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# Future Midwives perceived on Management of Normal Labor at Selected Nursing School of Bangladesh

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**Abstract: Background:** Normal labor is a completely natural delivery of a baby without any medical intervention. Every delivery is unique and may differ from mothers to mothers. **Objective:** The aim of this study is to assess Future Midwives' Knowledge Regarding Management of Normal Labor at Selected Nursing School of Bangladesh. **Method:** This study design is a descriptive type of cross-sectional study. It was started from July, 2023 to June, 2024. Among the total respondents, conveniently 50 were selected as study sample. The data were collected through self-administered with semi-structured questionnaire. **Results:** Majority of the respondents (50%) were 21 years and mean age was **20.78 year (SD ± 0.67)**. Most of the respondents (98%) were unmarried. The study findings shows that 44% respondents had good knowledge and only 4% had poor and the overall mean knowledge score had **43.93** among 50 respondents regarding knowledge on Normal Labor. **Conclusion and Recommendations:** On the basis of study findings, the researchers recommend that a comprehensive training on skills for normal delivery should take plan and implement to improve knowledge, skills and practice. And therefore, the recommendation that to conduct further study to identify the actual fact to meet the desired level of knowledge on normal labor.

**Keywords:** Future Midwives, Normal Labor, Natural Delivery, Vaginal Birth

## 1.INTRODUCTION AND BACKGROUND

Normal labor is a completely natural delivery of a baby without any medical intervention. It is also known as a vaginal birth. Every delivery is unique and may differ from mothers to mothers (Zinsser, Stoll and Gross,2016). Addressing quality of care is central in reducing maternal and newborn morbidity and mortality and achieving the Sustainable Development Goals' (SDG) health-related targets for women and newborns. The World Health Organization (WHO) has published a set of evidence-based recommendation to a quality normal with the guide on 2020. Midwives were utilized for child birth due to greater knowledge base. Improving the quality of maternity care in both developed and developing countries is an important part of attempt mode to decrease maternal and neonatal mortality and morbidity (Iravani *et al.*, 2015). Over the years, there has been gradual reduction of maternal death nationwide. Strengthening the capacity of midwives to deliver high-quality maternal and newborn health services has been highlighted as a priority by global health organizations. To support low-income and middle-income countries (LMICs) in their decisions about investments in health, the potential impact of midwives on reducing maternal and neonatal deaths and stillbirths under several intervention coverage scenarios (Nove, *et al.*, 2020).Increasing exposure to out-of-hospital birth among midwives throughout education and practice to support normal birth in hospital settings are important strategies to decrease unnecessary obstetric intervention (Zinsser, Stoll and Gross, 2016). Midwives are the vital for independent role with responsibility for women having normal gestations, labour and birth. If any complications arise, physicians assume responsibility, but the midwives remain involved in the women care (Olafsdottir, *et al.*, 2019**)**.

In Bangladesh, the maternal mortality was reduced by half between 2000 and 2013 and the year of 2015 reported 176 women still died for every 1,00,000 live births and the critical reason was the severe shortage of adequately educated midwives. Uses of services and seeking skilled assistance for childbirth have increased in recent years in Bangladesh (Zafreen, *et al.*, 2019).

Midwifery education is designed to prepare students to begin a career in healthcare, The nursing and midwifery students are designated to clinical practice in order to best prepare to work in a hospital setting and be able to confidently provide holistic care. There is significant global evidence that women and their newborns receiving midwife-led care are less likely to develop complications and that scaling up professional midwifery can prevent maternal deaths, stillbirths and neonatal deaths (Zaman.*et al.*, 2020).

The specific evidence-based practice that should be implemented during labour and immediate postnatal periods and so on skin-to-skin contact for newborns, dynamic positions in labour and/or birth and delayed umbilical cord clamping were





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recommended for implementing by all health care providers, in order to provide quality midwifery care to women and newborns (Khatun and Kerstin, 2021).

However, with maternal mortality rate reducing by 12.5% between 2010 and 2016 (BMMS), the country still loses14 mothers a day due to delivery complication; complications in the post-partum period; delivery by unskilled home birth attendants; and lack of appropriate care by a skilled provide, for obstetric complications Bangladesh has made a commitment to end preventable child and maternal death by 2030 to achieve the goals for sustainable development. For reaching the goal the health care planners prioritized ante natal and post care, normal labor, emergency obstetric care and new born care which directly links to quality maternal health services given the large number of maternity cases in Bangladesh, the country demands a huge supply of midwives to ensure healthy pregnancy for women and newborn Significant achievement in midwifery, 42 govt. midwifery institute are offering diploma in midwifery. About 1149 diploma midwives have been deployed already at sub district level health complex to aiming the success of all challenges and make sure quality health care for every woman.

There is a challenge to reduce maternal and neonatal mortality and morbidity.

**Research Variables:**

| Socio-demographic variables | Knowledge related to Normal Labor |
|---|---|
| Age<br>Religion<br>Marital status<br>Entry Background<br>Practice in Labour ward (in week)<br>Attending any seminar/ workshop<br>No. of observed delivery<br>No. of conducted delivery | Concept of Normal Labour<br>Management of Normal Labour<br>Possible Complication in Normal Labour |

## 2.0. LITERATURE REVIEW

Literature review is defined as a broad comprehensive, in depth, systematic and critical review of scholarly publication, unpublished printed or audiovisual materials and personal communications (Sharma, 2005). It helps researcher to generate knowledge and identify research gap. Literature is to be reviewed by the researcher from primary, secondary and tertiary sources of literature both systematically and traditionally to generate knowledge relevant to the study key words. The current study knowledge regarding normal labour among nurses so, the related resources aiming to search and find out the finding as well research gaps.

