Assessment of knowledge, Attitude and Practice of Newborn Care among Midwives Working at Health Centers in North Bahari Locality, Khartoum State, Sudan (2017)

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MBBS, University of Red Sea (2013)

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Assessment of knowledge, Attitude and Practice of Newborn Care among Midwives Working at Health Centers in North Bahari Locality, Khartoum State, Sudan (2017)

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Holly Quran

بسم الله الرحمن الرحيم

قال تعالى:

"ب ما كان الله ليغفرون و هو ليستغفرُونَ"

صدق الله العظيم
Dedication

To:

My lovely husband and babies

Sister and Brother

For their kind support and bond

Teacher who teach me how to gain my strength and to my dear friends.

Sara
Acknowledgement

My sincere thankfulness to my supervisors Dr. Elhadi Miskeen and Dr. Osman Hamid Abdulhameed for their advisory efforts and guidance to achieve this research.

I would like to express my special thanks to the staff of the health centers in North Bahari locality.

My thanks also extend to my colleagues for their continuous help and support.
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Abstract

Care of all newborn include immediate drying, skin to skin contact of the newborn with the mother, cord clamping and cutting at the first minutes after birth and early initiation of breast feeding. The aim of this study was to assess the knowledge and practice midwives regarding immediate care of the newborn in the delivery room. This is a descriptive cross sectional study which was conducted in health centers North Bahari locality. A sample of 55 of midwives. Data was collected by structured questionnaire and check list and analyzed by using SPSS and results were presented in simple frequency, cross table and figures. Consent was obtained. Results showed that knowledge about Apgar score was 94.5% all midwives establish and Maintain air way to newborn, provide warmth, and prevent from hypothermia. All had good practice about tying and cutting the umbilical cord which should be approximately 8 to 10 cm from the umbilical cord. The study showed that the training of midwives is recommended in order to decrease the Mortality and morbidity and infant deaths.
تقييم المعرفة و المهارة لدى القابلات العاملات في غرفة الولادة بالمراكز الصحية بمحلية بحري في كيفية العناية بالاطفال حديثي الولادة وللولاية الخرطوم , السودان (2017)

سارة الطيب سليمان فضل الله

ملخص الدراسة

العناية الأولية لكل طفل حديث الولادة تتمثل في فصل الحبل السري بوضع مقبض ثم قطع الحبل السري وبعد ذلك تجفيف الطفل ووضعه بجانب الأم للاستماع جلد الطفل مع جلد الأم ولاده من بداية الرضاعة الطبيعية لكل طفل في الدقيقة الأولى بعد الولادة. هدفت هذه الدراسة إلى تقييم المعرفة و المهارة لدى القابلات في غرفة الولادة في كيفية تقيم حديثي الولادة و العناية بهم. أجريت هذه الدراسة التحليلية الوصفية بمحلية شمال بحري على (55) قابلة تم جمع المعلومات عن طريق الاستبيان و استمارات التقييم ومن ثم تحليل البيانات بواسطة برنامج الحزم الاحصائية للعلوم الاجتماعية. أظهرت النتائج أن المعرفة بمقياس "ابقار" 94.5% و المهارات بنسبة 100% في تنظيف و المحافظة على مجرى التنفس لحديثي الولادة وتدفقت ومنع انخفاض درجة الحرارة لديهم. كل القابلات يقمن بفصل وقطع الحبل السرى عن المشيمة بالطريقة الصحيحة ، فصل الطفل عن المشيمة يكون بقطع الحبل السرى ويجب أن يكون ما بين (8-10سم). خلصت الدراسة إلى أن القابلات لديهم معلومات جيدة ومهارات ضعيفة ، ولكن بالنسبة لقياس "ابقار" وجدنا ان المعرفة جيدة ولا يقومون بالتطبيق . وضحنت هذه الدراسة أن القابلة المؤهلة و المدربة تقلل من نسبة المرضى والوفيات بالنسبة للأطفال حديثي الولادة
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SPSS statistical package for social science
TTC tetracycline
WHO world health organization
CHAPTER ONE

Introduction

1-1 BACK GROUND

Neonate is a new born infant, the neonatal period include the time from birth to twenty eighth day of life. Birth is the time major challenge to newborn to get out successfully from intrauterine to extra uterine life.

