# EFFECTIVENESS OF EARLY INITIATION OF BREAST FEEDING ON THIRD STAGE OF LABOUR AMONG INTRANATAL MOTHERS IN LABOUR WARD AT GOVERNMENT RAJAJI HOSPITAL, MADURAI.

**M.Sc (NURSING) DEGREE EXAMINATION**

**BRANCH – III OBSTETRICS AND GYNAECOLOGICAL NURSING**

**COLLEGE OF NURSING**

**MADURAI MEDICAL COLLEGE, MADURAI – 20.**

*A dissertation submitted to*

**THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY,**

**CHENNAI - 600 032.**

*In partial fulfillment of the requirement for the degree of*

**MASTER OF SCIENCE IN NURSING**

**OCTOBER 2018**

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*Approved by Dissertation Committee on*

**Nursing Research Guide_____**

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# CERTIFICATE

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***Ludwig Wittgerstein***

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# ABSTRACT

**Title:** Effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers in labour ward at Government Rajaji Hospital, Madurai. **Objectives**: To assess the third stage of labour among intranatal mother. To evaluate the effectiveness of early initiation of breastfeeding on third stage of labour. To associate the third stage of labour among intranatal mothers with their selected socio demographic variables. **Hypotheses:** There is a significant difference between the post test level of third stage of labour among intranatal mothers both interventional and control group. There is a significant association between third stage of labour and socio demographic, obstetrical variables. **Methodology:** True experimental post test only design was used. 60 mothers were selected by simple random sampling. **Results**: The findings was revealed that effectiveness on third stage of labour (time taken for placental expulsion and amount of blood loss) after intervention confirmed by student's independent 't' test **(t=5.46; t = 4.50) at 0.001** level. **Conclusion:** The study concluded that early initiation of breast feeding was effective on third stage of labour among intranatal mothers.

**Key words:** Early Initiation, Breast Feeding, Third Stage of Labour, Intranatal Mothers.

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# INTRODUCTION

# CHAPTER I

# INTRODUCTION

***"Breast feeding is the women's right and***

***to be breast fed is a baby's right "***

***- Charles. M(2000).***

God has created women in such a way that, she can take her generation forward by giving birth to new off springs. 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 feto maternal unit. The very definition of a mother is selfless service to another. We don't owe Mother for her gifts, she owes us. The Arabs also have a saying, "**The mother is a school if she is well reared, you are sure to build a nation."** When women is called women after giving a child birth only the women is called women.

The reproductive period of a woman begins at menarche and ends in menopause. It usually extends from 13–45 years. While biological variations may occur in different geographical areas, pregnancy is rare below 12 years and beyond 50 years. The duration of pregnancy has traditionally been calculated by the clinicians in terms of 10 lunar months or 9 calendar months and 7 days or 280 days or 40 weeks, calculated from the first day of the last menstrual period. This is called gestational age. Women are usually capable of giving birth from puberty until menopause.

"Behind every successful man there is a woman". Not only in the case of a man but this saying stands for the functioning of the whole world. She is said to be the ultimate strength and support behind the success of an individual. There is a lot of

differentiation and discrimination in the name of gender as males and females. Nevertheless this difference do exist in nature from time immemorial. A female draws out various characteristics which is different from that of a male, varying from factors such as physical, mental. biological and reproductive. These are inborn and inbuilt right from the time a mother conceives a female child.

Pregnancy is typically divided into three trimesters. The first trimester is from week one through 12 and includes conception. Conception is when the sperm fertilizes the egg. The fertilized egg then travels down through the fallopian tube and attaches to the inside of the uterus, where it begins to form the fetus and placenta. The first trimester carries the highest risk of miscarriage (natural death of embryo or fetus). The second trimester is from week 13 through 28. Around the middle of the second trimester, movement of the fetus may be felt. At 28 weeks, more than 90% of babies can survive outside of the uterus if provided high-quality medical care. The third trimester is from 29 weeks through 40 weeks.

Motherhood is a beautiful process whereby the mother safely delivers a child. It is magic of creation. Care must be given to ensure safe childbirth. Safe motherhood initiative announced in 1987 had set targets to reduce maternal mortality rate by 50% in one decade. It is the most wondrous time in people's lives, when they bring a new family member in to a home to settle their family's hearts and household. The moment of birth is both joyous and beautiful. Birth is unique and dynamic process. The physiological transition from pregnancy to motherhood heralds an enormous change in each woman physically and psysiologically. (Bennett R 1993). 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.

Labor is a natural process, there are four stages of labour. In that third stage of labour is very crucial period in the women's life. The third stage of labour is defined as the time between the birth of the baby and the expulsion of the placenta. After the baby is born, contraction of the uterus continues and the size of the uterus is markedly decreased. This reduction results in early separation of the placenta (Arenson 2007). According to Brandt 1933, the compressed placenta causes pressure on the deciduas sinuses. These sinuses are closed by powerful contractions of the myometrium. The sinuses are filled with blood and eventually burst. Blood from the ruptured sinuses causes the rupture of the thin layer of deciduas basalis, which then leads to the separation of the placenta (Brandt 1933).

Uterine contractions are stimulated by both electrical and hormonal mediators. The most important hormones in the third stage of labour are oxytocin and prostaglandin (Gimpl 2001). There are receptors for oxytocin in the myometrium. The secretion of oxytocin is pulsatile and the pulses of oxytocin secretion increase during labour (Fuchs 1991), leading to a surge of oxytocin at birth. Blood loss at postpartum predominantly originates from the placental bed; this source has been addressed in comparative trials of active versus expectant management. Uterine spiral arteries in the placenta bed are bared in their muscular layer and this is one of the physiological adaptations of pregnancy. Occlusion of these vessels, therefore, depends on uterine contraction to compress them as they run among the uterine smooth muscle fibres (Ridley 2002). Complications are more expected during third stage of labour. During this stage the mother face many problems such as postpartum haemorrhage, retained

placenta, inversion of the uterus. This may lead to increased mortality and morbidity rate.

These problems can be prevented by breast feeding on third stage of labour. In women breast feeding plays an important function like, promotes early expulsion of placenta, reduces blood loss, bonding between mother and baby, involution of the uterus to normal size, it acts as natural contraceptives and reduces the risk of primary postpartum haemorrhage.

Breast feeding has the slogan "Breast milk is the first milk and saves one billion lives." Babies need appropriate nutrition, affection, stimulation, and protection against infection. Breast feeding meets these needs and given them the best start of life.

Breast feeding is the best natural feeding and breast milk is the best milk. The basic food of infant is mother's milk. Breastfeeding is the most effective way to provide a baby with a caring environmental and complete food. The nutritional immunological emotional and psychological benefits of breast feeding should be enough to encourage mothers to want to breast feed this new born and for all health care provides to strongly encourage breast feeding. The benefits of breast feeding can have a significant impact on total health. It meets the nutritional as well as emotional and psychological needs of the infant. So breastfeeding deserves encouragement from all concerned in the welfare of children.

Practice of breast feeding has become a worldwide health goal for all Nation because of many unique components found only in human milk .Breast feeding alone reduce infant mortality rates by 13% it is not only the best food for the child but also ensures a strong foundation for good health throughout life. (WHO&UNICEF)

Health care professionals have an important role to play in promoting and practicing early suckling in management of third stage of labour, and prevention of infant mortality rate and maternal mortality rate. In Millennium Development Goals (2008) & WHO stated that there have been improvements in early suckling and also exclusive breast feeding to reduce the infant mortality rate.

## 1.1 Need for the Study

Breast feeding is a right for every mother and it is essential to fulfill every child's right to adequate food and the highest attainable standard of health. Babies have a suckling reflex that enables them to suck and swallow milk. It's a good idea to put baby to the breast straight after the birth because it helps the womb to contract and speeds delivery of the placenta. The Oxytocin produced when the baby sucks the breast milk for the first time makes the womb to contract, helping expel the placenta and reduce bleeding. Early suckling is, there is no need for a routine injection of syntometrine to make the womb contract, dislodge the placenta and push it out. This could be helpful as some doctors suspected that ergometrine sometimes reduces milk supply. Another good reason for early breast feeding is that a baby's sucking reflex is strongest in the first 30 minutes after birth. After this many babies become tired and disinterested for 40 hours or so before they are keen to suck again.

The best time to start breast feeding is within 20-30 minutes of the newborn's birth, if there is no complication with delivery, it helps to promote bonding and immune protection.

**-World Health Organization 2006**

Breast feeding is the feeding of a new born or infant with breast milk directly from the female human breast. 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.

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.

The importance of early breast feeding in active versus expectant management of third stage of labour and implementation protocol was that early breast feeding 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 is reducing the maternal mortality rate globally. In that protocol they emphasized the need for early breast feeding 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 breast feeding reflex releases oxytocin from the posterior lobe of the pituitary gland which helps to secure good uterine action. Hence early breast feeding is one of the physiological management of third stage of labour.

**-Bennet V.Ruth 2011.**

**Varendi. D., et al., (2010)** showed that within the first hour after birth, significantly more babies spontaneously selected a breast treated with amniotic fluid than the alternative untreated breast. Early initiation of breast feeding (within the first hour) provides benefits for infant and mother. Early initiation ensures that a newborn receives Colostrum," the first milk". Colostrum is often considered at the baby"s immunization because of its high levels of vitamin A, antibodies and other protective factors.

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

**- Beth Azar 2010.**

WHO (2001) approves that there is also an association between earlier breast feeding and longer feeding duration. They found that in addition to breast feeding 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 2010**

Breast milk is the prepared form of nourishment for an infant although it may not always be feasible to provide. The immediate health benefits of breast feeding are well established providing protection against infectious disease morbidity and mortality in early life and lower the cardio metabolic risk and cardiovascular outcome in adulthood.

**- Christoper.G Owen, 2010**

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 2016.**

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.

The prolonged third stage of labor is considered as the most important factor of PPH and excessive bleeding; therefore, different time intervals are set to diagnose the abnormal state of placenta and the possibility of PPH that is a leading cause of

maternal morbidity and mortality. More than 99% of maternal deaths occur in developing countries countries, while 30% of these deaths are attributed to the excessive blood loss commonly known as PPH. The common cause of delayed placenta delivery can be attributed to postpartum hemorrhage, inadequate uterine contraction, chorioamnionitis, and abnormal placenta attachment such as placenta accreta, increta and succenturiate lobe. Postpartum hemorrhage accounts for 127,000 deaths annually worldwide and its incidence is increasing in developed nations. It is the major cause of maternal mortality globally

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 feeding, which can facilitates maternal as well as foetal well being. Like all other gifts of nature, this gift comes free of cost. However the health and nutrition benefits of Breast feeding will save millions of life and also will save billions in terms of health cost. They will create a generation which will reach the highest human potential of growth and development.

If early breast feeding 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 breast feeding on third stage of labour.

Moreover, maximum benefits of early initiation of breast feeding are best achieved 0n third stage of labour, The benefits for both mothers and babies are as follows:

- ✓ It helps to keep the baby warm. A lead to faster and effective achievement of baby's feeding skills.
- ✓ Better mother-infant bonding.
- ✓ Baby starts getting colostrum as first feed and starts getting colonized by bacterial flora from mother which helps in offering protection against infections.
- ✓ Helps uterine contraction, faster expulsion of placenta, reduces maternal bleeding and prevents anaemia.
- ✓ Enhances successful early and long term breastfeeding.
- ✓ Leads to better blood glucose levels and other biochemical parameters in first hours of birth.
- ✓ Boots development of baby's nervous system.
- ✓ Offers proper acclimatization from intrauterine to extra uterine life.
- ✓ Promotes optimal maturation of gut and immune system.
- ✓ Reduces abandonment

In Government Rajaji Hospital, the total number of deliveries in year of 2017 April to March 2018 is 13149. The number of deliveries per month is 1100 approximately. In which, normal deliveries- 584, Lower Segment Caesarean Section-436, assisted breech deliveries -19, instrumental delivery 61. The number of primi-para mothers with episiotomy is 383 and primi mothers without episiotomy is 18. The number of multi parity mothers with episiotomy is 201 and multi parity mothers without episiotomy are 30. Per year, in the deliveries, the number of babies with less

than 2.5 kgs is 280, 2.5 kgs – 3 kgs is 454, 3 kgs – 4 kgs is 363 and more than 4 kgs babies is 3.

Nurses as health professional, if work in co-ordination as a team to bring forth and promote Breast feeding initiative into maternity hospitals, it will be beneficial for mother and baby as well as for the entire family and country. The investigator had the chance to see the video when she visited the UNICEF website. She is attracted by the video and practiced the technique in her clinical posting. Therefore she takes this study to educate and motivate the hospital staffs and other workers for practicing this initiative which will be in turn contributing to healthy children and thereby healthy future citizens of our country.

Like all other gifts of nature, this gift comes free of cost. However the health and nutrition benefits of Breast feeding will save millions of life and also will save billions in terms of health cost. They will create a generation which will reach the highest human potential of growth and development.

### 1.2 Statement of the Problem

A study to evaluate the effectiveness of early initiation of breast feeding on third stage of labour among Intranatal mothers in labour ward at Government Rajaji Hospital, Madurai – 20.

### 1.3 Objectives

This study is

1. To assess the third stage of labour among Intranatal mothers in labour ward at Government Rajaji Hospital, Madurai

2. To evaluate the effectiveness of early initiation of breastfeeding on third stage of labour among Intranatal mothers both interventional and control group in labour ward at Government Rajaji Hospital, Madurai
3. To associate the third stage of labour both interventional and control group among Intranatal mothers in labour ward at Government Rajaji Hospital, Madurai with their selected socio demographic variables

### 1.4 Hypotheses

**$H_1$**: There is a statistically significant difference between the post test level on third stage of labour among Intranatal mothers both interventional and control group in labour ward at Government Rajaji Hospital, Madurai.

**$H_2$** : There is a significant statistically association between the post test level on third stage of labour among Intranatal mothers both interventional and control group with their selected socio demographic and obstetrical variables.

### 1.5 Operational Definitions

- **Effectiveness**

In this study effectiveness refers to changes in the time duration of placental separation and expulsion, amount of blood loss during third stage of labour among Intranatal mothers and it is evaluated by observational check list.

- **Early initiation of breast feeding**

In this study it refers to new born baby is placed on mother's breast immediately after birth and motivate the mother to feed the baby before expulsion of placenta.

- **Third stage of labour**

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

- **Intranatal mothers**

In this study Intranatal mothers refers to the mother who is in the process of giving child birth specifically in third stage of labour.

## 1.6 Assumption

- Early initiation of breast feeding has effect on third stage of labour.
- Early initiation breast feeding reduce the total duration of third stage of labour and amount of blood loss.

## 1.7 Delimitations

The study is limited to,

- The mothers who is admitted for normal vaginal delivery in labour ward, at Government Rajaji Hospital, Madurai.
- study period was four to six weeks

## 1.8 Projected Outcome

**This study is expected to yield**

- ⇨ Early initiation of breast feeding will reduce the duration of placental expulsion, amount of blood loss and initiate bonding between mother and newborn.

# REVIEW OF LITERATURE

# CHAPTER II

# REVIEW OF LITERATURE

A literature review is a compilation of resources that provides the ground work for further study. When the researcher is able to find the right number of quality resource article so guide the study, a doorway is opened. This key group of articles may include research findings, theory articles and published reviews of literature.

A literature review is an evaluative report of information found in the literature related to selected. The review should describe, Summarize, evaluate and clarify this literature. It should give a theoretical base for the research and help you determine the nature of our research. Review of literature in a research report is a summary of current knowledge about a particular practice problem and includes what is known and not known about the problem. The sources obtained from books, journals, abstracts, Medline, unpublished dissertations and internet.

This chapter explains in detail about the review of literature and conceptual frame work used for the study. A literature review is a body of text that aims to review the critical points of current knowledge including subjective findings as well as theoretical and methodological contributions to a particular topic.

This chapter deals with two sections.

Part-I Review of literature

Part-II Conceptual frame work

**Part-I Review of literature**

- **Literature related to complications of third stage of labour.**
- **Literature related to effectiveness of early initiation of breast feeding.**
- **Literature related to effectiveness of early initiation of breast feeding on third stage of labour**

## 2.1. Literature related to complications of third stage of labour

**Tessa M. Raams et al., (2018)** conducted a descriptive study to assess the evidence on the effect, women's acceptance and safety of task shifting of different components of AMTSL to unskilled birth attendants or self-administration in the Department of Obstetrics and Gynaecology, at Utrecht. 2469 studies screened, 21 were included from the Netherlands electronic databases, Cochrane Library, embase. The results of the study was task shifting of provision of utero tonics reduced the risk of PPH (RR 0.16 to 1) compared to standard care (13 studies, n = 15.197). The correct dose and timing was reported for 83.4 to 99.8% (5 studies, n = 6083) and 63 to 100% (9 studies, n = 8378) women respectively. The conclusion of this study was administration of utero tonics and resulted in reduction of PPH, high rates of appropriate use and satisfaction among users.

**Tokiko Oishi.A., Tomoko Tamura.C., Utako Yamamoto.D., (2017)** conducted a retrospective cohort study to assess outcomes of blood loss post physiological birth with physiological management in the third stage of labour at a maternity home in Japan. Data were extracted from the birth records of 512 women who gave birth at a maternity home The results of the study depicted that the means of parity as 2.2 (SD = 0.86), blood loss up to two hours post-delivery as 608. 7 ml (SD = 403.1), and length of the third stage of labour as 12.9 min (SD = 7.7). Blood losses of between 0-499 ml, 500-999 ml, 1000-1499 ml, 1500-1999 ml and ≥2000 ml were 52.3%, 31.6%, 11.3%, 4.1% and 0.6%, respectively. The total blood loss was positively correlated with the weight of the placenta (r = 0.29, p = 0.00), the baby's weight (r = 0.20, p = 0.00) and the woman's BMI (r = 0.17, p = 0.01), and negatively correlated with the woman's age (r = -0.12, p = 0.01). The study concluded that blood loss during the third stage and up to two hours postpartum could be

significant effect more than 500ml and may be as much as 1000ml without adversely affecting them.

**Fernanda Barros Vasconcelos et al., (2016)** conducted a randomized clinical trial study to assess the placental cord drainage in the third stage of labor Municipal Hospital in Brazil, including 226 low-risk pregnant women bearing a single, full-term, live fetus after delayed cord clamping, 113 randomized to placental cord drainage and 113 to a control group by using simple random sampling. The results revealed that duration of the third stage of labor did not differ between the two groups (14.2 ± 12.9 versus 13.7±12.1 minutes (mean ± SD), p = 0.66). Likewise, there was no significant difference in mean blood loss (248 ± 254 versus 208 ± 187 ml, p = 0.39) or in postpartum hematocrit levels (32.3 ± 4.06 versus 32.8 ± 4.25 mg/dl, p = 0.21). This study concluded that Placental cord drainage had no effect in reducing duration or blood loss during the third stage of labour.

**Frolova, Antonina et al., (2016)** conducted a secondary analysis of a cohort study to assess the duration of the third stage of labour and risk of postpartum haemorrhage at a single tertiary care centre. The sample size was 7,121 women. The result was the mean duration of the third stage of labour among women who had a vaginal delivery. 5.46 (standard deviation 5.4) minutes and median duration was 4 minutes. Women with a third stage above the 90th percentile (n=705) had an increased risk for postpartum haemorrhage compared with a third stage below the 90th percentile 1.82, 95% confidence interval (CI) 1.43–2.31) risk for postpartum haemorrhage significantly increased beginning at 20–24 minutes compared with shorter third-stage durations (15.9% compared with 8.5%; adjusted OR 2.38, 95% CI 1.18–4.79). The study concluded that postpartum haemorrhage risk increases significantly when the third stage of labour duration is 20 minutes or more.

**Begley M (2015)** conducted a quasi randomized control design study to compare the effectiveness of active versus expectant management of third stage of labour. In this study the total number of sample was about 8247 by using consecutive sampling technique. 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 this study was concluded that active management was effective in management of third stage of labour.

**Sakineh Mohamadian, Nahid Jahani Shorab, Kobra Mirzakhani (2013)** conducted a quasi experimental study to assess the Effect of the Timing of Intramuscular Oxytocin Injection on Maternal Bleeding during the Third Stage of Labour at Mashhad University of Medical Sciences, Mashhad, Iran. 100 Subjects were selected using convenience sampling and were then randomly assigned to intervention (injection of 10 IU intramuscular oxytocin after emergence of the fetal anterior shoulder) and control (injection of 10 IU intramuscular oxytocin after placental expulsion) groups. The results of the study stated that mean amount of bleeding during the third stage of labour was 183.4±145.8 and 202.2±208.8 ml in intervention and control group, respectively. No significant difference was found between two groups in terms of maternal bleeding. This study concluded that Injection of intramuscular oxytocin either after emergence of the fetal anterior shoulder or placental expulsion does not affect the amount of maternal bleeding during the third stage of labour.

**Lesley Dixon, RM (Midwifery Advisor) et al., (2013)** conducted a cohort cross sectional retrospective study on outcomes of physiological and active third stage

labour care among women in New Zealand. Samples were low risk pregnancy, Spontaneous onset of labour and Spontaneous progress in labour Normal birth 33752 clinical information were extracted from the New Zealand College of Midwives research database. The result of the study was women who were given a utero tonic drug as a treatment rather than prophylaxis a was twice as likely in the actively managed group compared to the physiological managed group. The conclusions of the study stated that use of physiological care during the third stage of labour should be considered and supported for women who are healthy and have had a spontaneous labour and birth regard less of birth place setting. Further research should determine whether the use of a utero tonic as a treatment in the first instance may be more effective than as a treatment following initial exposure prophylactically.

**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 at Kashan Shabihkhani Hospital. The total number of sample was 1000 women with normal vaginal deliveries The study result 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).This study 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.

**Metin Gülmezoglu et al., (2012)** conducted a randomised controlled trial study of Active management of the third stage of labour with and without controlled cord traction in 16 hospitals and two primary healthcare centres in Argentina, Egypt,

India, Kenya, the Philippines, South Africa, Thailand, and Uganda. Women expecting to deliver singleton babies vaginally. Samples size was 12,227 women by using stratified sampling technique. The results of the study revealed that primary outcome of blood loss of 1000 ml or more had a risk ratio of 1: 09 (95% CI 0:91–1:31). One case of uterine inversion occurred in the full package group. This study was concluded that the hypothesis of omission of controlled cord traction has very little effect on the risk of severe haemorrhage.

**Jean Pierre Lina Lubaki et al (2010)** conducted an interventional study on active management of third stage of labour. The incidence of post partum haemorrhage 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.

