ISSN: 2362-1303 (Paper) | eISSN: 2362-1311(Online)
JOURNAL OF ADVANCED ACADEMIC RESEARCH (JAAR) **December 2017**

The Effectiveness of Self Instructional Module on Knowledge Regarding Maternal and Neonatal Outcome of Induction of Labour among Staff Nurses in Selected Hospital, Bangalore, India

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ABSTRACT

Background of the study

Induction of labour is the stimulation of uterine contraction priority to the onset of spontaneous labour. It is an obstetrics intervention that should be used when elective birth will be beneficial to mother and baby. It means initiation of uterine contractions by any method (medical, surgical or combined) for the purpose of vaginal delivery.

Objectives

1. *To assess the existing knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour.*
2. *To evaluate the effectiveness of self instructional module regarding maternal & neonatal outcome of induction of labour among staff nurses.*
3. *To associate pre-test knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour with their selected demographic variables.*

Methods

A Pre experimental design (one group pre and post test design) was conducted at ESI Hospital, Bangalore, 60 samples, non-probability convenient sampling technique, structured questionnaire were developed and validated by experts; the reliability that is test retest method was used, administered self instructional module and conducted post test. The Collected data were analyzed by using descriptive and inferential statistics.

Major findings of the study

Majority of staff nurses attained were 31-35 years age (37%) had GNM education (83%). About 39% of subjects had above 6 years experiences. SIM is effective in improving staff nurses knowledge regarding maternal and neonatal outcome of induction of labour. ($P< 0.05$). A significant association was found between knowledge of staff nurses with demographic variables such as age, religion, marital status, educational qualification, total years experiences, monthly income, and previous sources of information.

Interpretation and conclusion

The findings revealed that the improvement Mean score of all level of knowledge of staff nurses between pre test and post test was 13.75% with 't' test value was 12.88, which was highly significant at p< 0.05. Hence, it is inferred that there is significant increase in the knowledge level of the staff nurses regarding maternal and neonatal outcome of induction of labour after used of Self Instructional Module.

KEYWORDS

Knowledge, Maternal and neonatal outcome, Self Instructional Module, Staff nurses.

INTRODUCTION

Induction of labour is the stimulation of uterine contraction priority to the unset of spontaneous labour. It is an obstetrics intervention that should be used when elective birth will be beneficial to mother and baby. It means initiation of uterine contractions by any method (medical, surgical or combined) for the purpose of vaginal delivery. As a general principle, the simplest inductions are those performed when the cervix is ripe and probably precede the spontaneous onset of labour by a few hours to a day or two, and a mechanical technique alone is required. For the most difficult inductions, when the cervix is very unripe, a combination of a pharmacological agent, possibly involving more than one drug is followed by a mechanical stimulus (Myles, 2016).

Induction of labor is on the rise in the U.S., increasing from 9.5 % in 1990 to 22.1 percent in 2014. Although it is not entirely clear what proportions of these inductions are elective, the overall rate of induction of labor is rising faster than the rate of pregnancy complications that would lead to a medically indicated induction. However, the maternal and neonatal outcomes of induction of labor are unclear. A descriptive study was conducted to assess the knowledge of staff nurses on oxytocin induction to mothers during the first stage of labour in view of developing a protocol for better management in the maternity ward at selected hospitals of Chennai, among 30 staff nurses. The result implied that a protocol can update the nurses' knowledge which will, in turn improve the quality of nursing care. (Sanchez, 2012).

Now a day's Institutional deliveries are encouraged for every pregnant mother from every part of the country. In India delivery care coverage 47% Institutional delivery, 2005-2009.Many institutions are practicing induction of labour for the positive maternal and neonatal outcome and reduce the rate of caesarean section. The researcher observed during her clinical practice that nurses have an important role in induction of labour. Mothers sometime may undergo long term labour pain and cannot tolerate labour pain thus induction of labour will help the shortening of labour duration with easy and efficient delivery. Hence, the researcher found that the staff nurses knowledge may vary regarding the maternal and neonatal outcome of labour, therefore, motivated to assess the effectiveness of Self Instructional Module on knowledge regarding maternal and neonatal outcome of induction of labour.

