. History of pitocin drip infusion
 - a. Given
 - b. Not given
8. Weight of the baby
 - a. 2.5 kg
 - b. 2.7kg
 - c. 2.9kg
 - d. More than 3 kg
9. Sex of the baby
 - a. Male
 - b. Female
10. Are you aware of planned parenthood
 - a. Yes
 - b. No

If yes the source of information

- a. Health personnel
- b. Friends
- c. Family members
- d. Media

SECTION III				
BREAST FEEDING LATCH SCORE				
	0	1	2	
L LATCH	<ul style="list-style-type: none"> • Too sleepy 01 reluctant • No latch achieved 	<ul style="list-style-type: none"> • Repeated attempts • Hold nipple in mouth • Stimulate to suck 	<ul style="list-style-type: none"> • Graphs breast • Tongue clean • lips flanged • Rhythmic suckling 	
A Audible swallowing	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • A few with stimulation 	<ul style="list-style-type: none"> • Spontaneous and intermittent <24hours old. • Spontaneous and intermittent >24 hrs old. 	
T Type of nipple	<ul style="list-style-type: none"> • Engorged • Cracked, bleeding, lauge, blisters, or bruises • Severe discomfort 	<ul style="list-style-type: none"> • Filling • Reddened / small • Blisters or bruises • Mild moderate discomfort 	<ul style="list-style-type: none"> • Soft • Tender 	
C Comfort	<ul style="list-style-type: none"> • Inverted 	<ul style="list-style-type: none"> • Flat 	<ul style="list-style-type: none"> • Everted after stimulation 	
H Hold (Positioning)	<ul style="list-style-type: none"> • Baby requires wrapping • Pillow required for support • Mother learning skills 	<ul style="list-style-type: none"> • Minimal support required • Mother gaining confidence. 	<ul style="list-style-type: none"> • No assistant from staff • Mother able to hold infant • Mother and baby relaxed • Mother competent 	

Score: Good 7 – 10

Fair : 4 – 6

Poor : 1 – 3

Total Score 10

SECTION IV

MODIFIED SCALE FOR ASSESSMENT OF MATERNAL SATISFACTION

MATERNAL SATISFACTION SCALE RELATED TO BREAST FEEDING

Very satisfied (5)	Satisfied (4)	Satisfied not dissatisfied (3)	Dissatisfied (2)	Very dissatisfied (1)

APPENDIX B
PERMISSION LETTER

From

Ms.MANGAIS
M.Sc. Nursing II Year
Karpaga Vinayaga College of Nursing
Pudukkottai.

Through Principal

To

THE JOINT DIRECTOR
Dr.Muthulakshmi Memorial Government Headquarters Hospital
Pudukkottai

Respected Sir,

Sub: Requesting permission to conduct study regarding.

...

This is for your kind information that, I Ms.Mangai.S, II Year M.sc Nursing Student of Karpaga Vinayaga College Of Nursing, Pudukkottai have plan to conduct a research project which is to be submitted to Dr.M.G.R.Medical University in partial fulfillment of university requirements for the award of Master Of Nursing Degree.

TOPIC: A STUDY TO EVALUATE THE EFFECTIVENESS OF EARLY SUCKLING ON THIRD STAGE OF LABOUR AMONG PARTURIENT WOMEN AT RANEE'S GOVERNMENT HOSPITAL, PUDUKKOTTAI.

I am very much interested in conducting the study among parturient women. I shall be obliged if you kindly grant me permission for conducting the study in Ranee's Government Hospital, Pudukkottai.

Thanking you,

Yours Faithfully,

S.Mangai

APPENDIX C

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY OF TOOL

From

Ms.Mangai.S
M.Sc.(N)II year,
Karpaga vinayaga college of Nursing,
Pudukkottai.

To

Dr.Hyrunnisa, M.B.B.S., DGO
Chief Civil Surgeon
Government Ranees Hospital
Pudukkottai

Respected Madam

Sub: Requisition for content validity of tool.

