"A Pre-experimental study to assess the effectiveness of video assisted teaching Programme on knowledge regarding selected obstetrical emergencies and its Management among final year students of Auxiliary nurse midwives in selected School of Nursing, Kanpur"

Miss. Pallavi kushwaha[1],
Msc. Nursing 2nd year student,, faculty of Nursing, Rama university Uttar Pradesh, Mandhana Kanpur.
Prof. Dr. Jasmi Johnson[2]
Principal cum Head of Department Obstetrics And gynecology, Nursing, Faculty of Nursing Rama University, Uttar Pradesh, Mandhana, Kanpur. jasmi.rcn.mnd@ramauniversity.ac.in

ABSTRACT-

 PROBLEM STATEMENT:-
"A Pre –experimental study to assess the effectiveness of video assisted teaching programme on knowledge regarding selected obstetrical emergencies and its management among final year students of Auxiliary Nurse Midwives in selected school of Nursing Kanpur.

BACKFROUND OF STUDY:-
 Obstetrical emergencies are life-threatening conditions that occur in pregnancy, during or after labor and delivery. There are a number of illnesses and disorder of pregnancy that can threaten the well being of both mother and child. Obstetrical emergencies may also during labor, and after delivery. It is of paramount importance that nurse is aware of the identification and management protocols of obstetrical emergencies.

OBJECTIVE OF THE STUDY:-
1. To assess the pre test knowledge level of among auxiliary nurses of final year students regarding obstetrical emergencies and its management.
2. To assess the effectiveness of video assisted teaching programme regarding obstetrical emergencies and its management of among final year students of auxiliary nurse midwives.
3. To find out the association between the knowledge score their selected demographic variables.

METHODS-
A Pre-experimental one group pre test and post test design was adopted. A structured questionnaire was used for data collection in the form of multiple –choice answers. 40 auxiliary midwives nurses were selected by using purposive sampling technique. The data obtained were analyzed and interpreted statistics were used for data analysis the level of significance was set at 0.05 levels.

INTERPRETATION AND RESULTS-
Result showed that video assisted teaching on selected obstetrical emergencies and its management among last year auxiliary nurse midwives was effective to improve the knowledge of the students. In pre test, before the implementation of video assisted teaching the students had 16(32%) average knowledge, 34(68%) good knowledge and 0% poor knowledge. The significant difference was found between the pre test and post test knowledge score of selected obstetrical emergencies and its management among last year auxiliary nurse midwives.

CONCLUSION:-
The study revealed that there is significant increase in knowledge score after administration of the video assisted teaching programme. Hence, it is concluded that the video assisted teaching programme was effective improving the knowledge of last year auxiliary nurse and midwives regarding selected obstetrical emergencies and its management.

INTRODUCTION-

Obstetrical emergencies are serious situations that can develop during pregnancy, childbirth, or the postpartum phase and put the mother and the fetus at serious risk. To minimize severe morbidity and mortality among mothers and newborns, prompt and efficient intervention is necessary in these cases.[1] These diseases are a serious issue in obstetric care due to their quick and unpredictable character, which emphasizes the necessity for well-trained healthcare workers, efficient healthcare systems, and early access to medical supplies.[2] The majority of clinical facilities provide emergency obstetrics and newborn care services, which are referred to as a life-saving group of people. These services are available seven days a week. If mothers and early babies received the right treatment, the majority of their deaths could be prevented

Mothers and children make up a significant portion of the population in every nation. As a result, providing services to women throughout their pregnancies and deliveries is extremely important to the health care delivery system. [4] A woman's pregnancy is a special natural gift and the most exciting time in her life when she is expected to accomplish her dreams and experience fulfillment. When a parent considers getting pregnant, they expect a normal baby, but there is a risk that their hopes will not come true because of extremely severe illnesses that lead to unhealthy kids. [5]

Obstetrical emergencies are potentially lethal circumstances that arise unexpectedly, quickly, and affect both the mother and the fetus in obstetrics or midwifery practices. In the early 20th century, maternal deaths from obstetric emergencies were not uncommon. [6]

The medical profession that sees the most emergency is obstetrics. Illnesses and disorders associated with pregnancy may be hazardous to the health of the expectant woman as well as the unborn child. Obstetrical emergencies in pregnancies include extra uterine pregnancy, abnormally invasive placenta, placenta abruption, pre-eclampsia, eclampsia, and preterm rupture of membranes. Obstetric crises throughout labor take in amniotic fluid embolism, acute uterine reversal, uterine crack, placenta accrete, go down belly button, & erb's palsy. After delivery, further examples of obstetric emergency include shock and postpartum hemorrhage. In truth, 15% of pregnant women require a major obstetrical intervention to survive; 15% of them have a potentially fatal illness that requires skilled treatment.

