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ORIGINAL ARTICLE

Preparedness of Prospective Nurses to Work as Midwives in Hospital and Community

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Abstract:

Background: It is desirable to have skilled midwives to provide competent care in hospital and community setting. **Aims and Objectives:** The objectives were to assess curriculum adequacy, preparedness and job preferences of prospective nurses. **Materials and Methods:** A descriptive survey was used for the study. The study was carried out at nursing institutes in Ahmednagar District, Maharashtra, India. The participants were the 200 prospective Nurses (final year Nursing students) of General Nursing and B.Sc Nursing Programme, who had undergone midwifery examination. A semi structured questionnaire with self report technique method was used. **Results:** 20.57% and 89.1% students respectively felt that, the theory input and allotted clinical hours were adequate. During the clinical posting, 29.7% felt that they did not get the opportunity to work in midwifery sections. 33.1% students expressed that they did not get cases as per the requirement prescribed by Indian Nursing Council. 13.7% and 33.7% students respectively agreed that they lacked confidence to perform abdominal palpation of antenatal cases & conduct deliveries independently. A few (26.2%) expressed their inability to resuscitate the newborn. 89.1% said that they needed more experience to work independently as midwives.

Everyone felt the need of in-service education and majority (77.2%) felt that its duration should be either three months or more. **Conclusion:** Present study reveals that only 7% of the prospective nurses are ready to work in midwifery section. Only 13.7% of the prospective nurses are ready to work in rural area. Since there is a shortfall of 70.02% for speciality of obstetrics and gynecology in rural health (GOI, 1997), and there are only 40 qualified nurse midwives per 100,000 births in India or only one midwife for 2500 births in rural areas, it is imperative to strengthen midwifery training to bridge this gap.

Key Word: Prospective Nurse

Introduction:

The midwife's scope of activities within obstetrical and gynaecological care includes preventive activities, reproductive health care from a life – cycle perspective. It is important that a midwife should possess all the skills needed to provide competent maternal and child health care. Skilled midwives can reduce the maternal mortality and perinatal deaths that occur during child birth. The objectives of the study were to find out curriculum adequacy in training of nurse midwives, to assess the preparedness of prospective nurses to work as midwives and to

find out the Job preferences of prospective nurses.

Materials and Methods:

A descriptive exploratory survey was conducted in Ahmednagar district, Maharashtra among the 200 prospective Nurses (final year Nursing students) of General Nursing and B.Sc Nursing Programme, who had undergone

midwifery examination. The study was conducted from the month of August to Sept 2009. All the final year students from eight colleges of Nursing were included in the study. A semi-structured questionnaire with self reporting technique method was used. Five participants did not respond, hence they were excluded from the study. A formal permission was obtained from respective College Principals.

Fig. 1 Map of the study area



Table 1- List of Nursing Institutes Included in the Study

No.	Place	Name of the institution	Courses offered
		- Civil hospital	- ANM, GNM
1	Ahmednagar	- P. Dr.V.V. Patil Foundation, INE	- GNM, BSc (N)
		- Parvathibai Mhaske Nursing Institute	- ANM, GNM
		- Kranti Nursing School	- GNM
		- Booth Hospital	- GNM
2	Loni	- PIMS College of Nursing	- GNM, BSc (N), P. B. BSc(N), MSc (N)
3	Rahuri	Swami Vivekananda School of Nursing	-GNM
4	Shrirampur	Saint. Luke’s School of Nursing	-GNM

Table-2 Curriculum Requirements for Nurse Midwives

Courses	Theory	Practical	Case book/ Procedure book
RGNM (Third year)	120 hours	756 hours	✓
BSc (N) (Fourth year)	90 hours	360 hours	✓
P. B. BSc (N) (First year)	60 hours	240 hours	✓

Table 3. Indian Nursing Council (INC) Requirements

No.	Type of cases	GNM	B.Sc.
1	Antenatal Examination	20	30
2	Record of witnessed cases	30	10
3	Personally conducted cases	15	20
4	Vaginal examination	-	5
5	Normal PNC cases	20	20
6	Abnormal deliveries witnessed/ assisted		
	a) LSCS	2	10
	b) Forceps/ Vacuum/ Twin/ Breach	3	10
7	Episiotomy given and sutured	5	-
8	IUCD insertion	3	5

The questionnaire comprised of two sections, Section: A socio demographic data, Section: B Questions related to midwifery curriculum, nursing student's readiness and job preferences.