### Global Perspective

Nove *et, al* conducted in 2020 Potential impact of midwives in preventing and reducing maternal and neonatal mortality and still births, tool modelling study used to estimate the number of deaths that would be prevented by 2035. If coverage of health intervention that can be delivered by professional midwives. Estimated that relative to current coverage a substantial increase in coverage of midwife delivered intervention could avert 41% of maternal death 39% of neonatal death and 26% stillbirths. equating to 2.2 million deaths averted per year by 2035. Midwives can help to substantially reduce maternal and neonatal mortality and still birth in LMICS. The potential midwives need to have skills and competencies in live with the recommendations of ICM. The study highlights the potential of midwives' challenges to the achievement.

One study conducted in 2020 to assess Midwifery Student Knowledge Skills and Competency in relation to the active management of the third stage of labour with the quantitative, descriptive study design was used to conduct this study with 99 Final year Midwifery students using probability types of stratified sampling technique. The study revealed that, the mean score for knowledge and the OSCE was 73.8% and 77.2% respectively. The majority of respondents (95.2%) rated themselves highly in terms of the active management of the third stage of labour competency. (Muzeya and Julie,2020)

A study revealed to assess fear affects a person's decision-making process and causes a midwife to make a wrong decision about normal vaginal delivery. A descriptive /cross sectional study design was used to conduct this study with 732 midwifery students from six different universities.



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The study result found that on the students feel most sufficient when performing prenatal and postnatal practices (Ozcan, *et al.*,2019).

In a study mention that to expose students to the birth process is clinical rotations, which all students to observe the labor process first. During clinical rotations students are placed on site at maternity units in hospitals and allowed to participate in the care of laboring mothers from a nurse's perspective (Richards, 2018)

A study to determine the knowledge and attitude of midwifery and nursing students towards different modes of delivery with the descriptive, analytical study, 73 junior students of nursing and midwifery from Isfahan School of Nursing and Midwifery were selected via census sampling. The study results showed that the 74.20% of midwifery students had a high level of knowledge about natural childbirth and the majority of nursing students had moderate (52.40%) and high (40.5%) levels of knowledge about natural childbirth (Heidari and Kohan,2015).

**National Perspectives**

Another study conducted in Bangladesh to assess nurse's knowledge on management of different stage of normal labour using cross- sectional study design. the study finding show that out of 220 respondents' majority (54.1%) were in the age group of 30-39 years and 32.7% were in the age group of 40-49 years and mean age of the respondents was 37.39+- 5.78 years about 51.4% of the nurse's Diploma in Midwifery, while 24.1% had B.Sc.in Public health Nursing. (Hazve, Awal, Inlam and saha, 2017) Studies on the preference of delivery settings are numerous in the other neighboring countries such as India, but very little is known on this topic in Bangladesh.

The majority of the respondents (80.9%) felt that excessive vaginal bleeding is an important risk factor in labour and 85% had experience in conducting labour;99.9% knew about different stages of labour; 69.9% knew the stages of dilation of cervix; 88.64% knew how to assess dilation of cervix in second stage of labour; and 98.18% knew the third stage of labour.

A study conducted to explore that what extent skilled birth attendants in the first-line health services in Cambodia have knowledge on the management of normal delivery, and what factors are associated with their level of knowledge. With the 542 eligible midwives and nurses, 523 (96%) participated. The overall mean score was 58%. Only 3% got scores of more than 90%. Multivariate analysis revealed that 'Kampong Cham province', 'younger age', and 'higher qualification' were significantly associated with higher scores. Previous training experience was not associated with the score. Substantial proportions of misclassification of monitoring items during labour were found; for example, 61% answered uterine contraction as a foetal condition, and 44% answered foetal head descent and 26% answered foetal heart rate as a maternal condition. (Matsui,2021**)**

Another study conducted in Bangladesh to assess students' perception on midwifery' realities in Bangladesh using qualitative study among 67 3rd year midwifery students at 14 public nursing institute and colleges in Bangladesh. The study result found that, approximately 3.1 million live birth each year, 47 % of deliveries take place in a health facility, which contributes to the overall low ratio skilled attendance at birth of 50% and a high maternal mortality ratio (MMR) of approximately 196 maternal deaths for every 100000 live births. (Bogren, *et al*., 2018)

This study highlighted that , student midwives integrated and improved their knowledge on normal labour for every pregnant women. So, we are intended to conduct the current study to assess the 3rd year midwifery students knowledge on normal labour at Dhaka Nursing College in Dhaka

**Research Methodology**

A descriptive type of cross-sectional study design was adopted for this study to assess the level Future Midwives' Knowledge Regarding Management of Normal Labor at Selected Nursing School of Bangladesh.

**3.2 Study Period**

The study was conducted from July 2023 to June 2024.

**3.3 Study Setting**

The study place was selected in Dhaka Nursing College (DNC) is a public nursing college attached to the Dhaka Medical College Hospital in Dhaka where is a big facility of clinical practices for Midwives. The nursing college established on1947 that was nursing institute before 2008. It has two courses Basic B.Sc in nursing Program and Diploma in midwifery Program . B.sc in nursing total seat 100 and diploma in midwifery 50. Dhaka Nursing College is a biggest Nursing and Midwifery education center for preparing competent nurses and midwives to provide quality



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health services to the people of Bangladesh. Since 1947, Dhaka nursing college ensure quality midwifery education too. This college is a number of excellences of Nursing college in Bangladesh where the group of competent and skilled teachers are there to producing quality nurses and midwives. So, Researchers intended to select as a study place to collect data.

### 3.4. Study Population
The study population was included all 3rd year midwifery students' at Dhaka Nursing College to collect data. The study population was 50.

### 3.5. Study Sample
The sample was 50 of 3rd year midwifery students' of Dhaka Nursing College. The student midwives, who were mentioned in the sample selection criteria.