Mothers and newborns die primarily from sickness caused by obstetric disasters. These are medical conditions that develop during or during pregnancy, childbirth, or labor and are life- unfavorable. 46% of maternal deaths globally are caused by obstetrical disasters. The mother and the infant are chaotic and afflicted with multiple ailments. [11]

NEED OF STUDY-

An obstetrical disaster is a life-threatening incident that occurs during pregnancy, during childbirth, or after parturition. From conception to birth, 15% of pregnant women encounter significant difficulties. Only a small portion of the difficult situations that can occur in the field of obstetrics call for quick, practical solutions to preserve the lives of the mother and her unborn child. [12]

For most life-threatening obstetric issues, hospital treatment is required to save the lives of the mothers. Some claim that in order to provide prompt access to emergency care, government hospitals and health centers that serve the destitute in developing countries must handle a high volume of deliveries. In countries like India, where almost all births occur at home, in government hospitals, or in health centers, and where emergency care is usually insufficient, this is a serious problem.[13]

The obstetric emergencies covered in this study include amniotic fluid embolism, uterine rupture, and cord prolapse. When the umbilical cord of a newborn descends down the birth canal, it is known as umbilical cord drop. A prolapsed cord is a severe emergency.

Every year, around six hundred thousand women in the world, among of fifteen and forty nine ages, death from issues related to gestational and labour.. This means that a mother passes away almost every minute of the year. In 2015, the maternal mortality rate in developing countries was two hundred thirty nine per one thousand live child birth, compared to 12 per one thousand live births in rich countries.

Throughout the interval, obstetric emergencies account for 86% of perinatal deaths and 70.6% of mother deaths. The primary root of both mother and antenatal death and despair is obstetrical bleeding. It accounts for 46% of overall maternal deaths in the world. The current mother mortality rate in Bharat is 174 per 1,000 live births.

According to a study by Dipali Prasad, obstetric emergencies are the main cause of maternal death globally, and they are especially problematic in developing nations where issues with literacy, poverty, prenatal care, transportation infrastructure, and staffing levels all contribute to the problem. In certain low-income nations, the average percentage of births attended by competent birth attendants is as low as 34%, compared to 61% globally. In India, 59% of deliveries are currently made at home.

AIMS &OBJECTIVES-
PROBLEM STATEMENT

A Pre- experimental study to assess evaluate the effectiveness of a video-assisted teaching program on the knowledge regarding selected obstetrics emergencies and its management among last year's auxiliary nurse midwife students at selected nursing schools in Kanpur.

OBJECTIVES
1. To assess the pre- and post-test knowledge of last-years auxiliary nurses on managing obstetrical situations.

2. To evaluate the impact of a video-assisted learning program on managing obstetrical emergencies among auxiliary nurse midwives in their last year of study.

3. To ascertain the relationship between their chosen demographic variables & the pre-test knowledge score.

Definitions for operations
Assess: - This is a process that uses a structured knowledge questionnaire to assess final-year auxiliary nurse midwives students at particular nursing schools' understanding of obstetrical emergencies both before and after the program's video-assisted instruction.
Effectiveness: - Effectiveness is defined as a substantial varience among the before-test and after-test knowledge score, which indicates a significant increase in knowledge about managing obstetrical emergencies when employing video assisted instruction.

Video assisted teaching curriculum: - The term "video assisted teaching curriculum" refers to a planned audio-visual lecture course on obstetric emergencies that educates auxiliary midwives' final-year nursing students on how to deal with such situations.

Knowledge: This term describes the students' level of comprehension of certain obstetric emergencies as well as their accuracy in answering the questionnaire's knowledge items.

Obstetric emergencies: - Obstetric emergencies are defined as extremely serious, life- threatening conditions associated to childbirth that call for immediate medical attention. The current study includes amniotic fluid embolism, uterine rupture, and cord prolapse as obstetriccrises.
Final year Auxiliary Nursing Midwifery students: - These students are enrolled in the School of Nursing's second year ANM program.