Results:

Demographic Data:

The majority of the prospective nurses (91.42%) belonged to the age group between 20 to 23 years. 85% students were females. Majority (67.7%) were from villages. Parent's literacy was 15%. 32.19% of the students were farmer's children and 10% of the students' mothers were also nurses.

Adequacy of the Curriculum:

The preparation of the midwives was expressed very significantly, 20.57% of the students felt that theory input given was adequate, whereas 89.1% felt that the allotted clinical hours were adequate. 21.7% of them expressed that all topics were not covered during training period. During the clinical posting some (29.7%) thought that they did not get opportunity to work in some sections of the midwifery. Some (33.1%) students expressed that they did not get all cases as per the requirements prescribed by I.N.C. Few (13.7%) students felt that they were not confident to do abdominal palpation of the antenatal cases, even after completion of the midwifery education. Some (33.7%) of the students felt that they were not confident of conducting deliveries independently. Few (26.2%) of them expressed their inability to resuscitate the newborn. Some (21.1%) of them stated that they were not able to give episiotomy, whereas majority of them stated that they were able to give episiotomy care. Many (69.7%) expressed that they were not confident to handle obstetric emergencies.

Fig. 2 Showing the Curriculum Adequacy

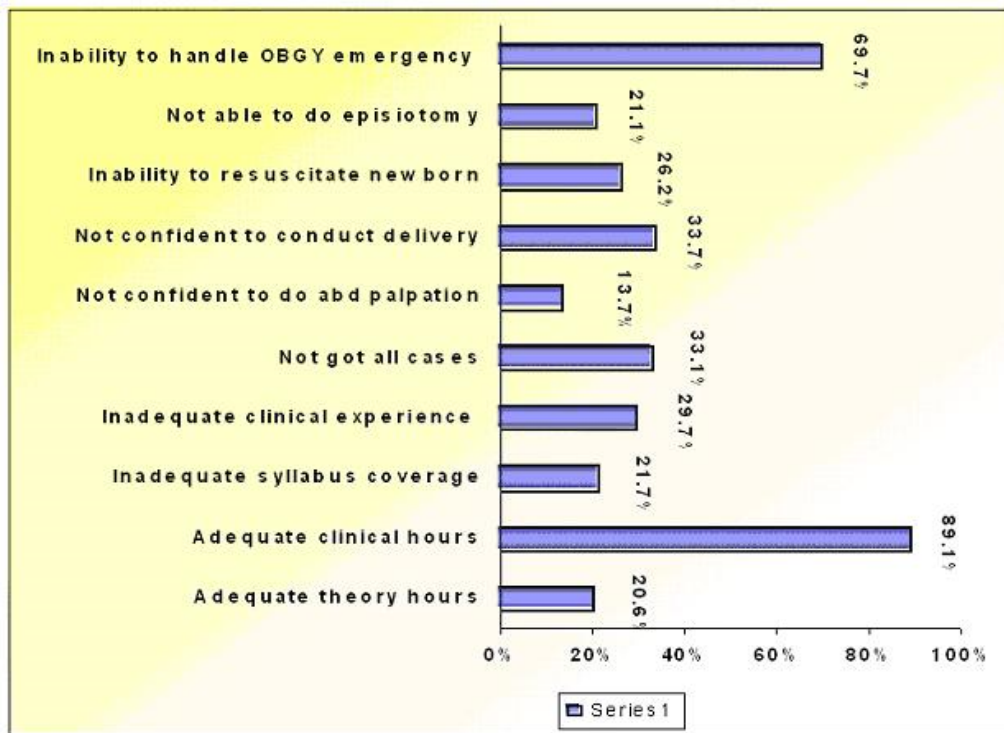
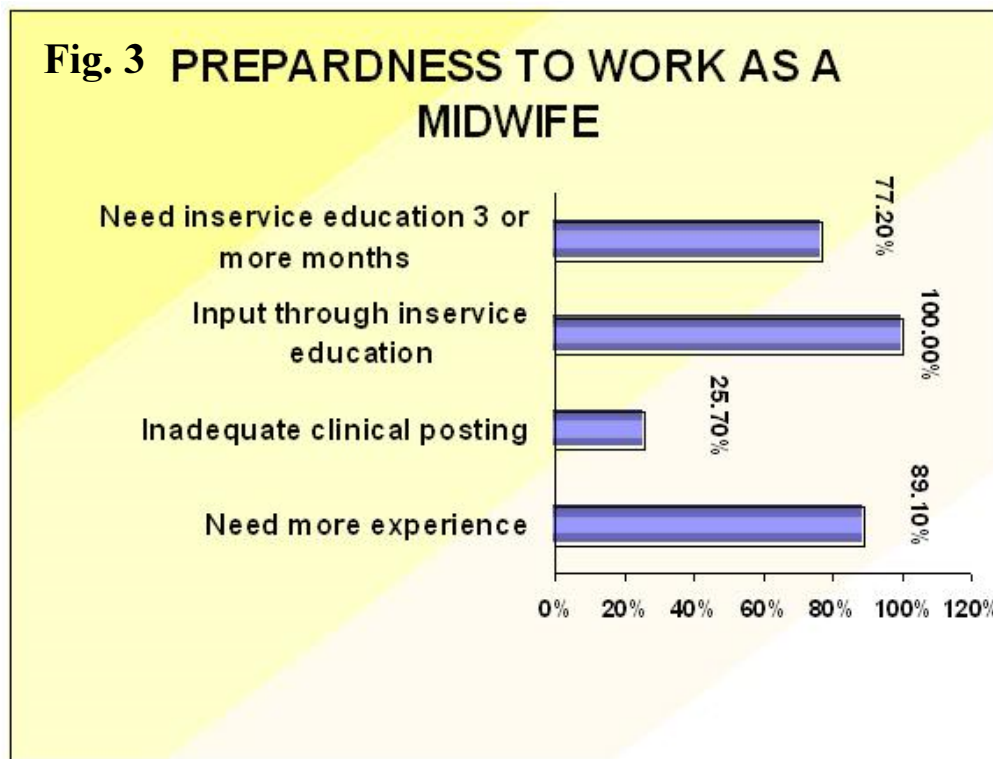