## 2.2. Literature related to effectiveness of early initiation of breast feeding

**Meseret Ekubay, Aster Berhe, Engida Yisma (2018)** conducted a cross sectional study to assess the initiation of breastfeeding within one hour of birth among mothers with infants younger than or equal to 6 months of age attending public health institutions in Addis Ababa, Ethiopia. The Sample size 583 selected by sample ramdom sampling technique. Their results shows 96.7% of mothers who breastfed the infants within one hour of birth. The study concluded that Initiation of breastfeeding within one hour of birth was highest among multi parous women, with comparing of primi mothers and women began antenatal care at their fourth month of pregnancy or

later and its indicating that multiparty is associated with timely initiation of breastfeeding.

**David Mukunya (2017)** conducted a comparative cross-sectional study on Factors associated with delayed initiation of breastfeeding among women with a child below the age of 2 years in Northern Uganda. A sample size of 768 participants included in this study by using cluster sampling technique. Researcher performed bi variable and multivariable logistic regression to determine the association between the independent factors and delayed initiation of breastfeeding. The results of the study stated that 58.3% of mothers of infants initiated breastfeeding within one hour of birth, suggesting poor practice of timely initiation of breastfeeding among mothers. The study concluded that on urban mothers living in Addis Ababa (the capital of Ethiopia), the prevalence should have been much higher than the prevalence that reported in other parts of Ethiopia.

**Kenzo Takahashi et al., (2017)** conducted a secondary data analysis to assess prevalence of early initiation of breastfeeding and determinants of delayed initiation of breastfeeding in 3 continents such as Asia, Africa, and America among 373 health facilities of 24 countries using a stratified multistage cluster sampling design. In total, 244,569 singleton live births without severe adverse outcomes were analysed. The study stated that breastfeeding was initiated for 57.6% and 37.2% of neonates within the first hour after birth and from 1–24 hours after birth, respectively. Cuba (89.2%) and Sri Lanka (88.5%). This study concluded that maternal complications during pregnancy and the absence of postnatal/neonatal care guidelines were negatively associated with the rate of Early initiation of breast Feeding. To better promote early initiation of breast feeding, special support is needed for women with complications during pregnancy and those who deliver by caesarean section.

**Misrak Getnet Beyene, Nigatu Regassa Geda, Tesfa Dejenie Habtewold and Zuriash Mengistu Assen (2016)** conducted cross sectional study on early initiation of breastfeeding among mothers of children under the age of 24 months in Southern Ethiopia. A total of 634 mothers of children under 24 months were selected by using Multistage cluster sampling technique. The results of the study stated that during the time of data collection, 94.3% of the mothers had breastfed. The prevalence of early initiation of breastfeeding was 83.7%. Ownership of the house was a significant predicting factor for early initiation of breastfeeding. Mothers who lived in rented houses were significantly less likely (60%) to initiate breastfeeding within one hour of birth compared to mothers who owned their own house. Further the study concluded that improving the mother's socioeconomic status as reflected by house ownership, being a significant predictor of early initiation breast feeding would have a central role in improving early initiation of breastfeeding.

**Vishnu Khanal, et al., (2015)** conducted a cohort study on Factors associated with Early Initiation of Breastfeeding in Western Nepal. The sample 724 mothers from 27 areas by using simple random sampling technique. The results of the study was majority (92.4%) of mothers provided colostrum to their newborn infants; however, nearly one third (30.2%) were provided with prelacteal feeds that included plain water, animal milk, glucose water, honey, ghee, salt water and/or fruit juice. Of the 55 mothers who reported discarding colostrum, the major reasons were colostrum is difficult to digest (n = 23, 41.8%), not clean (n = 20, 36.3%), harmful to baby (n = 2, 3.6%), and does not look nice (n = 3, 5.45%). This study concluded that those mothers who are from disadvantaged ethnic groups, deliver by caesarean section and deliver low birth weight infants should be targeted when implementing breastfeeding promotion programs.

**Girish M et. al., (2013**) conducted a prospective single blinded, randomized controlled clinical trial study to determine the impact of breast crawl on breast feeding and its feasibility and acceptability in a busy labor room. Impact of breast crawl was studied in one group and the outcome was compared with the other group where breast crawl was not performed. The result was that the breast crawl had a significant positive impact on the onset of lactation as well as extent of neonatal weight loss on day 3, But the acceptability of breast crawl as a routine in a busy labour room was a major issue.

**Liyew Mekonen et al., (2013)** conducted a cross-sectional study to assess timely initiation of breastfeeding and associated factors among mothers in South Gondar Zone, Northern Ethiopia. 845 mothers of infants under 12 months were selected by using multistage random sampling technique. The results of the study was age of the respondents ranged from 15 to 49 with a mean (± SD) age of 27.0 (± 5.7) years. Of the total 823 respondents, 656 (79.7%) were urban dwellers. Majority 765 (93%) of mothers were married, Christian religion were 690 (83.8%) and 819 (99.5%) were in the Amhara ethnic group. Regarding educational status, 334 (40.6%) of mothers had no formal education, 35% (288) attended primary education and 24.4% (201) respondents attended secondary and higher. Five hundred twelve (62.2%) respondents were housewives. Four hundred and forty-three (53.8%) index infants of mothers were male. The majority of the respondents 572 (69.5) had access to information. This study concluded that South Gondar health office and healthcare providers have to provide breastfeeding information during antenatal care by giving special emphasis to rural and primi parous mothers in which timely initiation of breastfeeding is poorly practiced.

## 2.3 Literature related to effectiveness of initiation of early breast feeding on third stage of labour

**P. Christena, (2018)** conducted a Quasi-experimental post test-only design study to evaluate the effectiveness of breast crawl technique on physiological outcome during the third stage of labour and immediate initiation of breast feeding among postnatal mother in selected hospital, Trichy. 60 postnatal mothers fulfilling the inclusion criteria were included. The result shows that among postnatal mothers in the experimental group, the level of blood loss 17 (57%) of postnatal mothers had mild blood loss, 13 (43%) had moderate blood loss and none of them had severe blood loss. Regarding duration of separation of the placenta in the third stage of labour 19 (63%) has ≤ 6 min and 11 (37%) has > 6 min. Unpaired test shown, blood loss (4.76), duration of separation of the placenta in the third stage of labour (7.84) and immediate initiation of breast feeding (10.92) statistically significant at $p<0.05$. It shows that breast crawl technique was effective among experimental group. There was a significant association with the demographic and obstetric variables at $P>0.05$. This study concluded that breast crawl technique was effective on physiological outcome during the third stage of labour and immediate initiation of breast feeding in the experimental group.

**Parvin Abedi1, Shayesteh Jahanfar, Farideh Namvar, Jasmine Lee (2016)** conducted a quasi-randomised controlled trial study to evaluate breastfeeding for reducing postpartum haemorrhage in the third stage of labour in New York, USA. Samples from Cochrane Pregnancy and Childbirth Group's Trials Register 4608 women were included by using cluster sampling technique. The results stated that the average blood loss was less than 500 mL (from 258 ± 163 mL, to 398 ± 94 mL. Only a small percentage of women in this review showed postpartum blood loss of > 500

mL (7.9% in the suckling group and 8.4% in the control group). It seems that in a hospital setting with adequate access to emergency care, healthy women can tolerate an average blood loss of 500 mL. The conclusion of this study reveals that, in women with a low risk for bleeding, breast feeding may be a safe alternative to reduce possible blood loss**.**

**Komalavalli. M (2015)** conducted a true experimental post test only design study to evaluate the effectiveness of breast crawl on selected maternal outcomes among mothers in labour ward at GRH, Madurai with 60 samples by using simple random (flip of coin) method. The study results were mothers in the experimental group 83.3% had initiated breast feeding to their babies 30-50 minutes but in the control group 93.3% of mothers fed their babies within 50 – 70 minutes period. 73.3% of mothers lost 200 – 300 ml of blood during labour in the control group. But in the experimental group 76.7% of mothers lost only 100 – 200 ml of blood. The study concluded that breast crawl technique is an effective intervention to initiate breast feeding, reduce the blood loss during third stage of labour and reduce the time of placental separation.

**Vimala beaulah. D (2015)** conducted a quasi experimental post-test design study to breast feed the new-born as early as possible during third stage of labour to enhance impacts of breastfeeding and minimize the duration of third stage of labour. 30 Samples were selected by using convenient sampling technique. The results among 30 parturient mothers 9 (30%) had delivered the placenta within 5 minutes, 13 (43.3%) within 6-10 minutes, 6 (20%) within 11-15 minutes and 2 (6.6%) had more than 20 minutes to deliver the placenta. The benefits of breast feeding can have a significant impact on total health for both mother and new-born. Hence this study concludes that to reduce the duration of third stage of labour, will improves maternal

and foetal bonding and prevents the complication of third stage of labour and it may help in increase the uterine contraction.

**Ms. Shenpagavalli (2013)** conducted a quantitative approach with quasi experimental post test only design study was used to measure the effectiveness of early suckling. Convenient sampling technique was used to select the sample of 60 parturient women among them 30 in experimental and 30 in control group were selected from Sri Gokulam Hospital and Vijaya Hospital, Salem respectively. The study revealed that mean value 136.50 ± 33.27. Mean percentage was 14.50% and obtained 't' value 4.85 shows significance at $p<0.05$ level. This reveals that early suckling was effective in reducing the total duration of third stage of labour and total blood loss.

**Wilis Dwi Pangesti Supriydi (2013)** conducted a retrospective cohort study on implementation of early breastfeeding initiation and discussed the psychological effects of maternal and infant in Banyumas. Checklist is used to collect data to complete an interview. The study took 32 maternal and infant samples. The study results were 53.6% are born with the implementation of Early Breastfeeding Initiation EBI is a skin-to skin contact only between maternal and infant immediately after birth which can give physical and mental effects to support the success of mother's role adaptation as well as of the initial formation of the concept of self-confidence at the beginning of the baby's life.

**Gomathin. N (2012)** conducted a true experimental post test design study to evaluate the effectiveness of breast crawling technique in the early expulsion of placenta and blood loss among women in third stage of labour. Simple random sampling was used to select the sample of 60 parturient women in the third stage in the labour ward of Government head quarters hospital, Kanchipuram. The results are

mean difference between control and experimental score in the expulsion of placenta and blood loss is 2.23 and standard deviation 1.29, and the t value is 13.4, which was compared with tabulated table value at the level of $p<0.05$ was significant. So it has been concluded that the breast crawling on early expulsion of placenta and blood loss was effective among women in third stage of labour.

**Bullough, CH., (2009)** conducted a study on early suckling and postpartum haemorrhage. A randomized controlled trial was carried out to determine whether suckling immediately after birth reduced the frequency of postpartum haemorrhage blood loss, and retained placenta. The trial subjects were attended by dais. 68 dais attended a course on third stage management and data collection. 23 in the early suckling group and 26 in the control group recorded blood loss in 2104 and 2123 deliveries of live born singletons respectively the frequency of PPH was 7.9 in the suckling group and 8.4% in the control group and the mean blood loss 258 ml and 256 ml respectively. Bacterial flora, maintains newborn's sugar level. It improves metabolic stability, enhance maternal- newborn relationship and earlier establishment of effective suckling and feeding behaviour. All these enhance the newborn's sensory, neural development. These newborns cry less, emotionally more stable and are at a lower risk of abandonment tended to be reduced with nipple stimulation compared to control (20.3 versus 12.3 min) and (257 versus 166 ml).

## 2.4. Conceptual Frame Work

A conceptual framework can be set of concepts and assumptions that integrate them into a meaningful configuration (Fawecett, 1994). The concept is a thought, idea or mental image framed in mind in response to learning something new. A framework is a basic structure supporting anything. A conceptual framework deals with abstraction (concept), which is assembled by nature of their relevance to a common theme. (Chris tension J.paula and Kenny Janet W, 1990). A conceptual framework is made up of concept which is mental image of the phenomenon. These concepts are linked together to express the relationship between them. A model is used to denote symbolic representation of the concepts.

The present study is based on the concept of early initiation of breast feeding mother who are in third stage of labour for early expulsion of placenta and blood loss.

The investigator adopted the **Modified Kristen M. Swanson Theory of Caring.** Swanson states that caring is a nurturing way of relating to a valued other towards the postnatal mother feels a personnel sense of commitment and responsibility by midwife's. The caring model in, which Swanson proposed that five basic processes maintaining belief, knowing, being with, doing for, enabling.

**Maintaining belief (instilling hope)** is sustaining faith in the other's capacity to get through an event or transition and face future with meaning.

**Knowing (empathy)** is striving to understand the meaning of event in the life of others.

**Being with (presence)** means sharing feelings without burdening the one cared for.

**Doing for (Evidence based practice)** means to do for others what one would do for self if at all possible.

**Enabling (empowerment)** is facilitating the others passage through life transition and unfamiliar events by focusing the others.

In this present study midwives initiates early breast feeding and enables in the early expulsion of placenta and reduced blood loss in the third stage of labour for the Intranatal mothers in interventional group and doing routine care in the third stage of labour for Intranatal mothers in control group.

**Maintaining belief**

It refers to early initiation of breast feeding avoid third stage labour complications by enhances the uterine contraction, expulsion of placenta, reduces duration of third stage of labour and amount of blood loss in interventional group. Observing and maintaining usual care practised for Intranatal mothers on third stage of labour in control group.

**Knowing for**

It refers to the researcher knowing the socio demographic variable of Intranatal mother's such as age, education, occupation, income, religion and diet pattern and Obstetrical Variable such as period of gestation, type of delivery, maternal Haemoglobin and APGAR Score, sex, weight and LATCH score of newborn for both interventional and control group.

**Being with**

It refers to explaining the purpose, advantages and procedure for early initiation of breast feeding to the interventional group. Explain and observe routine care of the mothers in control group. Get consent from both interventional and control group mothers to conduct the post test during third stage of labour.

**Doing for**

It refers to motivate and initiate the intra mothers to accept and allow the newborn on breast immediately after birth for early initiation of breast feeding in the interventional group. Provide routine care during the third stage of labour to the Intranatal mothers in the control group.

**Enabling**

It refers to facilitating the observation of duration of third stage of labour and amount of blood loss in the third stage of labour and conducted the post test for both interventional and control group of Intranatal mothers in third stage of labour.

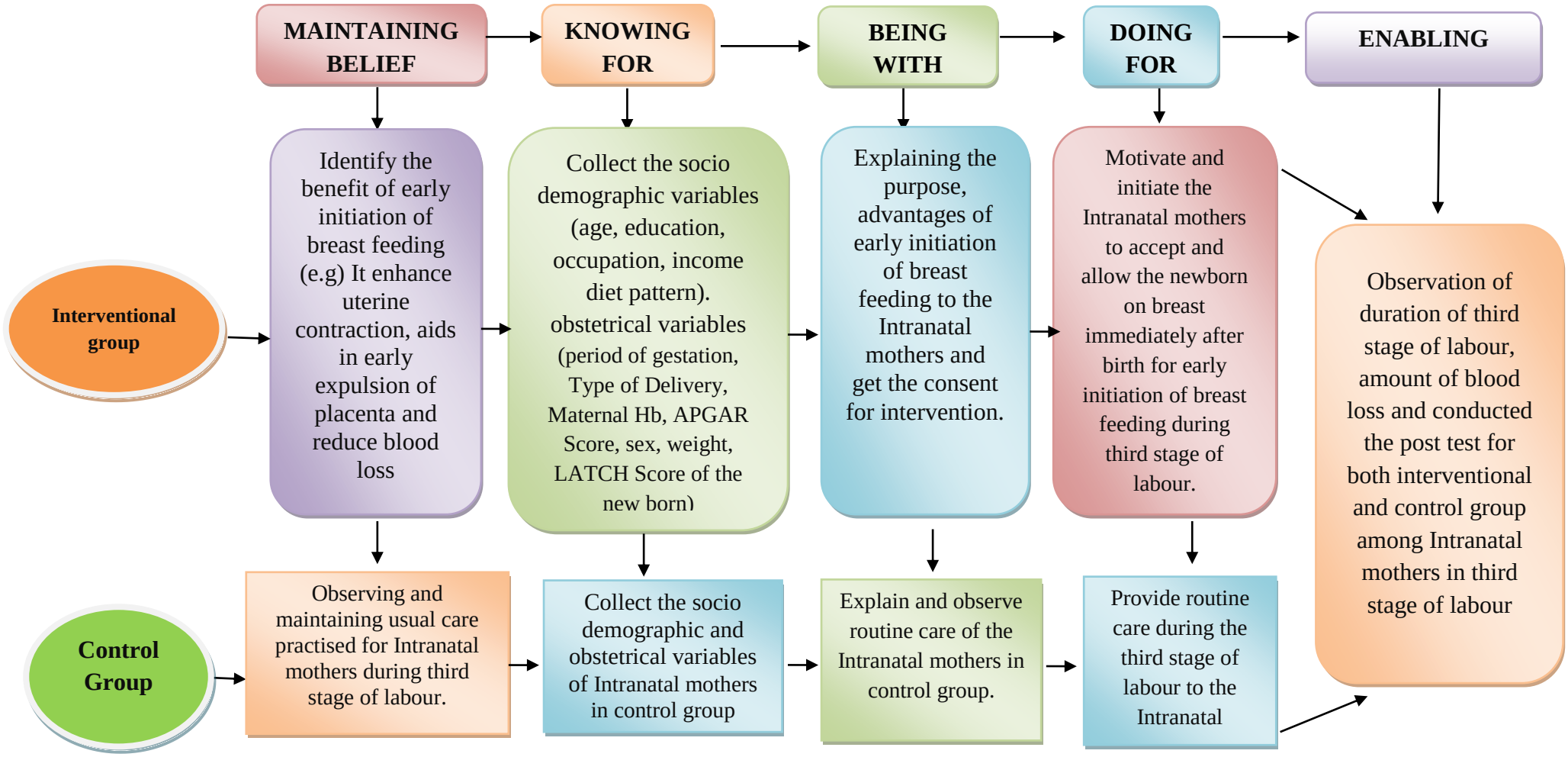



**FIGURE 1: CONCEPTUAL FRAMEWORK BASED ON KRISTEN M. SWANSON THEORY OF CARING (1994)**

# RESEARCH METHODOLOGY

# CHAPTER III

# RESEARCH METHODOLOGY

Research methodology is the overall plan for addressing the research problem and it covers multiple aspects of study's structure. It acts as a guide for planning, implementation and analysis of the study. It includes the descriptions of the research approaches, research design dependent and independent variables, sampling design, description of the tool, pilot study, and a planned format for data collection and a plan for data analysis.

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

**-Polit and Hungler**

This chapter provides a brief explanation of the method adopted by the investigator in this study. It includes the research approach, research design, and variables, setting of the study, population, sample and sample size, sampling technique, description of the tool, pilot study, data collection procedure and plan for data analysis.

This chapter deals with the methodology to evaluate the effectiveness of the early initiation of breast feeding on third stage of labour among intranatal mothers at Government Rajaji Hospital, Madurai.

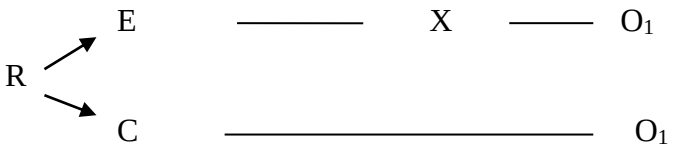
## 3.1 Research Approach

An evaluative research approach was selected for this study. In this study the investigator needs to evaluate the effectiveness of breast crawling technique in the early expulsion of placenta and blood loss among women in third stage of labour in selected hospital. Hence evaluative approach was more appropriate to this study

Quantitative research approach is used in this study

## 3.2 Research Design

The research design for this study is true-experimental - Post test only design.




R - Randomization

E - Intervention Group

C - Control Group

X - Early initiation of breast feeding during third stage of labour

$O_1$ - Post test for both Intervention and Control group

## 3.3. Study Variables

A variable is anything that can change or anything that is liable to vary. Two types of variable were identified in this study. They are dependent and independent.

### Independent Variable

An independent is the variable that stands alone and is not dependent on any other.

In this study independent variable refers to **e**arly initiation of breast feeding was given to intranatal mothers in the third stage of labour in interventional group.

### Dependent Variable

Dependent variable is the effect of the active of the independent variable and cannot exit by itself.

In this study dependent variable is referred to third stage of labour.

### Socio Demographic Variables

Socio demographic variables is age of the mother, education, religion, occupation, income per month, type of family and diet pattern.

**Obstetrical Variables**

In this obstetrical variables is period of gestation, type of delivery and maternal haemoglobin.

**Clinical Variables**

In this clinical variables are, APGAR score, gender of the new born, weight of the newborn and LATCH score of newborn.

## 3.4 Settings of the Study

Settings are the more specific place where data collection will occur. The setting was selected based on acquaintance of the investigator with the institution, feasibility of conducting the study, availability of the sample, permission and proximity of the setting to investigation. The study was conducted in Labour ward, Government Rajaji Hospital, Madurai. At present there are 3106 beds available in multi speciality Medical College attached Hospital and it provide a comprehensive care to all. As per the Month of December 2017 statistics department of obstetrics and gynaecology consist of 650 beds. Total number of delivery per month is approximately 1660. In which normal delivery per months is 660, Caesarean section 890, Forceps delivery – 110, new born admission is 210.

## 3.5 Population of the Study

**Target Population**

The target population for this study is intranatal mothers in third stage of the labour.

**Accessible Population**

Intranatal mothers in third stage of the labour at Government Rajaji Hospital, Madurai

## 3.6 Sample

The sample consists of intranatal mothers in third stage of labour who met inclusive criteria and admitted in labour ward, at Government Rajaji Hospital, Madurai

## 3.7 Sample size

The Sample size is 60 intranatal mothers, among them 30 is assigned to interventional group and 30 in control group.

## 3.8 Sampling technique

Sampling is the process of selecting a portion of the population to obtain data regarding a problem.

In this study the investigator has used simple random sampling (lottery method) technique

## 3.9 Criteria for sample selection

A total of 60 subjects 30 in interventional group and 30 in control group were selected.

**Inclusion criteria**

- Mothers is delivers the baby by spontaneous vaginal delivery.
- Mothers those who are in third stage of labour
- Mothers and newborn without complications.
- Mothers those who are able to communicate in Tamil or English

**Exclusion criteria**

- Mothers with systemic and psychiatric illness
- Mothers who delivered by forceps, ventouse, caesarean section, etc.
- Mothers with nipple abnormalities.
- Baby with APGAR score below 7
- Newborn with congenital anomaly, birth injury and high risk conditions.
- Mothers not willing to participate

## 3.10 Research tool and technique

The Data collection tools are used by the researcher to observe or measure the key variables in the research problems.

The tool was developed by the investigator after reviewing the related literature and few assessment tool. Before the tool was administered some informal discussion were made with mother to established rapport, so that they would be relaxed, the observational check list to give appropriate response for all the statement. The mother were been assured that the responses would be confidential and will used only for research purpose.

