

RESEARCH ARTICLE

Assessment of Nurse-Midwives' Knowledge about Immediate Postpartum Care for Mothers

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ABSTRACT

Background: Immediate postpartum phase begins immediately after the placenta is delivered and lasts for the first two hours after birth. The type of care provided to the mother by nurse midwives in the immediate postpartum period is critical in preventing problems and life-threatening effects. Nurses can give essential information and experienced nursing care during the early (immediate) postpartum period. The Nurses must be aware and open-minded during this critical time. This expertise of nurse - midwives requires to understanding the importance of the first two hours following birth.

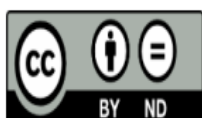
Objective: To assess Nurse-midwives' Knowledge about Immediate Postpartum Care for mothers.

Methodology: The study, which conducted from September 1st, 2021, to March 25th, 2022, used a descriptive design to examine nurses' and midwives' knowledge of immediate postpartum care for mothers. Number of Nurse-midwives was 50 who work in the birth room at Holly Karbala City's Maternity Teaching Hospitals were included in the non-probability (purposive sample). The questionnaire's reliability is tested through a pilot study. SPSS (24) was used to analyze the data.

Results: According to the findings of the study, 74% of nurse-midwives had a fair level knowledge of Immediate Postpartum Care for mothers.

Conclusions and Recommendation: According to the findings, nurse-midwives have a fair level of knowledge regarding Immediate Postpartum Care for women. As a result, the nurse-midwives require educational programs to improve their knowledge and provide competent nursing care during the early postpartum period.

Keywords: Nurse and Midwives, Knowledge, Immediate Postpartum Care, Mothers



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INTRODUCTION

The immediate postpartum period is a vital time since it can lead to a variety of life-threatening problems. It entails evaluating vital signs for hemorrhage, the fundus for involution, the state of the bladder, the kind and amount of lochia, and the condition of the perineum, including the labial areas (Kaur N. et al; 2014).

Over (80%) of women die as a result of primary hemorrhage, which is caused by excessive bleeding within the first 24 hours after childbirth. The most prevalent cause of early bleeding is uterine atony. A retained placenta, birth canal laceration or perineum, uterine rupture, uterine inversion, and coagulation problems are some of the other causes (Karlsson H., et al; 2015).

Taking vital signs, assessing and treating any physical symptoms the mother is experiencing that could represent a serious condition, assessing uterine contractions, vaginal tears/discharge, or caesarean incision sites, assessing their ability to urinate and defecate, screening for postnatal depression, and any other assessments based on current conditions are all part of the routine checks for mothers. This care is crucial because it not only permits these testing and, if necessary, treatment to begin, but it also allows these assessments to be completed (Dey T. et al; 2021).

The primary goals of immediate postpartum care are to support the mother in adjusting to the changes that have occurred as a result of pregnancy, delivery, and childbirth, to evaluate the woman's and newborn babies' health, to provide help and teaching about breastfeeding and newborn baby care, also to provide immunization for the mother, including postpartum rubella or RH prophylaxis if noted (McDonald S.J. et al; 2013).

The nurse's role during delivery, childbirth, and the immediate postpartum period is appreciated because childbirth is one of the most vulnerable times in a woman's life. During this time, the nurse's primary focus should be on assisting, protecting, advocating for, and empowering women (Ricci S. et al; 2017).

If health care is to be of the highest quality, nurses and midwives must take action to prevent maternal and neonatal morbidity and mortality.

Midwives must have the knowledge and abilities to know when they should be active and when specific observations and nursing interventions should be performed. As a result, the midwife must be aware of and able to recognize what are expected postpartum outcomes that are normal, as well as be able to notice signals of abnormality and know when to

seek further examination, tests, and assistance from other health professionals. Next, in order to provide extended care, the midwife must be qualified and capable of obtaining additional education and training (Mohammad, H. N. ;(2020).