Three million of newborn deaths that to half of them are found to occurred within the first 24 hours after birth. Many of these deaths occurred in low birth weight, infant with infection, or infant with asphyxia around the time of delivery and immediate postnatal period are the most critical for newborn and maternal survival (Tinker, 2003).

The immediate care of the new born is including cleaning of the air way, assessment of the baby condition, skin to skin contact of the new born of the mother, cord clamping and cutting at the first minutes after birth (Parlato R, 2004).

World Health Organization (WHO) document that aim to improve skills of birth attendant in newborn care at birth include pregnancy, child birth, postpartum and newborn care a guide for essential practice and essential newborn care course (MDG, 2006).

The greatest in care often occur during the critical first week of life when most neonatal and maternal deaths occur (MP, 2007).

In Sudan neonatal deaths are attributed to asphyxia preterm birth and sepsis, generally the risk of death is greater in the first day of life, when half of all neonatal deaths occur and some three quarters of all neonatal deaths occur within first week of life (Federal Ministry of Health, 2010).
1-2 Justification:

- WHO estimated that 60% of newborn deaths occur on the first day of delivery as a result of asphyxia, 47% on the second day due to infections?

- Maternal and neonatal mortality can be reduced by ensuring access to voluntary family planning to be space birth, provision of adequate antenatal care, ensuring skilled attendance at delivery.
1-3 Problem statement:

Birth and the first day of life is the time of greatest risk for both mother and baby resulting in nearly half of all newborn deaths for live born deaths for live born babies the risk of death is greatest on the day of birth. Currently 2.9 million babies die within the first month of life. The initiating breast feeding within one hour of birth reduces the baby risk of death by 44%. High neonatal morbidity and mortality in the first 24 hours of life from hypothermia asphyxia, hypoglycemia and infection. Promotion of essential newborn care is one of strategy for improving newborn health outcomes that can be delivered in community's promotion of essential newborn care starting from the beginning of pregnancy and even before and continuous to postnatal period.
1-4 Objectives:

1-4-1 General objective:
To Assess knowledge and practice of midwives regarding immediate newborn care at health in north Bahari locality.

1-4-2 specific objective:
To assess midwives knowledge about immediate new born care.
To estimate the principles and appropriate application of clear, aseptic techniques and universal precautions.
➢ To estimate the midwives attitudes of regarding immediate newborn care.
CHAPTER TWO
LITERATURE REVIEW

1-2 Definition

The birth of baby is one of life's most wondrous moments. Few to this events .Immediate proper care of new born is vitally important for survival .growth and development of baby (Tinker, 2003) .Health assessment of the new born begin immediately after delivery. One of the first checks the checks APgar test to the condition of the newborn at one minute and five minutes after birth- A score of 7 to 10 considered normal .A score of 4 to 6 indicate the baby needs some resuscitation the (oxygen)and careful monitoring. A score 3 or below indicate that baby requires immediately resuscitation and life saving techniques .The doctor or midwife and nurse will evaluate the following signs tone ,pulse rate, grimace ,reflex ,skin color and respiration .All babies should be measured routinely examined immediately after delivery to ensuring the infant looks well and that there is no major abnormalities ,for some babies early diagnosis may make all the difference to their subsequent health (MP, 2007) There have been a number of clinical negligence claims arising from in appropriate care during the immediate period post delivery causing voidable harm to newborn (Altuncu E O. E., 2008).

2.2 care for newborn after vaginal delivery:

Healthy babies born in vaginal delivery are usually able to stay with mother, newborn assessment including weight, length and medication, and even the first bath are performed right after in the mother's room .In the first hour or two after birth, This first hour or two after birth is also the best time to begin breast feeding ,This initial feeding helps to stimulate breast milk production (Hengstermaiin S, 2010) .
2-3 Establish respiration and maintain clear airway:

The most important need for the newborn after birth is a clear airway to enable the newborn to breathe effectively since the placenta has function as organ of gas exchange. To establish and maintain respiration:

Wipe mouth and nose of secretions after delivery of the head to maintain respiration and prevent from infection.

2. Suction mouth first then nose.

3. A crying infant is a breathing infant, stimulate the baby to cry if the baby does not cry is loud and husky (NMC, 2008).

4. Oral mucous may cause the newborn to choke, cough or gag during the first 12 to 18 hours of life. Place the infant in a position that would promote drainage of secretion. Trendelenburg position – head lower than body. – side lying position – to permit drainage of mucous from mouth.