METHODOLOGY

The research design adopted for this study was Pre-experimental - one group pre test post test design. This design was used to evaluate the effectiveness of SIM on knowledge of one group of staff nurses regarding maternal and neonatal outcome of induction of labour. The study was conducted in ESI Hospital, Bangalore The population in this study was all staff nurses who are working in ESI hospital, Bangalore. non-probability convenience sampling technique for selection of the sample. The investigator had gone to ESI hospital and selected 60 staff nurses who fulfill the inclusive criteria**.** A structured interview schedule was developed to assess the knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour.

The investigator developed a structured questionnaire consisted of 3 sections covering following areas.

SECTION A: A structured interview schedule is used to assess among staff nurses the demographic data such age, religion, marital status, education qualification; total years of experience, monthly income, and previous source of information.There were totally 7 items.

SECTION B: Self administered structured questionnaire is used to assess the existing knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour. It consists of 40 questions.

SECTION C: This section includes a Development of Self Instructional Model on maternal and neonatal outcome of induction of labour for staff nurses.

The data obtained was planned to be analyzed based on objectives and hypothesis of the study using descriptive and inferential statistics

Descriptive statistics

Frequency and percentage analysis were used to describe the demographic variables among staff nurses such as the age, religion, marital status, qualification, total years of experiences, monthly income, and previous sources of information. Mean standard deviation and Range was used to assess the knowledge regarding maternal and neonatal outcomes among staff nurses. Distribution of score on the knowledge regarding maternal and neonatal outcome of induction of labour to be interpreted by summarizing into three categories such as inadequate, moderate and adequate.

Inferential statistics:

Paired t-test was used to compare pre and post test knowledge regarding maternal and neonatal outcome among staff nurses. Chi-square test was used to find out the association between the pre test level of knowledge and selected demographic variables of staff nurses. Level of significance was set at 0.05 to interpret the hypothesis and findings. For this study, the investigator took into consideration the ethical issues. No ethical issues raised by conducting this study. Prior permission was obtained from the medical superintendent of ESI Hospital, Bangalore. Written informed consent was obtained from the study samples. Explanation regarding the purpose of the study was given. The subjects were informed that the confidentiality of the data will be

maintained. The subjects were informed that their participation was purely on the voluntary basis and they can withdraw from the study at any time.

RESULTS

Depicts the frequency and percentage distribution of demographic variables of the staff nurses working in ESI Hospital. In the present study

With regard to age, majority of respondents 37% belongs to 31-35 years of age group, minority of the respondents 18% were in the age group of above 35 years of age group, 25% were in the age group of 26-30 years and 20% were in the age group of 21-25 years of age group.

With regard to Religion, the distribution includes maximum numbers of the staff nurses 77% were Hindu, minimum numbers of respondents 7% were Muslim and 16% were Christian.

With regard to marital status, the distribution includes majority of staff nurses 53% of them were married, and minority 47% of them were un-married.

With regard to educational qualification, 83% of the staff nurses were GNM, 6 10% were B.Sc Nursing and 7% were Post Basic Bachelor of nursing.

With regards to total years of experience maximum 39% of staff nurses had above 6 years experience, minority 10% of staff nurses had 6 months -1 year experience, 33% staff nurses had 4-5 years experiences and 18% staff nurses had 2-3 years experiences.

With regard to monthly income maximum of 38% nurses got above 45001 rupees. 27% got below 35000 rupees, 22% got 35001 – 40000 rupees and 3% nurses got 40001 – 450000 rupees.

Table 1: Frequency and percentage Distribution of staff nurses according to their pre test level of knowledge regarding maternal and neonatal outcome of induction of labour before SIM.

n=60

SN	**Level of knowledge (Pre test)**	**%**
1	Inadequate knowledge (<50%)	63.3
2	Moderately adequate knowledge (50-75%)	36.7
3	Adequate knowledge (>75%)	-
	Total	100

Table 1 depicts the frequency and percentage distribution of Pre test level of knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour before SIM out of

60 subjects majority 63.3% of staff nurses had inadequate knowledge 36.7% of them had moderate knowledge, and none of the staff nurses had adequate knowledge.