### 3.6. Sample Size
The selected sample size was 50 of 3rd year midwifery students' at Dhaka Nursing College in Dhaka.

### 3.7. Sample Selection criteria
**Inclusion Criteria**
- All 3rd year students of midwifery program in Dhaka Nursing College.
- All 3rd year Midwifery Students who were enrolled in Dhaka Nursing College.
- All 3rd year Midwifery students who were willing to participated.
- All 3rd year Midwifery students who were available during data collection period.
- All 3rd year Midwifery students who were mentally and physically sound

**Exclusion Criteria**
- 3rd year Midwifery students who didn't meet the inclusion criteria.

### 3.8 Research Instrument
The questionnaire was designed with regard to the aim of the study with idea generated of the previous study questionnaires and expert opinion from subject and guide teachers. The questionnaire was prepared after performing internet and library book search and literature review. It was consisted two parts, part-I was included 08 questions of socio-demographic information and part-II was included 30 knowledge related questions. Each knowledge related questions were carried out 04 (four) options. The questionnaire was designed with the one correct answer for all questions. The total correct answers of knowledge related questions were 30. Each right answer was carried 02 (two) mark and total 60 marks were converted into 100%. The allocated marks for knowledge related questions were estimated and demographic information was provided. Before all finalizing the questionnaire, investigators were discussed with group members; it was reviewed by the concerned guide teachers and subject teachers for expert opinion and suggestion also for necessary corrections.

### 3.9 Validity and Reliability
In this study, the questionnaire was designed with regard to the aim of the study with the help of previous questionnaires and expert opinion. To determine the validity of the questionnaire, the questionnaire was prepared after performing internet and library book search and literature review. The content of the questionnaire was confirmed by a reproductive health and midwifery specialist and subject teachers of research. To determine the reliability of the questionnaire, test-retest was applied. A pretest was done in another similar setting to validate the questionnaire. Pretest was done among 10 final year students of midwifery program in Sher-e-Bangla Nursing College, Dhaka. For confirming its reliability, the questionnaire was completed by 10 students in a stage before two-weeks of the final data collection. Overall, 80% of responses were similar; thus, its means reliability was confirmed.

### 3.10 Ethical Consideration
Permission was obtained from the Principal of Dhaka Nursing College. Informed consent from the respondents obtained. Confidentially and anonymity was maintained. Respondents had autonomy to withdraw participation any time. Respondent was encouraged for voluntary participation.

### 3.11 Data Collection Procedure
The data were collected through self-administered semi structured questionnaire. Data was collected by a group of researchers with the help of teachers' faculty of Dhaka Nursing College. Prior to collect data, informed written consent was obtained from concerned authorities as well as the respondents by clarifying the purpose for the study, defining the made simplicity project, respecting and maintaining privacy and right of the respondents. Legal and ethical issues were considered during data collection.

### 3.12 Data Management
After collecting data, data was managed by organizing editing and cleaning, categorizing,



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coding, summarizing the data on master chart and compilation of tally and array by the use of computer based on study objectives. All the data was collected for this study and was stored both as hardcopy and softcopy.

### 3.13 Data Analysis, Interpretation and Presentation

The obtained data was analyzed by using descriptive statistics like measures of central tendency and measures of frequency, percentage and mean. The analyzed data was shifted to the master chart for conceptualization, it at a glance, and then it was inserted into the computer software program for converting into graphical form and all results was presented into the form of tables, pie chart and bar Chart.

### 3.14 Grading Criteria

The grading criteria were graded according to the obtained number by the respondents.

Total knowledge related questions were 30 and 120 options. The right answers were 30, each right answer was carried 02 (two) marks and total marks was converted into 100%.

**(30X2=60=100%)**

| Grading Criteria | Scoring Level |
|---|---|
| Excellent | >90% |
| Very Good | 80-89% |
| Good | 70-79% |
| Average | 60-69% |
| Poor | <60% |

- **Excellent knowledge level** was scored when the respondents were obtained >90% marks through providing correct answer.
- **Very good knowledge level** was scored when the respondents were achieved 80-89% marks through providing correct answer.
- **Good knowledge level** was scored when the respondents were achieved 70-79% marks through providing correct answer.
- **Average knowledge level** was scored when the respondents were achieved 60-79% marks through providing correct answer.
- **poor knowledge level** was scored when the respondents were achieved <60% marks through providing correct answer.

## 4.0 RESULTS

This chapter contains socio-demographic and knowledge related results presented in different forms of tables, bar chart and Pie Charts and their interpretation shortly.

### 4.1 Part – I: Socio Demographic Information

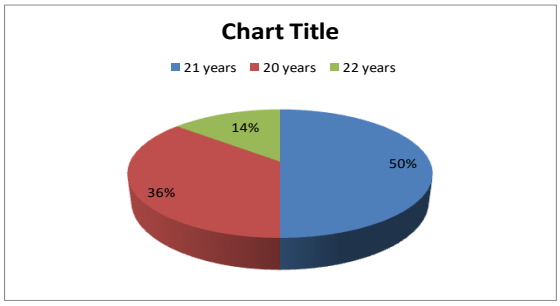


**Figure 1: Distribution of the respondents by age n=50**

**The mean age 20.78 year (SD ± 0.67), Min 20, Max 22**

The above figure shows the distribution of respondents by age where out of 50, majorities of the respondents (50%) were in the age group from 21 years, 36% in the age group from 20 years and 14% age was from 22 years of old of the total respondents.

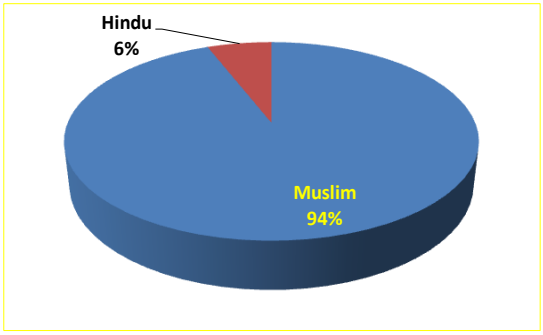


**Figure 2: Distribution of the respondents by religion (n=50)**

The above figure shows that the total participants regarding religion, near about total respondents (94%) were Muslim whereas a few (6%) were from the Hindu among study subjects.