Throughout the early (immediate) postpartum period, nurses can provide sufficient knowledge and competent nursing care. During this vital time, nurse-midwives must remain alert and open-minded. This expertise involves the nurses' trust in the importance of the first two hours following delivery. As a result, postpartum women and their families should get professional care that takes into account their values, backgrounds, and environment, as well as their dignity. Because childbirth is one of the most vulnerable times in a woman's life, the nurse's and midwife's responsibility throughout labor, delivery, and the immediate postpartum period is unique. Nurses must focus on serving, protecting, advocating for, and encouraging women throughout this time (Mustafa, D. Y. & Al-Mukhtar, S. H. (2015).

METHOD

From September 1, 2021, to March 25, 2022, a descriptive research was conducted to examine nurses' and midwives' knowledge of immediate postpartum care for women. The non-probability (purposive sample) comprises of (50) nurse-midwives who working in Holly Karbala City's Maternity Teaching Hospitals' labor and delivery rooms. Nurses - midwives who work in Emergency wards and Clinical wards was exclusion criteria.

A pilot research was conducted in Maternity Teaching Hospital in Holly Karbala City's from August 1st to August 28th 2021 to determine the reliability of the questionnaire, consist of five Nurse-Midwives and they was excluded from the original sample.

The data was collected through interviewed and the responses of the participants to questionnaire tools of the study, the time was needed to fill the questionnaire tools about (15 - 20) mints, data were analyzed through use of SPSS version (24).

RESULTS

Table (1): Distribution of Nurse-midwives According to their Demographic Characteristics: The descriptive analysis of data shows that nurse-midwives' age is 34 ± 9.935 year in which 40% of them are associated with age group 20-29 years.

Regarding nursing qualification, 68% of nurse-midwives are graduated from midwifery secondary school. The years of service in hospital refers to 8.64 ± 9.156 year, the highest percentage is seen with 6-10 years among 40% of nurse-midwives and 26% seen with 11-15 year.

Regarding years of experience in midwifery, it refers to 7.60 ± 6.922 year and the highest percentage is seen with 6-10 years among 48% of nurse-midwives while 20% have 1-5 years of experience.

Regarding participation in training courses about postpartum care, 86% of nurse-midwives reporting they are participated in training courses, 40% of them participated in 1-5 courses and 24% participated in 6-10 courses.

The participation was inside country among those participated nurse-midwives (86%).

List	Characteristics	F	%	
1	Age (M±SD=34±9.935)	≤ 19 year	1	2
		20 - 29 year	20	40
		30 - 39 year	14	28
		40 - 49 year	10	20
		50 ≤ year	5	10
		Total	50	100
2	Nursing qualification	Middle school	0	0
		Midwifery secondary school	34	68
		Nursing secondary school	8	16
		Nursing institute	8	16
		College +	0	0
		Total	50	100
3	Years of work in hospital (M±SD=8.64±9.156)	< 1 year	7	14
		1 – 5 years	8	16
		6 – 10 years	20	40
		11 – 15 year	13	26
		16 – 20 year	1	2
		21 ≤ year	1	2
		Total	50	100
4	Years of work in midwifery (M±SD=7.60±6.922)	< 1 year	8	16
		1 – 5 years	10	20
		6 – 10 years	24	48
		11 – 15 year	7	14
		16 – 20 year	0	0
		21 ≤ year	1	2
		Total	50	100
5	Participation in training courses	No	7	14
		Yes	43	86
		Total	50	100
6	Number of courses	None	7	14
		1 – 5	20	40
		6 – 10	12	24
		11 – 15	5	10
		16 ≤	6	12
		Total	50	100
7	Place of training courses	None	7	14
		Inside country	43	86
		Outside country	0	0
		Total	50	100