Fig. 3 PREPARDNESS TO WORK AS A MIDWIFE



Preparedness to Work as a Midwife:

Maximum number of them (89.1%) expressed that they needed more experience to work independently. Some (25.7%) felt that clinical posting in each section of midwifery was not adequate. All of them thought that they needed more input in the form of in-service education and majority (77.2%) felt that the duration of in-service education should be of 3 months or more.

Preparedness for job:

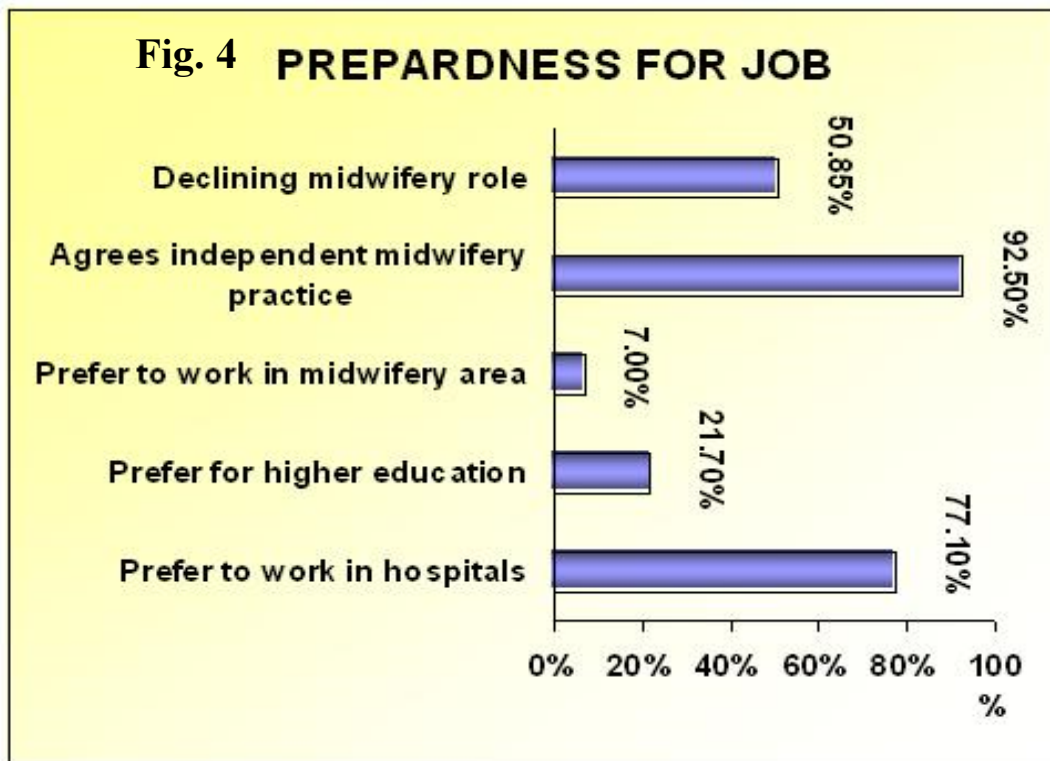
The prospective students expressed moderately high (77.1%) preference to work in hospitals than in PHC, whereas few (21.7%) preferred to go for teaching or further education. Those who preferred to work in hospital; majority would like to work in OT, ICU, whereas very few (7%) of them preferred to work in midwifery