ASSUMPTION
□ The use of video-assisted instruction will increase the last-year auxiliary nurse midwives students' understanding of obstetrical crises.
□ The degree of knowledge about obstetric emergency varies based on demographic factors.

NULL HYPOTHESIS
□ **H01:** Among nursing students who are in their last year of auxiliary nursing, there is nostatistically significant difference in their knowledge scores between the pre- test & post-tests.

□ **H02:** Final year auxiliary nurse midwives have no discernible association level of knowledge about certain obstetrical problems and how to address them.

POSITIVE HYPOTHESIS
□ **H1:** The final auxiliary nurse midwives' chosen nursing school and their pre- and post- test knowledge scores significantly correlate.
□ **H2:** Final year auxiliary nurse midwives have a notable amount of associated knowledge about certain obstetrical problems and how to address them.

Delimitations

Delimitation refers to the limits established by the research to regulate the study that is being conducted.

The research is restricted to:

□ Nursing students pursuing auxiliary nurse midwifery as a final year program.
□ Those nursing students on hand while the information was being gathered.
□ 40 midwives in their final year as auxiliary nurses.

SUMMARY:
The problem statement, goals, objectives, operational definitions, assumption, hypothesis, and delimitation are all included in this chapter. etc.
A REVIEW OF LITERATURE-
It is said that a review of literature is "a big, broad in bottom." systematic, comprehensive gathering & assessment of the most important scholarly works as well as unpublished material. The evaluation acts as a crucial framework for any research. Written literature reviews are analytical synthesises of existing knowledge on a particular topic. The review promotes the accumulation of knowledge and performs an integrative role. Therefore, a literature review is essential for a study to understand what has been entrenched and proven.[36]
The definition of a literature review is "a broad, exhaustive in-depth analysis." systematic andcritical evaluation of academic publications, unpublished research prints, audiovisual materials, and private correspondence. [11]
The literature review has two parts:
PART 1: Books pertaining to information on certain obstetric emergencies and how they aremanaged.

PART 2: Literature on the training program's efficacy

with particular obstetrical situations.

PART 1: Books pertaining to information on certain obstetric emergencies and how they Are managed.

1. To evaluate the incidence, population analysis views, and risk factors in the maternity ward of the Regional Hospital of Labe in relation to obstetric emergencies, a expressive and analytical viewpoint research was carried out. A total of 301 patients were chosen for this investigation. According to the study's findings, the most frequent emergency conditions among the 301 patients were acute fetal distress (27.57%), pre-eclampsia (22.59%), bone dystocia (17.94%), and post-partum hemorrhage (10.63%). Maternal age, country of origin, gestational age, and pelvic condition are risk factors. Decrease the regularity of obstetrical emergency, educating adolescent female, respecting the legal age of marriage, providing quality prenatal care in basic health institutions, and implementing proper planning and of pregnancies are among the recommendations made by the study.

2. A descriptive study was carried out in a few Greater Noida hospitals to evaluate staff nurses' understanding of obstetrical emergencies and how to handle them. The study's research design was non-experimental. There were 80 people in the sample. The sample method used was a practical one. Utilizing a self-structured questionnaire, data was gathered. Following analysis, the findings reveal that about 66.8% of respondents are aware of general obstetrical emergencies, 49.3% are aware of part 2 (PPH), 40.9% are aware of part 3 (Cord prolapse), 46.9% are aware of part 4 (uterine rupture), and 39.9% are aware of part 5: shoulder dystocia. At the 0.05 level of significance, knowledge and gender are significantly correlated.

3. A population-based study was conducted in California from January 2001 to December 2002 to evaluate the effects of amniotic fluid embolism on pregnancy outcomes. All singleton deliveries in 328 hospitals in California were involved in the research, and the details were obtained from an electronic database. The findings revealed that, out of 1,094,248 deliveries, 53 singleton gestations had an amniotic fluid embolism diagnosis, with a 26.4% mother rate. According to the study's conclusion, there are fewer maternal deaths than previously reported.[12]

4. In Salem, Tamilnadu, a descriptive research was carried out to evaluate staff nurses' knowledge of obstetric emergencies in a particular hospital. The current study used a cross-sectional survey approach in a non-experimental, descriptive research design.