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

List	Assessment of Nurse-Midwives' Knowledge about immediate postpartum care	M.S	R.S	Ass.
1	Immediate postpartum period is beginning immediately after the delivery of the placenta and extending up to the first two hours after delivery	0.67	33.5	Fair
2	Fourth stage of labor begins after delivery of placenta until 4 hours of delivery	0.64	32	Fair
3	Identify 4 stage of labor is the most risky time for postpartum haemorrhage after delivery	0.63	31.5	Fair
4	Physical assessment is done for mother after labor during first hour after delivery	0.65	32.5	Fair
5	Check vital signs frequently for mother after delivery every 15 minute during the first hour	0.66	33	Fair
6	Mothers should be counselled on personal hygiene and handwashing especially before dealing with Episiotomy	0.61	30.5	Fair

Table (2): Assessment of Nurse-Midwives' Knowledge

List	Knowledge about prevention of bleeding	M.S	R.S	ASS.
1	Important factors help the uterus well contract and prevent bleeding occur is A uterus massages immediately after delivery of placenta help the uterus to well contract	0.62	31	Fair
2	Nurse – midwife need to palpate or massage the uterus after delivery every 15 minutes till 2 hours after delivery	0.62	31	Fair
3	Must be stimulate uterine muscle contraction and prevent bleeding through administer drugs that stimulates Contractions of the uterus	0.52	26	Fair
4	Can be detect on uterine contraction through check Fundal height level of uterus must be is descent the fundal height level of uterus under umbilical level after birth.	0.62	31	Fair
5	Empty bladder after birth decrease of bleeding occurrence the mother need to be encouraged to pass urine within half an hour after delivery.	0.64	32	Fair
6	Checking vaginal discharges (bleeding) after delivery every 15 minutes	0.58	29	Fair
7	Nurses/midwives' assess the blood lost from woman during labor through Vital signs	0.62	31	Fair

M.S: Mean of score, R.S: Relative sufficiency, Ass: Assessment
M.S: Poor= 0 – 0.33, Fair=0.34 – 0.67, Good=0.68 – 1

Table (2): Knowledge about Immediate Postpartum Care for Mothers: This table presents the mean scores for items related to knowledge about immediate postpartum care; the mean score indicates that nurse-midwives showing fair level of knowledge among all items during assess nurse-midwife's knowledge about Immediate Postpartum Care for Mothers.

Table (3): Assessment of Nurse-Midwives' Knowledge about prevention of bleeding

M.S: Mean of score, R.S: Relative sufficiency, Ass: Assessment
M.S: Poor= 0 – 0.33, Fair=0.34 – 0.67, Good=0.68 – 1

Table (3): Assessment of Nurse-Midwives' Knowledge about Prevention of Bleeding: This table presents the mean scores for items related to knowledge about prevention of bleeding; the mean score indicates that nurse-midwives showing fair level of knowledge among all items during assess nurse-midwife's knowledge about Prevention of Bleeding.

4 that show good level which is “Appropriate manner for care in perineum when change perineal pad through considerate when lift perineal pad from front to the behind”.

Table (4) Assessment of Nurse-Midwives' Knowledge about Breast Feeding after Birth: This table presents the mean scores for items related to knowledge about breast feeding after birth; the mean score indicates that nurse-midwives showing good level of knowledge among item 1 and 3 while show fair level in item 2.

Table (4): Assessment of Nurse-Midwives' Knowledge about Breast Feeding after Birth

List	Knowledge about breast feeding after birth	M.S	R.S	ASS.
1	Nurse – midwife encouraged mother to breast feeding after birth, must be start after birth within half an hour	0.94	47	Good
2	Nurse – midwife educate mother about benefits of Breast feeding for new born so that lead to maintain body temperature of new born.	0.52	26	Fair
3	Nurse – midwife educate mother about benefits of Breast feeding for her so that lead to involution of uterus to the normal position (help uterine contraction and reduce bleeding.	0.94	47	Good

M.S: Mean of score, R.S: Relative sufficiency, Ass: Assessment
M.S: Poor= 0 – 0.33, Fair=0.34 – 0.67, Good=0.68 – 1

Table (5): Assessment the level of Nurse-Midwives' Knowledge about Perineal Care: This table presents the mean scores for items related to knowledge about perineal care; the mean score indicates that nurse-midwives showing fair level of knowledge among all items except item

Table (6): Overall Assessment of Nurse-Midwives 'Knowledge about Immediate Postpartum Care (N=50) This table indicates that 74% of nurse-midwives showing fair level of knowledge during assess nurse-midwife's knowledge about Immediate Postpartum Care.