...

I am Mangai.S doing M.Sc.(Nursing) II year in Karpaga vinayaga college of Nursing, Pudukkottai, under The Tamilnadu, Dr.M.G.R Medical university, Chennai. As a partial fulfilment of my M.Sc. (N)Degree programme. I am conducting a research on” **A Study evaluate the effectiveness of early sucking on third stage labour among parturient women at selected hospital, Pudukkottai.**”A tool has been developed for the research study.

I am sending the tool for content validity and for your expert and valuable opinion.

I will be very thankful for your kind consideration. Kindly return it to the undersigned.

Thanking you

Yours Sincerely,

(MANGAI.S)

Encl:

1. Certificate of content validity,
2. Statement of the problem, objectives, hypothesis, research methodology.
3. Description of tool and tool for data collection.
4. Self addressed envelope.

APPENDIX D

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY OF TOOL

From

Ms.Mangai.S
M.Sc(N)II year,
Karpaga vinayaga college of Nursing,
Pudukkottai.

To

Dr.Irene light M.Sc.(N)., Ph.D
Principal,
Dr. G. Sakunthala college of Nursing,
Trichy.

Respected Madam

Sub: Requisition for content validity of tool.

I am Mangai.S doing M.Sc.(Nursing) II year in Karpaga Vinayaga college of Nursing, Pudukkottai, under The Tamilnadu, Dr.M.G.R Medical university, Chennai. As a partial fulfilment of my M.Sc. (N)Degree programme. I am conducting a research on” **A Study evaluate the effectiveness of early sucking on third stage labour among parturient women at selected hospital, Pudukkottai.**”A tool has been developed for the research study.

I am sending the tool for content validity and for your expert and valuable opinion.

I will be very thankful for your kind consideration. Kindly return it to the undersigned.

Thanking you

Yours Sincerely,

(MANGAI.S)

Encl:

1. Certificate of content validity,
2. Statement of the problem, objectives, hypothesis, research methodology.
3. Description of tool and tool for data collection.
4. Self addressed envelope.

APPENDIX E
LETTER SEEKING EXPERT'S OPINION
FOR CONTENT VALIDITY OF TOOL

From

MS.Mangai .S
M.Sc. (N)II year,
Karpaga vinayaga college of Nursing,
Pudukkottai.

To

Ms. Reeta Jebakumari,M.Sc(N),
Professor,
Sacred heart college of Nursing,
Madurai.

Respected Madam

Sub: Requisition for content validity of tool.

I am Mangai.S doing M.Sc.(Nursing) II year in Karpaga vinayaga college of Nursing, Pudukkottai, under The Tamilnadu, Dr.M.G.R Medical university, Chennai. As a partial fulfilment of my M.Sc. (N)Degree programme. I am conducting a research on **“A Study evaluates the effectiveness of early sucking on third stage labour among parturient women at selected hospital, Pudukkottai.”** A tool has been developed for the research study.

I am sending the tool for content validity and for your expert and valuable opinion.

I will be very thankful for your kind consideration. Kindly return it to the undersigned.

Thanking you

Yours Sincerely,

(MANGAIS)

Encl:

1. Certificate of content validity,
2. Statement of the problem, objectives, hypothesis, research methodology.
3. Description of tool and tool for data collection.
4. Self addressed envelope.

APPENDIX F

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY OF TOOL

From

Ms.Mangai .S
M.Sc.(N)II year,
Karpaga vinayaga college of Nursing,
Pudukkottai.

To

Ms.Sharon Shophia,
Associate Professor,
Our lady of health school and college of Nursing,
Thanjavur.

Respected Madam

Sub: Requisition for content validity of tool.

I am Mangai.S doing M.Sc.(Nursing) II year in Karpaga vinayaga college of Nursing, Pudukkottai, under The Tamilnadu, Dr.M.G.R Medical university, Chennai. As a partial fulfilment of my M.Sc. (N)Degree programme. I am conducting a research on” **A Study evaluate the effectiveness of early sucking on third stage labour among parturient women at selected hospital, Pudukkottai.**”A tool has been developed for the research study.