The tool the consists of two sections

**Section A : Socio Demographic Vvariables**

It Consists of socio demographic data such as age of the mother, education, occupation, type of family, religion, monthly income and diet pattern**.**

**Obstetrical Variables**

It includes period of gestation, type of delivery, maternal hemoglobin, APGAR score, gender of newborn, weight of the new born and Latch score.

**Section B : 1.Observation check list for third stage of labour**

It has two components like time taken for placental expulsion on third stage of labour and blood loss on third stage of labour.

**3.11 Scoring interpretation**

**Part I : Time taken for placental expulsion on third stage of labour**

| | |
|---|---|
| < 5 minutes | = Very Good effect |
| 6 - 10 minutes | = Good effect |
| > 11 minutes | = Poor effect |

**Part II : Assessment of blood loss on third stage of labour**

The amount of blood loss

| | |
|---|---|
| 100 – 250 ml | = Good effect |
| 251- 350 ml | = Average effect |
| >351 ml | = Poor effect |

**3.12 Reliability of Tool**

The reliability of an instrument is the degree of consistency with which it measures the attribute, and it is supposed to measure over a period of time. Reliability of the tool was established by test-retest method. The tool is administered in 2 different occasions and by using Karl Pearson co-relation co-efficient the obtained 'r' value is 0.84. Hence the tool was reliable and used in this study.

## 3.13 Validity of the Tool

The tools used for this study was given to three experts in the field of nursing and two obstetrical and gynaecological department for content validity. Based on their suggestions reframing of the tool was done.

## 3.14. Pilot Study

The pilot study was conducted after getting formal administrative permission and ethical clearance. A formal permission was obtained from institutional review board ethical committee and Institute of obstetrical and gynaecological department, Government Rajaji Hospital, Madurai. The pilot study was conducted in Labour ward for a period of 7 days from 21.06.18 to 28.06.18. A self-introduction was given by the investigator. Mothers with third stage of labour who met the inclusion criteria were selected socio demographic variables was assessed by structured interview method. After the interview and written consent was obtained from the mothers. Samples were selected by simple random technique (lottery method). Among 10 mothers, 5 subjects for interventional group and get early initiation of breast feeding remaining 5 subjects for control group and get routine care. Intervention was given during third stage of labour and post test was assessed in third stage of labour using structured observation checklist. Through pilot study the instrument was found reliable for proceeding with the main study.

## 3.15 Ethical Consideration

This study was conducted after the approval from the ethical committee, Madurai Medical College, Madurai – 20. All respondents were carefully informed about the purpose of the study and their part during the study and how the privacy was guarded. Ensured confidentiality of the study result. Written permission was obtained from all participants.

## 3.16 Data Collection Procedure

The data collection done for 4-6 weeks from 04.06.2018 to 13.07.2016 A self-introduction was given by the investigator. Intranatal mothers who met the inclusion

criteria were selected sociodemographic variables was assessed. After the explanation oral and written consent was obtained from the intranatal mothers. After the interview and written consent was obtained from the mother. Samples were selected by simple random technique (lottery method). Among 60 mother, 30 subjects for interventional group and get early initiation of breast feeding remaining 30 subjects for control group and get routine care. Intervention was given during third stage of labour and post test was assessed by structured observation checklist. The study was practically feasible to be conducted with the main study.

## 3.17 Plan for data Analysis

The data analysis involves the translation of information collected during the course of research project into an interpretable and managerial form. It involves the use of statistical procedures to give an organization and meaning to the data. Descriptive and inferential statistics use for data analysis.

The data obtained were analyzed using both descriptive and inferential statistics. The data will be analyzed using descriptive statistics and inferential statistics. Data was presented in frequency table to post test assessment differences between interventional group and control group statistical analysis of student independent ‘t’ test will be applied to test the mean value post test assessment of third stage of labour.

### Descriptive Statistics Include

1) Frequency and percentage distribution of the socio demographic variables
2) Mean and standard deviations of post assessment for level on third stage of labour.

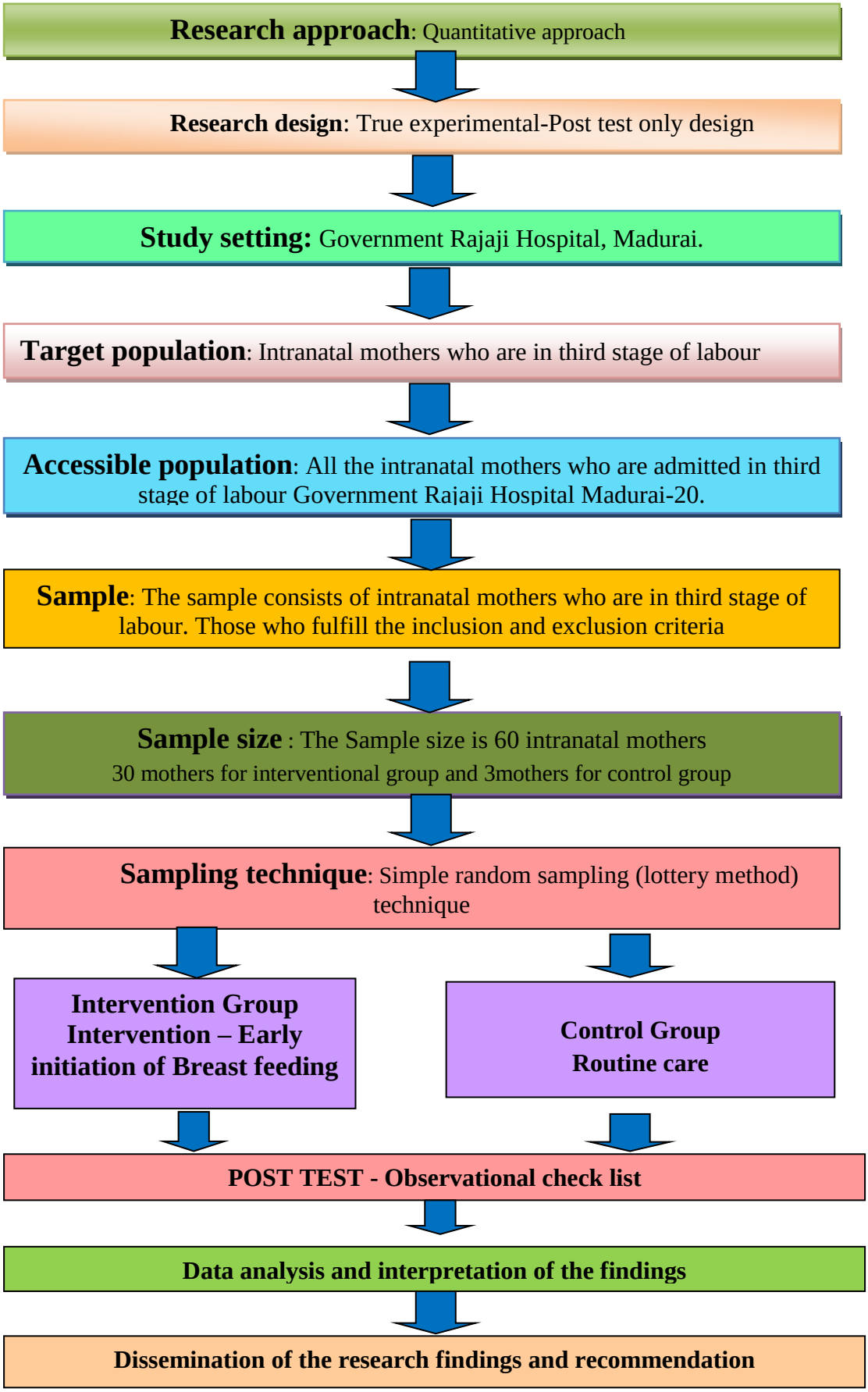
**Inferential statistics include**

1. Student independent ‘t’ test was used to evaluate the effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers.
2. Chi- square test was to analyse the association between the post test of early initiation of breast feeding on third stage of labour among intranatal mothers and their selected socio demographic variables.

## 3.18 Protection of Human Rights.

Research proposal was approved by the dissertation committee of College Of Nursing, Madurai Medical College, Madurai, Head of the Department of Obstetric and gyanaecology, at Government Rajaji Hospital, Madurai. An oral and written consent of each study samples can be obtained before starting the data collection. Positive benefits was explained to all the study subjects. They were explained that they may with draw from the study at any time without any penalty. Assurance has given to the subjects that confidentiality will be maintained throughout the study

### 3.19 Schematic Representation of Methodology



# DATA ANALYSIS AND INTERPRETATION

# CHAPTER IV

# DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data which was collected as an attempt to find out the effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers in labour ward at Government Rajaji Hospital, Madurai. 60 samples were selected for this study. Assessment on third stage of labour with observational check list. Statistical procedure enabled the investigator to deduce, summarize, organize, evaluate, interpret and communicate the numeric information. In this chapter the data collected were edited, tabulated, analyzed and interpreted.

Analysis is the process of organizing and synthesizing the data so as to answer the research questions and test the hypothesis.

- **Suresh K. Sharma**

**The data collected were organized under the following sections**

The analysis and interpretation of data was organized under the following section.

**Section - I**

Distribution of socio demographic and obstetrical variables among intranatal mothers both in interventional and control group.

**Section – II**

Description of post test level on third stage of labour among interventional and control group

**Section - III**

Effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers both in interventional group.

**Section - IV**

Association between the post test level on third stage of labour with their selected socio demographic and obstetrical variables both in interventional and control group.

# SECTION – I

**Distribution of socio demographic and obstetrical variables among intranatal mothers both in interventional and control group**

**Table : 1**

**Frequency and percentage distribution of subjects according to their selected socio demographic and obstetrical variables in interventional and control group**

**n=60**

| S. No | Socio demographic variables | | Interventional Group (n=30) | | Control Group (n=30) | | $\chi 2$ |
|---|---|---|---|---|---|---|---|
| | | | f | % | f | % | |
| 1 | Age | 18 - 20years | 6 | 20.00% | 4 | 13.33% | $\chi 2$=1.65 P=0.43 (NS) |
| | | 21 - 23years | 19 | 63.33% | 17 | 56.67% | |
| | | 24 - 26 years | 5 | 16.67% | 9 | 30.00% | |
| 2 | Education | No formal education | 0 | 0.00% | 0 | 0.00% | $\chi 2$=3.07 P=0.21 (NS) |
| | | Primary education | 11 | 36.67% | 5 | 16.67% | |
| | | Higher Secondary education. | 10 | 33.33% | 13 | 43.33% | |
| | | Graduate | 9 | 30.00% | 12 | 40.00% | |
| 3 | Occupation | Home maker | 21 | 70.00% | 22 | 73.33% | $\chi 2$=0.63 P=0.73 (NS) |
| | | Daily wages | 5 | 16.67% | 3 | 10.00% | |
| | | Private employee | 4 | 13.33% | 5 | 16.67% | |
| | | Government employee | 0 | 0.00% | 0 | 0.00% | |
| 4 | Type of family | Joint family | 16 | 53.33% | 19 | 63.33% | $\chi 2$=0.61 P=0.43 (NS) |
| | | Nuclear | 14 | 46.67% | 11 | 36.67% | |
| 5 | Religion | Hindu | 26 | 86.66% | 27 | 90.00% | $\chi 2$=0.35 P=0.83 (NS) |
| | | Christian | 2 | 6.67% | 1 | 3.33% | |
| | | Muslim | 2 | 6.67% | 2 | 6.67% | |
| 6 | Monthly Income | Rs. 1001 - 3000/ month | 0 | 0.00% | 0 | 0.00% | $\chi 2$=1.17 P=0.27 (NS) |
| | | Rs. 3001 - 5000/ month | 3 | 10.00% | 6 | 20.00% | |
| | | >Rs. 5000/ month | 27 | 90.00% | 24 | 80.00% | |
| 7 | Diet Pattern | Vegetarian | 4 | 13.33% | 3 | 10.00% | $\chi 2$=0.16 P=0.68 (NS) |
| | | Mixed | 26 | 86.67% | 27 | 90.00% | |

| | Obstetrical variables | | | | | | |
|---|---|---|---|---|---|---|---|
| **8.** | **Period of gestation** | 38 weeks | 6 | 20.00% | 5 | 16.67% | $\chi 2=0.13$ P=0.95 (NS) |
| | | 39 weeks | 11 | 36.67% | 12 | 40.00% | |
| | | 40 weeks | **13** | 43.33% | 13 | 43.33% | |
| **9** | **Type of delivery** | Spontaneous | 19 | 63.33% | 16 | 53.33% | $\chi 2=0.61$ P=0.43 (NS) |
| | | Induced | 11 | 36.67% | 14 | 46.67% | |
| **10** | **Maternal Haemoglobin** | < 10 gm | 7 | 23.33% | 10 | 33.33% | $\chi 2=0.78$ P=0.68 (NS) |
| | | 10gm - 11gm | 19 | 63.33% | 16 | 53.33% | |
| | | > 11gm | 4 | 13.33% | 4 | 13.33% | |
| **11** | **APGAR Score 1 min** | Score of 10 | 0 | 00.00% | 0 | 00.00% | $\chi 2=2.01$ P=0.56 (NS) |
| | | Score of 9 | 12 | 40.00% | 7 | 23.33% | |
| | | Score of 8 | 16 | 53.33% | 21 | 70.00% | |
| | | Score of 7 | 2 | 6.67% | 2 | 6.67% | |
| **12** | **Gender of New Born** | Male | 12 | 40.00% | 13 | 43.33% | $\chi 2=0.07$ P=0.79 (NS) |
| | | Female | 18 | 60.00% | 17 | 56.67% | |
| **13** | **New Born weight** | 2 kg - 2.5 kg | 6 | 20.00% | 8 | 26.67% | $\chi 2=1.31$ P=0.51 (NS) |
| | | 2.5kg - 3 kg | 11 | 36.67% | 7 | 23.33% | |
| | | 3kg and above | 13 | 43.33% | 15 | 50.00% | |
| **14** | **LATCH Score** | Score of 8 – 10 | 17 | 56.67% | 4 | 13.33% | $\chi 2=2.41$ P=0.12 (NS) |
| | | Score of 5 – 7 | 13 | 43.33% | 26 | 86.67% | |
| | | Score of 1 – 4 | 0 | 0.00% | 0 | 0.00% | |

The above table 1 explains the distribution of subjects according to their selected socio demographic and obstetrical variables.

**In the aspect of age** in interventional group majority of subjects, 19 (63.33%) belongs to age group between 21-23 years, 6 (20.00%) belongs to the age group between 18 -20 years and remaining 5 (16.67%) belongs to the age group between 24-26 years. In control group, 17 (56.67%) belongs to the age group between 21-23 years, 9 (30.00%) belongs to the age group between 24-26 years and remaining 4 (13.33) belongs to the age group between 18 -20 years.

**With the view of educational status** in interventional group majority of the subjects, 11 (36.67%) studied upto primary education, 10 (33.33%) studied upto higher secondary education and remaining 9 (30.00%) studied up to graduate and none of them had no formal education. In control group, 13 (43.33%) studied up to higher secondary education, 12 (40.00%) studied up to graduate and remaining 5 (16.67%) studied up to primary education and none of them had no formal education.

**In the view of occupation** in interventional group majority of the subjects, 21 (70%) were home maker, 5 (16.67%) were daily wages, 4 (13.33%) were private employee and none of them had government employee. In control group, 22 (73.33%) were home maker, 5 (16.67%) were private employee. 3 (10.00%) were daily wages and none of them had government employee.

**With regard to type of family** in interventional group majority of intranatal mothers, 16 (53.33%) were lived in joint family and remaining 14 (46.67%) were lived in nuclear family. In control group, 19 (63.33%) were lived in joint family and remaining 11 (36.67%) were lived in nuclear family.

**In the aspect of religion** in interventional group majority of intranatal mothers, 26 (86.66%) were Hindu, 2 (6.67%) were Christian and remaining 2 (6.67%) were Muslim. In control group, 27 (90.00%) were Hindu religion, 1 (3.33%) were Christian and remaining 2 (6.67%) were Muslim.

**Considering the monthly income** in interventional group majority of subjects, 27 (90.00%) were earned more than Rs. 5000, 3 (10.0%) were earned between Rs.3001 – 5000 and none of them earned between Rs.1001-3000. In control group, 24 (80.00%) were earned more than Rs. 5000, 6 (20.0%) were earned between Rs.3001 – 5000 and none of them were earned between Rs.1001-3000.

**In the view of diet pattern** in interventional group majority of subjects, 26 (86.67%) were taking mixed diet and remaining 4 (13.33%) were vegetarian. In control group, 27 (90.00%) were mixed diet and remaining 3 (10.00%) were vegetarian.

**Regarding gestational age** in interventional group majority of subjects, 13 (43.33%) were in 40 weeks, 11 (36.67%) were in 39 weeks and remaining 6 (20.00%) were in 38 weeks. In control group, 13 (43.33) were in 40 weeks, 12 (40.00%) were in 39 weeks and remaining 5 (16.67%) were in 38 weeks of gestational age.

**In the aspect of type of delivery** in interventional group majority of subjects, 19 (63.33%) were had spontaneous delivery and remaining 11 (36.67%) were had induced delivery. In the control group, 16 (53.33%) were had spontaneous delivery and remaining 14 (46.67%) were had induced delivery.

**Considering the maternal haemoglobin** in interventional group, majority of subjects 19 (63.33%) were had between 10 – 11 gms/dl, 7 (23.33%) were had less than 10 gms/dl and remaining 4 (13.33%) were had more than 11 gms/dl. In control group 16 (53.33%) were had 10 – 11 gms/dl, 10 (33.33%) were had less than 10 gms/dl and remaining 4 (13.33%) more than 11 gms/dl of maternal haemoglobin.

**In the view of APGAR score at 1 minute** for babies, in interventional group majority 16 (53.33%) were had 8, 12 (40.00%) were had 9, and remaining 2 (6.67%) were had 7 and none of them had APGAR score of 10. In control group, 21 (70.00%) were had 8, 7 (23.33%) were had 9 and remaining 2 (6.6%) were had 7 and none of them had APGAR score of 10.

**While discussing gender of new born** in interventional group majority of subjects, 18 (60.00%) were had female babies and remaining 12 (40.00%) were had

male babies. In the control group, 17 (56.67%) were had female babies and remaining 13 (43.33%) were had male babies.

**According to new born weight** in interventional group majority, 13 (43.33%) weighed more than 3 kg, 11 (36.67%) weighed between 2.5 kg – 3 kg and remaining 6 (20.00%) weighed between 2 – 2.5 Kg. In control group, 15 (50.00%) weighed between more than 3 kg, 8 (26.67%) weighed between 2 – 2.5 Kg and remaining 7 (23.33%) weighed between 2.5 - 3 kg.

**Regarding LATCH score of new born** in interventional group majority, 17 (56.67%) were had 8 - 10, remaining 13 (43.33%) were had 5 - 7 and none of them had LATCH score of 1 – 4. In the control group 26 (86.67%) were had 5 – 7, remaining 4 (13.33%) were had 8 – 10 and none of them had LATCH score of 1 – 4.

**Distribution of subjects according to age**

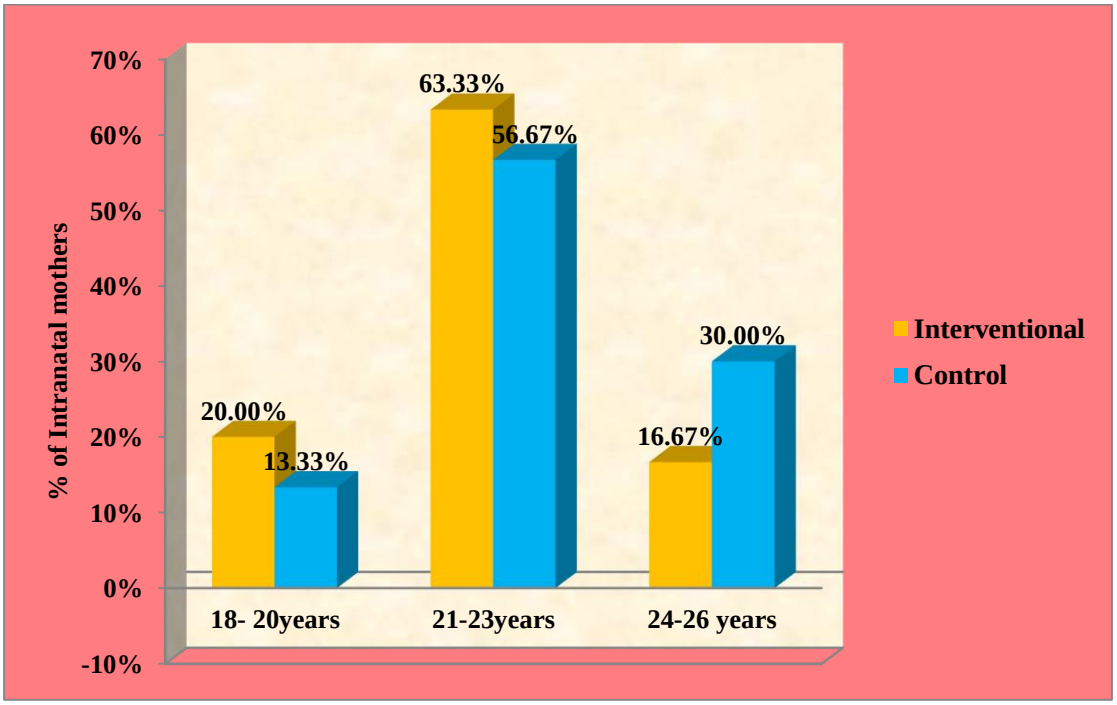



**Figure 2 : A simple bar diagram portrays that distribution of intranatal mothers according to their age**

The above bar diagram portrays that, In Interventional group majority of subjects, 19 (63.33%) belongs to age group between 21-23 years, 6 (20.00%) belongs to the age group between 18 -20 years and remaining 5 (16.67%) belongs to the age group between 24-26 years. In control group, 17 (56.67%) belongs to the age group between 21-23 years, 9 (30.00%) belongs to the age group between 24-26 years and remaining 4 (13.33) belongs to the age group between 18 -20 years.

