



A Study On Effective Implementation Of Apgar Test Among Health Care Professionals

KEYWORDS

Mental health, Early Detections, Primary Health Care

R. ESTHER SUJI

Dr. G. F. ALBAN NISHANTHALU

M.Phil. Scholar, Department of Social Work SFS,
Madras Christian College, Chennai

Assistant Professor, Department of Social Work SFS &
Madras Christian College, Chennai

ABSTRACT Early detection for new born baby is to know about the child's physical and psychological health. For this detection APGAR test is used. This test is helps to know about how well the baby is doing outside the mother's womb. It might just mean that a baby needs some special immediate care, such as suctioning of the airways or oxygen to help the baby to breathe, after which the baby should improve. By analyzing these tests, babies with critical situation or lower APGAR score will pay the need for immediate attention. APGAR test is a quick process performed on a baby at 1 and 5 minutes after birth. This scoring helps to determine how well the baby tolerated the birthing process. Therefore the APGAR test is done by Doctor, Midwife or Nurse. The Researcher has adopted descriptive method of study. The Researcher used Snowball sampling method, this method uses recommendations to find people with the specific range of skills that has been determine as being useful. Snowball sampling is useful tool for building networks and increasing the number of participants. The respondents are Nurses, Midwife and Doctors of PHCs centers and corporation hospitals in and around Chennai. The tools used for Data collection are Self prepared questionnaire. The study on APGAR test focuses to know to what level they are implementing this test in the PHC centers and government hospitals. The Results, intervention and suggestions will be explained in the main paper.

INTRODUCTION

The medical care of the sick has undergone dramatic transformation. Intensive medical neonatal care has reduced the infant mortality rate. Early detection for newborn is to know about the child's physical health. For this detection APGAR test is used. APGAR test helps to know about how well the baby is doing outside the mother's womb. It might just mean that a baby needs some special immediate care, such as suctioning of the airways or oxygen to help the baby to breathe, after which the baby should improve. APGAR test is a quick process performed on a baby at 1 and 5 minutes after birth and updated every 5 minutes until it is normal. This scoring helps to determine how well the baby tolerated the birthing process. Therefore the APGAR test is done by Doctor, Midwife or Nurse.

APGAR Test

The Apgar scores, named after Dr Virginia Apgar, are used to determine neonatal health, and are measured at 1 min, 5 min, and reassessed at intervals thereafter if needed. In use since 1953, they remain a relevant predictor of neonatal survivor (Casey et al, 2001).

Five factors are used to evaluate the baby's conditions and each factor is scored on a scale of 0 to 2, with 2 being the best score.

- Appearance (Skin color)
- Pulse (Heart rate)
- Grimace response (Reflexes)
- Activity (Muscle tone)
- Respiration (Breathing rate and effort)

The Apgar score is the very first test given to a newborn baby, occurs in the delivery or birthing room right after the baby's birth. The test was designed to quickly evaluate a newborn's physical condition and to see if there's a need for extra medical and emergency care.

Virginia Apgar (7 June 1909–7 August 1974) was an American obstetrical anesthesiologist. In 1949, Virginia Apgar developed the Apgar Score System (presented in 1952 and published in 1953); she is best known as the inventor of the

score, who tabulated the scoring to assess the infant's response to stress of the labour and delivery. a simple five-category observation-based assessment of newborn health in the delivery room, which became widely used in the United States and elsewhere. Before use of this system, delivery room attention was largely focused on the mother's condition, not the infant's, unless the infant was in obvious distress. This offers immediate therapeutic guide for management of the child.

Ninety percent of term infants make a successful and uneventful transition from living within the womb to the outside world. About 10% will need some medical intervention and approximately 1% will require extensive resuscitation. A reproducible and rapidly determined rating system is necessary for evaluation the newborn infant. The Apgar score is a practical method for assessing a neonate.

It is important to recognize the limitations of the Apgar score. The Apgar score is an expression of the infant's physiologic condition, has a limited time frame, and includes subjective components. In addition, the biochemical disturbance must be significant before the score is affected. Elements of the score such as tone, color, and reflex irritability partially depend on the physiologic maturity of the infant. The healthy preterm infant with no evidence of asphyxia may receive a low score only because of immaturity. A number of factors may influence an Apgar score, including but not limited to drugs, trauma, congenital anomalies, infections, hypoxia, hypovolemia, and preterm birth. The incidence of low Apgar scores is inversely related to birth weight, and a low score is limited in predicting morbidity or mortality. Accordingly, it is inappropriate to use an Apgar score alone to establish the diagnosis of asphyxia.