I am sending the tool for content validity and for your expert and valuable opinion.

I will be very thankful for your kind consideration. Kindly return it to the undersigned.

Thanking you

Yours Sincerely,

(MANGAIS)

Encl:

1. Certificate of content validity,
2. Statement of the problem, objectives, hypothesis, research methodology.
3. Description of tool and tool for data collection.
4. Self addressed envelope.

CERTIFICATE FOR VALIDITY

This is to certify that the structured questionnaire schedule on
**“A Study evaluate the effectiveness of early sucking on third stage labour
among parturient women at selected hospital, Pudukkottai.,** has been validated
and found appropriate with mentioned suggestion.

Signature:

Name:

Designation:

Name of the college:

LIST OF EXPERTS

1. **Dr. Mrs. Hyarunnisa, M.B.B.S., D.G.O.,**
Chief Civil Surgeon,
Government Ranees Hospital, Pudukkottai.

2. **Prof. S. Sumithra, M.Sc.(N),[Ph.D]**
Principal,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

3. **Mrs M .Vanichitradevi, M.Sc.(N),**
Vice Principal,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

4. **Prof. Dr. Iren Light Christopher, M.Sc.(N), Ph.D (N),**
Principal,
Dr.Shakunthala College of Nursing,
Pudukkottai.

5. **Prof. Reeta Jebakumari, M.Sc.(N).,**
Professor, Department of OBG,
Sacred Heart College of Nursing,
Madurai.

6. **Mrs. Sharan Sophia, M.Sc.(N).,**
Associate Professor, Department of OBG,
Our lady College of Nursing,
Thanjavur.

7. **Mrs. Kayalvizhi, M.Sc.(N).,**
Assistant Professor, Department of OBG,
Doctors College of Nursing,
Pudukkottai.

8. **Mrs. Radha.C, M.Sc.(N).,**
Associate Professor, Department of OBG,
Karpaga Vinayaga College of Nursing,
Pudukkottai.

APPENDIX G

CERTIFICATE OF EDITING

TO WHOMSOEVER IT MAY CONCERN

Certificated that the dissertation paper titled, **“A Study to evaluate the effectiveness of early sucking on third stage labour among parturient women at Government Ranees Hospital, Pudukkottai. by Ms.S.MANGAI, M.Sc.(NURSING).** It has been checked for accuracy and corrections of English language usage and that the language used in presenting the paper is lucid, unambiguous free of grammatical of spelling errors and apt for the purpose.

PROCEDURE ON EARLY SUCKLING ON THIRD STAGE OF LABOUR

PROCEDURE

Type of care

Early suckling on third stage of labour.

Frequency

Immediately after the birth of the baby, the baby was allowed to suck for only fifteen minutes.

Introduction

Immediately after birth of the baby, the baby's cord was cut and is put on the mother's breast for early suckling. It helps to reduce the duration of third stage of labour and blood loss during the third stage of labour.

Early suckling

Baby is placed on mother's breast immediately after birth and suckling is initiated before expulsion of placenta.

Purpose

1. To reduce the duration of third stage of labour
2. To reduce the blood loss third stage of labour.

Preliminary assessment

1. Explaining the procedure to the parturient women
2. Getting co-operation from the parturient women
3. Obtaining written consent.

Steps of the procedure

1. Prepare the mother's breast by cleaning the breast with sterile gauze using warm water
2. Assess the Apgar score of the newborn baby at 1 minute.
3. New born Baby's eyes and face will be wiped and the baby will be wrapped with a sterile linen.
4. New born baby is put on the mothers breast for early suckling.
5. Observe the time of placental expulsion from the completion of the second stage of labour.
6. Assess the amount of blood loss during third stage of labour.

After care

1. Provide comfortable position (Which ever the mother prefers).
2. Documentation of the procedure in the observation record sheet.