Table (5): Assessment the level of Nurse-Midwives' Knowledge about Perineal Care

List	Knowledge about perineal care	M.S	R.S	ASS.
1	Check the amount of urine in each voiding for mother must be was 150 ml or more in all urination process	0.56	28	Fair
2	When observe the type and amount of lochia in the first two hours of delivery lochia was thick bright, red color with clots	0.62	31	Fair
3	Observe the perineal area for discoloration and swelling shows may be occurring through observe after birth immediately existence of injuries, laceration, tears in the perineal area	0.64	32	Fair
4	Appropriate manner for care in perineum when change perineal pad through considerate when lift perineal pad from front to the behind	0.72	36	Good

M.S: Mean of score, R.S: Relative sufficiency, Ass: Assessment M.S: Poor= 0 – 0.33, Fair=0.34 – 0.67, Good=0.68 – 1

Table (6): Overall Assessment of Nurse-Midwives' Knowledge about Immediate Postpartum Care

Level of Knowledge	f	%	M.S	SD
Poor	0	0	19.40	4.369
Fair	37	74		
Good	13	26		

Total	50	100		
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f: Frequency, %: Percentage, M: Mean for total score, SD: Standard deviation for total score
 Poor= 0 – 10, Fair=11 – 20, Good=21 – 30

DISCUSSION

Distribution of Nurse-midwives According to their Demographic Characteristics

The age of nurse-midwives is ($M \pm SD = 34 \pm 9.935$) years, with 40% of them ranging into the (20-29) year age category, according to the descriptive analysis of data. Nurse-midwives who have completed midwifery secondary school account for 68 % of nurse-midwives.

The current study's findings are compatible with those of Mohammad, H. N. (2020a), who detailed the age distribution of the respondents, demonstrating that the highest age group is between the ages of 20 and 29 years, accounting for 44.7 % of the study sample. The findings of this study contrast those with the study of Mustafa D.Y; & Al -Mukhtar S. H. (2015a), who found that the highest percentage of age groups is between (30 - 39) years old, with constituted (40 %) status. In regarding education, the majority of them (74%) graduated from a secondary nursing school or midwifery school.

While the study agrees with Muhammed, Z.A., and Khaleel M.A. (2020), their ages range from 26 to 30 years, and they made up 34.9 % of the study sample. Half of the study participants were graduates of a secondary midwifery school, according to the findings.

Regarding years of work in hospital

Refers to the average number years' service in the hospital 8.64 ± 9.156 year, with 40 % of nurse-midwives having 6-10 years of experience and 26% having 11-15 years.

The findings of the study are consistent with those of Hussein W.A. & Abbas I.M. (2021). The average ($\pm SD$) nursing experience of study sample was (9.55 ∓ 7), the majority (40%) of nurse - midwives ranging between (6-10) years.

While disagreeing with the results of the study conducted by Eman W. I., et al (2018). The study's participants ranged in age from (1 to 5) years of experience. Furthermore, only around half of them had completed secondary nursing education. These results is disagree with the study done by Ibrahim H.A., & Abdel-Menim S.O.; (2016). who found that most ages of nurses midwives As regards years of experience, 73.4% of nurses had more than 10 years of experience in the maternity ward, with a mean 16.78 ± 5.46 years.

Regarding years of work in midwifery

It refers to 7.60 ± 6.922 year and the highest percentage is seen with 6-10 years among 48% of nurse-midwives while 20% have 1-5 years of experience and participation in training courses about postpartum care, 86% of nurse-midwives reporting they are participated in training courses, 40% of them participated in 1-5 courses and 24% participated in 6-10 courses.

The participation was inside country those participated nurse-midwives (86%).