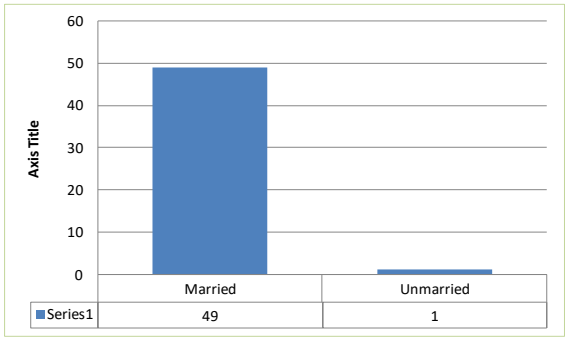


**Figure 3: Distribution of respondents by Marital Status n=50**

The above figure shows the distribution of respondents by marital status, out of total 50 ,



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majorities of the respondents (98%) were unmarried and only 2% respondents were married.

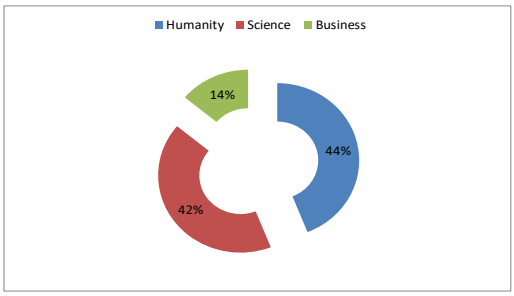


**Figure 4: Distribution of respondents by entry background**
**n=50**

The above figure shows that the distribution by entry background of the respondents, (44%) were from Humanity, 42% from Science and only 14% were Business studies of among all respondents of the study.

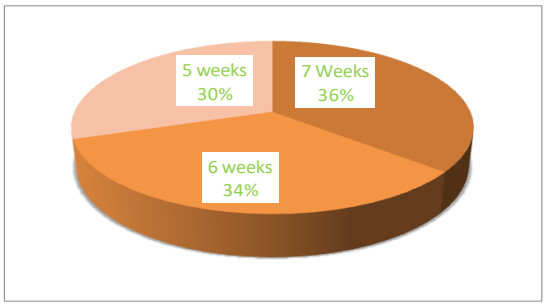


**Figure 5: Distribution of respondents by duration of clinical practice in labour ward**
**n-50**

The above figure shows that the distribution by duration of clinical practice in labour ward of the respondents, 36% were by 7 weeks, 34% by 6 weeks and 30% by 5 weeks of the total respondents.

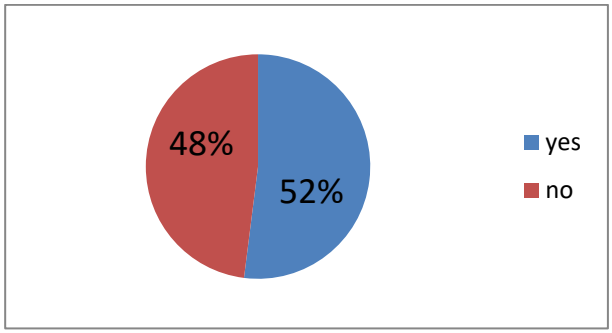


**Figure 6: Distribution of respondents by attending in any special program**
**n=50**

The above figure shows that the distribution of the total respondents regarding attending in any special program, 52% attended in special program and rest of all not attended in any special program of the respondents.

**Table 1:** Distribution of respondents by number of conducted

| Variables | Parameter | Frequency | Percentage (%) |
|---|---|---|---|
| **Number of conducted Delivery** | 1- 10 deliveries | 22 | 44 |
| | 10- 20 deliveries | 18 | 36 |
| | 20- 30 deliveries | 5 | 10 |
| | 30- 40 deliveries | 3 | 6 |
| | 40- 50 deliveries | 2 | 4 |
| | **Total** | **50** | **100** |

**n=50**

**The mean score 14.94.**

The above table shows that the distribution of the total respondents by the number of conducted deliveries majority of (44%) by 1- 10 deliveries, 36% by 10- 20 deliveries, 10% by 20- 30 deliveries, and only 6% and 4% by 30- 40 deliveries and 40- 50 deliveries of the respondents.

**Table 2:** Distribution of respondents by number of observed deliveries

| Variables | Parameter | Frequency | Percentage (%) |
|---|---|---|---|
| **Number of observed Delivery** | 20- 25 deliveries | 2 | 4 |
| | 25- 30 deliveries | 3 | 6 |
| | 30- 35 deliveries | 22 | 44 |
| | 35- 40 deliveries | 18 | 36 |
| | 40- 45 deliveries | 2 | 4 |
| | 45- 50 deliveries | 3 | 6 |
| | **Total** | **50** | **100** |

**n=50**



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The above table shows that the distribution of the total respondents by the number of observed deliveries majority of (44%) by 30- 35 deliveries, 36% by 35- 40 deliveries, 6% by 25- 30 deliveries and 6% by 45- 50 deliveries, and minimum number by 20- 25 deliveries and 40- 45 deliveries respectively 4% and 4%.

### 4.2 Part – II: Knowledge Related Information

**Table 3:** Distribution of respondents by the meaning of normal labour

| Sl. | *Variables* | *correct answer* | | *Incorrect answer* | |
|---|---|---|---|---|---|
| | | *(f)* | ( % ) | *(f)* | ( % ) |
| **a)** | Spontaneous expulsion placenta | 49 | 98 | 1 | 2 |
| **b)** | No progressive dilation and effacement | | | | |
| **c)** | **Spontaneous expulsion of baby and placenta** | | | | |
| **d)** | Spontaneous expulsion of only baby | | | | |
| | **Total** | **49** | **98** | **1** | **2** |

**n=50**

This table shows that the near about total respondents (98%) provided by Spontaneous expulsion of baby and placenta that is the correct answer whereas only 2% respondents answered wrong regarding the meaning of normal labour.