5. Keep the nares patent, remove mucous and other particles that may be cause obstruction (Kamlin CO, 2008).

2-4 Care of the cord stump:

Clean cord care at birth is effective in preventing cord infection and tetanus neonatorum (Moore ER, 2009).

2-5 Physical examinations of the new in the delivery room:

The initial assessment and examination of newborn is done at birth first and within first hour of life and should include assessing physiological a adaptation into extrauterine life, screening for anomalies or disease that might mandate emergency treatment recent standards for newborn and infant physical examination set a
A Complete physical examination is an important part of newborn care.

**Measurement of temperature, heart rate and respiratory rate:**
Body temperature of term infants were measured of four sites care (25cm beyond the anus ) rectum (25cm with a mercury in glass thermometer) axial and between the skin and matters. Pulse rate normally 120 to 160 beats per minute, abnormal pulse rate characteristics of reduced variability and transient deceleration are present early in the course of neonatal sepsis. The respiratory rate also know respiration rate, ventilation rate, normally 30 to 60 breaths eupnea, an increased is termed tachypnea lower than normal is termed bradypnea (Velhi S, 2008).

**Measurement of weight, length and head circumference:**
- A baby's birth weight is important indicator for health the average weight for term babies (born between 37-41 week gestation) is about 2.5 to 5 kg . in general small babies and very large babies are greater risk for problem may need special attention and care _ new born babies may lose much as 10 percent of their birth weight. Head circumference: (the distance around the baby's head) is normally about one _ half the baby's body length plus 10cm. Length: the measurement from crown of head to the heel (Wieb N, 2005) .

**Identification of the born:**
With identical numbers are placed on the baby and mother babies often have low, on the wrist an ankle.

**2-6 step of essential newborn care:**
Step 1:

Deliver the baby on to the mother abdomen or a dry warm surface close to the mother (NMC, 2008).

The first minute of care received by a newborn baby may be critical not only for its survival but also possibly to long term outcome. All staff who attends deliveries must be able to perform basic neonatal resuscitation. Early mother baby contact should be encouraged (Moore ER, 2009) such close contact is known to have positive effect on the initiation and duration of breast feeding. Kindness and respect of the newborn baby should involve gentle handling and avoidance of excessive noise (Hengstermain S, 2010).

Step 2:

Dry the baby's body with a dry warm towel to stimulate breathing, dry the body well, including the head. Wipe the baby's eyes rub up and down the baby's back using a clean, warm cloth. Do your baby's not to remove the vernix (the creamy, white substance which may be on the skin) as it protect from infection. Baby's can lose heat quite dramatically after birth, they should be placed in contact with the mother's skin and a dried with pre-warmed towels (Barber CA, 2006) (Vain NE, 2004).

Step 3: Asses breathing and color, If not breathing, gasping or the less 30 breaths per minute need resuscitation- routine suctioning of the new born oral and nasal passage is not recommended (NMC, 2008) , potential hazard include cardiac arrhythmias, laryngeospasm and pulmonary artery vasospam. If therefore, nasal suction is used, care should be taken to minimize pharyngeal stimulation. As you dry baby, assess its breathing:
- Breathing normally.
- Having trouble breathing.
- Breathing less than 30 breath per minute.
- Not breathing at all.

**Step 4:**

Tie and cut the cord, cut the cord between the first and second tie, if the baby needs resuscitation, cut the cord immediately. If not, wait for 3-7 minutes before cutting the cord. Make sure that tie is well secured. Blade or scissors, is usually recommended for cutting the cord. Using a blunt instrument could possibly result in an increased incidence of infection due to more trauma to the tissue. The cord must always be clamped or tied tightly before cutting (Moore ER, 2009).

**Step 5:**

Place the baby skin to skin contact with the mother, cover with a warm cloth and initiate breastfeeding. Over all, the evidence demonstrates that early mother baby contact and early suckling have positive effect on breastfeeding success. Breast milk provides optimal nutrition and promotes the child's growth and development. Although the practice of placing the newborn skin to skin on mother immediately following delivery increased from baseline to end line, mother's and newborn often were separated in hour following birth (Vain NE, 2004).