Convenient sampling was used to pick 48 staff nurses for the investigation. The researcher designed a systematic questionnaire to collect data. The outcome indicates that d. The average level of knowledge score of general knowledge was (40.1±7.3), which represented 42.66% of the total score. The study's findings showed that there was no meaningful correlation between the staff nurses' demographic characteristics and their knowledge score.[13]

5. To find out how well staff nurses in obstetric care units knew about obstetric emergency preparation, a descriptive study was carried out in Kerala's Ernakulam district. There were 117 staff nurses in the sample. The method used was a descriptive survey method. The result show that there is a significant correlation between the general emergency preparedness score and age $p=0.003$, level of education $p=0.002$, e type $p=0.001$, years of experience $p=0.016$ & experience in managing obstetric emergencies $p=0.015$.[42]

PART 2: References to studies on the efficiency of particular obstetrical situations as training programs:-

1. An exploratory survey was conducted in Pondicherry to assess the impact of a structured educational module on staff nurses' knowledge of specific obstetric situations and how to manage them in specific wards. For this survey, a pre-experimental research design with a before-test & after test group was used. Samples were chosen using a practical sampling method. There were thirty staff nurses at SMVMCH in the sample. Knowledge is assessed using a self-structured questionnaire that the researcher created. According to the results, nine staff nurses (30%) had a moderate level of knowledge, whereas 21 staff nurses (70%) had adequate knowledge. The study came to the conclusion that teaching modules with structure were more successful.

2. The John Radcliffe Hospital in Oxford, United Kingdom, oversaw an orderly evaluation of obstetrics catastrophe training to describe the models utilized for the training of labor ward staff in obstetric disaster. A random sample of one hundred labor ward employees comprised the sample. Relevant data was extracted using a data collecting form. The results indicated that, of the thirty-two (32) pertinent pieces, twenty-two (22) were editorials, six described training programs, and four were program evaluations. The study found that few further training methods needed to be expanded, and that only a tiny portion of the training plan had been established to train the nurses in obstetric crises.

3. An experimental study was conducted at the faculty of nursing of the

aforementioned university in Egypt was carried out to determine the impact of big fealty limitation in use school girls' understanding, confidence, and satisfaction about the understanding, confidence and satisfaction of obstetric emergency students. The study has a quasi-experimental design. The study has a quasi-experimental design. A questionnaire, interview design, the NursOB scale, and a restitution likert type satisfaction scale were used for data collection. The result shows that there was a statistically significant increase in confidence levels in the post-test 92.60% and follow-up 52.8% steps. The mean satisfaction score of nursing student's satisfaction with the high fidelity simulation training program was 4.60 ± 0.487, which was higher than the pre-program value of 3.88 ± 0.63. the study found that high-fidelity simulation is a valuable educational tool.[48]

4. A review was supervised to determine the usefulness of simulation training in the control of gynecology emergencies. In the simulation of postpartum hemorrhage, inadequate communication between the different specialists, the delay in transfer of the patient to the operating room, and the ignorance of prostaglandins and ergot alkaloids were shown to be the main causes. Improvements in knowledge, technical skills, teamwork, and organized communication were observed after the simulation. In a simulation of sever preeclampsia, errors such injecting a patient without diluting their blood were detected and decreased by 75%. This review demonstrates how simulation can be used to teach medical personnel how to handle obstetric emergencies.[14]

5. Between January 1995 and December 2004, a study was carried out in the obstetrics and gynecology unit of JIPMER, Pondicherry, to assess the danger parts, management, & maternal and perinatal outcome of uterine rupture. Over the course of ten years, 253 cases of uterine dehiscence were treated. The findings indicated that 125 cases (49.40%) of uterine rupture happened in unscarred uteri, while 128 cases (50.8%) happened in scared uteri. The predisposing factors include multiparity in 20 instances (7.90%), malpresentation in 20 cases (7.90%), labor inducement in 14 cases (11.64%), and cephalic-pelvic distinction in sixty nine cases 27.25%. In 147 patients (58.33%) the uterus was replaced, while in 105 cases (41.51%) a hysterectomy was performed. According to the study's findings, there were 7 maternal fatalities (2.76%) and 94.07% perinatal deaths.[15]

METHODOLOGY-
RESEARCH APPROACH-
"A problem is best approached through a research approach."[36]
It was decided that an evaluative research approach would be suitable for this investigation.