**Table 4:** Distribution of respondents by gestational period in normal labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **Between 37 and 42 weeks of pregnancy** | 44 | 88 | 6 | 12 |
| **b)** | Before 37 weeks gestation. | | | | |
| **c)** | After 42 weeks gestation | | | | |
| **d)** | After 24 weeks gestation. | | | | |
| | **Total** | **44** | **88** | **6** | **12** |

**n=50**

This table shows among the total respondents, majority of (88%) provided by between 37 and 42 weeks of pregnancy with the correct answer and minimum 12 % provided as wrong answer regarding gestational period in normal labour.

**Table 5:** Distribution of respondents by the feature of normal labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | *(f)* | ( % ) | *(f)* | ( % ) |
| a) | Headache | 31 | 62 | 19 | 38 |
| b) | Show present | | | | |
| c) | Bleeding | | | | |
| d) | Abdominal pain | | | | |
| | **Total** | **31** | **62** | **19** | **38** |

**n=50**

This table shows that regarding the feature of normal labour 62% provided correct answers by Show present and rest of all incorrect answers of the respondents.

**Table 6:** Distribution of respondents by the first show in labor

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | *(f)* | ( % ) | *(f)* | ( % ) |
| a) | Blood-stain mucoid discharge | 21 | 42 | 29 | 58 |
| b) | Meconium-stained fluid | | | | |
| c) | Amniotic Fluid | | | | |
| d) | only mucus | | | | |
| | **Total** | **21** | **42** | **29** | **58** |

**n=50**



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This table shows that among the total respondents, more than half of respondents (58%) provided incorrect answer and 42% provided correct answer by blood-stain mucoid discharge regarding the first show in labor.

**Table 7:** Distribution of respondents by the presentation of fetus in labor

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | *(f)* | ( % ) | *(f)* | ( % ) |
| a) | Brow | 46 | 92 | 4 | 8 |
| b) | Shoulder | | | | |
| c) | Vertex | | | | |
| d) | Face | | | | |
| | **Total** | **46** | **92** | **4** | **8** |

**n=50**

This table shows that the majority of respondents (92%) provided correct answer by vertex presentation and a few of (8%) provided incorrect answer regarding the presentation of fetus in labor.

**Table 8:** Distribution of respondents by the Conduction of spontaneous delivery phase

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | *(f)* | ( % ) | *(f)* | ( % ) |
| a) | 3 phases | 26 | 52 | 22 | 48 |
| b) | 2 phases | | | | |
| c) | 1 phase | | | | |
| d) | 4 phases | | | | |
| | **Total** | **26** | **52** | **22** | **48** |

**n=50**

This table shows, among the total respondents 52% provided correct answer by 3 phases and about half of (48%) provided incorrect answer regarding the **c**onduction of spontaneous delivery phase.

**Table 9:** Distribution of respondents by understand the progress of normal labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **Partograph** | 46 | 92 | 4 | 8 |
| **b)** | Per vaginal bleeding | | | | |
| **c)** | Per abdominal examination | | | | |
| **d)** | Lab investigation | | | | |
| | **Total** | **46** | **92** | **4** | **8** |

**n=50**

This table shows that among the total respondents, near about total (92%) provided correct answer by partograph and a few were (8%) by incorrect answer regarding understand the progress of normal labour.

**Table 10:** Distribution of respondents by the danger sign of normal labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | *(f)* | ( % ) | *(f)* | ( % ) |
| **a)** | **Convulsion** | 32 | 64 | 18 | 36 |
| **b)** | Per vaginal bleeding | | | | |
| **c)** | Painful uterine contraction | | | | |
| **d)** | Rupture of amniotic membrane | | | | |
| | **Total** | **32** | **64** | **18** | **36** |

**n=50**



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This table shows that among the total respondents, (64%) provided correct answer by convulsion and 36% by incorrect answer regarding the danger sign of normal labour.

**Table 11:** Distribution of respondents by the meaning of para

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | *(f)* | ( % ) | *(f)* | ( % ) |
| **a)** | **Number of live births** | 48 | 96 | 2 | 4 |
| **b)** | Number of still birth | | | | |
| **c)** | Number of conceptions | | | | |
| **d)** | Number of abortions | | | | |
| | **Total** | **48** | **96** | **2** | **4** |

**n=50**

This table shows that maximum respondents (96%) provided correct answer by number of live birth and only 4% by incorrect answer regarding the meaning of para of the total respondents.

**Table 12:** Distribution of respondents by the meaning of gravida

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **Number of conceptions** | 49 | 98 | 1 | 2 |
| **b)** | Number of abortions | | | | |
| **c)** | Number of still birth | | | | |
| **d)** | Number of caesarean sections | | | | |
| | **Total** | **49** | **98** | **1** | **2** |

**n= 50**

This table shows that out of total respondents (98%) provided correct answer by number of conception and only 2% by incorrect answer regarding the meaning of gravida of the total respondents.

**Table 13:** Distribution of respondents by meaning

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | Power, passage, presentation | 36 | 72 | 14 | 28 |
| **b)** | Position, passage, passenger | | | | |
| **c)** | **Power, passage, passenger** | | | | |
| **d)** | Passenger, position, psyche | | | | |
| | **Total** | **36** | **72** | **14** | **28** |

**n=50**

This table shows that out of 50 respondents, (72%) provided correct answer by Power, passage, passenger and 28% by incorrect answer regarding the meaning of 3 Ps of the total respondents.

**Table 14:** Distribution of respondents by the stages of normal labor

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | 2 Stages | 44 | 88 | 6 | 12 |
| **b)** | **4 Stages** | | | | |
| **c)** | 5 Stages | | | | |
| **d)** | 3 stages | | | | |
| | **Total** | **44** | **88** | **6** | **12** |

**n=50**

This table shows that out of 50 respondents, majority (88%) of the respondents provided correct answer by 4 stages and a minimum (12%) were answered by incorrect answer regarding the stages of normal labour of the respondents.