Nuriy L.A. M.'s (2018) findings in Erbil's City Maternity Teaching Hospital support the current study. More than half of the nurse/midwives (53.3%) had 1-9 years of experience in the labor room, and the majority (73.3%) had taken labor and delivery care training courses. Only 40% of them believed they were responsible for providing thorough care at all stages of labor, despite the fact that 60% of them enjoyed working in the delivery room.

The present research supports the findings of Mohammad, H.N., and Khaleel, M.A. (2019). A total of 73 people (48.7%) had (1 to 10) years of experience in the delivery room.

Regarding participation in training courses about immediate postpartum care

86% of nurse-midwives that they had taken training courses, 40 % was that they had taken 1-5 courses, and 24 % said they had taken 6-10 courses.

The findings of this research corroborate the findings of Mohammad, H.N., and Khaleel, M.A. (2019a). Who has evaluated Al-Najaf AL-Ashraf City Hospitals' Nurse Midwives' Knowledge of Postpartum Hemorrhage Nursing Care? In concerns of postpartum hemorrhage training, 109 nurse-midwives (40%) finished courses, 90 (33.1%) attended workshops, and 73 (26.7%) got different types of training.

The current study disagrees with that of El-Khawaga D. S., et al. (2019), who investigated the Effect of Implementation of an Immediate Postpartum Care Teaching Program on Nurses' Knowledge and Practice. In terms of training course duration, it was observed that three quarters of nurses (75%) did not take part in any training courses. In terms of the most recent training courses, 20% of the nurses who participated in the study took the most recent training courses during the last 5 years, and 20% of the participants took training courses at the Ministry of Health.

The participation was inside country among those participated nurse-midwives (86%). Nurse-midwives who participated in the study were from all throughout the country (86 %). While agreement with Khudhair S.H. (2014), who conducted a study on the evaluation of nurses' practices in the delivery room, (100%) of the nurses in the study took Neonatal Resuscitation in the Delivery Room training courses in their own country.

Assessment of Nurse-Midwives' Knowledge about Immediate Postpartum Care for Mothers

The current study shows the mean scores for items related to knowledge about immediate postpartum care; the mean score indicates that

nurse-midwives showing fair level of knowledge among all items.

The immediate postpartum period, which began immediately after the placenta was delivered and lasted for the first two hours after delivery, was fair. The findings of this study contradict those of Mustafa, D.Y., & Al-Mukhtar, S. H. (2015b). Evaluates midwives' and nurses' knowledge and practices in terms of postpartum care for the mother and newborn. It is because the majority of the research items were discovered (adequate).

While agreeing with the findings of Jumaah Z.N., et al.; (2020) study. In the delivery room, the highest percentage of nurse-midwives' knowledge is moderate level or acceptable (55.3 %). The lowest level of nurse-midwives performing in delivery rooms was (52.9 %).

Regarding Fourth phase of labor starts after delivery of placenta until 4 hours of delivery.

The current study results agree with Muhammed. Z.A., & Khaleel. M.A ;(2020a). the nurse midwives' knowledge was poor about time and beginning of fourth stage of labor, that mean they recognize there is found four stages in labor but don't know the period and length of this stage. Four stage of labor is the furthestmost risky time for postpartum hemorrhage after delivery was fair. The current study results is disagree with WHO, (2012) The first hours, days and weeks after delivery are more dangerous period for mother and newborn so that most death happen during or immediately after delivery and this time that determine their well-being for newborn and mother and potential for health future.

Regarding Physical assessment is performed during first hour after delivery for mother, and after labor, check vital signs frequently for mother after delivery every 15 minute during the first hour was fair. This study results agree with study perform by Muhammed. Z.A., & Khaleel. M.A ;(2020b). All reactions were inadequate when it related to nursing activities within the one hour of the fourth stage of labor (essential nursing action), such as checking vital signs, physical assessment, palpation of the uterus, and assisting the mother to pass urine. giving an oxytocic medicine as recommended, inspecting the perineum after birth, providing episiotomy instruction, uterine tone prevention of infection, and ensuring that the bladder is empty.