**Step 6:**

Give eye care shortly after breastfeeding and within one hour of being born, give newborn eye care an antimicrobial medication. Eye protects the baby from serious eye infection which can result in blindness even death (Hengstermaiin S, 2010).
Step 7:

Give the baby vitamin k, 1mg by intramuscular prophylactic vitamin k administration in the immediate period after birth is in UK a routine therapeutic intervention offered to all babies. The review of research in the postnatal guidelines on routine vitamin k concluded that uncertainty in evidence of any harm by this intervention cannot be solved without random controlled studies. Which would be unethical and the intervention remains to be seen as beneficial for prevention of vitamin k deficiency. Leaflets discuss alternate be intervention such as maternal vitamin k supplementation to increase vitamin k in breast milk, but these has not been found to be as effectives administering intramuscular vitamin k to the baby (Moore ER, 2009).

2-7 Role of midwives in immediate newborn care:

- Kindness and respect of the newborn baby should involve gentle handling and avoidance of excessive noise (Resuscitation Council, 2011).
- Babies can lose heat quite dramatically after birth they should be placed in contact with the mother's skin and dried with pre_ warmed towel (Bramson L et al, 2010) (Moore ER, 2009).
- Early mother_ baby contact should be encouraged, such close contact is known to have positive effect on the initiation and duration on breast feeding (LumsdenH, 2005).
- Routine labour ward practice should be allowed to interfere with the interaction between the mother and her baby and the initiation of breast feeding (RCM, 2009).
- A holistic and detailed physical examination should be undertaken within 72hours after the initiation examination immediately after birth, the national
standards for physical examination of the new screening address four area of the examination: eyes, testes, hips and heart (Resuscitation Council, 2011).

- Any assessment or examination at birth or later should be seen as an opportunity for parental education and health promotion (RCM, 2009).

- Administration of vitamin k requires informed consent as well as explanation and education regarding vitamin k deficiency and its signs and symptoms (Bramson L et al, 2010).

**Previous study:**

Most newborn deaths occur in low- and middle – income countries tow- third of all newborn mortality occurs in 12 countries, six of which are in sub- Saharan Africa. 5countries with a neonatal mortality rate of 30 or more death/1000 live births account for 60% of all newborn deaths. Worldwide estimated than 60 percent of newborn deaths occur on the first day of delivery as a result of asphyxia, 47percent on the second day due to infections, and 81 percent is due to severe infection, as a result, greater proportions of infant mortality occur during the first month of life (Moore ER, 2009).

In Pakistan there is study done by (afsheenayaz ……) found 56% of neonates were given bath at birth of these majority (70%) were bathed within an hour after birth, eleven babies did not receive bath as they were too ill and died later (Hengstermaiin S, 2010).

In Egypt regarding hygiene care of cord a found all birth attendants almost university practiced aseptic cutting and tying the cord, often using their own shears and clamps. Antiseptic, usually alcohol was used on the stump in half of neonates; lack of cord cleansing was most common also regarding resuscitation 70% newborns required no stimulation to cry. the most common resuscitation procedure
was topping on the back, performed in 45% of resuscitation interventions mouth-to-mouth breathing was rarely performed of all newborn needing resuscitation 14% were hung by their legs (WHO, 2006).

Although child survival programmers have helped reduce death rates among the newborn over the past 25 years the biggest impact has been on reducing mortality from diseases that affect infants, as a result, greater preparation of infant mortality occur during the first day when a child's risk of death is nearly 15 times greater than at any other time before the first birthday (Tinker, 2003).

Tinker and ransom (2003) stipulate that, though newborn health is related to that their mother's, newborn have a unique need that must be addressed in the context of maternal and child health services they further argued that millions of newborn deaths could be avoided if more resources were invested in proven low-cost interventions designed to address newborn needs. Its estimated that almost two-thirds of infant deaths occur in the first month of life, of whom more than two-thirds die in their first week and among whom two-thirds die in their first 24 hours (Cramer K, 2005).

With 41 neonatal deaths per 1000 live births, the risk of neonatal deaths is highest in Africa with the sub-Saharan African regions of eastern, western and central Africa having between 42 and 49 neonatal death/1000 live birth. this is closely followed by south-central Africa with 43 neonatal death/1000 live birth, whereas the neonatal mortality rate for Latin America and Caribbean is 15/1000 live births (MDG, 2006).