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**Table 15:** Distribution of respondents by meaning of true labour pain

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **Painful uterine contraction** | 46 | 92 | 4 | 8 |
| **b)** | Irregular uterine Contraction | | | | |
| **c)** | show absent | | | | |
| **d)** | No cervical dilatation | | | | |
| | **Total** | **46** | **92** | **4** | **8** |

**n=50**

This table shows that out of 50 respondents, majority (92%) of the respondents provided correct answer by painful uterine contraction and a minimum (8%) were answered by incorrect answer regarding the meaning of true labour pain of the respondents.

**Table 16:** Distribution of respondents by the onset of first stage of labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **True labour pain to full dilation of cervix** | 49 | 98 | 1 | 2 |
| **b)** | True labour pain to delivery of the placenta | | | | |
| **c)** | False labour pain to delivery of the placenta | | | | |
| **d)** | True labour pain to delivery of the fetus | | | | |
| | **Total** | **49** | **98** | **1** | **2** |

**n=50**

This table shows that among the respondents, majority (98%) of the respondents provided correct answer by True labour pain to full dilation of cervix and only (2%) were answered by incorrect r regarding the onset of first stage of labour of the respondents.

**Table 17:** Distribution of respondents by duration of 1st stage of normal labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **12 – 19 hours** | 5 | 10 | 45 | 90 |
| **b)** | 8 -10 hours | | | | |
| **c)** | 10 -12 hours | | | | |
| **d)** | 12 – 14 hours | | | | |
| | **Total** | **5** | **10** | **45** | **90** |

**n=50**

This table shows that among the respondents, only (10%) of the respondents provided correct answer by 12 – 19 hours whereas majority (90%) were answered by incorrect regarding 1st stage of normal labour of the respondent.

**Table 18:** Distribution of respondents by duration of first stage of labour in primigravida

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **12-18 hours** | 40 | 80 | 10 | 20 |
| **b)** | 6-10 hours | | | | |
| **c)** | 15-20 hours | | | | |
| **d)** | 3- 5 hours | | | | |
| | **Total** | **40** | **80** | **10** | **20** |

**n=50**

This table shows that among the respondents, majority (80%) of the respondents provided correct answer by 12 – 18 hours whereas minimum (20%) were answered by incorrect regarding 1st stage of normal labour in primigravida of the respondent.



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**Table 19:** Distribution of respondents by onset of the 2nd stage of labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **Starts from full dilation of cervix to expulsion of fetus** | 50 | 100 | 0 | 0 |
| **b)** | Starts from true labour pain started to expulsion of placenta | | | | |
| **c)** | Starts from expulsion of the baby to expulsion of placenta | | | | |
| **d)** | Starts from expulsion of the placenta to control PPH | | | | |
| | **Total** | **50** | **100** | **0** | **0** |

**n=50**

This table shows that among the total respondents provided correct answer 100% by starts from full dilation of cervix to expulsion of fetus and none of one had incorrect answered regarding onset of the 2nd stage of labour.

**Table 20:** Distribution of respondents the duration of third stage of labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | 30-40 min | 27 | 54 | 23 | 46 |
| **b)** | 40-50 min | | | | |
| **c)** | **15 min** | | | | |
| **d)** | 2-3 min | | | | |
| | **Total** | **27** | **54** | **23** | **46** |

**n=50**

This table shows that among the total respondents provided correct answer 54% by the duration of third stage of labour and incorrect answered were 46% among of the total respondents.

**Table 21:** Distribution of respondents by the time duration of contraction in normal labor

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | 10 -20 second | 9 | 18 | 41 | 82 |
| **b)** | **30 - 70 second** | | | | |
| **c)** | 20- 40 second | | | | |
| **d)** | 40- 50 second | | | | |
| | **Total** | **9** | **18** | **41** | **82** |

**n=50**

This table shows that among the total respondents, only 18% provided correct answer by 30 - 70 second regarding the time duration of contraction in normal labor whereas 82% had incorrect answered among the total respondents.

**Table 22:** Distribution of respondents by cervical dilatation per hour in primi case of normal labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| a) | 1.2 cm/ hrs. | 46 | 92 | 4 | 8 |
| b) | 2.5 cm/hrs. | | | | |
| c) | 1.7 cm/ hrs. | | | | |
| d) | 2 cm/ hrs. | | | | |
| | **Total** | **46** | **92** | **4** | **8** |

**n=50**

Above table shows that among the total respondents, almost 92% respondents provided correct answer by 1.2 cm/ hrs regarding cervical dilatation per hour in primi case of normal labour whereas only 8% had incorrect answered among the total respondents.



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**Table 23:** Distribution of respondents by the best position for the normal delivery

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| a) | Dorsal position | 20 | 40 | 30 | 60 |
| b) | Lateral position | | | | |
| c) | Upright position | | | | |
| d) | Vertical position | | | | |
| | **Total** | **20** | **40** | **30** | **60** |

**n=50**

Above table shows that among the total respondents, 40% respondents provided correct answer by Upright position regarding the best position for the normal delivery whereas 60% had incorrect answered among the total respondents.

**Table 24:** Distribution of respondents to check the Vaginal examination

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| a) | Position of the baby | 48 | 96 | 2 | 4 |
| b) | Dilatation of cervix | | | | |
| c) | Size of the baby | | | | |
| d) | Movement of the fetus | | | | |
| | **Total** | **48** | **96** | **2** | **4** |

**n=50**

Above table shows that among the total respondents, almost 96% respondents provided correct answer by dilation of cervix and only 2% had incorrect answered among the total respondents. regarding to check the Vaginal examination.