Statement of the problem

APGAR test is taken for the infant all over the world. There is the case history for the newborn. After the test Apgar score is given in tabular column. But in many hospitals the Apgar score is not taken carefully. They give the score without observing the infant. Through this score the health care professionals identify whether the infant is normal in muscle tone, heart rate. Respiration, etc., Many of the hospitals are unaware of his fact,

this study is conducted to mend it and to know the status of care giving.

Need of the study

APGAR test is necessary for the every newborn baby. This study is mainly focusing how far the health care professionals are giving important to take this test. And also this study tells about involvement among the health care professionals for this test. APGAR test is used to reduce the infant mortality rate. If the test is taken properly the infant mortality rate can be reduced. This study is about effective implementation of APGAR test among health care professionals.

Research Methodology

The main objective of this study is to study the effective implementation of APGAR test among health care professionals. To know about the procedures followed in Apgar scoring. To study about the effective implementation of APGAR test among health care professionals. To study the availability of medical resources for effective implementation of APGAR test. The field of study for the present research is for health care professionals. Descriptive research design has been adopted for this study. The Researcher used Snowball sampling method, this method uses recommendations to find people with the specific range of skills that has been determine as being useful. Snowball sampling is useful tool for building networks and increasing the number of participants. The Respondents are Nurses, Midwife and Doctors of PHCs center and corporation hospitals in and around Chennai. The tools used for Data collection are Self prepared questionnaire.

Findings & Discussion

Effective implementation of APGAR test

- All respondents (100%) say that APGAR test is necessary for the newborn baby.
- In every (100%) hospitals Apgar score are taken and recorded in the case history of the newborn baby.
- Time taken to finish the test is 1-2 minutes after that based on the baby condition every one minutes once again the test is taken for the infant.
- Majority (90%) of the APGAR test is done by just seeing; only 10% of the APGAR test is done by observing.
- Most of the respondents 98% will take the test by observing the newborn baby.
- All respondents (100%) have the knowledge about APGAR test.

Availability of medical resources to do APGAR test

- Half of the respondents (55%) are comfortable with their availability of resources inside the hospital.
- Most of the respondents (95%) have no difficulties to implement this test.
- Most of the baby (91%) with lower Apgar score will be given medical care immediately
- All (100%) hospitals there no extra charges to do this APGAR test.
- Majority (75%) of the Respondent saying APGAR test can predict the infant future.

Awareness among health care professionals

The entire respondent (100%) is following the procedure to take APGAR test.

Most of the respondents (75%) will explain about the APGAR test to their parents only if they ask.

Conclusion

The Apgar score has been used inappropriately in terms infants to predict specific neurological outcome, if this is not done in the field, hospital providers will not have any idea of the newborn's conditions post delivery in a pre hospital environment.

In general the Apgar score alone does not predict the future of the baby. A very low 5-minute Apgar score has been associated with slight increased risk for cerebral palsy in full-term infants. Apgar score assesses the health and well-being of an infant at birth. They do not predict a child's ability to perform well academically.

As a social worker it is important to be aware of the APGAR test and bring awareness among the health care professionals, and also in hospitals. It is also essential to educate the parents about this test so that they insist on the authorities to perform the test. A social worker should put in efforts so that Apgar test is officially declared to perform, then it is helpful for the parents and the task becomes lighter.

REFERENCE

- R.Arind.(2001), Principles and practice of Neonatology, B.I.Churchill Livingstone, New Delhi. | Finster, M.; Wood, M. (May 2005). "The Apgar score has survived the test of time". *Anesthesiology* 102 (4): 855–857. | Casey BM et al. 2001. The continuing value of the Apgar score for the assessment of newborn infants. *NEJM*. 344(7): 467–471. | C.R.Kothari, Gaurav Garg.(2014), Research Methodology Methods and Techniques, Third Edition, New age international publisher, New Delhi. | American Academy of Pediatrics (2001). "Committee Report: American Pediatrics: Milestones at the Millennium". *Pediatrics* 107 (6): 1482–1491. | Lemmons, J.A., et al. (2001). "Very Low Birth Weight Outcomes of the National Institute of Child Health and Human Development Neonatal Research Network, January 1995 through December 1996". *Pediatrics* 107 (1): 1–8. | Pearson, Howard A. (1991). "Pediatrics in the United States". In Nichols, Burford L. et al. (eds). *History of Paediatrics 1850–1950*. Nestlé Nutrition Workshop Series 22. New York: Raven Press. pp. 55–63.