The neonatal mortality rate (NMR) in china is 43 per 1000 live births and the neonatal mortality rate for year 2008 is 31 per 1000 live births. many factors
account for this high (NMR) and these include midwives practices such as inappropriate cord care, bathing babies immediately after delivery, socio–cultural beliefs and practices (Altuncu E. O. E., 2008).

The ideal situation is to give ideal care of newborn baby in hospital.

Low birth weight babies have 8 time risk of dying and partially breast fed babies 4 time risk dying (WHO, 2006) THE average neonatal mortality rate in developing countries is over eight (8) times (33/1000 live births) that prevailing in developed countries (Velhi S, 2008).
CHAPTER THREE

MATERIAL AND METHODS

3-1 study design:

This study is descriptive cross sectional.

3-2 study area and setting:

This study was conducted at health centers in north Bahri locality.

1. Alhalfaya.
2. Alkadaro.
3. Alkhogalab.
4. Alkabashi.
5. Algily.
7. Wadramly.

3-4 Study area and setting:

The study was conducted in north bahri locality health centers Khartoum state.

The study covered seven health centers which provide related services from seventeen health centers.

This study was conducted in Sudan, Khartoum state in health centers of north bahri location. Add demographic characteristics

- Alhalfaya:

Ideal primary health center, about 15KM the estimated population of alhalfaya for the year 2013 is 10,914.
Location: Khartoum state. North bahri locality Alhalfaya health center has antenatal ward, post natal word and labor room. The capacity 9 beds. There is one labor room, one delivery table, minor theater, central lab, pharmacy, ECG, U/S, X-ray. There are 2 medical doctors and 7 midwives. External clinic wards (medicine, Obstetric, pediatric, surgery and dermatology).

- **Alkadaro**: The primary health center about 27KM estimate population of Alkadaro is 11,780 (2010).

Location: Khartoum state north bahri locality. Capacity: 7 beds, consist of the following: External clinic (Obstetric, pediatric, medicine and dermatology) and medical doctors, pharmacy, lab X-ray, ECG, U/S, minor theater, one labor room and 6 midwives.

- **Alkhodalab**: Ideal primary health center about 40KM estimate population is 10,780 in (2010).

Location: Khartoum state north bahri locality. Capacity: 10 beds, there is minor theater lab, pharmacy, ECG, U/S, X-ray and there is labor room consist of (1) delivery table and 7 midwives.

- **Algily**: Primary health center the estimated populatin is 4-700 in (2013)

Is the village in north bahri location. Capacity: 7 beds, consist of the following: pharmacy, lab, X-ray – U/S, ECG minor theater, 2 medical doctors and one obstetrition. There is one labor room, consist of one delivery table and 4 midwives.

- **Alkabashi**: Ideal primary health center about 45KM north Khartoum population is 4-700 in(2013)

Is the village in north bahrilocation. Capacity: 15 beds, consist of the following: U/S, ECG, X-ray, minor theater, lab, pharmacy, 5 medical doctors, 7 midwives and external clinical word (medicine – obstetric – pediatrics).
- **Garri : Primary** health center about 73KM north of Khartoum population is 1200 in (2013)
  Is the village in north bahri location Capacity: 17 beds, consist of the following, pharmacy, central lab, X-ray – U/S, ECG, 3 medical doctors, 2 obstetrition, minor theater, one labor room and 14 midwives.

- **Wadramly : Primary health** center the estimate population is 5000 in (2013)
  Is the village in north bahri location about 65km north of Khartoum
  Capacity: 5 beds consist of pharmacy, lab, minor theater, labor room and midwives.

3-5 **Study population**: All midwives who working at health center in north Bahri locality.

3-6 **Study sample**:

Total coverage

3-7 **Sample size**:

All midwives who are working in labour room at health centers in north Bahri locality (50 midwives).

3-8 **Inclusion criteria**:

All midwives work in labour room and agree to be involved in this study.

3-9 **Exclusion criteria**

Other midwives work in other department (village midwives).

3-10 **Data collection tool**:

Asking by questionnaire /observational by check list.
3-11 Data analysis: Data was analyzed by using computer statistical package for social science (SPSS) and showed in tables and figures.

