

A Study To Assess The Early Suckling on Third Stage of Labour Among Parturient Mothers



Nursing

KEYWORDS : Early suckling, Third stage of labour, parturient mothers

Ms. J.Jenifer Shalini

Lecturer, saveetha college of nursing, Saveetha university, Thandalam, Chennai-105

ABSTRACT

"Breast feeding is the women's right, and to be breast fed is a baby's right". Joint commission 2010 sentinel event warns that two third of maternal death in 11 developing countries, India heading the list with 63,000. Maternal mortality rate as well as the infant mortality rate both can be reduced effectively with the management of early suckling and adequate breast feeding. Objectives: 1. to assess the early suckling on third stage of labour among parturient mother. 2. Associate the third stage of labour among parturient mother with the demographic variables. Methods/Approach: research approach utilized in this study was Quantitative research approach. The research design adopted for this study was descriptive design. Data was collected by using structured observation record. 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 0.67 and 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

INTRODUCTION

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 suckling 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.

Mother's milk is the first and the most precious gift to her offspring. Human breast milk provides complete nutrition for infants and helps to protect against certain childhood diseases. It provides nutritional, immunological, developmental, social and psychological, benefits for infants and keeps in healthy.

STATEMENT OF THE PROBLEM

A Study to Assess the Early Suckling on Third Stage of Labour among Parturient Mothers

OBJECTIVES OF THE STUDY

1. To assess the early suckling on third stage of labour among parturient mother.
2. To associate the third stage of labour among parturient mother with the demographic variables.

RESEARCH METHODOLOGY

Research approach

The research approach utilized in this study was Quantitative research approach.

Research design

The research design adopted for this study was descriptive design.

Setting

Padi health post, Ambattur, zone -7, Chennai.

Sample

Sample consists of parturient women who undergo normal labour and are in third stage of labour during the study period and who meet the inclusion criteria.

Sample size

Sample size is 60 parturient women.

Sampling technique

Samples were selected by using convenient sampling technique.

Criteria for sample selection

Inclusion criteria

1. Parturient women who are undergoing normal vaginal delivery.
2. Parturient women those who are in third stage of labour with Singleton pregnancy with a live fetus and with the APGAR score >7.
3. Parturient women with the Gestational age between 38 and 42 weeks.

Exclusion criteria

1. Parturient women with systemic and psychiatric disorder.
2. Parturient women with nipple abnormalities.
3. Parturient women with fetal abnormalities.

DATA COLLECTION TOOL

The data collection tool was divided into 2 sections,

Section - A:

Demographic data.

Section - B:

Structured Observation record on third stage of labour.

Section-A

Section A consists of demographic data such as age of the mother, type of delivery, total duration of first stage of labour, total duration of second stage of labour, APGAR score of the new born at 1 minute.

Section-B

It consists of, Structured Observation record on third stage of labour:

- It includes time of delivery,
- Time and duration of 1st breast feeding,
- Time of lengthening of the cord,
- Time of expulsion of placenta,
- Total duration of expulsion of the placenta,
- Total duration of third stage of labour.

The total duration of third stage labour was categorized in following division:

- ✓ 8-10mts,
- ✓ 11-13mts,
- ✓ 14-16mts,

✓ >16mts.

ANALYSIS AND INTERPRETATION

TABLE-1 Frequency and percentage distribution of demographic variables among parturient mothers.