Table 2: Range, Mean and SD of pre test knowledge regarding maternal and neonatal outcome of induction of labour before SIM among staff nurses.

n=60

SN	Aspect of knowledge	Max. Score	Range	Mean	SD	Mean%
1	General information	3	0-3	2.15	.82	71.6
2	Method of induction of labour	17	3-13	7.92	2.36	46.5
3	Maternal and neonatal outcome	8	0-7	2.92	1.47	36.5
4	Nursing management and side effects	12	1-8	4.57	1.66	38.0
	Over all	40	10-26	17.55	4.90	43.8

Table 2 represents the Mean, Mean score and SD of various aspects of knowledge regarding maternal and neonatal outcome of induction of labour. The pre test shows that the Mean score of subject was 2.15 with SD .82 and Mean score percentage of 71.6 for knowledge on general information regarding maternal and neonatal outcome of induction of labour. The Mean score of subject was 7.92 with SD 2.36 and Mean score percentage 46.5 for method of induction of labour. The Mean score of subject was 2.92 with SD 1.47 and Mean score percentage 36.5 for maternal and neonatal outcome of induction of labour and The Mean score of subject was 4.57 with SD 1.66 and Mean score percentage 38.0 for nursing management and side effects of induction of labour. The overall Mean and SD of subjects was 17.55 and 4.90, respectively and the Mean score percentage of subjects for overall knowledge was 43.8.

Table 3: Frequency and percentage Distribution of staff nurses according to their level of knowledge regarding maternal and neonatal outcome before and after SIM.

n= 60

SN	Level of knowledge	Before SIM	After SIM
		%	%
1	Inadequate knowledge (<50%)	63.3	-

2	Moderately adequate knowledge (50-75%)	36.7	45.0
3	Adequate knowledge (>75%)	-	55..0
	Total	100	100

Table 3 shows that the frequency and percentage distribution of level of knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour before and after SIM. Out of 60 staff nurses, in a pretest majority 63.3% of staff nurses had inadequate knowledge 36.7% of them had moderate knowledge, and none of the staff nurses had adequate knowledge.

Table 4: Range, Mean and SD of knowledge regarding maternal and neonatal outcome of induction of labour before and after SIM among staff nurses.

n = 60

SN	Aspect of knowledge	Max. Score	Before SIM				After SIM			
			Range	Mean	SD	Mean %	Range	Mean	SD	Mean %
1	General information	3	0-3	2.15	.82	71.6	2-3	2.89	.30	96.3
2	Method of induction of labour	17	3-13	7.92	2.36	46.5	8-17	13.32	2.68	78.3
3	Maternal and neonatal outcome	8	0-7	2.92	1.47	36.5	2-8	6.22	1.30	77.5
4	Nursing management and side effects	12	1-8	4.57	1.66	38.0	3-12	8.90	2.16	74.1
	Over all	40	10-26	17.55	4.90	43.8	21-40	31.30	5.32	78.2

Table 4 shows nurses regarding maternal and neonatal outcome of induction of labour before and after SIM. The pretest shows that the Mean score of subject was 2.15 with SD .82 and Mean score percentage of 71.6 for knowledge on general information regarding maternal and neonatal outcome of induction of labour. The Mean score of subject was 7.92 with SD 2.36 and Mean score percentage 46.5 for method of induction of labour. The Mean score of subject was 2.92 with SD 1.47 and Mean score percentage 36.5 for maternal and neonatal outcome of induction of labour and The Mean score of subject was 4.57 with SD 1.66 and Mean score percentage 38.0 for nursing management and side effects of induction of labour. The overall Mean and SD of subjects was 17.55 and 4.90, respectively and the Mean score percentage of subjects for overall knowledge was 43.8.

The post test shows that the Mean score of subject was 2.89 with SD 0.30 and Mean score percentage of 96.3 for knowledge on general information regarding maternal and neonatal outcome of induction of labour. The Mean score of subject was 13.32 with SD 2.68 and Mean score percentage 78.3 for method of induction of labour. The Mean score of subject was 6.22 with SD 1.30 and Mean score percentage 77.5 for maternal and neonatal outcome of induction of labour and The Mean score of subject was 8.90 with SD 2.16 and Mean score percentage 74.1 for nursing management and side effects of induction of labour. The overall Mean and SD of subjects was 31.30 and 5.32, respectively and the Mean score percentage of subjects for overall knowledge was 78.2

This indicates that there is a gain in mean score percentage of 78.2 which is the highest mean score of subjects in knowledge regarding maternal and neonatal outcome of induction of labour after the SIM and there is the mean score percentage of 43.8 which is the lowest mean score of subjects in knowledge regarding maternal and neonatal outcome of induction of labour before the SIM. Therefore the overall gain in mean score percentage is 34.4%.

