Nurse's of Knowledge toward Newborn Injuries in the Delivery Rooms at AL- Amara City Hospitals

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Abstract

Childbirth wounds are damage to a child before, during or shortly after birth. Childbirth injuries, also known as birth trauma, are known in various forms of severity, but most are mild and these minor injuries become common over time at birth. They are more serious injuries that cause permanent damage. It damages many parts of the body, such as brain damage, nerve damage, bone and muscle damage and, in the worst case, death. Objectives: (i) Assessment knowledge of nurse about Birth injuries. (ii) To identify the relationship between demographic data and knowledge. A survey was conducted in 80 convenient samples with a pre-validated questionnaire . the total period of study are five month 2018/11/20 and ended 2019/6/23 populations of study were the staff in the delivery rooms at AL- Amara city hospitals. The knowledge level is mean in staff nurses who has experience from (5-10) and show the age (20-24) years and have nursing secondary graduate level of education have high level of knowledge and take (1-5) training courses have higher level of knowledge .On comparing these. There is mean nurses knowledge, The study found that there is a relationship between nurses' knowledge and demographic information (training courses).

Keywords: *Nurse, Knowledge, Birth injuries.*

Introduction

Newborn injury is the damage to the baby during the birth process usually when the child crosses the birth canal[1]. It was suggested that trauma associated with childbirth may be caused by difficulty in vaginal delivery especially with childbirth, blood proliferation and shoulder dystocia, and may use sharp tools such as forceps or vacuum during childbirth. The incidence of neonatal injuries ranged from 6-8 cases per 1,000 live births[2]. Neonatal injuries in a child can range from minor injuries to soft tissues at birth, bleeding (pituitary tumor, subchondral bleeding, intracranial bleeding), long bone fractures and bone Broken collarbone, peripheral nerve injuries. On this basis, this study was conducted to determine the incidence, risk factors and outcomes of childbirth injuries. This study aims to provide a comprehensive review of the literature search direction major injuries to newborns[3]. Twenty of these infections are often categorized according to the etiology, transmission and subsequent outcomes. Whereas, this classification is a strategic first step towards the development and future progress to know the injury of infants and classify them accurately and correctly. It gives obstetric caregivers a valuable tool to help predict, prevent, or alleviate the severity of childbirth injuries, so we will have long-term results that in turn serve us in the future. Factors responsible for mechanical injury can coexist with the fetus[4]. In 2016, Canker and Carter defined neonatal injury as structural destruction or neonatal dysfunction as a result of a traumatic event at birth. Some of these injuries can be avoided and grandfather ones when appropriate health care is available while others are part of the birth process that can occurs even when health personnel exercise extreme caution. There are also some causes that lead to prenatal injuries such as amniocentesis and intrauterine blood transfusion. However[5], injuries from fetal scalp electrodes and monitoring of heart rate during childbirth are considered injuries at birth. Over the past 20 years, the number of deaths from childbirth injuries has fallen so that they are no longer included in the 10 most common causes of death in the postpartum period.Birth processes, whether automatic or assisted

another, inherently shocking for newborns. Mechanical events and oxygen ischemia are the causes of birth-related injuries. This review was focused mostly on the mechanical shocks he suffered the newborn due to labor and birth forces experienced by the pregnant mother[7]. To summarize this review, birth-related hypoxia will not be taken separately. Birth-related trauma may affect many neonatal organs (ESM). The incidence of mechanical shock at birth may be somewhat reduced to some extent. The infection rate is 0.82%, and the rate of prevalence of 9.5 per 1,000 live births. Statistics show less than 2% of newborn deaths due to traumatic birth. Birth trauma or perinatal trauma indicates to injuries caused in newborns during childbirth at any stage during the entire birth process. Of course, the incidence of childbirth shocks is high in Western statistics and in reports from developing countries. This increase may coincide with both mortality and morbidity[6]. The total number of maternal injuries was reduced with improvement in obstetric care and prenatal diagnosis. Neonatal trauma in neonatal FD includes minor soft tissue injuries, long or bone clavicle fractures, renal tumor, and peripheral nerve injuries. In the literature, the focus has been highlighted on various risk factors such as infants, active neonates, poor presentations, and labor complications. The study of trauma at birth from an Indian perspective is rare. Thus, this study carefully planned to document the incidence and risk of childbirth trauma with the broader goal of generating income towards reducing neonatal mortality and morbidity[7]. As well as structural or functional deterioration of the newborn in high school known as the birth of the birth of this injury is a tragic event that occurred during the period of labor and delivery, or both. Is not taken into consideration that amniocentesis and move inside the uterus can cause injuries before birth and birth injuries. Injuries under neonatal resuscitation procedures cannot be classified as injuries at birth. When using fetal scalp electrodes and birth within a heart rate monitor, injuries can be described as birth injuries. Where the proportion of newborn injuries previously mentioned and compared with the mortality rate of children, which may occur during the second stage of labor, which occurs during the descent of the fetus through the birth canal [8-12]. The increase in morbidity and mortality of newborn infants occurs as a result of injuries during childbirth. Therefore, there are some measures and guidelines that avoid specific negative results. Acoustic and CT scans and magnetic resonance imaging, where these tests are possible to more accurately predict the abnormalities

that put the fetus at high risk for large injury as this helps to reduce the severity of the injury but does not guarantee that these injuries do not occur. In addition to method that can be used for different conditions there are categories[9] of birth injuries. Official or professional research tools used in the literature to document or assess the degree of trauma resulting from birth injuries