**Table 25:** Distribution of respondents by preparation for normal delivery

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| a) | Drug administration | 35 | 70 | 15 | 30 |
| b) | Positioning of the client | | | | |
| c) | Bathing of the client | | | | |
| d) | Hot water compression | | | | |
| | **Total** | **35** | **70** | **15** | **30** |

**n=50**

The table shows that among the total respondents, 70% respondents provided correct answer by positioning of the client and 30% had incorrect answered among the total respondents. regarding preparation for normal delivery.

**Table 26:** Distribution of respondents by indication of episiotomy in normal labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **Reduce perineal tear** | 36 | 72 | 14 | 28 |
| **b)** | Reduce abdominal pain | | | | |
| **c)** | Fetus is too small | | | | |
| **d)** | Prolong delivery | | | | |
| | **Total** | **36** | **72** | **14** | **28** |

**n-50**

The table shows that among the total respondents, 72% respondents provided correct answer by positioning of the client and 28% had incorrect answered among the total respondents. regarding preparation for normal delivery.



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**Table 27:** Distribution of respondents by right way to give episiotomy

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | Transverse cut | 26 | 52 | 24 | 48 |
| **b)** | **Mediolateral** | | | | |
| **c)** | Lateral cut | | | | |
| **d)** | Longitudinal | | | | |
| | **Total** | **26** | **52** | **24** | **48** |

**n=50**

Above table shows that among the total respondents, 52% respondents provided correct answer by Mediolateral and 48% had incorrect answered among the total respondents. regarding right way to give episiotomy.

**Table 28:** Distribution of respondents by the most common type of pain relief method in normal labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| a) | An epidural block | 10 | 20 | 40 | 80 |
| b) | Injectable analgesic | | | | |
| c) | Spinal anaesthesia | | | | |
| d) | Local anaesthesia | | | | |
| | **Total** | **10** | **20** | **40** | **80** |

**n=50**

Above table shows that among the total respondents, 20% respondents provided correct answer by the epidural block and maximum (80%) had incorrect answered among the total respondents regarding the most common type of pain relief method in normal labour .

**Table 29:** Distribution of respondents by uses of oxytocin during labour

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | To decrease uterine contraction | 44 | 88 | 6 | 12 |
| **b)** | **To stimulate uterine contraction** | | | | |
| **c)** | To control bleeding | | | | |
| **d)** | To control infection | | | | |
| | **Total** | **44** | **88** | **6** | **12** |

**n=50**

The above table shows that out of total respondents, 88% respondents provided correct answer by the stimulation of uterine contraction and only 12% had incorrect answered among the total respondents regarding uses of oxytocin during labour.

**Table 30:** Distribution of respondents by the most common complications of normal delivery

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **Perineal tear** | 44 | 88 | 6 | 12 |
| **b)** | Dehydration | | | | |
| **c)** | Vomiting | | | | |
| **d)** | Headache | | | | |
| | **Total** | **44** | **88** | **6** | **12** |

**n=50**

The above table shows that out of total respondents, 88% respondents provided correct answer by the perineal tear and only 12% had incorrect answered among the total respondents regarding uses of oxytocin during labour.



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**Table 31:** Distribution of respondents by common complication may arise after normal vaginal delivery

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **PPH** | 44 | 88 | 6 | 12 |
| **b)** | Pain | | | | |
| **c)** | Nausea and vomiting | | | | |
| **d)** | Bleeding | | | | |
| | **Total** | **44** | **88** | **6** | **12** |

**n=50**

The above table shows that out of total respondents, 88% respondents provided correct answer by the PPH and only 12% had incorrect answered among the total respondents regarding common complication may arise after normal vaginal delivery.

**Table 32:** Distribution of respondents by late complication of Normal lab

| Sl. | Variables | correct answer | | Incorrect answer | |
|---|---|---|---|---|---|
| | | (f) | ( % ) | (f) | ( % ) |
| **a)** | **Puerperal sepsis** | 48 | 96 | 2 | 4 |
| **b)** | Anaemia | | | | |
| **c)** | Jaundice | | | | |
| **d)** | Back pain | | | | |
| | **Total** | **48** | **96** | **2** | **4** |

**n=50**

The above table shows that out of total respondents, 96% respondents provided correct answer by the Puerperal sepsis and a few 4% had incorrect answered among the total respondents regarding late complication normal delivery.

**Figure-07: Distribution of the respondents by overall knowledge regarding Normal Labour**
**n=50**

**Description:** This figure shows, the overall knowledge of respondents regarding Normal Labor where 10% respondents had excellent knowledge, 16% of the respondents had very good knowledge, 44% respondents had good knowledge,26% had average knowledge and a few (4%) respondents had poor and the overall mean knowledge score had **43.93** among 50 respondents regarding knowledge on Normal Labour.

## 5.0 DISCUSSION

**Introduction:** A descriptive type of cross-sectional study was designed to assess the midwifery students' knowledge regarding Normal labour at Dhaka nursing college in Dhaka. The study was carried out among 50 respondents who were selected conveniently. A semi-structured questionnaire was used for data collection. The study basically focused on knowledge-based findings. However, the significant findings from both demographic and knowledge-based information on normal labour among midwifery students at Dhaka Nursing College are discussed below.

**Socio Demographic and Knowledge based Discussion**

The demographic information showed that the half of (50%) the respondents' age was in 21 years and mean age was 20.78 years. Out of 50 respondents, 94% were Muslim whereas a few (6%) were from the Hindu among study subjects. Among the total respondents, majorities of the respondents (98%) were unmarried and only 2% respondents were married and entry background 44% were from Humanity, 42% from science and only 14% were Business studies of among all respondents of the study. Regarding duration of clinical practice in labour ward of the respondents, 36% were by 7 weeks, 34% by 6 weeks and 30% by 5 weeks of the total respondents and only 52% attended in any special program. The study also observed that the findings by the number of observed deliveries majority of (44%) by 30- 35 deliveries whereas conducted deliveries majority of (44%) by 1- 10 deliveries only and mean score of them 14.94.