3-13. Ethical consideration: Before starting steps in the study, ethical clearance and approval was obtained from the ethical committee of department of midwifery. Oral permission was obtained from each health center managers; finally, the data collectors approached each of the participants by giving detail explanation of purpose and possible benefit of the study.
CHAPTER FOUR

RESULTS

The following data represents 55 midwives in health centers of north Bahri locality using structured questionnaire and checklist.

Table 3: Distribution of sample members according to age (n=55).

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 35</td>
<td>5</td>
<td>9.1%</td>
</tr>
<tr>
<td>&gt; 35</td>
<td>50</td>
<td>90.9%</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Fig 1: Distribution of sample members according to age (n=55).

Most of midwives were above 35 years (90.9%).
Fig 2: Distribution of sample members according to marital status (n=55).

Most of midwives were married (74.5%)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>sister midwife</td>
<td>3</td>
<td>5.5%</td>
</tr>
<tr>
<td>nursing midwife</td>
<td>49</td>
<td>89.1%</td>
</tr>
<tr>
<td>Health visitor</td>
<td>3</td>
<td>5.5%</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Majority of midwives were nursing midwife (89.1%)
Fig 3: Distribution of sample members according to year of experience

Year of experience of midwife above (58.2%).

Fig 4: The midwives whom received training course for immediate newborn care (n=55)
Majority of midwives were received training course on newborn care (85%)
Fig 5: Distribution of sample members about measuring the vital sign

Most of midwives measured the vital sign (98.2%)

Table 3: knowledge of midwives on complication of newborn baby (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>hypothermia</td>
<td>4</td>
<td>7.3%</td>
</tr>
<tr>
<td>asphyxia</td>
<td>31</td>
<td>56.4%</td>
</tr>
<tr>
<td>infection</td>
<td>20</td>
<td>36.4%</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Most of midwives were mention asphyxia (56%)
Fig 6: knowledge of midwives about the action they do when newborn not. Majority of midwives were mentioned call for help (81.8%).

Table 4: knowledge midwives about putting newborn under wormer

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>51</td>
<td>92.7%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>7.3%</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Most of midwives were put born baby in worm place (92.7%).
Fig 7: Distribution of sample members according to do you weight immediately born baby (n=55)

Majority of mid wives were measured weight immediately (90%)

Table 5: distribution of sample members according to give vitamin k (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>12.7%</td>
</tr>
<tr>
<td>No</td>
<td>48</td>
<td>87.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Majority of mid wife’s don't give vitamin k (87.3%)
Fig 8: Distribution of sample members according to do you call the doctor at any problem (n=55)

Table 6: knowledge about advantages of breast feeding (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>prevent from hypothermia and hypoglycemia</td>
<td>11</td>
<td>20%</td>
</tr>
<tr>
<td>prevent from infection</td>
<td>34</td>
<td>61.8%</td>
</tr>
<tr>
<td>enhances bonding of mother and baby</td>
<td>7</td>
<td>12.7%</td>
</tr>
<tr>
<td>containing vitamins</td>
<td>3</td>
<td>5.5%</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 7: Knowledge of midwives on early initiation of breast feeding (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>before hour</td>
<td>53</td>
<td>96.4%</td>
</tr>
<tr>
<td>after one hour</td>
<td>2</td>
<td>3.6%</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Most of midwives were initiate breast feeding before hour 96.4%.

Fig 9: Distribution of sample members according to what are the advantages of colostrums (n=55)

The majority of midwife’s were mention gives important nutrient to the baby 89.1%
Table 84: knowledge on time of bathing for newborn (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes</td>
<td>28</td>
<td>50.9%</td>
</tr>
<tr>
<td>Hour</td>
<td>10</td>
<td>18.2%</td>
</tr>
<tr>
<td>Days</td>
<td>17</td>
<td>30.9%</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Most of midwives were mention after minutes 50.9%.

Fig 10: knowledge of midwives about the Apgar score (n=55)

Most of midwives were know Apgar score 94.5%.
**Fig 11:** Distribution of sample members according to receive training for newborn resuscitation

Most of midwives were not receive training for newborn resuscitation 56.4.
Fig 12: practice of midwives about preparation to receive newborn (n=55). All midwives were Prepared to receive the newborn 100%.

