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Pre-Experimental Study To Evaluate The Efficacy Of A Well-Established Framework On Comprehension Concerning "Rule Of 30" Among Staff Nurses At Selected Hospital

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Abstract: Postpartum haemorrhage is when the total blood loss is greater than 32 fluid ounces after delivery, regardless of whether it's a vaginal delivery or a Caesarean section, or C-section, or when bleeding is severe enough to cause symptoms of too much blood loss or a significant change in heart rate or blood pressure. PPH occurs worldwide and is common in developing countries than developed countries. The occurrence rate is still higher in home deliveries when compared to hospital deliveries. In the reviews on emergency obstetrics in India, the second most common indication for hysterectomy is uncontrolled postpartum haemorrhage. Severe postpartum haemorrhage (PPH) contributes substantially to maternal morbidity in high-income countries, causing >50% of all severe maternal morbidity. The Rule of 30 is used to measure the severity of shock. It refers to a blood loss of ≥ 30%, a fall in systolic blood pressure (SBP) of 30 mmHg or more, an increase in heart rate (HR) by at least 30 beats/min, a respiratory rate >30 breaths/min, a fall in the haemoglobin or haematocrit of 30%, and/or a reduction in urinary output to <30 ml/hour. These are all guides suggesting that the woman is likely to have lost at least 30% of her blood volume. The study in to evaluate the knowledge of staff nurses of selected hospital about Rule of 30 and find out the relationship between staff nurses' knowledge and demographic data. A pre-experimental study was conducted at Coral hospital, Indore, for 40 staff nurses between February 2024 to July 2024. Pretest and Post test was conducted and statistical analysis of the data was done by using standard deviation and t-test was done $p < 0.05$ was taken for the significant level of the test. The study revels There will be significant association between pre-test knowledge score and the selected demographical variables like age, education, gender, education, marital, total year of experience and total year of department experience status and association between Pre- test and Post test Knowledge. Result show that Good 5% and Excellent 95%.

Index Terms **-** Post Partum Hemorrhage, POI, Caesarean- section, Rule 30

I. INTRODUCTION

Awareness, Prevention and detection is what we are striving for to deal with Rule of 30 among Staff nurse.

An ounce of prevention is worth a pound of care" (Benchman Franklin) "The traditional definition of primary PPH is the loss of 500 ml or more of blood from the genital tract within 24 hours of the birth of a baby." "Postpartum haemorrhage (PPH) describes excessive bleeding after delivery of a foetus. It is the leading cause of maternal death." The birth of a baby is a momentous occasion: tiny details of the experiences surrounding the whole event countries. Are etched in the memory forever. Of all stages of labour, third stage is the most crucial one for the mother. Foetal complications may appear unexpectedly in an otherwise uneventful first or second stage. Even though third stage lasts only for fifteen to twenty minutes in both primi and multi gravida mothers it can be complicating due to mismanagement of third stage of labour, resulting in maternal mortality. Postpartum haemorrhage-one of the third stage complication is the leading cause of maternal mortality in the world Primary postpartum haemorrhage is the bleeding from or into the genital tract or more than 500ml within 24 hours of child birth, 500ml is an arbitrary figure; the effect of bleeding depends upon the rate as well as the amount of blood lost, the previous haemoglobin level of the women and her ability to withstand the blood loss. A pregnant woman has an increased blood volume of 5.3 litres as against4.3 litres in the non-pregnant state. This expansion of intravascular compartment enables her to withstand the normal blood loss of third stage of labour. The signs of hypovolaemia and shock develop when the blood volume drops to less than 70% of its pre delivery level. The anaemic woman will deteriorate faster with a blood loss less than 500ml as compared to a woman whose haemoglobin level is sound. The contraction and retraction play an important role in the control of third stage haemorrhage, and the uterine muscles (mainly the intermediate myometrial muscle layer) are known as the living ligatures of the uterus. Enhancing the retraction by routine injection of methergine during the third stage reduces the bleeding by 40%, expedites the placental separation and curtails the third stage to less than fifteen minutes. Postpartum haemorrhage occurs worldwide and is common in developing countries than developed countries. The occurrence rate is still higher in home deliveries when compared to hospital deliveries. Some of the contributing factors are prevalence of malnutrition and anaemia, inadequate antenatal and intranasal care, lack of blood transfusion facilities, uterine atony, and coagulopathies and over distension of uterus. The best way to prevent postpartum haemorrhage is by active management of third stage of labour and exploration of utero-vaginal canal following difficult labour or instrumental delivery.