Table 5: Enhancement Mean, SD and 't' values of knowledge among staff nurses regarding maternal and neonatal outcome of induction of labour between pre test and post test and statistical significance.

n = 60

SN	Aspect of knowledge	Max score	Mean difference	SD of difference	Mean difference %	t-value	p-value
1	General information	3	0.75	0.45	25.0	6.78	p<.0.05
2	Method of induction of labour	17	5.49	2.27	32.2	18.41	p<.0..05
3	Maternal and neonatal outcome	8	3.30	1.43	41.2	17.89	p<.0.05
4	Nursing management and side effects	12	4.33	1.82	36.0	20.68	p<.0..05
5	Over all	40	13.75	3.36	34.3	12.88	p<.0.05

Note: *- Significant at 5% level (ie., p<0.05)

Table 5 describes the outcome of mean difference, SD of difference,% of mean difference, pre and post test scores in overall aspects and also the different aspects of knowledge along with that the paired 't' test value for significance of pre and post test scores were also being included. On

an overall aspect of knowledge the % of mean difference ie, gain in mean score between pre and post test score was 34.3% with a mean difference of 13.75 and SD of difference 3.36.

With regard to knowledge aspect of General information on maternal and neonatal outcome of induction of labour mean enhancement score obtained was 0.75 and the obtained paired't' value was 6.78,With regard to method of induction of labour the mean enhancement score was 5.49 and paired't' value obtained was 18.41. In relation to maternal and neonatal outcome mean enhancement score obtained was 3.30 and paired 't' value was 17.89 and in relation to nursing management and side effects mean enhancement score obtained was 4.33 with 't' value 20.68.

The paired't' value obtained for all the knowledge aspects were found to be significant at $p<0.05$ level. Therefore self instructional module is effective in improving the knowledge on all these aspects of maternal and neonatal outcome of induction of labour.

Table 6: Association of pre test knowledge of staff nurses with demographic variables.

n=60

S.N	Demographic variables	Categories	Sample (n=60)	Knowledge		χ^2-value	p-value
				≤median	>median		
			%	%	%		
1	Age in years	21-25	20	26.7	13.3	3.09, df=3, NS	p>0.05
		26-30	25	16.7	33.3		
		31-35	37	36.7	36.7		
		36-40	18	20.0	16.7		
2	Religion	Hindu	77	70.0	83.3	4.94, df=2, NS	p>0.05
		Muslim	7	3.3	10.0		
		Christian	16	26.7	6.7		
		Others	-	-	-		
3	Marital status	Married	53	53.3	53.3	0, df=1, NS	p>.05
		Unmarried	47	46.7	46.7		
		Widow	-	-	-		
		Divorce	-	-	-		
4	Educational status	GNM	83	93.3	73.3	5.38, df=2, NS	p>0.05
		Post BSC(N)	7	0	13.3		
		BSc (N)	10	6.7	13.3		
5	Total years of experience	6 months-1yr	10	16.7	13.3	4.98, df=3, NS	p>0.05
		2-3yrs	18	10.0	26.7		
		4-5 yrs	33	33.3	33.3		
		6 yr& above	39	40.0	36.7		
6	Monthly income	Below 35000	27	26.7	26.7	0.12, df=3	p>0.05
		35001-40000	22	20.0	23.3		

		40001 -45000	13	13.3	13.3	, NS	
		45001 & above	38	40.0	36.7		
7	Previous source information	Yes	100	100	100	Not applicable	
		No	-	-	-		
8	If yes, source of information	Conference & In-service education	42	40.0	43.3	1.01, df=2 , NS	p>0.05
		Friends and relatives	-	-	-		
		Journal and books	48	53.3	43.3		
		Previous experience	10.0	6.7	13.3		
		Mass media	-	-	-		

Note: S-Significant at 5% level (ie., p<0.05), NS-Not significant at 5% level (ie., p>0.05).

Table 6 represents the chi-square value computed for association of pre test level of knowledge of staff nurses with age, religion, marital status, educational qualification, total years experiences, monthly income, and previous sources of information. The table depicts that the all demographic variable such as age, religion, marital status, educational qualification, total years experiences, monthly income and previous sources of information shows that there is no statistical association with pre test level of knowledge at 5 % level of significance.

DISCUSSION

The first objective was to assess the existing knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour.