section. Maximum (92.5%) participants agreed that they should have independent midwifery practice in India, whereas (50.85%) of them felt that nurse’s role as midwife is reducing.

Discussion:

Bose R. & Prakasamma M (1998) have emphasized the need for a skilled midwifery cadre for safe motherhood services [1]. At present the shortage of nurse midwives is highest in the rural areas. Health manpower statistics show that there is a shortfall of 61.75% for nurse midwives in rural areas of the country [2].

Present study reveals that only 7% of the prospective nurses are ready to work in midwifery section. Only 13.7% of the prospective nurses are ready to work in rural PHC. There is a shortfall of 70.02% for



speciality of obstetrics and gynaecology in rural area (GOI, 1997). There are only 40 qualified nurse midwives per 100,000 births in India or only one midwife for 2500 births in rural areas [3].

The study conducted by Iyengar K (2009), reveals that the trained nurse midwives can significantly improve access to skilled maternal and neonatal care in rural areas and manage maternal complications with and without the need for referral. Protocols must acknowledge that some families might not comply with referral advice, and also that initial care by nurse- midwives can reverse progression of certain complications and thereby avert the need for referral [4].

In the present study majority (77.2%) of the prospective nurses have felt that present curriculum is inadequate, they need more input and in - service education should be of 3 months or more. The prospective nurses do not have the confidence of conducting deliveries, giving episiotomy, doing neonatal resuscitation and handling the obstetric emergencies. In Indonesia 55,000 midwives have been trained and placed in the country to provide safe motherhood services. Life saving skills have been taught through ten modules with the help of World Bank.

In Ghana 120 midwives have been trained in life saving skills to deal with emergency maternal situations which has been successful, hence the Govt. has expanded the programme and incorporated the life saving skills into basic midwifery syllabus. The Govt. of Zimbabwe has made special efforts to strengthen the midwifery services through the basic training of midwives

with more emphasis on training to work at rural health centers. In rural Zaire, nurses are trained to do caesarean sections and laprotomies. Out of 278 Caesarean sections performed by the nurse surgeons, there have been two deaths [5].

In Gambia, a programme has been taken up in 1988 to strengthen maternity services through capacity building of nurse midwives. This has led to enabling them to deal with emergencies in the health centers and refer mothers who are in need of expert care in time resulting in a decline of maternal mortality [6].

Conclusion:

Inadequate preparation of the nursing students leads to lack of confidence to work in midwifery section hence the prospective nurses are not ready to work as midwives independently in rural areas, if we want the prospective nurses to take challenge and work in rural areas, we must recognize the midwifery education and emphasize skill oriented training. The attractive salary and incentives can then motivate the prospective nurses to work in rural areas. The neighboring countries like Srilanka, Bangladesh, Indonesia have demonstrated how the availability of trained midwifery personnel can reduce maternal mortality. The Government and regulatory bodies should formulate a policy and design strategy for safe motherhood through midwifery trained personnel.

References:

1. Bose R. & Prakasamma M. Midwifery in India: past, present and future. The Indian Journal of Nursing and Midwifery,

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- 1998,1(3): 5- 12.
 2. Government of India. Bulletin on rural health statistics in India, New Delhi: Rural health division, Ministry of Health and Family Welfare, Government of India. 1997.
 3. WHO, 1998 World Health Day: Safe Motherhood, 7th April 1998, Geneva: World Health Organization. 1998.
 4. Iyengar K, Iyengar S D. Reproductive health matters, 2009, 17: 33, 9-20.
 5. White S, Thorpe R.G and Maine D. Emergency obstetric surgery performed by nurses in Zaire. The lancet, 1987, Sept.12, 612.
 6. Tinker A and Koblinsky M A. Making motherhood Safe. World Bank discussion papers. Washington, D C. The World Bank. 1993.

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