

Assessment of Midwives' Knowledge Regarding Childbirth Classes in Baghdad City

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Abstract:

Background: Childbirth classes has existed as a formal structure and encompasses the entire childbearing year and in its broadest definition includes preparation for pregnancy, labor, birth, postpartum, and early parenting, breastfeeding, sexuality, changing relationships, and family

Objectives: To assess the midwives' knowledge regarding childbirth classes and its importance and contents. **Methodology:** A descriptive study on non-probability sample (purposive sample) of thirty two (32) midwives to assess their knowledge regard to child birth classes who worked at delivery room and gynecology and obstetrical wards in four hospitals which are AL-Karhk Teaching Hospital, Baghdad General Teaching Hospital, Fatimat AL-Zahra Maternity and Pediatric Teaching Hospital and AL-Elwhiyah Maternity Teaching Hospital in Baghdad city. The questionnaire form was consisted of (4) main parts: Demographic characteristics, Midwives knowledge regard to: child birth classes and its importance, contents of child birth classes and the sources of the midwives, knowledge regard to child birth classes. The data were collected by using interview method and self-report techniques with study participants.

Result: the study showed that the highest percentage (56.3) of study sample at age group (40 - 49 years) , (56.3) of study sample midwifery school graduated, (65.6) of study sample are of a group who's the Years of experience in midwifery between 1-10 years , (43) of the study sample had training course in breast feeding and midwifery. The most RS related to Midwives knowledge regard child birth classes and its importance were high, The most RS related to Midwives knowledge regard child birth classes contents were high, while the moderate RS in some items and More than half of the study sample the sources of the knowledge regard to child birth classes from the Curriculum and Books and magazines.

Recommendation: The establishment of a childbirth classes education classroom in all specialized hospitals for childbirth and Primary health care centers to increase the mothers' knowledge about

pregnancy, childbirth process and how to deal with them.

Keywords: Childbirth classes, Importance and Contents, Knowledge, Midwives.

Introduction:

Childbirth classes has influenced the practice of obstetrics remarkably during the past 50 years. In the early 20th century, most women gave birth in the comfort and familiarity of their own homes, but there also were high rates of maternal and infant mortality.

⁽¹⁾ Advances in obstetric technology and maternal-fetal medicine shifted birth from the home to the hospital. The likelihood for medical intervention during pregnancy and childbirth has subsequently increased, requiring more consumer education and preparation. ⁽²⁾ As perinatal morbidity and mortality have declined, the expectations for a perfect outcome have increased. Women have become more knowledgeable, self-confident, and participatory in their childbirth experiences, shifting the focus to more family-centered maternity care. ⁽³⁾ The women's movement has had an enormous impact on traditional childbirth. Women began to question the safety and necessity of obstetric interventions, anesthetics and analgesics, and routine hospital procedures. Women currently are demanding more knowledge about, and control over, their childbirth experience. ⁽⁴⁾ Childbirth classes present an ideal opportunity to help women learn how to communicate effectively with hospital staff. By so doing, women can make their own choices rather than merely conforming to hospital policies, protocols, and professional preferences. ⁽⁵⁾ Giving information in a way that allows women to choose for themselves requires educators and midwives to have reflective skills to understand where women's needs are different from those the maternity care system believes it is catering for, and to show courage in educating women to challenge a system of which they themselves are part. ⁽⁶⁾

Childbirth classes should be designed to assist expectant mothers and their families through pregnancy with preconception planning and continue in an organized fashion throughout pregnancy based on the physical and

emotional changes occurring during each trimester. (7) Accurate information concerning conception, nutrition, physiologic changes of pregnancy, labor and birth, and newborn care should be included. This information should be provided in the physician's office by written materials and through discussion during prenatal visits. Reinforcement and expansion of childbirth education also can be provided by the various classes available in the community. However, the availability of these classes should not supersede the teaching done by the physician or midwives because antepartum, inpartum, and postpartum patient education are ultimately the responsibility of the obstetric- gynecologic providers. (8)

Objectives of this study:

The objectives of this study are to assess the midwives' knowledge regarding childbirth classes and its importance and contents.

Methodology

A descriptive study was carried out to assess the midwives' knowledge regard child birth classes who worked at delivery room and

gynecology and obstetrical wards in four hospitals which are AL-Karhk Teaching Hospital, Baghdad General Teaching Hospital, Fatimat AL-Zahra Maternity and Pediatric Teaching Hospital and AL-Elwiyah Maternity Teaching Hospital in Baghdad city.