The study observed that the majority of respondents (98%) provided by Spontaneous expulsion of baby and placenta that is the correct answer whereas only 2% respondents answered wrong regarding the meaning of normal labour and majority of (88%) provided by between 37 and 42



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weeks of pregnancy with the correct answer and minimum. Among the majority of respondents (92%) provided correct answer by vertex presentation and a few of (8%) provided incorrect answer regarding the presentation of fetus in labor.

The study revealed that near about total (92%) provided correct answer by partograph and a few were (8%) by incorrect answer regarding understand the progress of normal labour 64% provided correct answer by convulsion whereas 96% provided correct answer by number of live birth and only 4% by incorrect answer regarding the meaning of para of the total respondents. Out of total respondents 98% provided correct answer by number of conception and 72% provided correct answer by Power, passage, passenger and majority (88%) of the respondents provided correct answer by 4 stages regarding the stages of normal labour of the respondents. Among 50 respondents, majority (92%) of the respondents provided correct answer by painful uterine regarding the meaning of true labour pain of the respondents and the majority (98%) of the respondents provided correct answer by True labour pain to full dilation of cervix regarding the onset of first stage of labour of the respondents.

The significant findings 10% of the respondents provided correct answer by 12 – 19 hours regarding 1st stage of normal labour of the respondent whereas among the respondents, majority (80%) of the respondents provided correct answer by 12 – 18 hours regarding 1st stage of normal labour in primigravida of the respondent.

The study observed that the total respondents provided correct answer 100% by starts from full dilation of cervix to expulsion of fetus regarding onset of the 2nd stage of labour whereas another study that conducted by (Haque, Awal, *et al*., 2017), this study result found that, 76.4% respondents knew about second stage of labour out of 220 respondents.

Only 18% provided correct answer by 30 - 70 second regarding the time duration of contraction in normal labor whereas 82% had incorrect answered among the total respondents. The current study 92% respondents provided correct answer by 1.2 cm/ hrs regarding cervical dilatation per hour in primi case of normal labour and 96% respondents provided correct answer by dilation of cervix regarding to check the Vaginal examination and 70% respondents provided correct answer by positioning of the client and 30% had incorrect answered among the total respondents. regarding preparation for normal delivery and 52% respondents provided correct answer by Mediolateral and 48% had incorrect answered among the total respondents. regarding right way to give episiotomy whereas 20% respondents provided correct answer by the epidural block regarding the most common type of pain relief method in normal labour

The study found that 88% respondents provided correct answer by the stimulation of uterine contraction and only 12% had incorrect answered among the total respondents regarding uses of oxytocin during labour and 96% respondents provided correct answer by the Puerperal sepsis and a few 2% had incorrect answered among the total respondents regarding late complication normal delivery.

One study revealed that in 2020 conducted by Muzeya & Julie to assess the knowledge and skills of final year student – midwives related to the active management of third stage of labour, the findings of the overall knowledge regarding AMTSL mean score was 73.8% out of 99 respondents whereas, the current study found that the student midwives overall knowledge score had 43.93 among 50 respondents.

The results showed that among 50 students were evaluated from a poor to an excellent level. The mean score of student midwives' knowledge was 43.96. The statistically significant good knowledge (44%). while only 2 (4%) achieved a poor level.

Another study found that in 2015 conducted by Devagamath BG, Raddi SA to assess the knowledge regarding management of first stage of labour among final year nursing students of selected school of nursing, Belgaum Karnataka. The study result observed that majority of the final year general nursing and midwifery students 47.06% had average knowledge, 29.41% had poor knowledge and 23.53% had good knowledge out of 34 respondents. whereas, the current study result showed that, majority of the 3rd year midwifery students 44% had good knowledge, 26 % had average knowledge, 16 % of the respondent had very good knowledge, 10% had excellent knowledge and a few 4% respondents had poor knowledge.

Normal labour is a set of recommended vital process by WHO necessary for every pregnant



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woman. It is necessary to minimize the complication of labour with the safe delivery. This study finding was helped to identify the gap of knowledge of Midwifery students and thus to improve existing knowledge regarding normal labour.

## 6. CONCLUSION, LIMITATION AND RECOMMENDATION

### 6.0 Conclusion

This study highlighted that midwifery students' had good knowledge (44% ) on normal labour. Therefore, it is recommended that proper educational programme aimed at improving knowledge, thereby ensure to enough knowledge on Normal labour. The good enough knowledge provides competent midwives and to prevent complicated deliveries and meet the desire by achieve the sustainable Development Goals.

### 6.1 Limitation of the Study

Some limitations during carrying out the research project is as follows:

- This study was conducted in one selected Nursing College due to shortage of time. Therefore, the findings of the study should not be generalized to include all final-year student midwives in all Nursing Institute and Nursing College in Bangladesh.
- The study sample size was relatively small and selected conveniently, so it does not necessarily represent the real picture of knowledge of all the midwifery students' around the country.
- Insufficient number of literatures related to the current topic.
- This study only focused on the assessment of knowledge level but not the practice . So, this study may not explore at all
- No budget for this research project from any organization.

### 6.2 Recommendations

According to the finding, the present study recommends the following issues to improve the level of midwifery students' knowledge regarding Normal labour

- The findings of this study indicate that further studies should be carried out to determine the effect of the curriculum on all competencies for midwifery students
- to investigate other factors that might influence the implementation of the competency-based curriculum for midwifery, such as institutional support and Teacher's capacity, amongst others.
- There is a need to strengthen the curriculum component to ensure that student midwives have adequate procedural knowledge of healthy delivery.
- The Lab practice and simulation situation can be ensured for critical skills, such as vaginal birth skills it is more effective for midwifery students in learning situations.
- Regular seminar, symposium and workshop should be organized for midwifery student' to acquire knowledge about Normal labour.
- Similar study can be conducted in a large scale for generalization of the findings.

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