**Distribution of subjects according to education**

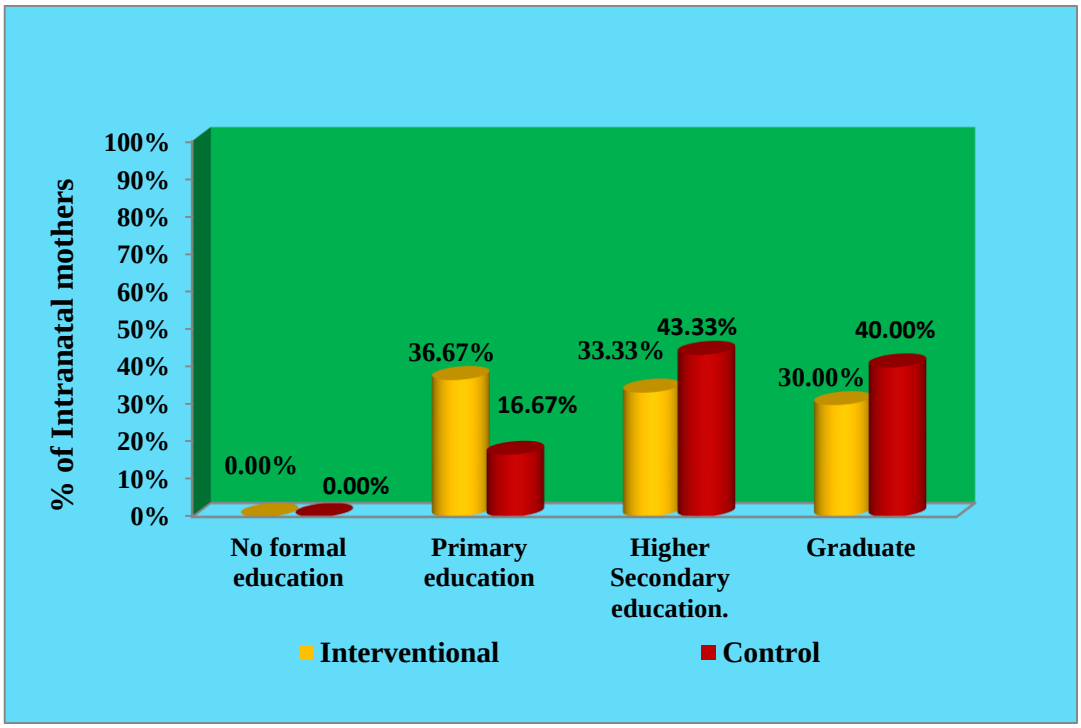



**Figure 3: A simple cylindrical diagram depicts that distribution among intranatal mothers according to their education**

The cylindrical diagram depicts that, In Interventional group majority of the subjects, 11 (36.67%) studied upto primary education, 10 (33.33%) studied upto higher secondary education and remaining 9 (30.00%) studied up to graduate and none of them had no formal education. In control group, 13 (43.33%) studied up to higher secondary education, 12 (40.00%) studied up to graduate and remaining 5 (16.67%) studied up to primary education and none of them had no formal education.

**Distribution of subjects according to occupation**

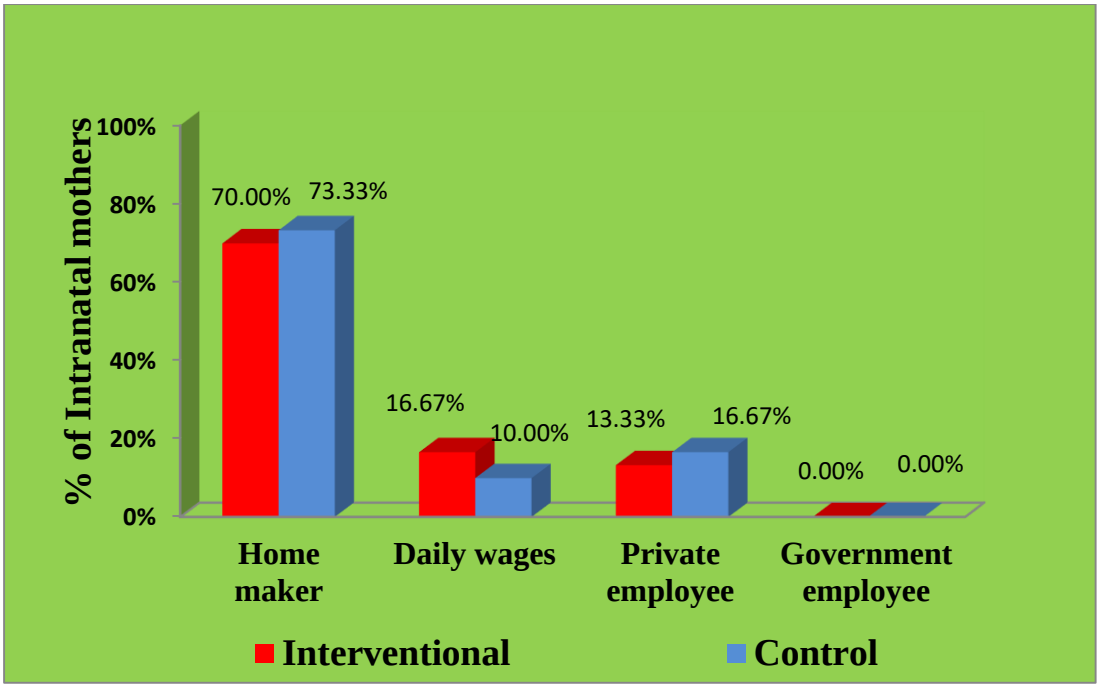



**Figure 4: A simple bar diagram portrays that distribution of intranatal mothers according to their occupation**

A simple bar diagram portrays that, In Interventional group majority of the subjects, 21 (70%) were home maker, 5 (16.67%) were daily wages, 4 (13.33%) were private employee and none of them had government employee. In control group, 22 (73.33%) were home maker, 5 (16.67%) were private employee. 3 (10.00%) were daily wages and none of them had government employee.

**Distribution of subjects according to type of family**

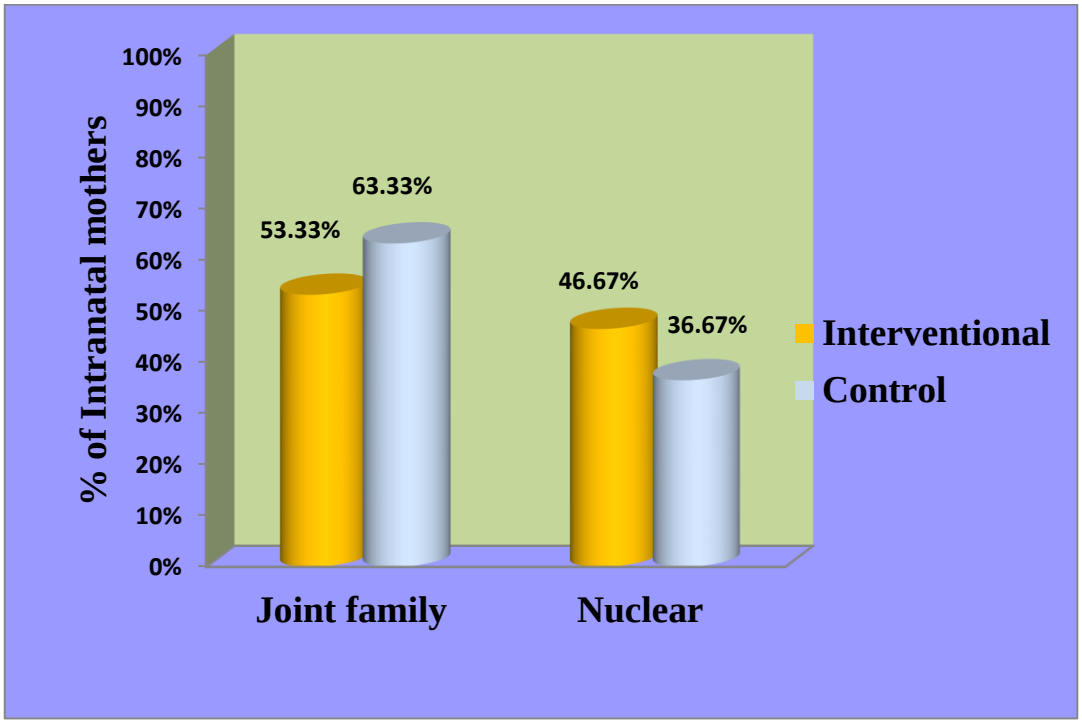



**Figure 5: A cylindrical diagram depicts that distribution of intranatal mothers according to their type of family**

The above figure depicts that, In Interventional group majority of subjects, 16 (53.33%) were lived in joint family and remaining 14 (46.67%) were lived in nuclear family. In control group, 19 (63.33%) were lived in joint family and remaining 11 (36.67%) were lived in nuclear family.

**Distribution of subjects according to religion**

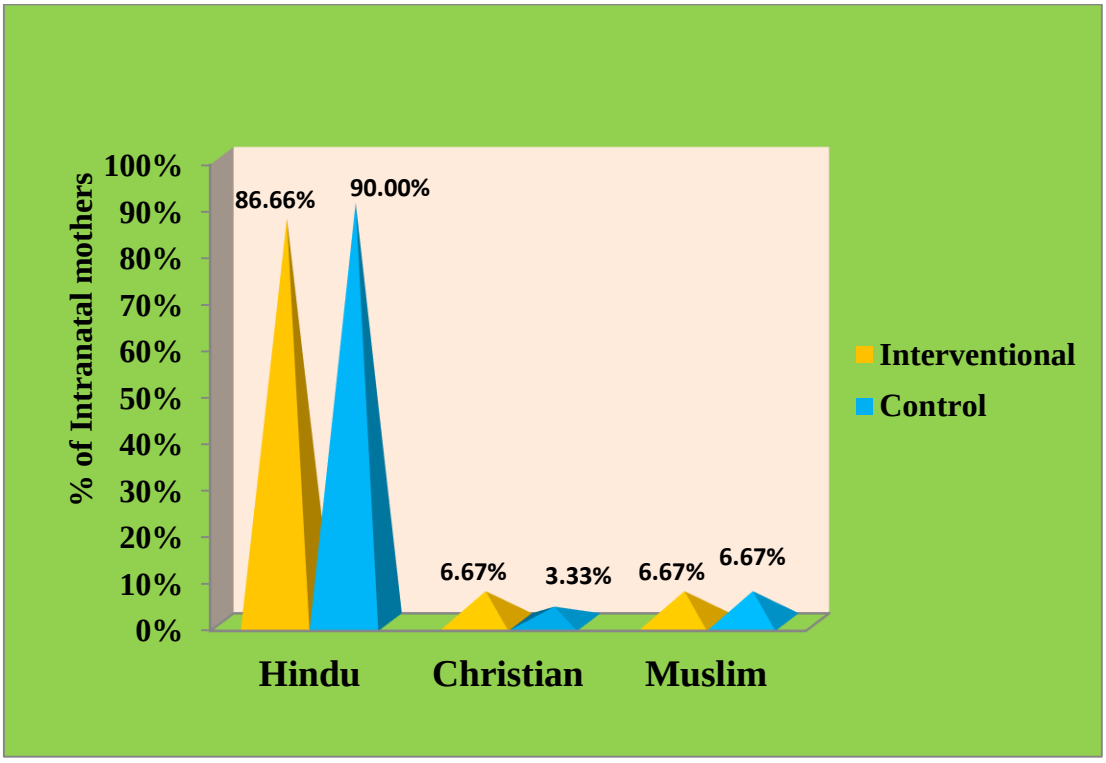



**Figure 6: A cone diagram states that distribution of intranatal mothers according to their religion**

In the above cone diagram states that, In Interventional group majority of subjects, 26 (86.66%) were Hindu, 2 (6.67%) were Christian and remaining 2 (6.67%) were Muslim. In control group, 27 (90.00%) were Hindu religion, 1 (3.33%) were Christian and remaining 2 (6.67%) were Muslim.

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**Distribution of subjects according to monthly income**

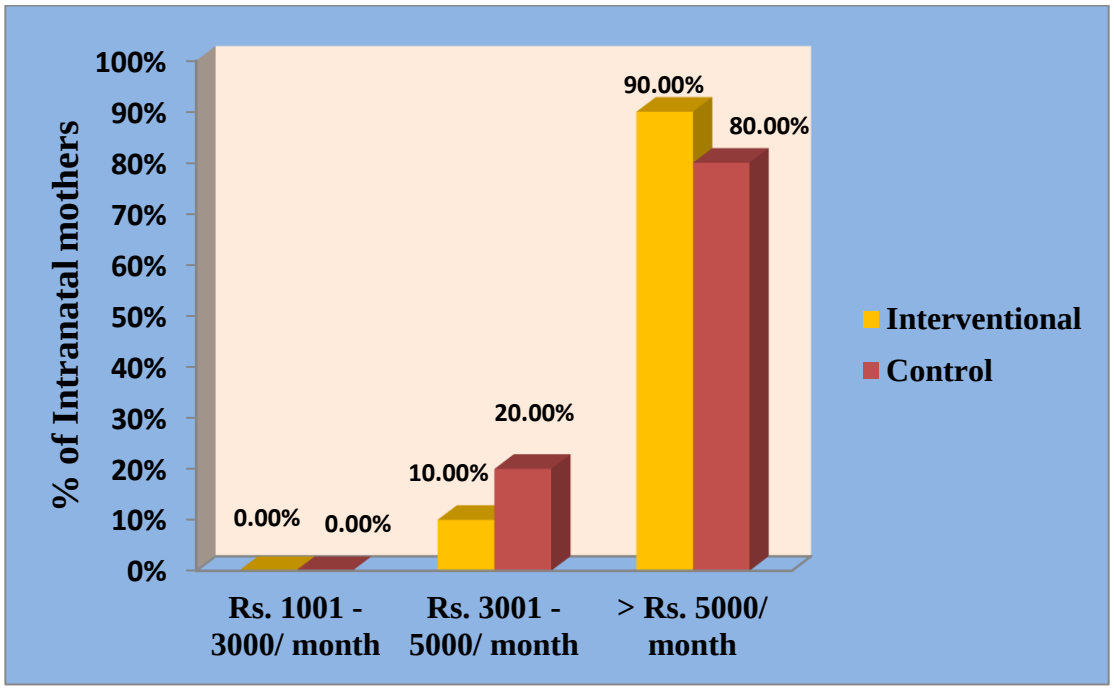


**Figure 7: A bar diagram portrays that distribution of intranatal mothers according to their monthly income**

In the above diagram portrays that, In Interventional group majority of subjects, 27 (90.00%) were earned more than Rs. 5000, 3 (10.0%) were earned between Rs.3001 – 5000 and none of them earned between Rs.1001-3000. In control group, 24 (80.00%) were earned more than Rs. 5000, 6 (20.0%) were earned between Rs.3001 – 5000 and none of them were earned between Rs.1001-3000.

**Distribution of subjects according to diet pattern**

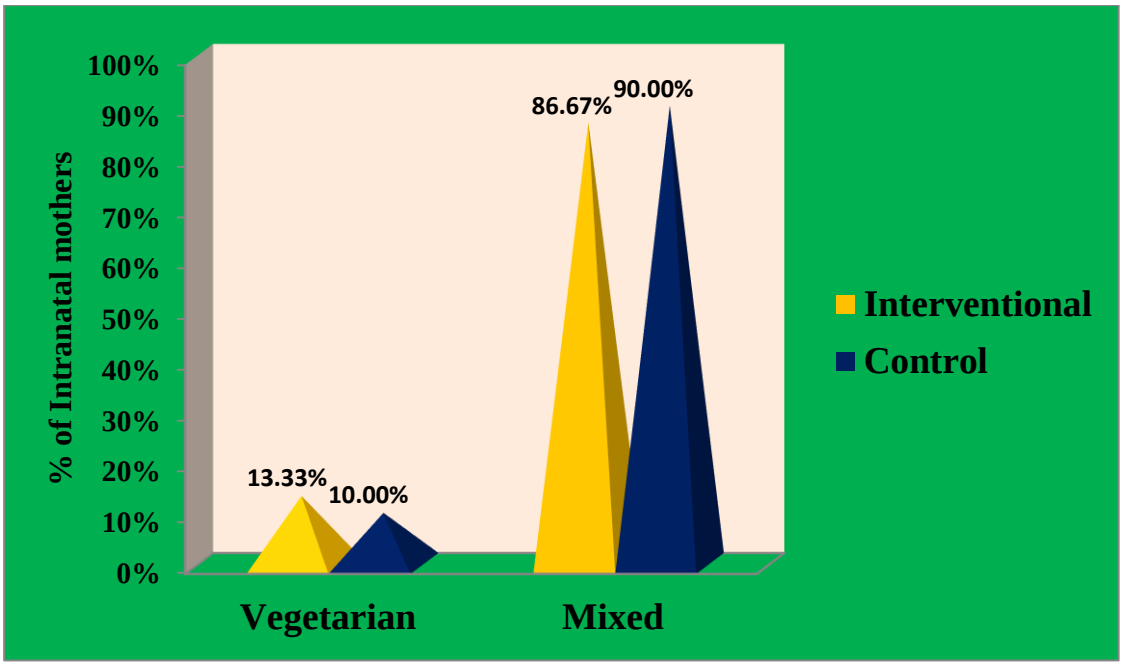


**Figure 8: A pyramid diagram explains that distribution of intranatal mothers according to their diet pattern**

The above figure explains that, In Interventional group majority of subjects, 26 (86.67%) were taking mixed diet and remaining 4 (13.33%) were vegetarian. In control group, 27 (90.00%) were mixed diet and remaining 3 (10.00%) were vegetarian.

**Distribution of subjects according to period of gestation**

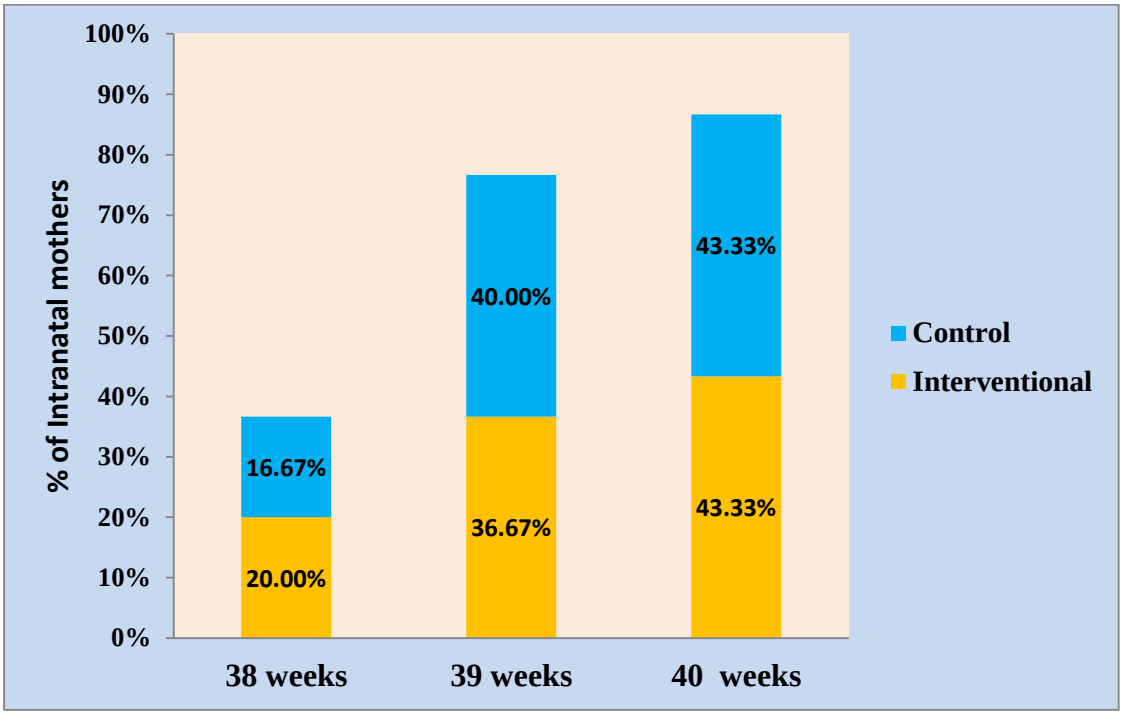


**Figure 9 : Multiple bar diagram portrays that distribution of intranatal mothers according to their period of gestation.**

The above diagram portrays that, In Interventional group majority of subjects, 13 (43.33%) were in 40 weeks, 11 (36.67%) were in 39 weeks and remaining 6 (20.00%) were in 38 weeks. In control group, 13 (43.33) were in 40 weeks, 12 (40.00%) were in 39 weeks and remaining 5 (16.67%) were in 38 weeks of gestational age.

**Distribution of subjects according to type of delivery**

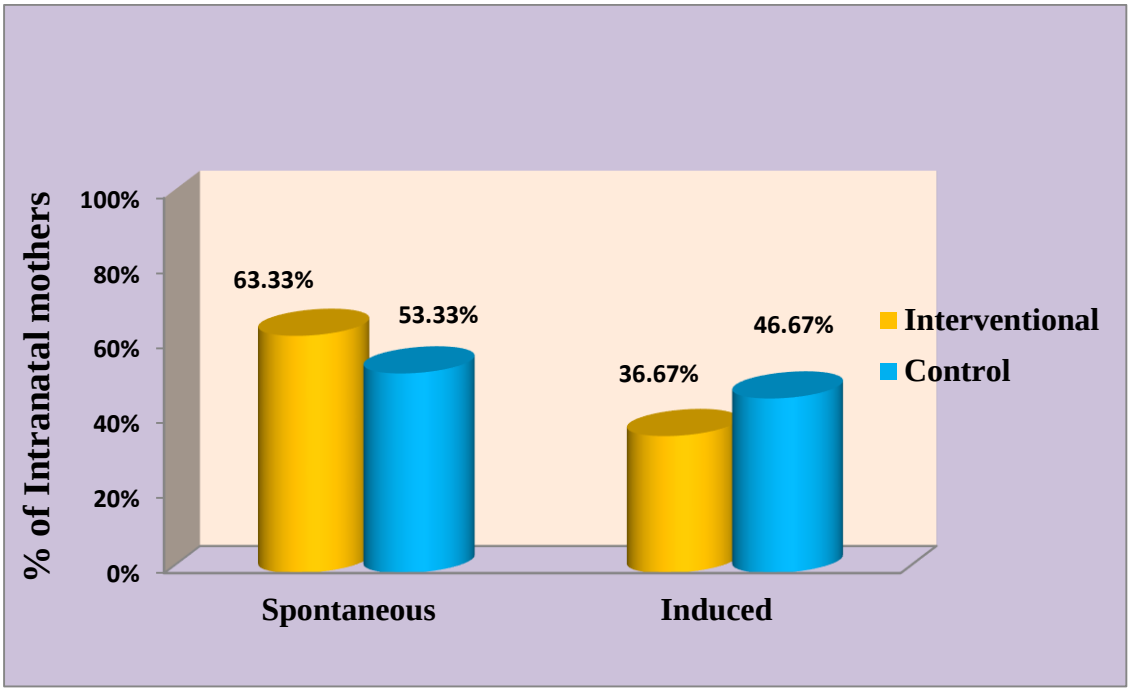


**Figure 10: Multiple cylindrical diagram states that distribution of intranatal mothers according to their type of delivery**

The above the diagram states that, In Interventional group majority of subjects, 19 (63.33%) were had spontaneous delivery and remaining 11 (36.67%) were had induced delivery. In the control group, 16 (53.33%) were had spontaneous delivery and remaining 14 (46.67%) were had induced delivery.