Table 1 depicts the frequency and percentage distribution of Pre test level of knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour before SIM out of 60 subjects majority 63.3% of staff nurses had inadequate knowledge 36.7% of them had moderate knowledge, and none of the staff nurses had adequate knowledge.

Table 2 represents the Mean, Mean score and SD of various aspects of knowledge regarding maternal and neonatal outcome of induction of labour. The pre test shows that the Mean score of subject was 2.15 with SD .82 and Mean score percentage of 71.6 for knowledge on general information regarding maternal and neonatal outcome of induction of labour. The Mean score of subject was 7.92 with SD 2.36 and Mean score percentage 46.5 for method of induction of labour. The Mean score of subject was 2.92 with SD 1.47 and Mean score percentage 36.5 for maternal and neonatal outcome of induction of labour and The Mean score of

subject was 4.57 with SD 1.66 and Mean score percentage 38.0 for nursing management and side effects of induction of labour. The overall Mean and SD of subjects was 17.55 and 4.90, respectively and the Mean score percentage of subjects for overall knowledge was 43.8.

A similar study was conducted to assess the knowledge regarding induction of labour among nurse managers via random sampling technique using mailed questionnaires. 2 % of the sites reported the use of 5% dextrose in water for both oxytocin dilution and the mainline IV solution. only 2% of the responding facilities indicated the use of 5% dextrose in water for both oxytocin dilution and the mainline IV solution, which may be clinically significant because of the serious nature of hypotonic and the care of it's prevention.The study reveals that the nurses must be aware of the extent to which protocols for the infusion of oxytocin vary, despite what is documented as best practice and the potential consequences for their patients while implementing these protocols (Ruchala,2013).

The second objective was to evaluate the effectiveness of self instructional module regarding maternal & neonatal outcome of induction of labour among staff nurses.

Table 3 shows that the frequency and percentage distribution of level of knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour before and after SIM. Out of 60 staff nurses, in a pretest majority 63.3% of staff nurses had inadequate knowledge 36.7% of them had moderate knowledge, and none of the staff nurses had adequate knowledge.

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The post test shows that the Mean score of subject was 2.89 with SD 0.30 and Mean score percentage of 96.3 for knowledge on general information regarding maternal and neonatal outcome of induction of labour. The Mean score of subject was 13.32 with SD 2.68 and Mean score percentage 78.3 for method of induction of labour. The Mean score of subject was 6.22 with SD 1.30 and Mean score percentage 77.5 for maternal and neonatal outcome of induction of labour and The Mean score of subject was 8.90 with SD 2.16 and Mean score percentage 74.1 for nursing management and side effects of induction of labour. The overall Mean and SD of subjects was 31.30 and 5.32, respectively and the Mean score percentage of subjects for overall knowledge was 78.2

This indicates that there is a gain in mean score percentage of 78.2 which is the highest mean score of subjects in knowledge regarding maternal and neonatal outcome of induction of labour after the SIM and there is the mean score percentage of 43.8 which is the lowest mean score of subjects in knowledge regarding maternal and neonatal outcome of induction of labour before the SIM. Therefore the overall gain in mean score percentage is 34.4%.

Table 5 describes the outcome of mean difference, SD of difference, percentage of mean difference, pre and post test scores in overall aspects and also the different aspects of knowledge along with that the paired 't' test value for significance of pre and post test scores were also being included. On an overall aspect of knowledge the percentage of mean difference ie, gain in mean score between pre and post test score was 34.3% with a mean difference of 13.75 and SD of difference 3.36.

With regard to knowledge aspect of general information on maternal and neonatal outcome of induction of labour mean enhancement score obtained was 0.75 and the obtained paired't' value was 6.78 . With regard to method of induction of labour the mean enhancement score was 5.49 and paired't' value obtained was 18.41. In relation to maternal and neonatal outcome mean enhancement score obtained was 3.30 and paired 't' value was 17.89 and in relation to nursing management and side effects mean enhancement score obtained was 4.33 with 't' value 20.68.

The paired't' value obtained for all the knowledge aspects were found to be significant at $p<0.05$ level. Therefore self instructional module is effective in improving the knowledge on all these aspects of maternal and neonatal outcome of induction of labour.

Hence the research hypothesis H_1 stated that there is a significant difference between pretest and posttest knowledge scores of staff nurses regarding maternal and neonatal outcome of induction of labour is accepted.