Non-probability sample (purposive sample) of thirty two (32) midwives who worked at delivery room and gynecology and obstetrical wards. The instrument was designed and constructed by the investigator after reviewing related literatures, clinical background and previous studies. The questionnaire form was consisted of (4) main parts: Demographic characteristics, Midwives' knowledge regard to: child birth classes and its importance, contents of child birth classes and the sources of the midwives, knowledge regard to child birth classes. The data were collected by using interview method and self-report techniques with study participants after obtaining permission from each of them according to the inclusion criteria. Statistical procedures include: Descriptive statistic (frequency, mean, percentage, relative sufficiency).

I. Result

Table (1): Distribution of the study sample according to demographic characteristics N=32

Socio-Demographic Variables	Groups	Freq.	Percent
Age Groups	20-29	6	18.8
	30 – 39	7	21.9
	40 – 49	18	56.3
	50>	1	3.1
Education Levels	midwifery school	18	56.3
	nursing school	3	9.4
	Institute	8	25.0
	colledge	3	9.4
Marital Status	Married	18	56.3
	Unmarried	7	21.9
	Devoice	3	9.4
	Seprated	4	12.5
Years of work	1- 5	18	56.3
	6 – 10	6	18.8
	11 – 15	5	15.6
	16-20	2	6.3
	21>	1	3.1
Years of experience	1- 10	21	65.6
	11-20	8	25.0
	21-30	3	9.4
* Training course	-	13	43
Midwifery course	-		
- Prenatal care	-	11	37
- Breast feeding	-	20	67
-care during labor	-	13	43

Table (1) shows that the highest percentage (56.3%) of study sample at age group (40 – 49 years). Concerning educational level: The highest percentage (56.3%) of study sample midwifery school graduated . Regarding marital Status: The highest percentage (56.3%) of study sample were married .Regarding Years of work the highest percentage (56.3%) of study sample are of a group who's the duration of work in midwifery between 1-5 years. Regarding Years of experience the highest percentage (65.6%) of study sample are of a group who's the Years of experience in midwifery between 1-10 years .Regarding number of training course: the highest percentage (43%) of the study sample had training course in breast feeding and midwifery.

Table (2): Midwives' knowledge regard child birth classes and its importance (n=32)

Variable	I know	I do not know	Ms	RS	Asses.
Childbirth classes are useful tools that provide with a great forum and they are a place to ask questions, gather information, and to socialize with other pregnant women and their families can help to make informed decisions about key issues surrounding	28	4	1.87	93.5	H
Important of Childbirth classes					
Information about labor and delivery	25	7	1.78	89	H
Unexpected details about the medical procedures and interventions / treatments	29	3	1.90	95	H
Suggestions about possible physical preparations for labor and delivery	30	2	1.93	96.5	H
Providing counseling on relaxation techniques	29	3	1.90	95	H
Guide about pain relief options	27	5	1.84	92	H
Time to ask questions	31	1	1.96	98	H
Changes that may encounter the mother after birth and child care during a period in the early days.	30	2	1.93	96.5	H
Give confidence in the ability of the body to give birth and make it a positive experience	29	3	1.90	95	H
Get answers to common questions and information about concerns.	26	6	1.81	90	H
Learn about prenatal development.	28	4	1.87	93.5	H
Learn about danger signals in pregnancy	28	4	1.87	93.5	H
Learn about premature labor and how to prevent it.	28	4	1.87	93.5	H
Learn how to involve your family in your pregnancy and birth.	27	5	1.84	92	H
Learn good communication skills and birth plans.	26	6	1.81	90	H
Know the true birth signs	30	2	1.93	96.5	H
Learn what to expect during labor and birth.	29	3	1.90	95	H
Learn about pain relief options	27	5	1.84	92	H
Learn about caring for your new baby	29	3	1.90	95	H
Learn about the benefits of breastfeeding and how to get started	29	3	1.90	95	H

This table (2) shows that the most RS related to Midwives' knowledge regard child birth classes and its importance were high.

Table (3): Midwives' knowledge regard child birth classes contents (n=32)

Variable	I know	I do not know	Ms	RS	Asses.
3-contents of child birth classes	21	11	1.65	82.5	M
1. Proper signs of labor	27	5	1.84	92	H
2. Normal labor, its stages and early postpartum	26	6	1.81	90	H
3. Positioning for labor and birth	25	7	1.78	89	H
4. Relaxation and massage techniques to ease pain	25	7	1.78	89	H
5. Breathing technique during labor	25	7	1.78	89	H
6. The common variations and interventions during childbirth, including caesarean section	28	4	1.87	93.5	H
7. Identify the mother the methods of labor induction and anesthesia	22	10	1.68	84	M
8. Identify the mother the caesarean section and when conducted	26	6	1.81	90	H
9. Identify the mother when be making an episiotomy if needed	23	9	1.71	85.5	M
10. Identify the mother the importance of the child's skin-to-skin contact after birth	26	6	1.81	90	H
11. Labor support	24	8	1.75	87.5	M
12. Communication skills	23	9	1.71	85.5	M
13. When should call the doctor or midwife	28	4	1.87	93.5	H
14. Breastfeeding	27	5	1.84	92	H
15. Newborn care	27	5	1.84	92	H
16. The importance of the presence of the child and the mother in the same delivery room	28	4	1.87	93.5	H
17. Identify the mother the self-confidence and decision-making with her husband on the birth method	28	4	1.87	93.5	H
18. Focus on the mother who gave a previous caesarean section or twins	28	4	1.87	93.5	H
19. Healthy lifestyle	28	4	1.87	93.5	H