**Distribution of subjects according to maternal haemoglobin**

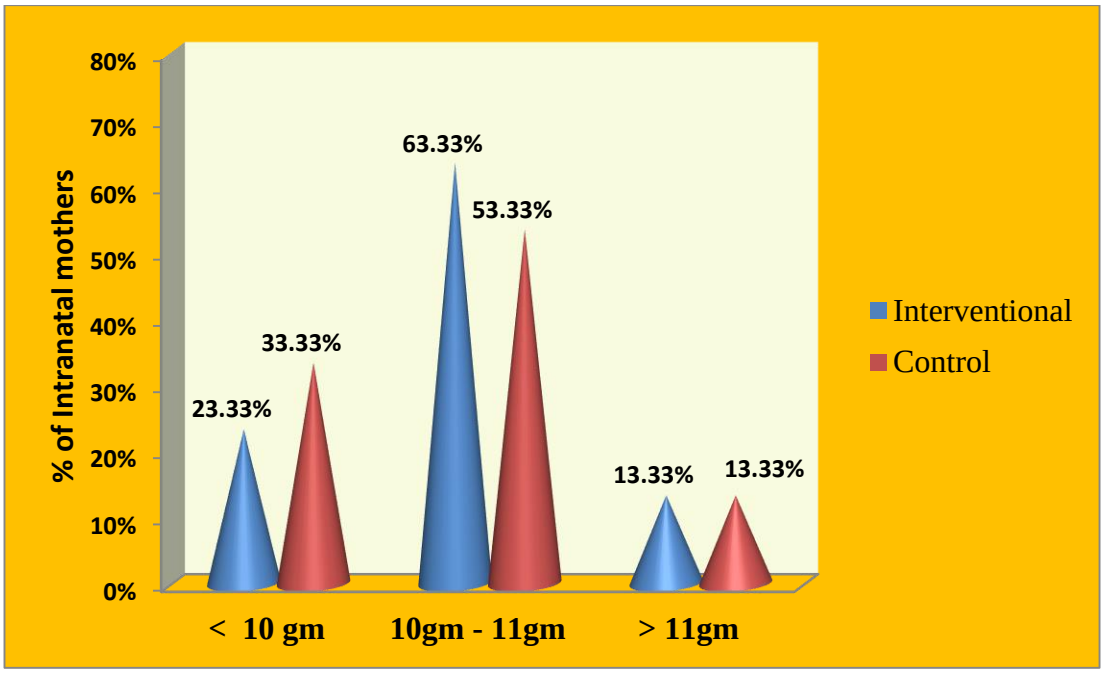


**Figure 11 : Multiple cone diagram portrays the distribution of intranatal mothers according to their maternal haemoglobin**

This diagram portrays that in interventional group, majority of subjects 19 (63.33%) were had between 10 – 11 gms/dl, 7 (23.33%) were had less than 10 gms/dl and remaining 4 (13.33%) were had more than 11 gms/dl. In control group 16 (53.33%) were had 10 – 11 gms/dl, 10 (33.33%) were had less than 10 gms/dl and remaining 4 (13.33%) more than 11 gms/dl of maternal haemoglobin.

**Distribution of subjects according to APGAR score at 1 minute**

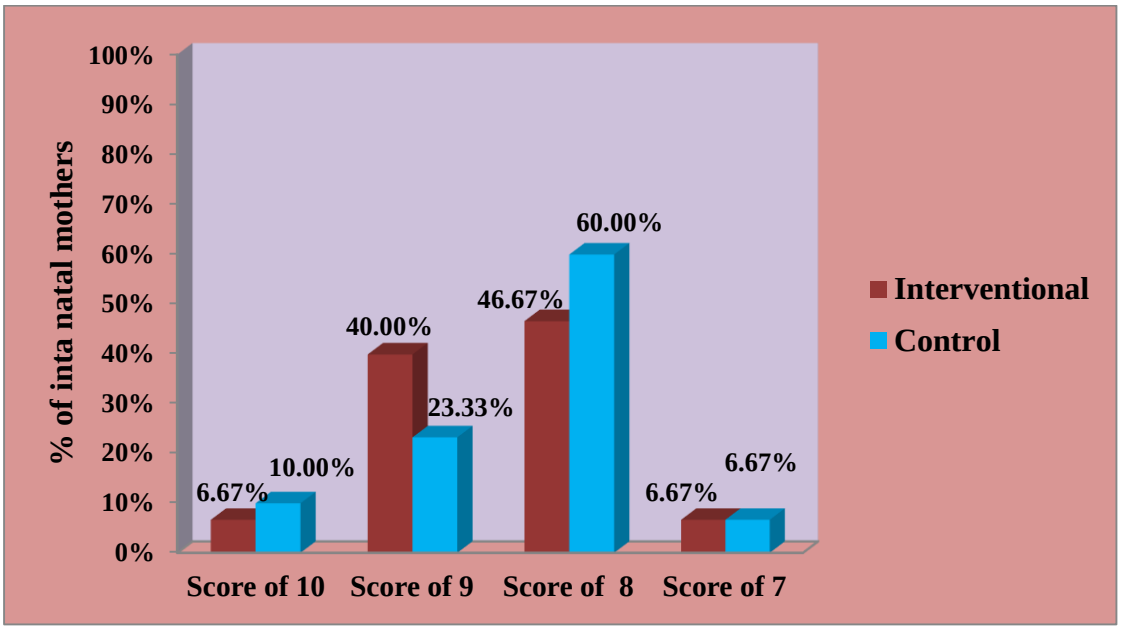


**Figure 12: Multiple bar diagram shows that distribution of intranatal mothers according to their APGAR score at 1 minute for babies**

The diagrams shows that, In Interventional group majority, 16 (53.33%) were had 8, 12 (40.00%) were had 9, and remaining 2 (6.67%) were had 7 and none of them had APGAR score of 10. In control group, 21 (70.00%) were had 8, 7 (23.33%) were had 9 and remaining 2 (6.6%) were had 7 and none of them had APGAR score of 10.

**Distribution of subjects according to gender of new born**

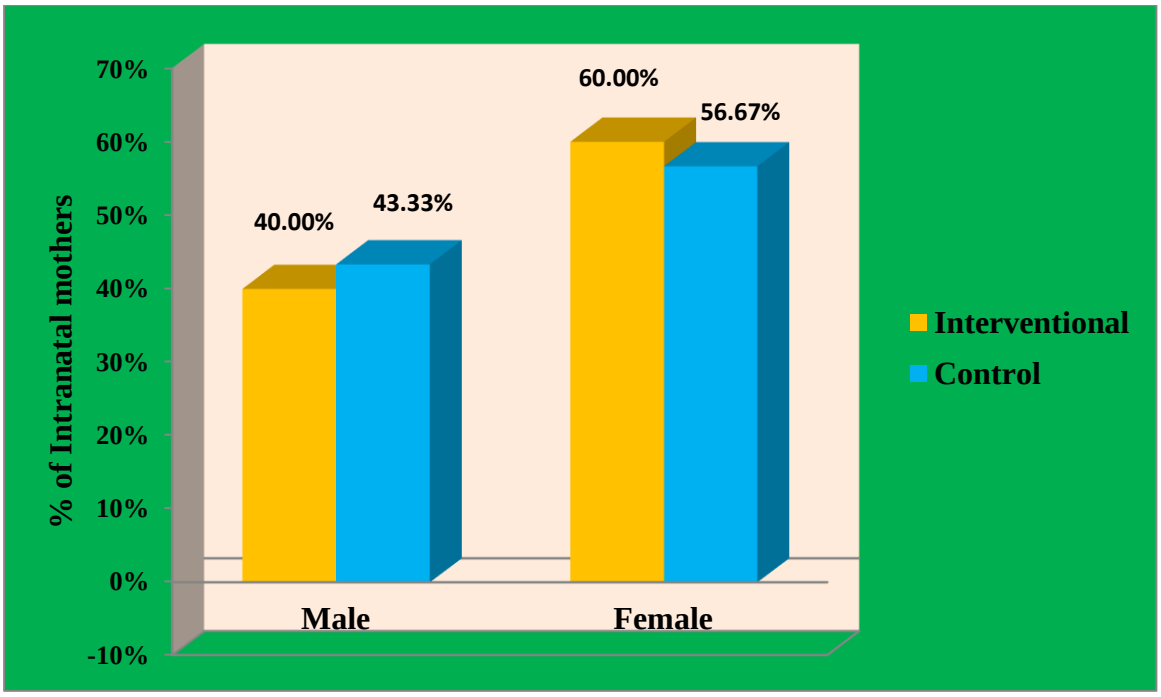


**Figure 13: Multiple bar diagram portrays that distribution of intranatal mothers according to their gender of new born**

The diagram portrays that, In Interventional group majority of subjects, 18 (60.00%) were had female babies and remaining 12 (40.00%) were had male babies. In the control group, 17 (56.67%) were had female babies and remaining 13 (43.33%) were had male babies.

**Distribution of subjects according to new born weight**

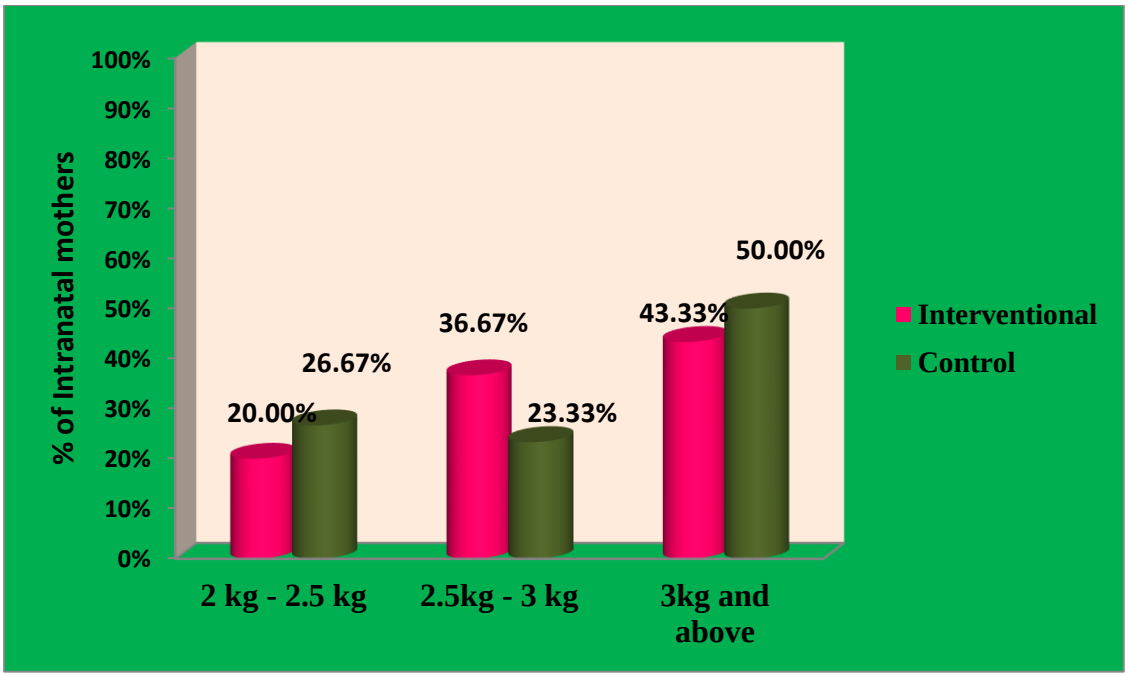


**Figure 14: Multiple cylindrical diagram portrays that distribution of intranatal mothers according to their new born weight**

The above diagram portrays that, In Interventional group majority, 13 (43.33%) weighed more than 3 kg, 11 (36.67%) weighed between 2.5 kg – 3 kg and remaining 6 (20.00%) weighed between 2 – 2.5 Kg. In control group, 15 (50.00%) weighed between more than 3 kg, 8 (26.67%) weighed between 2 – 2.5 Kg and remaining 7 (23.33%) weighed between 2.5 - 3 kg.

**Distribution of subjects according to LATCH Score**

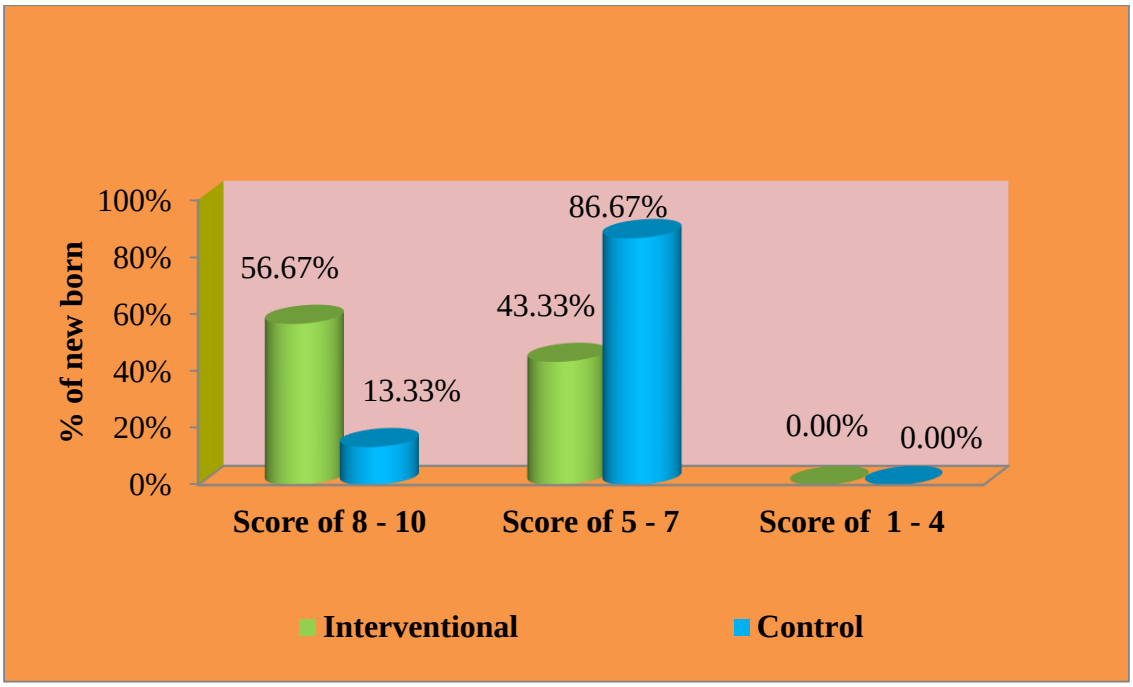


**Figure 15: Multiple cylindrical diagram states that distribution of new born according to their LATCH Score**

The above diagram states that, In Interventional group majority majority, 17 (56.67%) were had 8 - 10, remaining 13 (43.33%) were had 5 - 7 and none of them had LATCH score of 1 – 4. In the control group 26 (86.67%) were had 5 – 7, remaining 4 (13.33%) were had 8 – 10 and none of them had LATCH score of 1 – 4.

## SECTION - II

### Description of post test level on third stage of labour among interventional and control group

**Table : 2**

**Frequency and percentage distribution of post test level on third stage of labour among interventional group**

**n=60**

| Post test level on third stage of labour | | Interventional Group | |
|---|---|---|---|
| | | **f** | **%** |
| **Time taken for placental expulsion** | Very Good effect (< 5 minutes ) | 22 | 73.33% |
| | Good effect (6 - 10 minutes ) | 8 | 26.67% |
| | Poor effect ( > 11 minutes ) | 0 | 0.00% |
| | **Total** | **30** | **100.00%** |
| **Blood loss** | Very Good effect (100 – 250 ml ) | 21 | 70.00% |
| | Good effect (251- 350 ml) | 9 | 30.00% |
| | Poor effect (>351 ml) | 0 | 0.00% |
| | **Total** | **30** | **100.00%** |

Table 2 portrays the distribution of post test level on third stage of labour among interventional group.

Considering time taken for placental expulsion on third stage of labour in interventional group majority of the subjects, 22 (73.33%) were had very good effect (< 5 minutes), remaining 8 (26.67%) were had good effect (6 - 10 minutes) and none of them were had poor effect ( > 11 minutes ). While in blood loss on third stage of labour, majority of the subjects, 21 (70.00%) were had very good effect (100 – 250 ml), remaining 9 (30.00%) were had good effect (251- 350 ml) and none of them were had poor effect (>351 ml)

**Post test level on third stage of labour in interventional group**

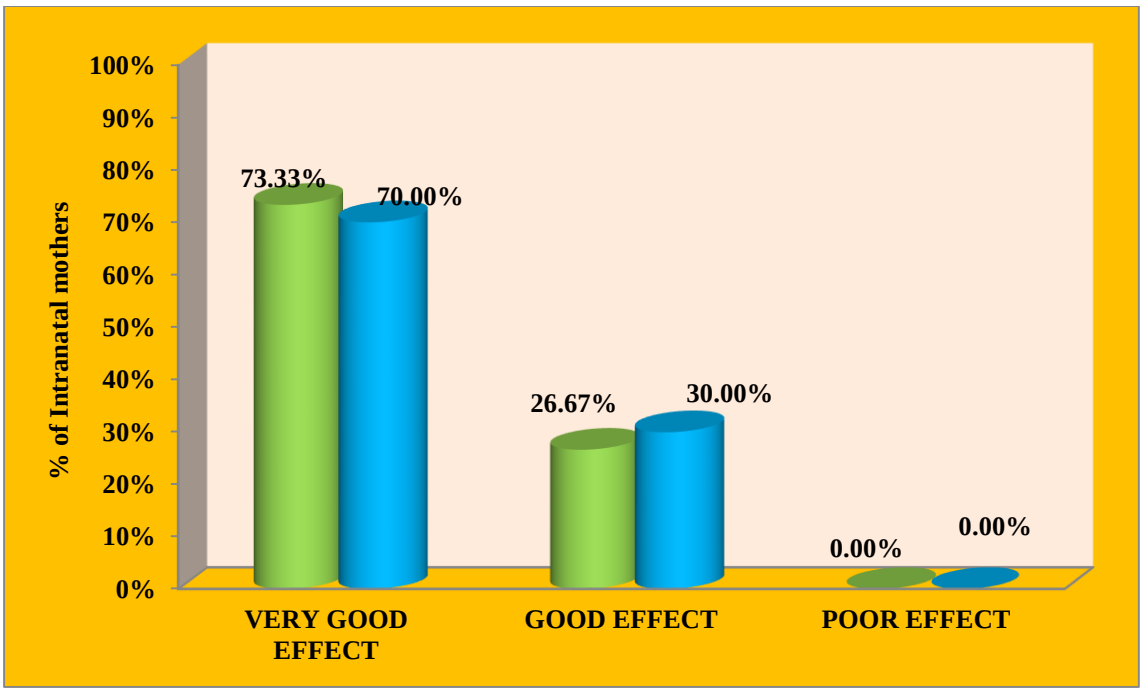


**Figure 16: Multiple cylindrical diagram portrays that distribution post test level on third stage of labour among interventional group**

Considering time taken for placental expulsion on third stage of labour in interventional group majority of the subjects, 22 (73.33%) were had very good effect (< 5 minutes ), remaining 8 (26.67%) were had good effect (6 - 10 minutes) and none of them were had poor effect ( > 11 minutes ). While in blood loss on third stage of labour, majority of the subjects, 21 (70.00%) were had very good effect (100 – 250 ml), remaining 9 (30.00%) were had good effect (251- 350 ml) and none of them were had poor effect (>351 ml)

**Table : 3 Frequency and percentage distribution of post test level on third stage of labour among control group**

**n=60**

| Post test level on third stage of labour | | Control Group | |
|---|---|---|---|
| | | **f** | **%** |
| **Time taken for placental expulsion** | Very Good effect (< 5 minutes ) | 9 | 30.00% |
| | Good effect (6 - 10 minutes ) | 18 | 60.00% |
| | Poor effect ( > 11 minutes ) | 3 | 10.00% |
| | **Total** | **30** | **100.00%** |
| **Blood loss** | Very Good effect (100 – 250 ml ) | 9 | 30.00% |
| | Good effect (251- 350 ml) | 14 | 46.67% |
| | Poor effect (>351 ml) | 7 | 23.33% |
| | **Total** | **30** | **100.00%** |

The above table 3 depicts that distribution of post test level on third stage of labour among control group

Considering time taken for placental expulsion on third stage of labour in control group majority of the subjects, 9 (30.00%) were had very good effect (< 5 minutes), 18 (60.00%) were had good effect (6 - 10 minutes) and remaining 3 (10.00%) were had poor effect (> 11 minutes). While in blood loss during third stage of labour, 9 (30.00%) were had very good effect (100 – 250 ml), 14 (46.67%) were had good effect (251- 350 ml) and remaining 7 (23.33%) were had poor effect.

**Post test level on third stage of labour in control group**

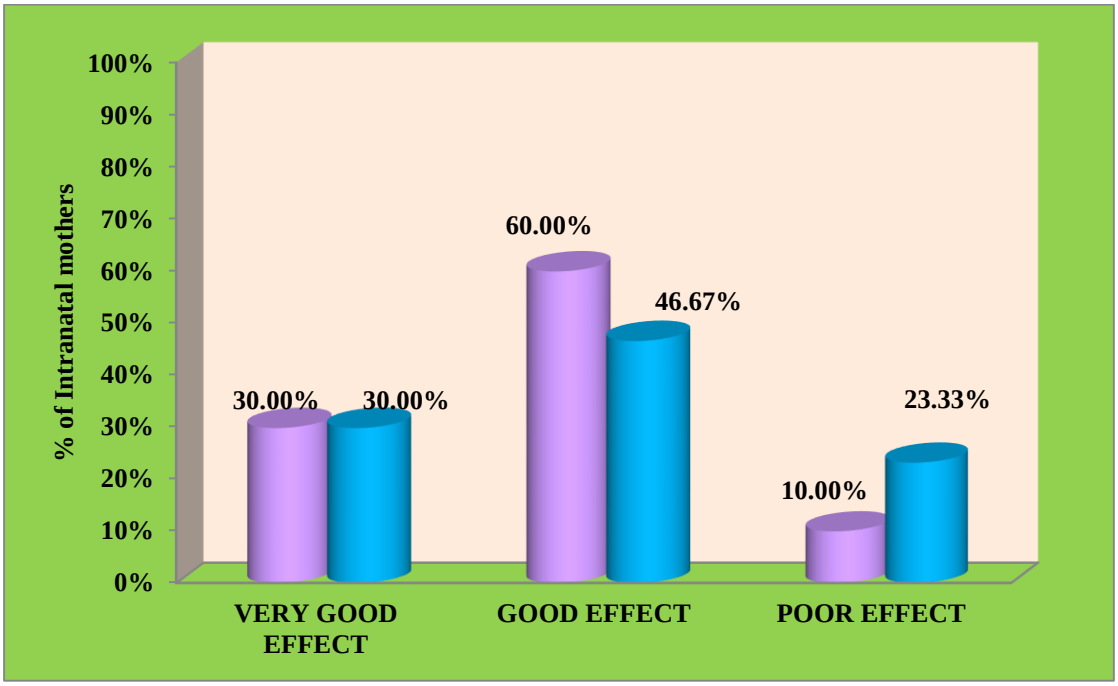


**Figure 17: Multiple bar diagram portrays that distribution on third stage of labour among control group**

Considering time taken for placental expulsion on third stage of labour in control group majority of the subjects, 9 (30.00%) were had very good effect (< 5 minutes), 18 (60.00%) were had good effect (6 - 10 minutes) and remaining 3 (10.00%) were had poor effect ( > 11 minutes ). While in blood loss during third stage of labour, 9 (30.00%) were had very good effect (100 – 250 ml), 14 (46.67%) were had good effect (251- 350 ml) and remaining 7 (23.33%) were had poor effect.