The findings of this study support those of Pindani M. et al; (2020), who found that not all midwives perform all parts of client examinations. For some of the midwives did not examine mothers' perineal wounds (33.3%) and did not assess the emotional and psychological well-being of the mother (91.3%). This may increase the risk of poor quality postnatal care including midwifery misdiagnosis.

Assessment the level of Nurse-Midwives' Knowledge about Prevention of Bleeding :The

current study means scores for all items related to knowledge about prevention of bleeding; the mean score indicates that nurse-midwives showing fair level of knowledge among all items during assess nurse-midwife's knowledge.

The present study disagrees with Faiza, (2015), who revealed that, nurse midwives generally had good knowledge about Postpartum hemorrhage (78%) about assessment and management, signs, Prevention and definition, types, common causes (84.2, 82.5, 82and 81.3 % respectively).

Important factors that aid in the contraction of the uterus and the preventing of bleeding occur is A uterus massages immediately after delivery of placenta help the uterus to well contract was fair: This is in contrast to World Health Organization (WHO) guidelines for managing PPH whenever a skilled coworker is assisting with the delivery, active management in administrative of a uterotonics rapidly after the birth of the baby, after observation of the uterine contraction clamping of the cord at about 3 minutes, and delivery of the placenta by qualified cord traction, following uterine massage (WHO, 2012a).

The findings of the study contradict those of Yaekob R. et al ; (2015) According to this finding, (74.1 %) of study participants were observed massaging the uterus immediately after the placenta was delivered. The majority of the study participants (75.5%) were monitored to verify that the uterus did not relax when the uterine massage was stopped.

While the current findings differ with those of Abd-Elgany, L. K., et al.; in their study (2019). Only around half of nurses, according to a research, know how to massage after a birth and how misoprostol can help prevent PPH. After birth, the nurse or midwife should clamp the cord after a 3-minute, bladder emptying during the third stage of labor, place the woman in the Trendelenburg position, and use uterotonics to palpate or massage the uterus every 15 minutes for the next two hours.

While Wake G.E. & Wogie G.; (2020) discovered that (88.5 %) of study participants were aware of the optimal timing for oxytocin administration, which is within one minute of the baby's delivery.

After delivery, the nurse or midwife should palpate or massage the uterus every 15 minutes for the next 2 hours. The study finding is disagrees with Chiech I., et al., (2011) who inspected the differences in policy for managing the third stage of labor and the emergency management of primary postpartum hemorrhage in 14 European Union nations discovered that massage of the uterus was employed at (100%, 98 %, and 96 %) in Ireland, Spain, and Denmark, respectively.

While the current study is agreement within the study done by David, et al., (2011) who using the audit to improve the quality of maternity care in low-resource nations (rural Tanzania), revealed that most settings lack

knowledge about uterine fundal massage directly after placenta delivery followed by palpation. Variations in setting, policies, and working nurse qualifications can explain these differences. The study finding is agree with Elfaki ; (2015) showing that nurses-midwives' knowledge about process of assessment the blood loss are (26%), (66.2 %) and (28.6%) respectively for (pads count and weight), (assess of blood loss directly by kidney dish) and (check vital signs).

While the current results disagree with Faiza; (2015a) show the following correct reactions: (77.6%), (53.1%) and (65.5%) respectively for pads count and weight), (assessment of blood loss directly by kidney dish) and (notice vital signs).

Assessment of the level of Nurse-Midwives' Knowledge about Breast Feeding after Birth

The study presents the mean scores for items related to knowledge about breast feeding after birth; the mean score indicates that nurse-midwives showing good level of knowledge among item 1 and 3 while show fair level in item 2.

The findings of this study are in agreement with those of Yemaneh y. & Dagnachew E.;(2017). The findings of this survey revealed that 97.8% of respondents were aware of the benefits of early breast feeding, 99.3% were aware of the benefits of first milk/colostrum, and (85.1%) starting breast feeding the baby within 1 hour of birth.