Fig 13: practice of midwives about cordite cut and clamp (n=55). All midwives were cut the cord and clamp 100%.
Fig 14: practice of midwives about suctioning the air way (n=55).
All midwives were sucks the air way of new born 100%

Table 9: practice of midwives about dry all baby of newborn (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Done</td>
<td>39</td>
<td>71%</td>
</tr>
<tr>
<td>No done</td>
<td>16</td>
<td>29%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

The majority of midwives were dry all body of new born 71%
Table 10: practice of midwives about putting newborn contact with mother (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Done</td>
<td>49</td>
<td>89.1%</td>
</tr>
<tr>
<td>Not done</td>
<td>6</td>
<td>10.9%</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Most of midwives were put the baby contact to with mother 89.1%.

Table 11: practice of midwives about using band (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Done</td>
<td>10</td>
<td>18%</td>
</tr>
<tr>
<td>Not done</td>
<td>45</td>
<td>82%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Most of midwives don’t put band on ankle 82%.
Fig 15: practice of midwives about covering the newborn with clean cloth (n=55)
All midwives were covered the newborn with clean cloth 100%.

Table 12: practice of midwives about weighting and measuring length and head circumference (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Done</td>
<td>22</td>
<td>40%</td>
</tr>
<tr>
<td>Not done</td>
<td>33</td>
<td>60%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Most of midwives don’t measured weight, length and head circumference (60%)
Fig 16: practice of midwives about putting newborn in warm place (n=55)

All midwives were put the newborn in warm place 100%
Table 13: practice of midwives about keeping head down (n=55)

<table>
<thead>
<tr>
<th>Distribution</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Done</td>
<td>29</td>
<td>52.7%</td>
</tr>
<tr>
<td>Not done</td>
<td>26</td>
<td>47.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>55</td>
<td>100%</td>
</tr>
</tbody>
</table>

Majority of midwives were kept the head down 52.7%

Fig 17: Distribution of sample members according counsels mother how to bath baby

Most midwives were counsels mother how to bath baby 94.5%
Fig 18: practice midwives about care of the eyes by clean towel
All midwives were clean eyes immediately of birth 100%

Significant association and correlation detected by P Value:
There were No significant association between practice and age and qualification (p. value 535-298 respectively)

There were significant association between practice and marital status and years of Experience (p. value 020-018 respectively)

There were significant association between knowledge and age and years of experience (p. value 012-012 respectively)

There were No significant association between knowledge and marital status and qualification (p. value 248-951 respectively)
CHAPTER FIVE

Discussion

New born hath and survival depend on the care given to the newborn, although newborn care is a very essential element in reducing child mortality, it often receives less than optimum attention. Regarding to socio demographic status of the study showed that most (90.9%) of the Midwives their age more than 35 years, 89% had nursing midwife. Table (3) this is agree with study done in New York city showed that (99%) of midwives who were conducted examination and issued diplomas 58% the midwives worked more than 15 years (Ellis M et al, 1996).

Regarding Marital status, the majority (74.5%) of midwives was married. This is something that can be expected with such population due to the nature of their profession as female oriented. The immediate care of newborn is performed for saving the newborn life so 85% of respondents had received training course on newborn care table (5).

In this study showed 92.7% of midwives placed immediately born baby in warm place and contact with her mother to prevent Hypothermia. In this study result showed that 12.7% of midwives give vitamin K to the baby table (11). This study result was higher compared with study done in Egypt that showed 69.5% of midwives did not give vitamin K to the baby (Velhi S, 2008).

The finding of this study reveals that 96.4% of midwives had knowledge on advantage of early initiation of Breast feeding. This is relatively comparable with similar study in India were 93.2% of respondent started to initiate breast feeding to newborn baby within one hour after delivery (Vain NE, 2004).

Babies born in this study will benefit from the advantage of early breast feeding and do strum that could be free from infection and Nutrition related problems.
Regarding knowledge of midwives about Apgar score (94%) had know it. All midwives ties and cutting the umbilical cord table (20) which should be approximately 8 to 10cm from the umbilical, this is agree with study in Nepal showed 98% of midwives had a good practice of tying and cutting the umbilical cord (WHO, 2006)

Regarding suction all midwives sucks the air way table (21), in normal birth. This is usually involves the Newborns, so that the head and fluid from the nose and mouth and suctioning with soft rubber (WHO, 2006)

60% of midwives had not measuring head circumference and weight because no available facilities for doing this procedure table (26).