## SECTION - III

### Effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers in interventional and control group

**Table : 4**

**Effectiveness of early initiation of breast feeding on third stage of labour among interventional and control group**

**n=60**

| Post Test Level | | Group | | | | $\chi 2$ |
|---|---|---|---|---|---|---|
| | | Interventional | | Control | | |
| | | f | % | f | % | |
| **Time taken for placenta expulsion** | Very Good effect (< 5 minutes ) | 22 | 73.33% | 9 | 30.00% | **$\chi 2$=12.30 P=0.01**(S)** |
| | Good effect (6 - 10 minutes ) | 8 | 26.67% | 18 | 60.00% | |
| | Poor effect ( > 11 minutes ) | 0 | 0.00% | 3 | 10.00% | |
| | Total | **30** | **100.00%** | **30** | **100.00%** | |
| **Blood loss** | Very Good effect (100 – 250 ml ) | 21 | 70.00% | 9 | 30.00% | **$\chi 2$=12.88 P=0.01**(S)** |
| | Good effect (251- 350 ml) | 9 | 30.00% | 14 | 46.67% | |
| | Poor effect (>351 ml) | 0 | 0.00% | 7 | 23.33% | |
| | Total | **30** | **100.00%** | **30** | **100.00%** | |

Table 5 portrays that effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers in interventional and control group.

Among the interventional group, In time taken for placental expulsion on third stage of labour majority of the subjects, 22 (73.33%) were had very good effect (< 5 minutes), remaining 8 (26.67%) were had good effect (6 - 10 minutes) and none of them were had poor effect ( > 11 minutes). In the control group, 9 (30.00%) were had very good effect (< 5 minutes ), 18 (60.00%) were had good effect (6 - 10 minutes ) and remaining 3 (10.00%) were had poor effect ( > 11 minutes ) and $\chi 2$ = 12.30

showed a difference in the post test level of time taken for placental expulsion both in interventional and control group.

While in blood loss on third stage of labour among interventional group, majority of the subjects, 21 (70.00%) were had very good effect (100 – 250 ml), remaining 9 (30.00%) were had good effect (251- 350 ml) and none of them were had poor effect (>351 ml). In Control group, blood loss during third stage of labour, 9 (30.00%) were had very good effect (100 – 250 ml), 14 (46.67% ) were had good effect (251- 350 ml) and remaining 7 (23.33%) were had poor effect and in $\chi 2 = 12.88$ showed a difference post test level of blood loss among interventional group and control group.

**Table : 5 Post test Mean, Standard deviation and Mean difference on third stage of labour both in interventional and control group**

| Post test level on third stage of labour | Interventional Group | Control group | Mean difference | Student independent 't' test |
|---|---|---|---|---|
| | Mean ±SD | Mean ±SD | | |
| **Time Taken for placental expulsion** | 4.30 ± 1.70 | 7.47 ± 2.67 | 3.17 | **t=5.46 P=0.001*** DF = 58, Significant** |
| **Blood Loss** | 241.67 ± 43.71 | 343.33 ± 115.76 | 101.66 | **t=4.50 P=0.001*** DF = 58, Significant** |

The above table 5 depicts the post test mean standard deviation and mean difference on third stage of labour both in interventional and control group.

Considering the time taken for placental expulsion, In Interventional group the post test mean score was 4.30 minutes with the standard deviation 1.70. Whereas in the control group, the post test mean score was 7.47 minutes with the standard deviation 2.67 and mean difference was 3.17 minutes. The student independent 't' test was done to find out the difference between the interventional and control group. The student's independent't' test t= 5.46 was greater than table value which was significant at 0.001 level.

While considering blood loss, In Interventional group the post test mean score was 241.67 ml with the standard deviation 43.71. Where as in the control group, the post test mean score was 343.33ml minutes with the standard deviation 115.76 and mean difference was 101.66ml and the student's independent 't' test t= 4.50 level was greater than table value which was significant at 0.001 level.

**Effectiveness of time taken for placental expulsion on third stage of labour**

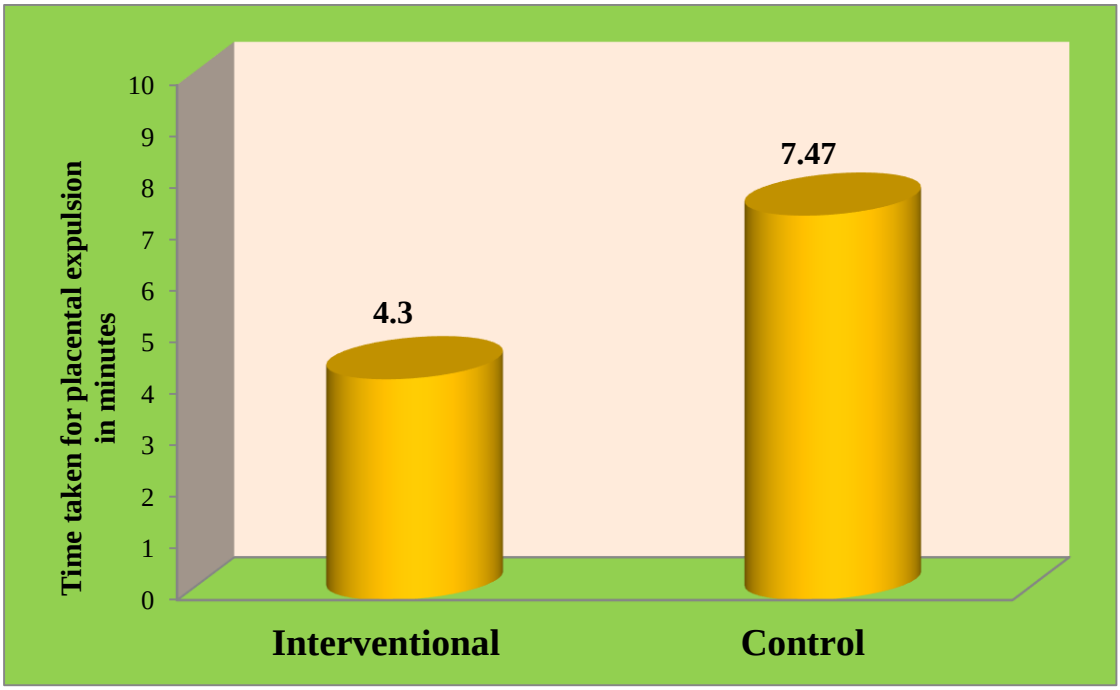


**Figure 18: Cylindrical diagram reveals the effectiveness of early initiation of breast feeding on time taken for placental expulsion in third stage of labour among intranatal mothers both in interventional and control group**

On an average the time taken for placental expulsion on third stage of labour among the intranatal mothers in the interventional group 4.30 minutes, Whereas in the control group 7.47 minutes. Thus, interventional group were benefited by 3.17 minutes less than the control group on mean duration of expulsion of placenta.

**Effectiveness on blood loss on third stage of labour**

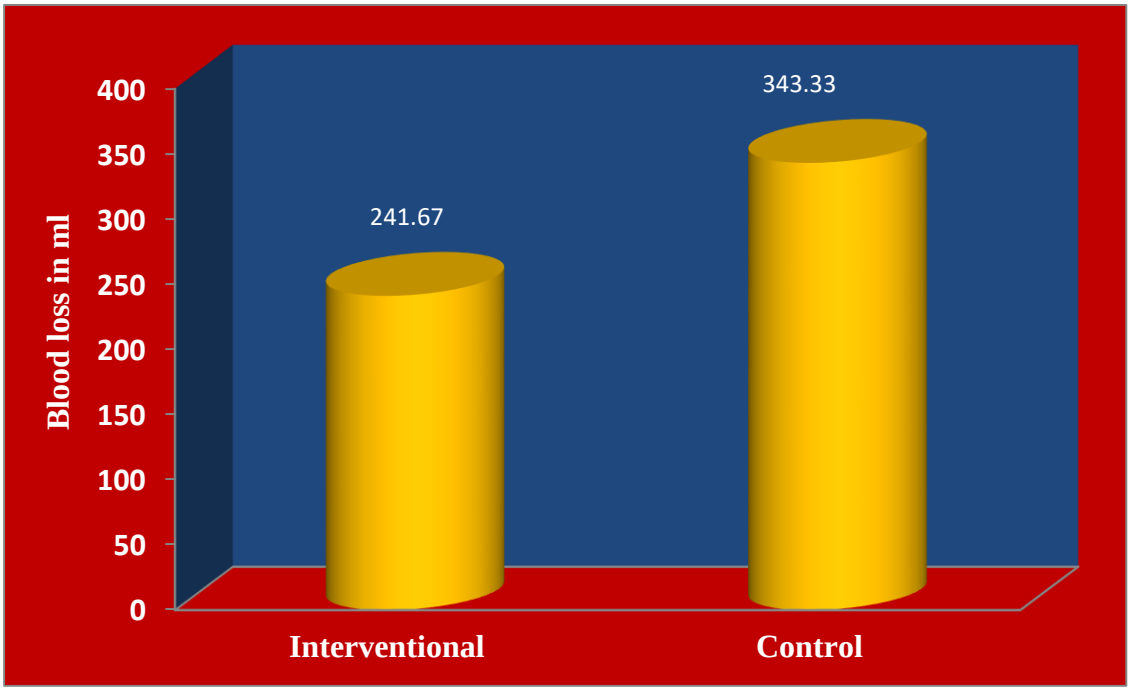


**Figure 19: A Cylindrical diagram reveals that effectiveness of early initiation of breast feeding on blood loss among intranatal mothers in interventional and control group**

On an average the blood loss on third stage of labour among the intranatal mothers in the interventional group 241.67 ml, Whereas in the control group 343.33 ml. Thus, interventional group were benefited by 101.66 ml less than the control group on mean amount of blood loss.

## SECTION - IV

**Association between the post level on third stage of labour with their selected socio demographic and obstetrical variables both in interventional and control group**

**Table : 6**

**Association between the post test level on time taken for placental expulsion with their selected socio demographic and obstetrical variables in interventional group**

**n=60**

| Socio demographic Variables | | Time taken for placental expulsion | | | | | | n | $\chi^2$ |
|---|---|---|---|---|---|---|---|---|---|
| | | Very Good effect (< 5min) | | Good effect (6-10 min) | | Poor effect (>11 min) | | | |
| | | f | % | f | % | f | % | | |
| **Age** | 18 - 20 years | 2 | 33.33% | 4 | 66.67% | 0 | 0.00% | 6 | **$\chi^2$=7.89 P=0.05*(S)** |
| | 21 - 23years | 17 | 89.47% | 2 | 10.53% | 0 | 0.00% | 19 | |
| | 24 - 26 years | 3 | 60.00% | 2 | 40.00% | 0 | 0.00% | 5 | |
| **Education** | No formal education | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | $\chi^2$=3.24 P=0.18(NS) |
| | Primary education | 10 | 90.91% | 1 | 9.09% | 0 | 0.00% | 11 | |
| | Higher Secondary education. | 7 | 70.00% | 3 | 30.00% | 0 | 0.00% | 10 | |
| | Graduate | 5 | 55.56% | 4 | 44.44% | 0 | 0.00% | 9 | |
| **Occupation** | Home maker | 15 | 71.43% | 6 | 28.57% | 0 | 0.00% | 21 | $\chi^2$=0.15 P=0.92(NS) |
| | Daily wages | 4 | 80.00% | 1 | 20.00% | 0 | 0.00% | 5 | |
| | Private employee | 3 | 75.00% | 1 | 25.00% | 0 | 0.00% | 4 | |
| | Government employee | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Type of family** | Joint family | 11 | 68.75% | 5 | 31.25% | 0 | 0.00% | 16 | $\chi^2$=0.36 P=0.54(NS) |
| | Nuclear | 11 | 78.57% | 3 | 21.43% | 0 | 0.00% | 14 | |
| **Religion** | Hindu | 19 | 73.08% | 7 | 26.92% | 0 | 0.00% | 26 | $\chi^2$=1.28 P=0.52(NS) |
| | Christian | 2 | 100.00% | 0 | 0.00% | 0 | 0.00% | 2 | |
| | Muslim | 1 | 50.00% | 1 | 50.00% | 0 | 0.00% | 2 | |
| **Monthly Income** | Rs. 1001 - 3000/ month | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | $\chi^2$=2.72 P=0.10(NS) |
| | Rs. 3001 - 5000/ month | 1 | 33.33% | 2 | 66.67% | 0 | 0.00% | 3 | |
| | More than Rs. 5000/ month | 21 | 77.78% | 6 | 22.22% | 0 | 0.00% | 27 | |
| **Diet Pattern** | Vegetarian | 3 | 75.00% | 1 | 25.00% | 0 | 0.00% | 4 | $\chi^2$=0.01 P=0.93(NS) |
| | Mixed | 19 | 73.08% | 7 | 26.92% | 0 | 0.00% | 26 | |
| **Period of gestation** | 38 weeks | 2 | 33.33% | 4 | 66.67% | 0 | 0.00% | 6 | **$\chi^2$=7.30 P=0.05*(S)** |
| | 39 weeks | 8 | 72.73% | 3 | 27.27% | 0 | 0.00% | 11 | |
| | 40 weeks | 12 | 92.30% | 1 | 7.70% | 0 | 0.00% | 13 | |
| **Type of delivery** | Spontaneous | 17 | 89.47% | 2 | 10.53% | 0 | 0.00% | 19 | **$\chi^2$=6.90 P=0.01**(S)** |
| | Induced | 5 | 45.45% | 6 | 54.55% | 0 | 0.00% | 11 | |
| **Maternal Haemoglobin** | < 10 gm. | 2 | 28.57% | 5 | 71.43% | 0 | 0.00% | 7 | **$\chi^2$=9.77 P=0.01**(S)** |
| | 10gm - 11gm | 16 | 84.21% | 3 | 15.79% | 0 | 0.00% | 19 | |
| | > 11gm | 4 | 100.00% | 0 | 25.00% | 0 | 0.00% | 4 | |
| **APGAR Score I min** | Score of 10 | 1 | 50.00% | 1 | 50.00% | 0 | 0.00% | 2 | $\chi^2$=3.76 P=0.29(NS) |
| | Score of 9 | 11 | 91.67% | 1 | 8.33% | 0 | 0.00% | 12 | |
| | Score of 8 | 9 | 64.29% | 5 | 35.71% | 0 | 0.00% | 14 | |
| | Score of 7 | 1 | 50.00% | 1 | 50.00% | 0 | 0.00% | 2 | |
| **Gender of New Born** | Male | 6 | 50.00% | 6 | 50.00% | 0 | 0.00% | 12 | $\chi^2$=5.56 P=0.02(NS) |
| | Female | 16 | 88.89% | 2 | 11.11% | 0 | 0.00% | 18 | |
| **New Born weight** | 2 kg - 2.5 kg | 4 | 66.67% | 2 | 33.33% | 0 | 0.00% | 6 | $\chi^2$=1.51 P=0.47(NS) |
| | 2.5kg - 3 kg | 7 | 63.64% | 4 | 36.36% | 0 | 0.00% | 11 | |
| | 3kg and above | 11 | 84.62% | 2 | 15.38% | 0 | 0.00% | 13 | |
| **LATCH Score** | Score of 8 – 10 | 15 | 88.23% | 2 | 11.77% | 0 | 0.00% | 17 | **$\chi^2$=4.45 P=0.05*(S)** |
| | Score of 5 – 7 | 7 | 53.84% | 6 | 46.14% | 0 | 0.00% | 13 | |
| | Score of 1 – 4 | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | |

The above table 6 depicts that association between the post test level on time taken for placental expulsion with their selected socio demographic and obstetrical variables in interventional group. Chi square test reveals that there was significant association between age ($\chi 2=7.89$) (P=0.05) (very good effect), weeks period of gestation ($\chi 2=7.30$) (P=0.05), Type of delivery ($\chi 2=6.90$) (P=0.01), Maternal Haemoglobin ($\chi 2=9.77$) (P=0.01) and LATCH score of newborn ($\chi 2=4.45$) (P=0.05) had less duration (very good effect) on placental expulsion. **(i.e) 21 – 23 years old intranatal mothers had 40 weeks period of gestation with Spontaneous delivery who have > 11 gm Maternal Haemoglobin and LATCH score of newborn were 8-10.** Other variables was not statistically associated with time taken for placental expulsion.

**Table : 7 Association between post test level on blood loss with their selected socio demographic and obstetrical variables in interventional group**

**n=60**

| Socio demographic variables | | Blood loss in third stage of labour | | | | | | n | χ2 |
|---|---|---|---|---|---|---|---|---|---|
| | | Very Good effect (100 – 250 ml) | | Good effect (251 – 350 ml) | | Poor effect (>351 ml) | | | |
| | | f | % | F | % | f | % | | |
| **Age** | 18 - 20 years | 1 | 16.67% | 5 | 83.33% | 0 | 0.00% | 6 | **χ2=10.19 P=0.01**(S)** |
| | 21 - 23years | 16 | 84.21% | 3 | 15.79% | 0 | 0.00% | 19 | |
| | 24 - 25 years | 4 | 80.00% | 1 | 20.00% | 0 | 0.00% | 5 | |
| **Education** | No formal education | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | χ2=2.89 P=0.23 (NS) |
| | Primary education | 9 | 81.82% | 2 | 18.18% | 0 | 0.00% | 11 | |
| | Higher Secondary education. | 5 | 50.00% | 5 | 50.00% | 0 | 0.00% | 10 | |
| | Graduate | 7 | 77.78% | 2 | 22.22% | 0 | 0.00% | 9 | |
| **Occupation** | Home maker | 14 | 66.67% | 7 | 33.33% | 0 | 0.00% | 21 | χ2=0.38 P=0.82 (NS) |
| | Daily wages | 4 | 80.00% | 1 | 20.00% | 0 | 0.00% | 5 | |
| | Private employee | 3 | 75.00% | 1 | 25.00% | 0 | 0.00% | 4 | |
| | Government employee | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | |
| **Type of family** | Joint family | 10 | 62.50% | 6 | 37.50% | 0 | 0.00% | 16 | χ2=0.91 P=0.33 (NS) |
| | Nuclear | 11 | 78.57% | 3 | 21.43% | 0 | 0.00% | 14 | |
| **Religion** | Hindu | 17 | 65.38% | 9 | 34.62% | 0 | 0.00% | 26 | χ2=1.97 P=0.37 (NS) |
| | Christian | 2 | 100.00% | 0 | 0.00% | 0 | 0.00% | 2 | |
| | Muslim | 2 | 100.00% | 0 | 0.00% | 0 | 0.00% | 2 | |
| Monthly Income | Rs. 1001 - 3000/ month | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | χ2=0.02 P=0.89(NS) |
| | Rs. 3001 - 5000/ month | 2 | 66.67% | 1 | 33.33% | 0 | 0.00% | 3 | |
| | > Rs. 5000/ month | 19 | 70.37% | 8 | 29.63% | 0 | 0.00% | 27 | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Diet Pattern | vegetarian | 3 | 75.00% | 1 | 25.00% | 0 | 0.00% | 4 | $\chi 2$=0.06 P=0.82(NS) |
| | Mixed | 18 | 69.23% | 8 | 30.77% | 0 | 0.00% | 26 | |
| Period of gestation | 38 weeks | 2 | 33.33% | 4 | 66.67% | 0 | 0.00% | 6 | **$\chi 2$=7.13 P=0.05* (S)** |
| | 39 weeks | 7 | 63.63% | 4 | 36.27% | 0 | 0.00% | 11 | |
| | 40 weeks | 12 | 92.31% | 1 | 7.69% | 0 | 0.00% | 13 | |
| Type of delivery | Spontaneous | 16 | 84.21% | 3 | 15.79% | 0 | 0.00% | 19 | **$\chi 2$=4.98 P=0.05*(S)** |
| | Induced | 5 | 45.45% | 6 | 54.55% | 0 | 0.00% | 11 | |
| Maternal Haemoglobin | < 10 gm. | 2 | 28.57% | 5 | 71.43% | 0 | 0.00% | 7 | **$\chi 2$=7.60 P=0.05* (S)** |
| | 10gm - 11gm | 16 | 84.21% | 3 | 15.79% | 0 | 0.00% | 19 | |
| | > 11gm | 3 | 75.00% | 1 | 25.00% | 0 | 0.00% | 4 | |
| APGAR Score I min | Score of 10 | 0 | 00.00% | 0 | 00.00% | 0 | 0.00% | 0 | $\chi 2$=1.31 P=0.72 (NS) |
| | Score of 9 | 8 | 66.67% | 4 | 33.33% | 0 | 0.00% | 12 | |
| | Score of 8 | 10 | 71.43% | 4 | 28.57% | 0 | 0.00% | 14 | |
| | Score of 7 | 4 | 100.00% | 0 | 0.00% | 0 | 0.00% | 4 | |
| Gender of New Born | Male | 8 | 66.67% | 4 | 33.33% | 0 | 0.00% | 12 | $\chi 2$=0.11 P=0.74 (NS) |
| | Female | 13 | 72.22% | 5 | 27.78% | 0 | 0.00% | 18 | |
| New Born weight | 2 kg - 2.5 kg | 5 | 83.33% | 1 | 16.67% | 0 | 0.00% | 6 | $\chi 2$=0.99 P=0.61 (NS) |
| | 2.5kg - 3 kg | 8 | 72.73% | 3 | 27.27% | 0 | 0.00% | 11 | |
| | 3kg and above | 8 | 61.54% | 5 | 38.46% | 0 | 0.00% | 13 | |
| LATCH Score | Score of 8 – 10 | 15 | 88.23% | 2 | 11.77% | 0 | 0.00% | 17 | **$\chi 2$=6.29 P=0.01** (S)** |
| | Score of 5 – 7 | 6 | 46.15% | 7 | 53.85% | 0 | 0.00% | 13 | |
| | Score of 1 – 4 | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | |

The above table 7 depicts that association between the post test level on blood loss with their selected socio demographic and obstetrical variables in interventional group. Chi square test reveals that there was significant association between age ($\chi 2$=10.19) (P=0.01) (very good effect), weeks period of gestation ($\chi 2$=7.13 P=0.05), type of delivery ($\chi 2$=4.98P=0.05), Maternal Haemoglobin ($\chi 2$=7.60P=0.05) and LATCH score ($\chi 2$=6.29P=0.01) .(i.e) **21 – 23 years old intranatal mothers had 40 weeks period of gestation with Spontaneous delivery who have > 11 gm Maternal Haemoglobin and LATCH score of newborn were 8-10.** Other variables was not statistically associated with time taken for placental expulsion.

