

Abstracts from the Juba College of Nursing and Midwifery

The researches were carried out in partial fulfilment of the requirement for the award of Diploma in Midwifery. The complete reports are available from the authors

Assessing midwives' knowledge, skills and attitudes in the management of the third stage of labour at Juba Teaching Hospital

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Introduction: Maternal morbidity and mortality have been major issues for decades and, despite different programmes aimed to reduce them, the rate of improvement remains slow. Haemorrhage is a leading complication but many studies have shown that it can be prevented if the third stage of labour is actively managed.

Objective: To assess the knowledge, skills and attitudes of midwives in the active management of the third stage of labour (AMTSL) in Juba Teaching Hospital (JTH) as well as the factors influencing their practice.

Method: This was a descriptive study involving 50 midwives purposively selected in JTH. Data were collected using a structured questionnaire and an observational checklist. The questionnaire assessed knowledge and attitudes of midwives in AMTSL while the observational checklist was used to assess the actual practice of the midwives.

Results: Most (44%) of the respondents were aged 21-30 years, 52% were male and 48% were female; 40% were registered midwives, 22% certificated midwives, 18% traditional birth attendants, 8% enrolled midwives, and 6% were degree holders. Almost all (96%) were highly knowledgeable on AMTSL; 92% knew to give oxytocin on the 1st minute after delivery, 70% knew about clamping 2-3 seconds after delivery and cutting the cord, 90% knew of nipple stimulation by breast feeding, 88% knew about control cord traction, and 78% knew about massaging the uterus. Most (75%) had a good attitude towards AMTSL.

Most respondents reported practicing some elements of AMTSL: 64% reported often giving oxytocin (36% administer oxytocin on delivery of the anterior shoulder of baby), 96% clamp 2-3 sec after delivery and cut the cord after 2-3 minutes of delivery, 4% did it earlier; 88% frequently examine the placenta after delivery, 90% examine the perineum for tears, 96% put the baby to the breast immediately after delivery, 90% allow the placenta to separate and deliver spontaneously; 92% frequently deliver the placenta by controlled cord traction; 90% empty the uterus immediately after delivery by massaging.

Factors that influenced the respondents' practice of AMTSL included: lack of knowledge of care, shortage of staff leading to lack of assistance for AMTSL, unavailability of resources in the ward, no management protocols on AMTSL, no refresher training on AMTSL, late reporting of mothers to the ward when they had already developed complications.

Recommendations: Periodic workshops and seminars, frequent monitoring and supervision of midwives with or without notice to assess their practices would be beneficial for improving quality of care and increasing safety with consequent reduction in morbidity and mortality. Infrastructure needs to be enhanced and supplies and utilities made reliable. Infection control and access to skilled assistance at delivery are vital as is continuous training and retraining of midwives. The lives of women would then be in safer hands.

Awareness of the danger signs of obstetric complications amongst pregnant mothers attending antenatal care at Juba Teaching Hospital

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Introduction: Raising awareness of the danger signs of obstetric complications amongst pregnant mothers is crucial for maternal and child survival. However, in South Sudan where maternal mortality is among the world's highest, little is known about the knowledge level of pregnant women concerning these danger signs.

Objective: This study aimed to assess the level of knowledge about the danger signs of obstetric complications amongst clients attending antenatal care in Juba Teaching Hospital in 2017.

Method: A cross-sectional quantitative study design was used with 55 respondents selected by simple random sampling. A standardized questionnaire was developed. It was prepared in English and pre-tested in Malakia primary health care centre on 5% of the sampled individuals. The danger signs investigated were: fever, vaginal bleeding, reduced foetal movements, blurred vision, severe abdominal pain, swelling of lower limbs, drainage of amniotic fluid before 37 weeks, and convulsions. The collected data were cleaned and coded, then entered and analysed using the Statistical Package of the Social Sciences (SPSS) version 20 to generate meaningful information that could be utilized by the relevant stakeholders in maternal and child healthcare. The findings were presented using frequency tables, bar graphs and pie charts.

Results: The findings revealed that majority of the respondents (81.8%) were aged between 21-40 years, 21.8% had secondary education qualifications, 12.7% had completed tertiary level, 30.9% ended in primary level and 20% had never gone to school. In relation to respondents experience in past pregnancies, 83.6% had attended antenatal care during their last pregnancy, 50.9% had been advised on where to deliver, 41.8% had been counselled on the benefits of hospital delivery, and 59.1% went to a health facility for the management of any health problems.

Regarding respondents' awareness of the danger signs in pregnancy and the specific type of danger signs, the most commonly listed were vaginal bleeding, 21.8%, and severe abdominal pain, 21.8%, followed by swelling of lower limbs, 18.8% and fever, 15.6%. Only 3.1% were aware of blurred vision or reduced foetal movement. Only 12.9% of respondents mentioned all the above dangers signs. None knew that early drainage of amniotic fluid and convulsions were danger signs. Of the 40% of the mothers who experience dangers signs, a significant proportion, 40.9%, did not seek treatment at health facilities.

Conclusion: This study showed a low level of awareness of danger signs of obstetric complications among pregnant women in Juba Teaching Hospital. Women's knowledge about these danger signs is influenced by multiple factors. Socio-demographic characteristics such as age, educational attainment and employment status along with pregnancy characteristics such as gravidity, parity and number of antenatal visits contribute to their level of knowledge. Future research is needed to find out the relationship between knowledge of danger signs and mothers' different characteristics in South Sudan. However the promotion of universal antenatal care follow-up, educating women, avoiding high parity and advocating delivery in a health facility is likely to improve mothers' knowledge of danger signs.

Recommendations: The identified deficiencies in awareness should be addressed through strategic directions from the Ministry of Health. Emphasis should be given to danger sign awareness by producing health toolkits such as danger sign cards, posters, mass media campaigns. Quality obstetric and newborn services should be available at each health system level and include high quality education at antenatal, delivery and postnatal clinics. All health care cadres should be well trained and equipped with danger sign detection and counselling skills. Health care managers should include danger sign awareness as part of their quality assessment and improvement tool.