- All midwives didn't bath the newborn, only they drying the skin by towel this is disagree with study done in Pakistan where found (70%) of midwives were bathing the newborn.
- There were no significant association between knowledge of midwives and marital status and qualification (P. value ,248-951 respectively )
- There were high significant association between knowledge of midwives and age and years of (P. value ,012012 respectively )
- There were no significant association between practice and Age and qualification (P. value ,535-298 respectively )
- There were significant association between practice and Marital status and years of experience (P. value ,020-018 respectively )
- There were no significant association between Apgar score and qualification (P. value ,)
- There were significant association between Training course and years of experience
Chapter six
Conclusion and Recommendation

Conclusion

Even though Most midwives received in service result training on immediate newborn care

The study results showed midwives had knowledge and practice on care given to immediately newborn baby. Almost all midwives were cleaned and applied (TTC) tetracycline ointment to each eye of baby. High percentage of midwives had good knowledge of the danger signs that affected newborn but had Mal practice when the danger signs occur.
**Recommendation**

About immediate care of babies on conclusion the researcher suggest the flowing in order to provide the proper care of new born:-

- Continue supporting midwives to increase knowledge and practice on care of immediately born baby by providing repeated in service training and follow up .
- Education programs with efficient training course to upgrade the techniques necessary to assess and improve the quality of care.
- The department of midwifery recommended all steps of care given to immediately born baby.
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Vain NE, Szyld EG, Prudent, LM,Wiswell TE, Aguilar AM, and 50pbargeal
5ctionhlg of mec0 stained neonates before deliverY of their shoU1det multicentre,

Velhi S, vidsa D. The pros and cons of 5ctionhlg at the eiineUm (intraP) and
4eW1th and without meconjum.S Fetal Neonatal Med. 2008;1337582Epub 2008
3MaY-

Wieb N, ling L, CrufleY E, Vobra S Beat loss preVefltb0 a systematic review of
Chapter 6
Appendex

Questionnaire for:
Assessment of midwives knowledge, attitude and practice regarding newborn care at health center in north bahri locality.

Interview questionnaire:

Age: 1-

< 35 □ □ > 35 □ □

2- Qualification:

Sister midwife □ □ nursing midwife □ □

Health visitor □ □

3- marital status:

Married □ □ not married □ □

4- year of experience:

< 5 years □ □ 5--- 15 years □ □ > 15 years □ □

5- do you recevie any training course on newborn care?

Yes □ □ No □ □

6- Duration of the training course?

Week □ □ 3weeks □ □ month2 □ □
7- do you measure the vital sign?
Yes □ No □

8- do you know the complication of newborn?
Yes □ No □

9- If yes, what are the complication?
1/

2/

10- what do you do if the baby not cries after delivery?
1/

2/

11- do you put born baby in warm place?
Yes □ No □

12- do you weight immediately born baby?
Yes □ No □

13- Do you give vitamin k to immediately born baby?
Yes □ No □

14- do you call the doctor at any proplen?
Yes □ No □

15- what are the advantage of breast feeding?
2-
16- when do you initiate breast feeding?
Before one hour □ after one hour □

17- what are the advantage of colostrums?
1/
2/

18- do you know APGAR score?
Yes □ No □

19- do you receive training for newborn resuscitation?
Yes □ No □
Obsevational check list:
Assessment of midwives knowledge, attitude and practice regarding
newborn care at health center in north bahri locality.

Interview questionnaire:-

1- cut the cord
Yes □ No □

2- sucks the air way of new born
Yes □ No □

3- dry all body of new born
done □ not done □

4- put the baby contact to with mother
done □ not done □

5- place newborn's identification band on ankle
done □ not done □

6- cover the baby's body and head with clean cloth
done □ not done □

7- measurement weight, length and head circumference
done □ not done □

8- put the newborn in warm place
done □ not done □

9- call the doctor if the baby not cry
done □ not done □
10- counsels moth how to bath baby
done □ □ □ t done □ □

11- clean eyes immediately of birth
done □ □ □ t done □ □

-do you bath the new born
done □ □ □ t done □ □

practice of mid wives about bathing the newborn
مركز صحة الأسرة المرجعي رقم (٢)
بالجيلي

إدارة الفحوصات الوقائية - رعاية قلب - فحصات طبية - شعاعية - تغذية - تقييم - الصحة الاجتماعية - تأمين صحي