This table shows that the most RS related to Midwives' knowledge regard child birth classes contents were high, while the moderate RS in items number (7, 9,11,12)

Table (3): The sources of the midwives, knowledge regard to child birth classes

Variable	Yes	No
sources of the midwives, knowledge regard to child birth classes		
Curriculum	20	12
Books and magazines	19	13
TV	14	18
The Internet	12	20
Doctor	18	14

Table (4) shows that the sources of the midwives' knowledge regard to child birth classes more than half of them from the Curriculum and Books and magazines

II. Discussion

The study result shows that the highest percentage Concerning educational level: The (56.3) of study sample midwifery school graduated..Regarding Years of work the highest percentage (56.3) of study sample are of a group whose duration of work in midwifery between 1-5 years.Regarding Years of experience the highest percentage (65.6) of study sample are of a group who's Years of experience in midwifery between 1-10 years.Regarding number of training course: the study sample the highest percentage (43) had training course in breast feeding and midwifery

In the US, there is no standardized training, certification or licensing for childbirth education as there is for nursing. Individual hospitals or birth centers may have their own policies that dictate who teaches expectant families. ⁽⁹⁾Some facilities do not require that their childbirth educators be certified; the only requirement is that they are nurses and midwives. However, nursing and obstetric and midwifery schools are typically not teaching how to teach, therefore an increasing number of nurses (and non-nurses who wish to teach) seek out programs that can teach them how to teach the information for a variety of learners. ⁽¹⁰⁾

The study result shows that the Most RS related to Midwives' knowledge regard child birth classes and its importance were high. This result was consistent with international study conducted by Nolan (2013) who reported that the nurses who have been teaching from a curriculum at nursing and midwifery school, training and knowledge can share the information of childbirth classes' education with mothers. ⁽¹¹⁾ An important goal of childbirth education is to provide the full information necessary for making informed decisions. Listening to Mothers, although most women who attended childbirth classes stated they were more confident in their ability to give birth, were less afraid of medical interventions, and had greater trust in their caregivers after attending classes. ⁽¹²⁾ The childbirth class provides evidence based information on the physiological and emotional aspects of labor and delivery through lecture, discussion, video and hands on practice. ⁽¹³⁾

The study result shows that the shows that the Most RS related to Midwives' knowledge regard child birth classes contents were high , while the moderate RS in some items. This result was consistent with study conducted by Humenick (2000) that stated The childbirth class explains the different ways that women experience labor and delivery, what happens to the body during the process, and what to expect after giving birth, also discuss pain management options, labor induction, cesarean birth, breastfeeding, and infant care. ⁽¹⁴⁾ child birth classes consists of information/advice and partner support. Instructional/informational labor support behaviors include instruction for relaxation, breathing, and pushing and information about patient care. Providing instruction about breathing awareness and use of different breathing levels can increase a woman's confidence and ability to cope with contractions . Midwives also can decrease anxiety and provide support to the partner by offering information about the woman's labor progress. It is also important that the intrapartum nurse - midwife assess the partner's expectations related to the labor and birth process. ⁽¹⁵⁾

The study result shows that the sources of the midwives' knowledge regard to child birth classes more than half of them from the Curriculum and Books and magazines, the nurses who have been teaching from a curriculum at nursing and midwifery school, training and knowledge can share the information of childbirth classes education with mothers.

III. Conclusion

In accordance with the results of this study the researcher can conclude the following:

- More than half of the study sample at age group (40 – 49 years).
- Approximately half of study sample midwifery school graduated and married.
- Approximately half of study sample were of a group who's the duration of work in midwifery between 1-5 years,
- Approximately two third of study sample were of a group who's the Years of experience in midwifery between 1-10 years.
- More than third of the study sample had training course in breast feeding and midwifery.
- The most RS related to Midwives' knowledge regard child birth classes and its importance were high.
- The most RS related to Midwives' knowledge regard child birth classes contents were high , while the moderate RS in some items .
- More than half of the study sample the sources of the knowledge regard to child birth classes from the Curriculum and Books and magazines.

IV. Recommendation

The establishment of a childbirth classes education classroom in all specialized hospitals for childbirth and Primary health care centers to increase the mothers' knowledge about pregnancy, childbirth process and how to deal with them.

- Further study to measure the midwives' practices regarding childbirth classes.

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