Demographic variables	Parturient mothers	
	Frequency (f)	%
1. Age of the mothers		
a) 21 – 25 yrs	34	56.7
b) 26 – 30 yrs	25	41.7
c) 31 – 35 yrs	1	1.7
2. Education qualification		
a) Below 8 th standard	32	53.3
b) Higher secondary	26	43.3
c) Degree	2	3.3
3. Occupation		
a) Housewife	39	65.0
b) Private employee	20	33.3
c) Government employee	1	1.7
4. Type of family		
a) Nuclear family	48	80.0
b) Joint family	12	20.0
5. Number of delivery		
a) First delivery	35	58.3
b) Second delivery	21	35.0
c) Third delivery	3	5.0
d) Fourth delivery	1	1.7
6. Type of delivery		
a) Spontaneous	55	91.7
b) Induced	5	8.3
7. Duration of first stage of labour		
a) 6 – 12 hrs	34	56.7
b) 13 – 24 hrs	22	36.7
c) 24 – 48 hrs	4	6.7
8. Duration of second stage of labour		
a) < 30 mts	32	53.3
b) 30 mts – 1 hr	26	43.3
c) 1 hr – 2 hr	2	3.3
9. APGAR Score (in 1 minute)		
a) 7	1	1.7
b) 8	26	43.3
c) 9	33	55.0

TABLE- 2 Frequency and percentage distribution of the total duration of third stage of labour among parturient mothers

S.no	Total duration of third stage of labour	Frequency	Percentage %
1.	8 -10 Minutes	27	45.0
2.	11 – 13 Minutes	18	30.0
3.	14 -16 Minutes	11	18.3
4.	> 16 Minutes	4	6.7

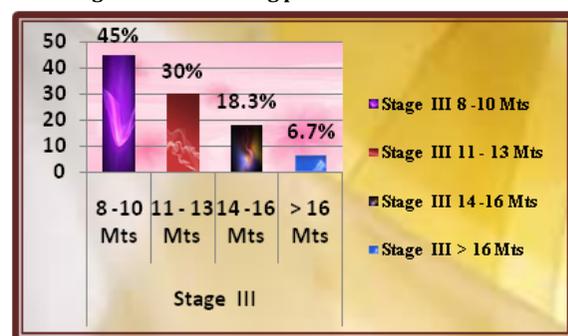
TABLE -3 Mean and standard deviation of the total duration of third stage of labour among parturient mothers

Total duration of third stage of labour	N	Mean	SD	SE	ANOVA	P value
8 -10 Mts	27	9.63	0.629	0.121	230.548	0.001 S
11-13 mts	18	12.28	0.826	0.195		
14-16 Mts	11	14.64	0.674	0.203		
> 16 Mts	4	18.25	1.258	0.629		
Total	60	11.92	2.657	0.343		

TABLE-4 Association between the third stage of labour among parturient mothers and their demographic variables

DEMO GRAPHIC VARIABLES	8 -10 Minutes		11- 13 Minutes		14 -16 Minutes		> 16 Minutes		Chi square value	P value
	N	%	N	%	N	%	N	%		
Age of the mother									3.429	0.753 NS
21 – 25 yrs	13	38.2	10	29.4	8	23.5	3	8.9		
26 – 30 yrs	13	52.8	8	32.3	3	12.1	1	4.0		
31 – 35 yrs	1	100.0	0	0.0	0	0.0	0	0.0		
Educational qualifications									10.607	0.101 NS
Below 8 th std	14	43.8	9	28.1	6	18.8	3	9.4		
Higher Secondary	13	50.0	9	34.6	3	11.5	1	3.8		
Degree	0	0.0	2	100.0	0	0.0	0	0.0		
Occupation									11.463	0.075 NS
House Wife	14	35.9	12	30.8	9	23.1	4	10.3		
Private Employee	13	65.0	6	30.0	1	5.0	0	0.0		
Government Employee	0	0.0	1	100.0	0	0.0	1	100.0		
Type of family									1.456	0.692 NS
Nuclear family	22	45.8	14	29.2	8	16.7	4	8.3		
Joint family	5	41.7	4	33.3	3	25.0	0	0.0		
Number of delivery									8.237	0.510 NS
First delivery	14	40.0	10	28.6	7	20.0	4	11.4		
Second delivery	9	42.9	8	38.1	4	19.0	0	0.0		
Third delivery	3	100.0	0	0.0	0	0.0	0	0.0		
Type of delivery									12.00	0.007 S
Spontaneous	24	43.6	18	32.7	11	20.0	2	3.6		
Induced	3	60.0	0	0.0	0	0.0	2	40.0		
Duration of 1 st stage labour									7.984	0.239 NS
6 -12 Hrs	17	50.0	11	32.4	5	14.7	1	2.9		
13 – 24 Hrs	10	45.5	5	22.7	4	18.2	3	13.6		
24 - 48 Hrs	0	0.0	2	50.0	2	50.0	0	0.0		
Duration of 2 nd stage labour									7.289	0.295 NS
< 30 Minutes	16	50.0	10	31.3	5	15.6	1	3.1		
30 Mts - 1 Hr	11	42.3	6	23.1	6	23.1	3	11.5		
1 Hr – 2 Hrs	0	0.0	2	100.0	0	0.0	0	0.0		
APGAR Score (in 1 minute)									8.113	0.230 NS
7	1	100.0	0	0.0	0	0.0	0	0.0		
8	14	53.8	4	15.4	7	26.9	1	3.8		
9	12	36.4	14	42.4	4	12.1	3	9.1		