Sample and sampling techniques   Convenient sampling was done for this study; 80 samples collected representing staff nursing. The time it takes to collect the samples ware the month. The tools used in this study contains :First part of questionnaire :Demographic data. This theme addresses 5 modules, which include age, educational level, and years of work experience, training session and years of work in the hall of birth. Second part of questionnaire: specific information to sample research,that contains (15) items, which included question regarded injuries of newborn and question about the introduction, causes, signs and symptom, nursing care and treatment of new born injuries.The data collectionis formal permission obtained from the authorities for the collection of data. The data was collected from the misan hospital of delivery room. Explained the need and purpose of the study, the knowledge level assessed after obtaining permission from the staff nurses. In order to achieve the above objectives, the study data analysis through the use of the Statistical Package for Social Sciences (SPSS).

Results and Findings

The findings of systematic data analysis in the tables and these correspond to the objectives of the study as follows: The results in this table (1) indicate that the number of participants in the study sample are within the age group (20-24) years was (50%). Also with regard to the level of education topics, and the results showed that more than one level of them has high school graduates (N: 42) was (52.5%).Also in relation to subjects of years of work, the results showed that more than half of them in the age group of the study sample were within (5-10) years (70.0%). In addition, the Number of training courses of nurse involved in the study sample are within group (1-5) was (56.3%).Finally, in the table above, the results showed that the majority of participants more than half of years of experience are within group (5-10) years was (90.0).And table (2) shows that the majority of participants have a moderate level of knowledge (n = 69, 86.2%), and the results of data analysis, as presented in this table (3), Suggest that there is a statistically

significant relationship among nurses towards their knowledge of their birth injury will their experiment number (P <0.05), when analyzed by chi-square test.

Table (1): Participants' level of knowledge is distributed by mean of questions regarding knowledge nurses towards obstetric injuries.

Level of Knowledge	Frequency	Percent
Low	8	10.0%
Moderate	69	86.2%
High	3	3.8%
Total	80	100.0%

Table (2): Association between the nurses' toward their knowledge about the birth injuries and their no. experience

No. Experience		Knowledge			Total
		Low	Moderate	High	
5-10 yrs	F	8	62	2	72
	%	10.0%	77.5%	2.5%	90.0%
10-15 yrs	F	0	1	1	2
	%	0.0%	1.2%	1.2%	2.5%
15-20 yrs	F	0	3	0	3
	%	0.0%	3.8%	0.0%	3.8%
>20	F	0	3	0	3
	%	0.0%	3.8%	0.0%	3.8%
Total	F	8	69	3	80
	%	10.0%	86.2%	3.8%	100.0%
χ^2crit. =12.592 df=6 p-value=0. 04P < 0.05 χ^2obs.= 13.140					

Discussion

More than the nurses age group for the study sample was within (20-24) years was (50.0%). This finding is consistent with a study conducted by Hubballi, 2015. This study aims to evaluate demographic characteristics such as (age, educational level of nursing and nurse`s experience in the intensive care unit), to assess the quality of nursing care and to reveal the relationship between the quality of nursing care with demographic characteristics. Such as (age, level of education and experience of nursing nurses in the ICU) in Belgaum, Karnataka that show the majority of samples age (20-25) in ratio (66.67%) from study sample.

Also in relation to the level of education subjects the result shows that almost half of them have a secondary nursing graduate (52.5%). this study agrees with study conducted by Rasheid and ali, (2010)[9],The objectives of this study were to assess nurses' knowledge, provide care for the newborn, meet the requirements of the newly

delivered mother and fetus and monitor progress in their health after delivery.in Al Yarmook Teaching Hospital more sample are nursing secondary graduate in ratio (11%.(The result of this table show that the majority of nurses in years of experience group the study sample were within (5-10)was (90.0%), this agrees with study conducted by Rasheid and ali, (2010)[9], This study aims : To understanding quality of care have been updated to maintaining high quality of performance in the Al yarmook teaching hospital that show the majority of sample in years of experience. The result show that the majority of the nurses in the number of training courses to the study sample were within(1-5)was (56-3%), this result agrees with the study conducted Rasheid and ali, (2010)[9], this the study aims : To assess the knowledge of nurses and care of the newborn and meet the requirements of the newly delivered mother and her unborn child and to monitor progress in health after their birth. This table (1) reveals that the majority of participants have moderate level of Knowledge (n=80;

69.2%). This is result disagrees with a study conducted by (Hubballi, 2015), the revealed that test majority of nurses had average knowledge.

Conclusion

1. The study shows that the nurses in the age group (20-25) years they (50%) more knowledge about the Birth injuries.

2. The study show the nurses in Nursing institute graduate have more knowledge about the Birth injuries in ratio (52.5%).

3. The study show the nurses have (5-10) years of worker have more knowledge about the Birth injuries in ratio (75.0%).

4. The study show the nurses which have (1-5) training courses have more knowledge about the Birth injuries (56.2%).

5. The study show the nurses have moderate level of knowledge through the Mean of questions related to nurses knowledge toward the Birth injuries in average mean of scores (69.2).

6. The study shows that there is a relationship strong between the Demographic characteristics for nurses and knowledge about the Birth injuries.

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the Pediatric Nursing Department, College of Nursing and all experiments were carried out in accordance with approved guidelines.

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