# DISCUSSION

# CHAPTER V

# DISCUSSION

This chapter deals to find out meaningful answers to research questions, the collected data must be processed analysed in an order and coherent fashion, so that patterns and relationship can be discussed.

Based on the objectives of the study and hypotheses, this chapter deals with the detailed discussion of the results of the data interpreted through statistical analysis. The focus of the study was to evaluate the effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers at labour ward, Government Rajaji Hospital Madurai. 60 samples (30 in interventional and 30 in control group) were selected by Probability (simple random) sampling. Effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers was assessed with observation checklist which consisted of time taken for placental expulsion and amount of blood loss.

**The objectives of the study were**

1. To assess the third stage of labour among intranatal mothers in labour ward, Government Rajaji Hospital, Madurai
2. To evaluate the effectiveness of early initiation of breastfeeding on third stage of labour among intranatal mothers in interventional group at labour ward, Government Rajaji Hospital, Madurai
3. To associate the third stage of labour both interventional and control group among intranatal mothers at labour ward, Government Rajaji Hospital, Madurai with their selected socio demographic variables.

**The following hypotheses were set for the study**

All the hypotheses were tested at 0.05 level of significance

**$H_1$**: There is a statistically significant difference between the post test level on third stage of labour among intranatal mothers both interventional and control group at labour ward , Government Rajaji Hospital, Madurai.

**$H_2$** : There is a statistically significant association between the post test level on third stage of labour among intranatal mothers both interventional and control group with their selected socio demographic and obstetrical variables.

**The Findings of the study were discussed under the following headings**

- Distribution of socio demographic and obstetrical variables among intranatal mothers both in interventional and control group.
- Description of post test level on third stage of labour among interventional and control group
- Effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers both in interventional group.
- Association between the post test level on third stage of labour with their selected socio demographic and obstetric variables both in interventional and control group.

According to the WHO (2001) approves that there is also an association between earlier breast feeding and longer feeding duration. They found that in addition to breast feeding 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. Hence

the study aimed in evaluating the effectiveness of early initiation of breastfeeding on third stage of labour among intranatal mothers.

## 5.1 Discussion based on the socio demographic and obstetrical variable among the intranatal mothers.

It is interesting to note that while mentioning about the age group in interventional group majority of subjects, 19 (63.33%) belongs to age group between 21-23 years. In control group, 17 (56.67%) belongs to the age group between 21-23 years.

With the view of educational status in interventional group majority of the subjects, 11 (36.67%) studied upto primary education. In control group, 13 (43.33%) studied up to higher secondary education.

In the view of occupation in interventional group majority of the subjects, 21 (70%) were home maker. In control group, 22 (73.33%) were home maker.

With regard to type of family in interventional group majority of intranatal mothers, 16 (53.33%) were lived in joint family. In control group, 19 (63.33%) were lived in joint family.

In the aspect of religion in interventional group majority of intranatal mothers, 26 (86.66%) were Hindu. In control group, 27 (90.00%) were Hindu religion.

Considering the monthly income in interventional group majority of subjects, 27 (90.00%) were earned more than Rs. 5000. In control group, 24 (80.00%) were earned more than Rs. 5000.

In the view of diet pattern in interventional group majority of subjects, 26 (86.67%) were taking mixed diet. In control group, 27 (90.00%) were mixed diet.

Regarding gestational age in interventional group majority of subjects, 13 (43.33%) were in 40 weeks. In control group, 13 (43.33) were in 40 weeks of gestational age.

In the aspect of type of delivery in interventional group majority of subjects, 19 (63.33%) were had spontaneous delivery. 16 (53.33%) were had spontaneous delivery. Considering the maternal haemoglobin in interventional group, majority of subjects, 19 (63.33%) were had between 10 – 11 gms/dl. In control group 16 (53.33%) were had 10 – 11 gms/dl of maternal haemoglobin.

In the view of APGAR score at 1 minute for babies, in interventional group majority 16 (53.33%) were had 8. In control group, 21 (70.00%) were had APGAR score of 8.

While discussing gender of new born in interventional group majority of subjects, 18 (60.00%) were had female babies. In the control group, 17 (56.67%) were had female babies.

According to new born weight in interventional group majority, 13 (43.33%) weighed more than 3 kg. In control group, 15 (50.00%) weighed between more than 3kg.

Regarding LATCH score of new born in interventional group majority, 17 (56.67%) were had 8 – 10. In the control group 26 (86.67%) were had LATCH score of 5 – 7.

## 5.2 Discussion of the study based on its objectives

- The first objective was to assess the third stage of labour among intranatal mothers at labour ward , Government Rajaji Hospital, Madurai.

Considering time taken for placental expulsion on third stage of labour in interventional group majority of the subjects, 22 (73.33%) were had very good effect ( < 5 minutes ), remaining 8 (26.67%) were had good effect (6 - 10 minutes) and none of them were had poor effect ( > 11 minutes ). While in blood loss on third stage of labour, majority of the subjects, 21 (70.00%) were had very good effect (100 – 250

ml), remaining 9 (30.00%) were had good effect (251- 350 ml) and none of them were had poor effect (>351 ml).

Considering time taken for placental expulsion on third stage of labour in control group majority of the subjects, 9 (30.00%) were had very good effect (< 5 minutes ), 18 (60.00%) were had good effect (6 - 10 minutes) and remaining 3 (10.00%) were had poor effect ( > 11 minutes ). While in blood loss during third stage of labour, 9 (30.00%) were had very good effect (100 – 250 ml), 14 (46.67%) were had good effect (251- 350 ml) and remaining 7 (23.33%) were had poor effect.

**The present findings were supported by Ms. J.Jenifer Shalini** (2014) in a quantitative research approach and descriptive design to assess the early suckling on third stage of labour among parturient mothers at Maternal and Child Hospital, Poonamallee. A total of 30 primi parturient women were selected for the study by inclusion and exclusion criteria. Results: The total duration of third stage of labour among parturient mothers was 8-10mts (n=27) with the mean 9.63 and standard deviation of 0.62.The mean score of 11-13mts (n=18) was 12.28 with the standard deviation of 0.82. The total duration of 14-16mts (n=11) with the mean 14.64 and the standard deviation of 0.67and the mean score of >16mts (n=4) was 18.25 with the standard deviation of 1.25.There is a significant association between the type of delivery and the third stage of labour with the P value of 0.007. The findings suggested that the early suckling enhance minimize the duration of third stage of labour.

**The second objective was to evaluate the effectiveness of early initiation of breastfeeding on third stage of labour among intranatal mothers in interventional group at labour ward in Government Rajaji Hospital, Madurai.**

Considering the time taken for placental expulsion in interventional group the post test mean score was 4.30 minutes with the standard deviation 1.70. Whereas in

the control group, the post test mean score was 7.47 minutes with the standard deviation 2.67 and mean difference was 3.17 minutes. The student independent 't' test was done to find out the difference between the interventional and control group. The student's independent't' test t= 5.46 was greater than table value which was significant at 0.001 level and $\chi 2 = 12.30$ showed a difference in the post test level of time taken for placental expulsion both in interventional and control group.

On an average the time taken for placental expulsion on third stage of labour among the intranatal mothers in the interventional group 4.30 minutes, Whereas in the control group 7.47 minutes. Thus, interventional group were benefited by 3.17 minutes less than the control group on mean duration of expulsion of placenta.

While considering blood loss in interventional group the post test mean score was 241.67 ml with the standard deviation 43.71. Where as in the control group, the post test mean score was 343.33ml minutes with the standard deviation 115.76 and mean difference was 101.66ml and the student's independent 't' test t= 4.50 level was greater than table value which was significant at 0.001 level and $\chi 2 = 12.88$ showed a difference post test level of blood loss among interventional group and control group.

On an average the blood loss on third stage of labour among the intranatal mothers in the interventional group 241.67 ml, Whereas in the control group 343.33 ml. Thus, interventional group were benefited by 101.66 ml less than the control group on mean amount of blood loss.

The present study findings 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. After the analysis the result revealed that there is a significant association between the type of delivery and the third stage of labour with the P value of 0.005 initiation of breast feeding within one hour of delivery improves maternal infant bonding when compared to control group babies.

**Hence the hypothesis $H_1$ There is a statistically significant difference between the post test level on third stage of labour among intranatal mothers both interventional and control group at labour ward in Government Rajaji Hospital, Madurai was accepted.**

**The third objective was to associate the third stage of labour both interventional and control group among intranatal mothers with their selected socio demographic variables.**

In order to find out that association between the post test level on time taken for placental expulsion with their selected socio demographic and obstetrical variables in interventional group. Chi square test reveals that there was significant association between age ($\chi 2=7.89$) (P=0.05) (very good effect), weeks period of gestation ($\chi 2=7.30$) ( P=0.05), Type of delivery ($\chi 2=6.90$) (P=0.01), Maternal Haemoglobin ($\chi 2=9.77$) (P=0.01) and LATCH score of newborn ($\chi 2=4.45$) (P=0.05) had less duration (very good effect) on placental expulsion. (i.e) 21 – 23 years old intranatal mothers had 40 weeks period of gestation with Spontaneous delivery who have > 11 gm Maternal Haemoglobin and LATCH score of newborn were 8-10. Other variables was not statistically associated with time taken for placental expulsion.

In order to find out that association between the post test level on blood loss with their selected socio demographic and obstetrical variables in interventional group. Chi square test reveals that there was significant association between age ($\chi 2=10.19$) (P=0.01) (very good effect), weeks period of gestation ($\chi 2=7.13$ P=0.05),

type of delivery ($\chi 2$=4.98, P=0.05), Maternal Haemoglobin ($\chi 2$=7.60, P=0.05) and LATCH score ($\chi 2$=6.29, P=0.01). (i.e) 21 – 23 years old intranatal mothers had 40 weeks period of gestation with Spontaneous delivery who have > 11 gm Maternal Haemoglobin and LATCH score of newborn were 8-10. Other variables was not statistically associated with time taken for placental expulsion.

The present study was supported by **Parvin Abedi1, Shayesteh Jahanfar, Farideh Namvar, Jasmine Lee (2016).,** conducted a quasi-randomised controlled trial study to evaluate breastfeeding for reducing postpartum haemorrhage in the third stage of labour in New York, USA. Samples from Cochrane Pregnancy and Childbirth Group's Trials Register 4608 women were included by using cluster sampling technique. The results stated that the average blood loss was less than 500 mL (from 258 ± 163 mL, to 398 ± 94 mL. Only a small percentage of women in this review showed postpartum blood loss of > 500 mL (7.9% in the suckling group and 8.4% in the control group). It seems that in a hospital setting with adequate access to emergency care, healthy women can tolerate an average blood loss of 500 mL. The conclusion of this study reveals that, in women with a low risk for bleeding, breastfeeding may be a safe alternative to reduce possible blood loss**.**

**Hence the hypothesis $H_2$ - There is a statistically significant association between the post test level on third stage of labour among intranatal mothers both interventional and control group with their selected socio demographic and obstetrical variables was accepted**

# SUMMARY AND CONCLUSION, IMPLICATIONS & RECOMMENDATIONS

# CHAPTER VI

# SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

This chapter deals with the summary of the study and its findings, conclusion, implications of the study in different areas of nursing like, nursing education, nursing administration, nursing practice and nursing research and recommendations.

## 6.1 Summary of the Study

The present study was done to evaluate the effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers in labour ward at Government Rajaji Hospital, Madurai.

**The objectives of the study were**

1. To assess the third stage of labour among intranatal mothers in labour ward, Government Rajaji Hospital, Madurai
2. To evaluate the effectiveness of early initiation of breastfeeding on third stage of labour among intranatal mothers in interventional group at labour ward , Government Rajaji Hospital, Madurai
3. 3. To associate the third stage of labour both interventional and control group among intranatal mothers at labour ward, Government Rajaji Hospital, Madurai with their selected socio demographic variables.

**The following hypothesis were set for the study**

**All the hypothesis were tested at 0.05 level of significance.**

**$H_1$**: There is a statistically significant difference between the post test level on third stage of labour among intranatal mothers both interventional and control group at labour ward , Government Rajaji Hospital, Madurai.

**$H_2$** : There is a statistically significant association between the post test level on third stage of labour among intranatal mothers both interventional and control roup with their selected socio demographic and obstetrical variables.

**The study assumption was**

- Early initiation of breast feeding has effect on third stage of labour.
- Early initiation breast feeding reduce the total duration of third stage of labour and amount of blood loss.

The conceptual model of this study was based on Modified Kristen M. Swanson Theory of Caring. True experimental post test only design was used. intranatal mothers were selected by simple random sampling (lottery method) .The study consisted of 60 intranatal mothers admitted in Labour ward at Government Rajaji Hospital Madurai and effectiveness of early initiation breast feeding on third stage of labour was assessed by observational check list on third stage of labour. After testing the validity and reliability of the tool, a pilot study was conducted on 10 non study subjects of intranatal mothers admitted in Labour ward at Government Rajaji Hospital, Madurai to find out the feasibility and practicability. The main study was stated from 04.062018 to 13.07.2018. Data gathered was analysed by using both descriptive and inferential statistics.

**The data collection tool consisted of two parts.**

**Section I : Socio Demographic Variables**

It Consists of socio demographic data such as age of the mother, education, occupation, type of family, religion, monthly income and diet pattern**.**

**Obstetrical Variables**

It includes period of gestation, type of delivery, maternal hemoglobin, APGAR score, gender of newborn, weight of the new born and Latch score.

**Section II : Observation check list for third stage of labour**

It has two components like time taken for placental expulsion on third stage of labour and the amount of blood loss on third stage of labour.

**Scoring interpretation**

**Part I : Time taken for placental expulsion on third stage of labour**

< 5 minutes = Very Good effect

6 - 10 minutes = Good effect

> 11 minutes = Poor effect

**Part II : Assessment of blood loss in third stage of labour**

The amount of blood loss

100 – 250 ml = Very Good effect

251- 350 ml = Good effect

>351 ml = Poor effect

Content validity was obtained from three experts in the field of nursing and two obstetrical and gynaecological department. Based on their suggestions reframing of the tool was done. The data collection was done by observation check list to evaluate the effectiveness of early intitaion of breast feeding on third stage of labour.

Collected data was analysed by using both descriptive statistics (Mean, Standard Deviation, Frequency and Percentage) and inferential statistics (Indepentedent 't' test and Chi Square ) and results were analysed.

## 6.2 Major findings of the study

- In the aspect of age the age group in interventional group majority of subjects, 19 (63.33%) belongs to age group between 21-23 years. In control group, 17 (56.67%) belongs to the age group between 21-23 years.

- With the view of educational status in interventional group majority of the subjects, 11 (36.67%) studied upto primary education. In control group, 13 (43.33%) studied up to higher secondary education.
- In the view of occupation in interventional group majority of the subjects, 21 (70%) were home maker. In control group, 22 (73.33%) were home maker.
- With regard to type of family in interventional group majority of intranatal mothers, 16 (53.33%) were lived in joint family. In control group, 19 (63.33%) were lived in joint family.
- In the aspect of religion in interventional group majority of intranatal mothers, 26 (86.66%) were Hindu. In control group, 27 (90.00%) were Hindu religion.
- Considering the monthly income in interventional group majority of subjects, 27 (90.00%) were earned more than Rs. 5000. In control group, 24 (80.00%) were earned more than Rs. 5000.
- In the view of diet pattern in interventional group majority of subjects, 26 (86.67%) were taking mixed diet. In control group, 27 (90.00%) were mixed diet.
- Regarding gestational age in interventional group majority of subjects, 13 (43.33%) were in 40 weeks. In control group, 13 (43.33) were in 40 weeks of gestational age.
- In the aspect of type of delivery in interventional group majority of subjects, 19 (63.33%) were had spontaneous delivery. 16 (53.33%) were had spontaneous delivery. Considering the maternal haemoglobin in interventional group, majority of subjects, 19 (63.33%) were had between 10 – 11 gms/dl. In control group 16 (53.33%) were had 10 – 11 gms/dl of maternal haemoglobin.

- In the view of APGAR score at 1 minute for babies, in interventional group majority 16 (53.33%) were had 8. In control group, 21 (70.00%) were had APGAR score of 8.
- While discussing gender of new born in interventional group majority of subjects, 18 (60.00%) were had female babies. In the control group, 17 (56.67%) were had female babies.
- According to new born weight in interventional group majority, 13 (43.33%) weighed more than 3 kg. In control group, 15 (50.00%) weighed between more than 3kg.
- Regarding LATCH score of new born in interventional group majority, 17 (56.67%) were had 8 – 10. In the control group 26 (86.67%) were had LATCH score of 5 – 7.
- Modified Observational check list for third stage of labour was used to evaluate the effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers. In Interventional group considering time taken for placental expulsion on third stage of labour, majority of the subjects 22 (73.33%) were had very good effect ( < 5 minutes), remaining 8 (26.67%) were had good effect (6 - 10 minutes) and none of them were had poor effect (> 11 minutes). While in blood loss on third stage of labour, majority of the subjects, 21 (70.00%) were had very good effect (100 – 250 ml), remaining 9 (30.00%) were had good effect (251- 350 ml) and none of them were had poor effect (>351 ml).
- In Control group considering time taken for placental expulsion on third stage of labour, majority of the subjects 9 (30.00%) were had very good effect (< 5 minutes ), 18 (60.00%) were had good effect ( 6 - 10 minutes ) and remaining 3 (10.00%) were had poor effect ( > 11 minutes ). While in blood loss during

third stage of labour, 9 (30.00%) were had very good effect (100 – 250 ml), 14 (46.67% ) were had good effect (251- 350 ml) and remaining 7 (23.33%) were had poor effect.

- In Interventional group considering the time taken for placental expulsion, the post test mean score was 4.30 minutes with the standard deviation 1.70. Whereas in the control group, the post test mean score was 7.47 minutes with the standard deviation 2.67 and mean difference was 3.17 minutes. The student independent 't' test was done to find out the difference between the interventional and control group. The student's independent't' test t= 5.46 was greater than table value which was significant at 0.001 level and $\chi 2$ = 12.30 showed a difference in the post test level of time taken for placental expulsion both in interventional and control group.
- On an average the time taken for placental expulsion on third stage of labour among the intranatal mothers in the interventional group 4.30 minutes, Whereas in the control group 7.47 minutes. Thus, interventional group were benefited by 3.17 minutes less than the control group on mean duration of expulsion of placenta.
- In Interventional group while considering blood loss the post test mean score was 241.67 ml with the standard deviation 43.71. Where as in the control group, the post test mean score was 343.33ml minutes with the standard deviation 115.76 and mean difference was 101.66ml and the student's independent 't' test t= 4.50 level was greater than table value which was significant at 0.001 level and $\chi 2$ = 12.88 showed a difference post test level of blood loss among interventional group and control group.
- On an average the blood loss on third stage of labour among the intranatal mothers in the interventional group 241.67 ml, Whereas in the control group

343.33 ml. Thus, interventional group were benefited by 101.66 ml less than the control group on mean amount of blood loss.

- In order to find out that association between the post test level on time taken for placental expulsion with their selected socio demographic and obstetrical variables in interventional group. Chi square test reveals that there was significant association between age ($\chi 2=7.89$) (P=0.05) (very good effect), weeks period of gestation ($\chi 2=7.30$) ( P=0.05), Type of delivery ($\chi 2=6.90$) (P=0.01), Maternal Haemoglobin ($\chi 2=9.77$) (P=0.01) and LATCH score of newborn ($\chi 2=4.45$) (P=0.05) had less duration (very good effect) on placental expulsion. (i.e) 21 – 23 years old intranatal mothers had 40 weeks period of gestation with Spontaneous delivery who have > 11 gm Maternal Haemoglobin and LATCH score of newborn were 8-10**.** Other variables was not statistically associated with time taken for placental expulsion.
- In order to find out that association between the post test level on blood loss with their selected socio demographic and obstetrical variables in interventional group. Chi square test reveals that there was significant association between age ($\chi 2=10.19$) (P=0.01) (very good effect), weeks period of gestation ($\chi 2=7.13$ P=0.05), type of delivery ($\chi 2=4.98$, P=0.05), Maternal Haemoglobin ($\chi 2=7.60$, P=0.05) and LATCH score ($\chi 2=6.29$, P=0.01) .(i.e) 21 – 23 years old intranatal mothers had 40 weeks period of gestation with Spontaneous delivery who have > 11 gm Maternal Haemoglobin and LATCH score of newborn were 8-10. Other variables was not statistically associated with time taken for placental expulsion.
- No other variables were statistically associated on third stage of labour among intranatal mothers in the control group.

## 6.3 Conclusion

The study findings revealed that early intiation of breast feeding is an effective intervention on duration of third stage of labour. There was a significant association between the third stage of labour with their selected demographic and obstetrical variables.

## 6.4 Implication of the study

According to Tolsma (1995), the section of the research report that focuses on nursing implications usually includes specific suggestions for nursing practice, education, administration and research.

### Nursing practice

Nursing care is the core of any disease. Holistic nursing care for mother and neonate focused on helping the individual, family and community to achieve the optimal health.

- .The nurse can practice to establish early sucking as a rountine management of third stage of labour.
- The present study make awareness about effectiveness of early initiation of breast feeding on third stage of labour in hospital and maternity centres
- Make the health team members to assess the blood loss accurately in third stage of labour with BRASS – V Drape which is recommended by National Rural Health Mission.
- The present study can have a written policy in early initiation of breast feeding on third stage of labour and training is routinely communicated to all health care personal.

- The midwife will educate all pregnant women about advantages of breast feeding, breast feeding position and techniques and about correct latching during third stage of labour.

**Nursing education**

- The curriculum can involve the nurse educators to have the additional responsibility to update their knowledge on early initiation of breast feeding 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 initiation of breast feeding on third stage of labour through clinical teaching ward demonstration.
- The teachers can impart the knowledge regarding assessment of blood loss during third stage of labour with help of BRASS – V. Drape.