FIGURE-1 Percentage distribution of the total duration of third stage of labour among parturient mothers



THE MAJOR FINDINGS OF THE STUDY

- ✓ Among 60 parturient mothers, 27(45.0%) had delivered the placenta within 8-10 minutes, 18(30.0%) within 11-13 minutes, 11(18.3%) within 14-16minutes and four (6.7%) had more than 16 minutes to deliver the placenta.
- ✓ There is no significant association between the number of

delivery, duration of first stage of labour, duration of second stage of labour and APGAR with the third stage of labour. The table also reveals that there is a significant association between the type of delivery with the third stage of labour with the P value of 0.007.

CONCLUSION

The study revealed that most of the parturient mothers delivered the placenta within 8-10mts

DISCUSSION

The main focus of this study is to assess the early suckling on third stage of labour among parturient mothers.

In some places, the cultural beliefs are still in practice like avoiding colostrum to the newborn baby, giving teaspoon of sugar water and honey to the newborn which will affect the digestive system of the newborn and also suppresses the sucking reflex.

Hence by initiating the early suckling in the third stage of labour helps the baby to develop a good suckling reflex and also aids in the early separation of the placenta.

RECOMMENDATIONS

- The policy of early suckling must be routinely communicated and training must be given to all the health care staff.
- The nurse should consider the psychological aspects of the mother also to maintain the quality of care.
- Nurses should enhance the therapeutic nurse patient relationship for the better understanding of their needs.

SUGGESTIONS FOR FURTHER RESEARCH

- A comparative study can be conducted between primigravid and Multigravid women on effectiveness of early suckling on third stage of labour.
- A similar study can be done using the large sample primigravid women.
- A similar study can be conducted to find out other aspect of effectiveness of early suckling such as mother baby bonding, temperature maintenance, Mother's psychology, baby's behaviour, increasing suckling response of the Baby.