II.NEED OF THE STUDY -

PPH is not precise and requires some insight. A loss of greater than 500ml blood after vaginal delivery or greater than 1000 ml after a C-section is defined as PPH. If the loss occurs within a day, it is termed early or primary PPH, whereas late or secondary PPH refers to blood loss that occurs after one day. In the reviews on emergency obstetrics in India, the second most common indication for hysterectomy is uncontrolled postpartum haemorrhage. Gupta et al in their series of 175 cases attributed the indication for hysterectomy to postpartum haemorrhage in 30 cases (17%), atonic PPH, traumatic PPH, and secondary PPH together in 9 cases (5.1%). Devi et al in a study reported that atonic PPH is the most common cause in 19.2% cases. Severe

postpartum haemorrhage (PPH) contributes substantially to maternal morbidity in high-income countries, causing >50% of all severe maternal morbidity. The health department in 2023-24 said. "The MMR is 52 per 100,000 live births as per SRS 2020 compared to 97 for India in 2020.

III.OBJECTIVES OF THE STUDY WERE –

- To assess the Pre- test comprehension concerning "rule of 30 among staff nurses at selected hospital in Indore M.P.
- To Provide the comprehension concerning "rule of 30 "among staff nurses at selected hospital in Indore M.P.
- To assess the Post – test comprehension concerning "rule of 30 "among staff nurses at selected hospital in Indore M.P.
- To find out the Association between pre – test and post test comprehension concerning "rule of 30 "among staff nurses at selected hospital in Indore M.P.
- To find out the association between pre-test comprehension score among staff nurses with selected demographic variables.

IV.HYPOTHESIS –

- H0 – There will be no significant difference between pre-test and post-test knowledge score among staff nurses.
- H1 - There will be significant difference between pre-test and post-test knowledge score among staff nurses.

V.METHODOLOGY –

In this study the researcher adopted quantitative evaluative approach were pre-experimental research design was under taken. A total of 40 samples were chosen through non-probability convenient sampling technique. The samples were collected from selected Hospital of Indore. Further on, tool consists of two section – demographic variable and self-structured questionnaire. The researcher also prepared instructional booklet to deliver the knowledge regarding Rule 30.

VI. RESULTS –

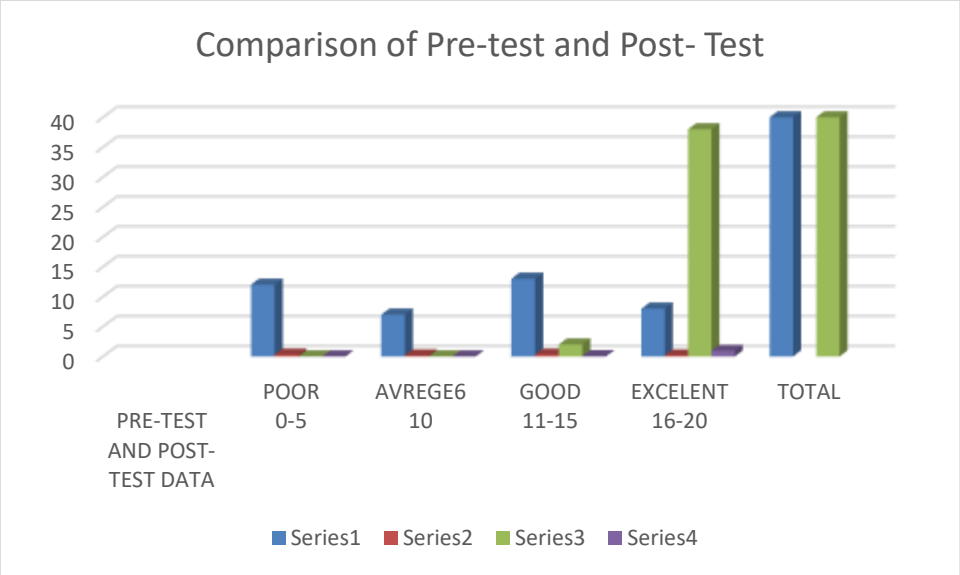
The investigator estimated that among 40 samples, most of the samples, that there was improvement in mean knowledge score in all knowledge aspects. The overall knowledge score shows that there was positive improvement score 38% and found to be highly significant at the level of $p<0.05$. hence it is evident that the among staff nurse. Demographic Age (32%), gender(63%), Education(30%), Marital status (32.5%) and total year of department experience (32%) There will be significant association between pre-test knowledge score and the selected demographical variables like age, education, gender, education, marital, total year of experience and total year of department experience status and association between Pre- test and Post test Knowledge. Result show that Good 5% and Excellent 95%.

VII.INTERPRETATION AND CONCLUSION -

After administration at day seven the average (Mean ± Standard Deviation) score to judge the knowledge (Pretest mean 8.3 ± S.D1.4142 Post test mean 1.359 and S.D 4.2426 points) among Rule 30 found to be significantly greater and improved as compared to average score of knowledge (Post test mean 1.359 and S.D 4.2426 points) at baseline stage. However, difference of 5.15 points in mean score of knowledge of Rule 30 were statistically strongly ($p<0.001$) significant between pre and post administration.

Parameter	Variable	Scatterings
		Mean ± SD
Knowledge	Pre-test	8.3 ± 1.4142
	Post-test	13.45 ± 4.2426
	Mean Difference	5.15

Effectiveness of informational booklet on knowledge among pre-menopausal women



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