**Nursing Administration**

- The nurse administrator coordinates her work along with the staffs, to encourage the intranatal mothers for the co-operation of early initiation of breast feeding on third stage of labour.
- Obstetrical and Gynaecological department should have policy and decision to motivate early initiation of breast feeding 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.
- Charts regarding early initiation of breast feeding and assessment of blood loss with BRASS-V Drape can be placed in the labour room, can motivate the health team members to practice.

- Nursing administrator should organize a continuing education programme and in service educational programme among staff nurses regarding early initiation of breast feeding on third stage of labour among intranatal mothers.

**Nursing research**

- One of the aims of nursing research is to expand and broaden the scope of nursing findings of this study will provide a base line data on reducing time taken for third stage of labour.
- Based on the study research, study can be done by breast crawl on third stage of labour among primi mothers vs multi gravida mothers.
- Based on the study research, study can be done by skin to skin contact on third stage of labour among intranatal mothers.
- Nurse researcher have to develop, newer tools to determine complications of third stage of labour among intranatal mothers.

**6.5 Recommendations**

- A similar study can be conducted with larger sample size.
- A comparative study can be conducted between primi gravida and multi gravida mother to evaluate the effectiveness of early initiation of breast feeding on third stage of labour.
- A similar study can be conducted to find out the other aspects of effectiveness of early initiation of breast feeding on bonding of mother and baby, temperature maintenance of baby, mother's psychology, baby's behaviour and suckling response of the baby.
- A quasi experimental with out randamization study can be conducted to evaluate the effectiveness of early initiation of breast feeding on third stage of labour among intranatal mothers

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# APPENDICES

# APPENDIX – I

# ETHICAL COMMITTEE APPROVAL TO CONDUCT THE STUDY

**MADURAI MEDICAL COLLEGE**
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3.Dr.V.T.Premkumar,MD(General Medicine) Professor & HOD of Medicine, Madurai Medical & Govt. Rajaji Hospital, College, Madurai.

4.Dr.S.R.Dhamotharan, MS., Professor & H.O.D i/c, Surgery, Madurai Medical College & Govt. Rajaji Hosptial, Madurai.

5.Dr.G.Meenakumari, MD., Professor of Pathology, Madurai Medical College, Madurai

6.Mrs.Mercy Immaculate Rubalatha, M.A., B.Ed., Social worker, Gandhi Nagar, Madurai

7.Thiru.Pala.Ramasamy, B.A.,B.L., Advocate, Palam Station Road, Sellur.

8.Thiru.P.K.M.Chelliah, B.A., Businessman,21, Jawahar Street, Gandhi Nagar, Madurai.

***ETHICS COMMITTEE CERTIFICATE***

| | | |
|---|---|---|
| Name of the Candidate | : | Subbian Vijayalakshmi |
| Course | : | M.Sc., Obstetrics and Gynaecological Nursing |
| Period of Study | : | 2016-2018 |
| College | : | MADURAI MEDICAL COLLEGE |
| Research Topic | : | A study to evaluate the effectiveness of early initiation of breast feeding on third stage of labour among intra natal mothers in Labour ward at GRH, Madurai |
| Ethical Committee as on | : | 02.02.2018 |

The Ethics Committee, Madurai Medical College has decided to inform that your Research proposal is accepted.

Member Secretary | Chairman | Dean / Convenor

Prof Dr V Nagaraajan
M.D., MNAMS, D.M., Dsc.,(Neuro), Dsc (Hon)
CHAIRMAN
IEC - Madurai Medical College
Madurai

DEAN
Madurai Medical College
Madurai-20

16 MAY 2018

# APPENDIX – II

# LETTER SEEKING AND GRANTING PERMISSION TO CONDUCT STUDY

**LETTER SEEKING PERMISSION TO CONDUCT THE STUDY**

From

Subbian Vijayalakshmi,
II year M.Sc(N) student,
College of Nursing,
Madurai Medical College,
Madurai-20.

To

The Professor and Head of the Department,
Department of Obstetrics and Gynaecology,
Government Rajaji hospital,
Madurai-20.

Through the proper channel

Respected Madam,

Sub: College of nursing, Madurai Medical college, Madurai, II year M.Sc(N), Obstetrics and Gynaecology Nursing Student – Permission for conducting pilot study and main study from may 21st onwards in Labour ward at Government Rajaji Hospital,Madurai,request-reg.

---

As per the Indian Nursing Council and the Tamilnadu DR.MGR university, curriculum requirement of M.Sc Nursing candidates are required to conduct a dissertation study for the partial fulfillment of the course in their respective departments.

I wish to conduct an a study topic on is **"A study to evaluate the effectiveness of early intiation of breast feeding on third stage of labour among intra natal mothers at Government Rajaji Hospital, Madurai"** I assure you that I will not interfere with the routine activity of the labour ward.

Hence, I kindly request you to consider my requisition and permit me to conduct the study in labour ward.

Thanking You

Place: Madurai

Date: 18/05/2018

Yours Faithfully

(Subbian Vijayalakshmi)

18/5/18

Forwarded

18/5/18

18/5/18

PROF. & HOD
DEPT. OF O &G
MADURAI MEDICAL COLLEGE
MADURAI

From

Dr. S. Balasanker M.D., DCH

Director i/c,

Institute of Child Health and Research Center

Government Rajaji Hospital

Madurai – 20

To

The Chairman

Ethical Committee

Madurai Medical College

Madurai – 20

Respected Sir,

This I am to state we have no objection to Mrs.Subbian Vijayalakshmi, II year M.Sc Nursing, College of Nursing, Madurai Medical College to do the study on **"A Study To Evaluate The Effectiveness Of Early Intiation Of Breast Feeding On Third Stage Of Labour Among Intranatal Mothers At Government Rajaji Hospital, Madurai – 20" after studying procedure for data collection** in this study will not harm to the new born on ethical issues regarding early initiation of breast feeding.

Thanking you

Madurai – 20

Date:12.04.2018

Yours sincerely

DIRECTOR I/C
INSTITUTE OF CHILD HEALTH &
RESEARCH CENTRE
GOVT. RAJAJI HOSPITAL
MADURAI-625020.

# APPENDIX – III

# CONTENT VALIDITY CERTIFICATES

**CERTIFICATE OF VALIDATION**

**This is to certify that the tool**

**Section A - Part I :** **Socio demographic and Obstetric variables**

**Section B - Part I :** **Observational Check List for third stage of labour**

**Prepared for data collection by Subbian Vijayalakshmi, II year M.sc., (Nursing), College of Nursing, Madurai Medical College, Madurai-20. Who has under taken the study field on thesis entitled "A Study To Evaluate The Effectiveness Of Early Intiation Of Breast Feeding On Third Stage Of Labour Among Intranatal Mothers At Government Rajaji Hospital, Madurai – 20 " been validated by me**

**SIGNATURE OF THE EXPERT**

PROF. & HOD
DEPT. OF O &G
MADURAI MEDICAL COLLEGE
MADURAI

**NAME :**

## CERTIFICATE OF VALIDATION

**This is to certify that the tool**

**Section A - Part I :** **Socio demographic and Obstetric variables**

**Section B - Part I :** **Observational Check List for third stage of labour**

**Prepared for data collection by Subbian Vijayalakshmi, II year M.sc., (Nursing), College of Nursing, Madurai Medical College, Madurai-20. Who has under taken the study field on thesis entitled "A Study To Evaluate The Effectiveness Of Early Intiation Of Breast Feeding On Third Stage Of Labour Among Intranatal Mothers At Government Rajaji Hospital, Madurai – 20 " been validated by me**

**SIGNATURE OF THE EXPERT**

**NAME :** Dr. N. SUMATHI

Professor OBG

## CERTIFICATE OF VALIDATION

**This is to certify that the tool**

**Section A - Part I :** **Socio demographic and Obstetric variables**

**Section B - Part I :** **Observational Check List for third stage of labour**

**Prepared for data collection by Subbian Vijayalakshmi, II year M.sc., (Nursing), College of Nursing, Madurai Medical College, Madurai-20. Who has under taken the study field on thesis entitled "A Study To Evaluate The Effectiveness Of Early Intiation Of Breast Feeding On Third Stage Of Labour Among Intranatal Mothers At Government Rajaji Hospital, Madurai – 20 " been validated by me**

Sudha k.N.

**SIGNATURE OF THE EXPERT**

**NAME :** Ms. SUDHA k.N., M.Sc.(N) OBG.

**DESIGNATION:** ASSOC. PROFESSOR, RASS ACADEMY COLLEGE OF NSG, POOVANTHI.

**DATE:** 18.5.18

RASS ACADEMY COLLEGE OF NURSING POOVANTHI 630 311

## CERTIFICATE OF VALIDATION

**This is to certify that the tool**

**Section A - Part I :** **Socio demographic and Obstetric variables**

**Section B - Part I :** **Observational Check List for third stage of labour**

**Prepared for data collection by Subbian Vijayalakshmi, II year M.sc., (Nursing), College of Nursing, Madurai Medical College, Madurai-20. Who has under taken the study field on thesis entitled "A Study To Evaluate The Effectiveness Of Early Intiation Of Breast Feeding On Third Stage Of Labour Among Intranatal Mothers At Government Rajaji Hospital, Madurai – 20 " been validated by me**

**SIGNATURE OF THE EXPERT**

PRINCIPAL
VIKRAM COLLEGE OF NURSING
SIVAGANGAI RING ROAD JUNCTION
MADURAI-625 020

**NAME :** PROF. M. SHABERABANU

**DESIGNATION:** PRINCIPAL

**DATE:** 04.06.2018

**CERTIFICATE OF VALIDATION**

**This is to certify that the tool**

**Section A - Part I :** **Socio demographic and Obstetric variables**

**Section B - Part I :** **Observational Check List for third stage of labour**

**Prepared for data collection by Subbian Vijayalakshmi, II year M.sc., (Nursing), College of Nursing, Madurai Medical College, Madurai-20. Who has under taken the study field on thesis entitled "A Study To Evaluate The Effectiveness Of Early Intiation Of Breast Feeding On Third Stage Of Labour Among Intranatal Mothers At Government Rajaji Hospital, Madurai – 20 " been validated by me**

**SIGNATURE OF THE EXPERT**

**NAME :** MRS. R. AARTHY DOD, M.Sc(N)
OBG. Department
**DESIGNATION:** ASST. PROFESSOR

**DATE:**

# APPENDIX – IV

# INFORMED CONSENT FORM

NAME: DATE :

Here I am acknowledging that information regarding the project study topic was explain to me and the positive reason was pointed out. I am voluntarily willing to participate in the study. At any time I am free to exclude from the study and promised that my all personal information should be kept in confidential.

Signature of the participants

# ஆராய்ச்சியின் ஒப்புதல் கடிதம்

பெயர் :  வயது  தேதி

ஆராய்ச்சி சேர்க்கை எண்

இந்த ஆராய்ச்சியின் விவரங்களும் அதன் நொக்கங்களும் எனக்கு தெளிவான விளக்கப்பட்ட விவரங்ககளை நான் புரிந்து கொண்டு நான் எனது சம்மதத்தை தெரிவிக்கிறேன்.

இந்த ஆராய்ச்சியின் பிறரின் நிபந்தனையின்றி என் சொந்த விருப்பத்தின் பேரில் நான் பங்கு பெறுகிறேன் மற்றும் நான் இந்த ஆராய்ச்சியிலிருந்து எந்நேரமும் விலகிக் கொள்ளலாம் என்பதையும் அதனால் எந்த பாதிப்பும் ஏற்பாடது என்பதையும் புரிந்து கொண்டேன்.

நான் இந்த ஆராய்ச்சியின் விவரங்களை ஆய்வு செய்பவரிடமிருந்து பெற்றுக் கொண்டேன். நான் என்னுடைய சுய நினைவுடனும் மற்றும் முழுச்சுதந்திரத்துடனும் இந்த ஆராய்ச்சியில் என்னையும் என் குழந்தையும் ஈடுபடுத்திக் கொள்ள சம்மததிக்கிறேன்

கையொப்பம்

# APPENDIX – V

# CERTIFICATE FOR ENGLISH EDITING

**CERTIFICATE OF ENGLISH EDITING**

**TO WHOM SO EVER IT MAY CONCERN**

This is to certify that the dissertation by **SUBBIAN VIJAYALAKSHMI** II year M.Sc (N) student, college of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on Dissertation entitled **"A STUDY TO EVALUATE THE EFFECTIVENESS OF EARLY BREAST FEEDING ON THIRD STAGE OF LABOUR AMONG INTRANATAL MOTHERS AT GOVERNMENT RAJAJI HOSPITAL** has been edited for English language appropriateness.

**SIGNATURE:**

**NAME:** S.BAGRUDEEN, B.Sc.,M.A.,M.Ed.,

**DESIGNATION:** RECIPIENT:DR RADHAKRISHNAN "BEST TEACHER" AWARD BLESSED BY DR. APG.ABDULKALAM FORMER PRESIDENT OF INDIA

**INSTITUTION:** 29,MARIAMMAN KOIL 1 STREET, GORIPALAYAM,MADURAI.

# APPENDIX – VI

## CERTIFICATE FOR TAMIL EDITING

### CERTIFICATE OF TAMIL EDITING

### TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation by **SUBBIAN VIJAYALAKSHMI** II year M.Sc (N) student, college of Nursing, Madurai Medical College, Madurai, who has undertaken the study field on Dissertation entitled **"EFFECTIVENESS OF A STUDY TO EVALUATE THE EFFECTIVENESS OF EARLY BREAST FEEDING ON THIRD STAGE OF LABOUR AMONG INTRANATAL MOTHERS AT GOVERNMENT RAJAJI HOSPITAL,IN GOVERNMENT RAJAJI HOSPITAL, MADURAI**" has been edited for Tamil language appropriateness.

Name: G. Sankari

Designation: BLOCK RESOURCE TEACHER EDUCATOR

Signature G. Sankari Tamil BT.

Block Resource Centre (SSA)
Polur - 606 803, Tiruvannamalai Dt.

Institution.

BLOCK RESOURCE CENTRE

# APPENDIX – VII

## SOCIO DEMOGRAPHIC VARIABLES – ENGLISH

**Sample No:** **Please put ( ✔ ) on the box**

1. **Age of the mother** ☐
   a. 18 – 20 years
   b. 21 – 22years
   c. 23 – 25 years

2.. **Education**
   a. No formal education. ☐
   b. Primary education.
   c. Higher Secondary education.
   d. Graduate

**3. Occupation**
   a. Home maker. ☐
   b. Daily wages
   c. Private employee
   d. Government employee

**4. Type of family** ☐
   a. Joint family
   b. Nuclear

**5. Religion**
   a. Hindu
   b. Christian ☐
   c. Muslim

**6. Monthly income**
   a. Rs. 1001 – 3000/ month ☐
   b. Rs. 3001 – 5000/ month
   c. More than Rs. 5000/ month

**7. Diet pattern**
   a. vegetarian ☐
   b. Mixed

## OBSTETRICAL VARIABLES

**8. Period of Gestation**

a. 38 weeks ☐

b. 39 weeks

c. 40 weeks

**9. Type of Delivery** ☐

a. Spontaneous

b. Induced

**10. Maternal haemoglobin**

a. < 10 gm ☐

b. 10gm – 11gm

c. > 11gm

**11. APGAR score 1min ----------** ☐

a. Score of 10

b. Score of 9

c. Score of 8

d. Score of 7

**12. Gender of the newborn ----------** ☐

**a.** Male

**b.** Female

**13. New Born weight ----------** ☐

a. 2 kg – 2.5 kg

b. 2.5kg – 3 kg

c. 3kg and above

**14. Latch Score** ☐

a. Score of 8 - 10

b. Score of 5 - 7

c. Score of 1 – 4

# APPENDIX – VIII

# RESEARCH TOOL ENGLISH

## OBSERVATION CHECK LIST FOR THIRD STAGE OF LABOUR

**Sample No:**

**Observation of time taken for placental expulsion and amount of blood loss:**

Onset of third stage of labour ……

End of third stage of labour ……

Total time taken for placental expulsion ……..

**Part I : Duration of expulsion of placenta in third stage of labour**

| | | |
|---|---|---|
| < 5 minutes | = Very Good effect | ☐ |
| 6 - 10 minutes | = Good effect | |
| > 11 minutes | = Poor effect | |

**Part II : Assessment of blood loss in third stage of labour**

The amount of blood loss is ……

| | | |
|---|---|---|
| 100 – 250 ml | = Good effect | ☐ |
| 251- 350 ml | = Average effect | |
| >351 ml | = Poor effect | |

**Key note: BRASS- V – trap has been placed under the buttocks for measuring the blood loss**

# APPENDIX – IX

## SOCIO DEMOGRAPHIC VARIABLES – TAMIL

### தன்னிலை விபரக்குறிப்பு

**மாதிரி எண்:**

1. தாயின் வயது வருடங்களில் ☐
   - அ. 18-20 வயது
   - ஆ. 21-23 வயது
   - இ. 24-26 வயது

2. கல்வித்தகுதி ☐
   - அ. படிக்காதவர்
   - ஆ. ஆரம்பக்கல்வி
   - இ. உயர்நிலைக்கல்வி
   - ஈ. பட்டப்படிப்பு

3. தொழில் ☐
   - அ. குடும்பத்தலைவி
   - ஆ. கூலி வேலை
   - இ. தனியார் வேலை
   - ஈ. அரசாங்க வேலை

4.மாத குடும்ப வருமானம் ☐
   - அ. ரூ.3000 கீழ்
   - ஆ. ரூ.3001 முதல் 5000 வரை
   - இ. ரூ.5000 மேல்

5. மதம் ☐
   - அ. இந்து
   - ஆ. கிறிஸ்துவம
   - இ. முஸ்லீம்

6. குடும்ப வகை ☐
   - அ. தனி குடும்பம்
   - ஆ. கூட்டு குடும்பம்

7. உணவு முறை ☐
   - அ. சைவம்
   - ஆ. அசைவம

## மகப்பேறு பற்றிய விபரக் குறிப்பு

1 தாயின் கருவுற்ற காலம்

அ. 38 வாரம் ☐

ஆ. 39 வாரம்

இ. 40 வாரம்

.

2. பிரசவ முறை

அ. சுகப்பிரசவம் ☐

ஆ. வலி கூட்டப்பட்ட பிரசவம்

3. தாயின் உறிமோ குளோபின் அளவு

அ. < 10 கிராம் ☐

ஆ 10 கிராம் – 11 கிராம்

இ. > 11 கிராம்

4. பச்சிளங் குழந்தையின் அப்கார் மதிப்பெண் முதல் நிமிடத்தில்

அ. 10 மதிப்பெண் ☐

ஆ. 9 மதிப்பெண்

இ. 8 மதிப்பெண்

ஈ. 7 மதிப்பெண்

5. பச்சிளங் குழந்தையின் எடை ☐

அ. 2 கி.கி முதல் 2.5 கி.கி வரை

ஆ. 2.5 கி.கி முதல் 3 கி.கி வரை

இ. 3 கி.கி மேல்

6. பச்சிளங் குழந்தையின் பாலினம் ☐

அ. ஆண்

ஆ. பெண்

7. லாட்ச் மதிப்பெண்

அ. மதிப்பெண் 8 முதல் 10 வரை ☐

ஆ மதிப்பெண 5 முதல் 7 வரை

இ. மதிப்பெண 1 முதல் 4 வரை

# APPENDIX – X

# RESEARCH TOOL TAMIL

## பகுதி – ஆ

### கவனித்து சரிபார்க்கும் பட்டியல்

**மாதிரி எண் :**

**மூன்றாம் பிரசவ நிலையில் ஏற்படும் நஞ்சு பிரிந்த நேரம் மற்றும் உதிர போக்கின் அளவு :**

மூன்றாம் பிரசவ நிலை ஆரம்பித்த நேரம் ..... நிமிடங்கள்

மூன்றாம் பிரசவ நிலை முடிந்த நேரம் ..... நிமிடங்கள்

மொத்த மூன்றாம் பிரசவ நிலை நேரம் ..... நிமிடங்கள்

**1. நஞ்சு பிரிந்த நேரம்**

< 5 நிமிடங்கள் = மிக நன்று

6-10 நிமிடங்கள் = நன்று

> 11 நிமிடங்கள் = மோசமான விளைவு

**2. பிரசவத்தின் போது ஏற்பட்ட உதிரப் போக்கின் அளவு**

100-200 மி.லி = மிக நன்று

251-350 மி.லி = நன்று

> 351 மி.லி = மோசமான விளைவு

# APPENDIX – XI

# PROCEDURE ON EARLY INITIATION OF BREAST FEEDING ON THIRD STAGE OF LABOUR

**PROCEDURE**

**Type of care**

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

**Early suckling**

Baby is placed on the mother's breast Immediately after the birth and breast feeeding 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 intra natal mother
2. Getting co-operation from the intra natal mother
3. Obtaining written consent.

**Steps of the procedure**

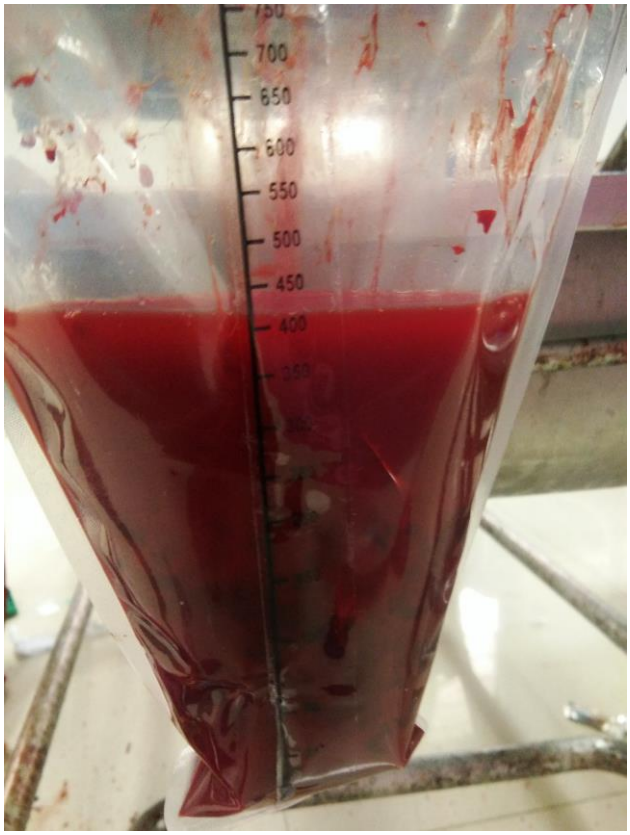
1. Prepare the mother's breast by cleaning the breast with sterile gauze using warm water.
2. Assess the Apgar score of the newborn baby at 1 minute.
3. New born baby's eye's and face will be wiped and the baby will be wrapped with a sterile linen.
4. New born baby is put on the mothers breast for early 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 by using BRASS V Drape.

**After care**

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

# APPENDIX – XII

# PHOTOGRAPHS


700
650
600
550
500
450
400