REFERENCE

1. Assuma Beevi T.M. (2009). Textbook of Pediatric Nursing. India: Reed Elsevier India Pvt. Ltd. | 2. Barbara. F. Weller. (2002). Paediatric Nursing. London: ElBS Publications. | 3. Bennet. V. Ruth, et.al. (2006). Myles Textbook of midwives Philadelphia:Churchill Living Stone. | 4. Chellappa J.M.(1995). Practical Guide. Delhi: Gajanana Book Publishers. | 5. Daftary S N. (2008). Obstetrics and Gynecology.lucknow:BI Publications. | 6. Desai A.G. (1992). A handbook of Pediatrics. Newyork: Vora Medical Publications. | 7. Donna. L. Wong, et.al. (1998). Textbook of Obstetrics and Neonatology. Kolkonda: Dawn Books. | 8. Dutta, D.C.(1995). Textbook of Obstetrics. Kolkonda: New Central Book Agency. | 9. Dutta, D.C., (2001). Textbook of Obstetrics. Kolkonda: New Central Book Agency. | 10. Gupta. S. (2004). Textbook of pediatrics. Paris: brothers publications. | 11. Hockenbery. M.J. (2005). Wong's Essentials of Pediatric Nursing. Paris: Newcentral book agency. | 12. Jacob.A. (2008). Textbook of obstetrics and Gynaecology.Louis: Mosby Elsevier Publication. | 13. Jenifer Sleep J. et.al. (1992). Maternal and Child Health Nursing. USA: Mosby Publication. | 14. John. B. (2000). Recent Advances in Obstetrics and Gynaecology. Tokyo: Churchill Livingstone. | 15. Kasthuri Sundar Rao.(2004). Community Health Nursing. Jaipur: B.I. Publications. | 16. Katharyna. (2004). Maternal and Neonatal Nursing. Philadelphia: J.B.Lippincott publications | 17. Masten. Y. (2001). Obstetrics Nursing Outline. Tokyo: Jaypee Brother Publications | 18. Mudaliar A.L and Menon M.K. (2005). Clinical obstetrics Chennai: Orient Longman Pvt. Ltd. | 19. Park.K (2002). Textbook of preventive and social medicine.Jabalpur: Banarsidas Bhanot publications. | 20. Pillitteri.A. (2001). Maternal and Child Health Nursing. Philadelphia: Lippincott Williams and Wilkins Publications. | 21. Richardson.B. (2000). Pediatric Nurse Practitioners. Mosby Publications. | 22. Blass. E., (2009). Encyclopedia of infant and early childhood development. Journal of obstetrics and gynaecological | volume:22, issue:3 | 23. Bullough. C., Early suckling and postpartum haemorrhage. | International Journal Obstetric and Gynecology:volume86: issue:2 | 24. Burke, C (2010). Active versus expectant management of the third stage of labour and implementation of a protocol. Journal of perinatal and neonatal nursing. Volume: 24, issue: 2 | | 25. Bystrova.K, (2007), Matthiesen. AS., Maternal and breast temperature after giving birth. Reproductive and perinatal health Department of women and child health in Karolinska Institute, Sweden. | 26. Cullmezoglu. A.M. (2009). Active management of third stage labour without controlled cord traction. Journal of | obstetrics:volume4:issue1 | 27. Eggebo. Hoemorrhage after vaginal delivery. Journal of Obstetrics and Gynecology. Volume:120,issue:4 | 28. Karan, M Edmond, (2006). Impact of early initiation of breast Feeding. Journal of pediatrics:volume:117, issue:3 | 29. Magann. E. Verett. F, (2005). Length of the third stage of labour and the risk of postpartum haemorrhage. Obstetric and | Gynecology:Health logo. Volume:9, issue: 2 | 30. Mathisen A.S., et.al., Postpartum maternal oxytocin release by Newborn and the effects of infant hand massage and swelling. International Journal of Nursing Studies. Volume:9,issue:8 | 31. Singh,B (2007). Infant mortality rate in India. Indian Journal of pediatrics. | 32. Vanja Kumari, et.al., (2001). Collection of change in uterine activity to blood loss in the third stage of labour. Obstetrics and Gynecology. Volume:7, issue: 3 | 33. W.Jonas., (2008). Short and long term Decrease of Blood Pressure In Women during Breast feeding. Breast feeding Medicine. Volume:3, issue: 2 | 34. The special role of maternity services. WHO, Geneva. The NursinJournal of India. Volume:5, issue: 11. | 35. Dr. penny Stanway. (2009). Breast feeding after birth. Retrieved from [www.thebabywebsite.com/article.1935.breast feeding after the birth.htm](http://www.thebabywebsite.com/article.1935.breast%20feeding%20after%20the%20birth.htm). | 36. Dr. sarah J Buckley. (2005). Breast feeding after the birth. Third stage of labour-benefits of a natural approach. Retrieved from www.Bellybelly.com.au/birth/natural_approach-to_labour | 37. Dr. sarah J Buckley. (2005). The third stage of Labour retrieved from www.sarahjbuckley.com | 38. Becky Martin. (2009). Labour: Third stage management Retrieved from <http://www.rwh.org.au/rwhcpg/maternity.cfm.docid>