As similar study done by Tsegaye T. (2015) found that (97.3 %) of people were aware of the benefits of first milk/colostrum. (76.2%) of participants indicated they practiced starting early breast feeding on a newborn baby. This variance could be related to the high educational level of the respondents in this study. Degrees were more valuable than diplomas.

Hassan M., et al., (2016) , In the current study, there were statistically significant variations in the majority of breastfeeding advices in immediate postpartum care, with an improvement in the re-audit phase. This involves breastfeeding and breast-care counseling ($p=0.000$), as well as advice on exclusive breastfeeding from 0 to 20%.

The present results are in agreement with Martin; (2013), who researched women's judgements and attitudes about the quality and amount of postpartum education at the University of Arizona College of Nursing, found that a high proportion of women (86 %; $n = 43$) received breastfeeding and breast-care assistance from nurse midwives. The current finding contrasts with Mohamed. H.A, et al.; (2012), who reported that majority of the new mothers in their study didn't receive enough postpartum nursing care and breast-care instruction.

Assessment the level of Nurse-Midwives' Knowledge about Perineal Care

The presents study the mean scores for items related to knowledge about perineal care; the mean score indicates that nurse-midwives showing fair level of knowledge among all items except item 4 that show good level which is "Appropriate manner for care in perineum when change perineal pad through considerate when lift perineal pad from front to the behind".

The findings of this study accord with those of Hassan M., et al. (2016a), In the re-audit, there was a statistically significant improvement in hygiene and sanitation counseling in immediate postpartum care ($p=0.000$).

The current findings contradict Mohamed. H.A, et al; (2012a), who indicated that postpartum instruction on personal hygiene, perineum self-care, and episiotomy site care was insufficient.

According to Ahmed M Y., et al; (2012): who assessed normal delivery care in two facilities (Manfalout Central Hospital and Women's Health Hospital), hygienic instruction and management, such as handwashing and wear sterile gloves, were given in the incorrect belief that they would prevent infection. When observe the type and amount of lochia in the first two hours of delivery lochia was thick bright, red color with clots was fair the finding study disagree with results of Yaekob R ., et al. ; (2015 a) Fifty-six (41.2%) of midwives recognized how to inspect the mother for vaginal blood discharge flow within first hour after childbirth. This finding indications that more than half of midwives didn't observe the mother for vaginal blood flow discharges in the first hour after labor.

Overall Assessment of Nurse-Midwives' Knowledge about Immediate Postpartum Care

The current study shows that 74% of nurse-midwives showing fair level of knowledge during assess nurse-midwife's knowledge about Immediate Postpartum Care.

The current study is disagreement with the study that done by El-Khawaga D. S., et al.; (2019). showing that about (15%) of participant nurses had good level of knowledge concerning immediate postpartum.

The current results of the study is consistent with the finding study done by Kadhim, A. K. Ali R. M.; (2021). The study results show that most of the nurse-midwives are with poor level of knowledge concerning self-care of primipara woman with cesarean section (96.7%).

The study finding is agree with Mohammad, H. N. ;(2020 b). According to the present study, the nurse-midwives have a moderate level of knowledge about the overall information and services related to the management of PPH.

CONCLUSIONS

Nurse-midwives have fair level of knowledge about immediate post -partum care for mothers.

ETHICAL CONSIDERATIONS COMPLIANCE WITH ETHICAL GUIDELINES

All experimental protocols were approved under the College of Nursing, University of Baghdad and all experiments were carried out in accordance with approved guidelines.

FUNDING:

The researchers bear all the costs of the study and there is no support from a specific party.

AUTHOR'S CONTRIBUTIONS

Sanaa Hussein Ali: review and editing. Methodology ; writing - review and editing; writing - original draft; writing - review and editing.

Hawraa Hussein Ghafel: Conceptualization; formal analysis; Conceptualization; formal analysis.

DISCLOSURE STATEMENT:

No conflicts of interference are rest declared by the authors.

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