A similar study was conducted to assess the effectiveness of SIM on management of antenatal women during oxytocin induction among 40 staff nurses in Mangalore. The mean pre-test knowledge and practice score were 13.6 was 15.46 respectively. The difference in the mean knowledge (t_{39}= 17.29, $p<0.05$) and practice score (T_{14} = -120, $p<0.05$) was statistically significant at 0.05 level of significance. A relationship existed between knowledge and practice of staff nurses (r = 0.77). There was a marked gain in mean knowledge (27.05) and practice (21) score after the administration of SIM (Shettigar, 2017).

The third objective was to associate pre-test knowledge of staff nurses regarding maternal and neonatal outcome of induction of labour with their selected demographic variables.

Table 6 represents the chi-square value computed for association of pre test level of knowledge of staff nurses with age, religion, marital status, educational qualification, total years experiences, monthly income, and previous sources of information. The table depicts that the all demographic variable such as age, religion, marital status, educational qualification, total years

experiences, monthly income and previous sources of information shows that there is no statistical association with pre test level of knowledge at 5 % level of significance.

Hence the research hypothesis H_2 stated that "there is a significant association of the pre test level of knowledge of the staff nurses regarding maternal and neonatal outcome of induction of labour with their selected demographic variables is rejected.

A similar study was conducted to effectiveness of a self instructional module on selected obstetric drugs among staff nurses working in Jayanagar General Hospital, Bangalore, South Karnataka. Data Collection Tool Self-administered questionnaire on selected obstetric drugs was used to collect the data from the study subjects. Subjects were selected purposively. Pretest: Pre testing was conducted using self-administered questionnaire. Posttest was conducted 7 days after administration of self-instructional module using the same tool was used for the pretest. Major findings of the study Findings related to demographic characteristics. The results showed that the mean post-test knowledge score 40.14 (73%) was significantly higher than the mean pre-test knowledge score 28 (52%) with t value 16.7 at $P < 0.01$ level of significance and this study revealed that self instructional module is an effective tool in increasing the knowledge (Sibbala, 2005).

CONCLUSIONS

The present study was undertaken to assess the effectiveness of SIM on knowledge regarding maternal and neonatal outcome of induction of labour among staff nurses the study was conducted in the ESI Hospital, Bangalore. The data was collected from 60 staff nurses by structured knowledge questionnaire before and after SIM. Non probability convenient sampling technique was used to select the samples. The findings of the study have been discussed with reference to the objectives, hypothesis and with findings of the other studies the data is organized analyzed and presented in two parts.

The findings revealed that the improvement Mean score of all level of knowledge of staff nurses between pre test and post test was 13.75% with't' test value was 12.88, which was highly significant at $p< 0.05$. This showed that the SIM was effective and hence research hypothesis H_1 was accepted. On the basis of finding, the investigator concluded that the SIM which was prepared was effective. Hence the staff nurses should be encouraged to study booklets, magazine, pamphlets, and journals to improve their knowledge level.

REFERENCES

Caughey, A.B., Sundaram, V., Kaimal, A.J., Cheng, Y.W., Gienger, A., Little, S.E., et al (2012). Maternal and neonatal outcomes of elective induction of labor, Available from: www.ncbi.nlm.nih.gov.

Myles (2016). Textbook for Midwives: Churchill Livingstone. London, Newyork.

Ruchala, P.L. (2013). Current practice in oxytocin dilution and fluid administration for induction of labour, Journal of Obstetrics gynaecology and neonatal nursing. 31 (5): 545-550.

Sanchez, L. R. (2012). Andrew. Induction of Labour. University of Florida Health Science Centre, Jacksonville, Florida, USA. Available from: www.glowm.com/index.

Sathyalatha, R. (2009). knowledge of staff nurses on oxytocin induction to mother during 1st stage of labour, Available from: www.rguhs.ac.in/cdc/onlinecdc.

Shettigar, P. (2007).Effectiveness of SIM for staff nurses on management of antenatal women during oxytocin induction in selected hospitals, Mangalore. Unpublished Master of Nursing Thesis.

Sibbala, S. (2005). A study to assess the effectiveness of self instructional module on selected obstetric drugs among staff nurses working in Jayanagar general hospital, Bangalore.

UNICEF,*India*,(2009).StatisticsAvailablefrom:*www.unicef.org/infobycountry/india statistics.html*Cached.