DATA SOURCE-
Data was gathered from the Narayana College of Nursing, Kanpur, auxiliary midwives Nurses of the last year.

SETTING OF THE STUDY-
The Narayana College of Nursing in Kanpur was the site of the research.

POPULATION-
❖ **Target population-** The study's target population consisted of auxiliary midwives who were nursing students at the Kanpur, Uttar Pradesh, school of nursing the previous year.
❖ **Accessible population-** Final-year auxiliary nursing students at the Narayana School of Nursing in Kanpur were the study's accessible population.

SAMPLE-
Final-year auxiliary midwives' nurses who meet the inclusion criteria make up the Study's sample.

SAMPLE SIZE-
40 Sample size

SAMPLE TECHNIQUE-
Purposive sampling was the method used to choose the sample.

SAMPLE CRITERIA-
❖ **Inclusion criteria**
● Students of nursing who agreed to take part.
● Students studying nursing at a particular nursing school
● Those nursing students on hand when the data was being collected
❖ **EXCLUSION CRITERIA-**
Final year A.N.M. students who weren't accessible when the study was conducted.

ETHICAL ASSESSMENT:
The institutional ethical committee granted permission.
The principal of the chosen Kanpur nursing school granted permission.
Every participant gave their consent.

DATA ANALYSIS & INTERPRETATION-
THE COLLECTED DATA ORGANIZED AND PRESENTED UNDER THE FOLLOWING HEADINGS:-

Section A: Demographic variables are described frequency and percentage wise.

Section B: The efficacy of the video-assisted education program in imparting knowledge on obstetric emergencies and their handling both before to and following its deployment.
Section C, the knowledge of a few specific obstetric situations and how to handle them is compared before and after the video assisted training program was put into place.
Section D outlines the relationship between the before-test knowledge base on obstetric crises and

their handling. Data analysis was carried out in accordance with the study's goals.

The before & after-test knowledge scores on specific obstetric crisis and their management were used to calculate the data regarding the effectiveness of video assisted teaching. The data was analyzed by computing the score in terms of mean and Stander deviation. To determine the relationship among the before-test mean knowledge score of the previous year's auxiliary nurse midwives students and the socio demographic variables they had chosen, the researchers computed the chi square value. Descriptive and inferential statistics were used to examine and interpret the raw data that had been gathered and entered into master sheets. Tables and figures were used to display the study's findings.

This chapter examines the data on students' awareness of specific obstetric situations and how to handle them both before and after participating in a video-assisted learning program for auxiliary nurse midwives the previous year.

THE OBJECTIVES OF THE STUDY-

1. To assess the auxiliary nurses' final-year knowledge of obstetrical crises both before and after the test.

2. To evaluate the impact of a video-assisted learning scheme on managing obstetrical emergencies among auxiliary nurse midwives in their last year of study.

3. To ascertain the relationship between their chosen demographic variables and the knowledge score

Under the following sections, the edited, tabulated, analyzed, and interpreted data were given along with the conclusions in the form of tables and diagrams.

Section A: Information on the students' demographic background from the previous year as auxiliary nurse midwives.

Section B: Pre-test knowledge of last year's auxiliary nurse midwives students on certain obstetric situations and how they are managed.

Section C: To assess the impact of the video-assisted learning scheme on students' understanding of obstetrical emergencies and how to manage them compared to previous year nurse midwives.

Section D: Relationship between students' understanding of certain obstetric situations and how they were handled in their first year as auxiliary nurse midwives.

SECTION- A

Table 1: shows the frequency and percentage distribution of auxiliary nurse midwives by demographic   characteristics for the previous year.

| Sl. No.	Demographic Variables	Groups	Frequency	Percentage
1	Age in years	18-20years	7	17.5%
		21-25 years	8	20%
		26-35years	25	62.5%
		Above 35 years	0	0%
2	Religion	Hindu	16	40%
		Muslim	17	42.5%
		Christian	7	17.5%
		Others	0	0%
3	Types of family	Joint	10	25%
		Nuclear	30	75%
		Extended	0	0%
4	Previous information regarding obstetrical emergencies. If yes specify the source	Books	14	35%
		Teacher	9	22.5%
		Mass media	8	20%
		Workshop, seminar	9	22.5%
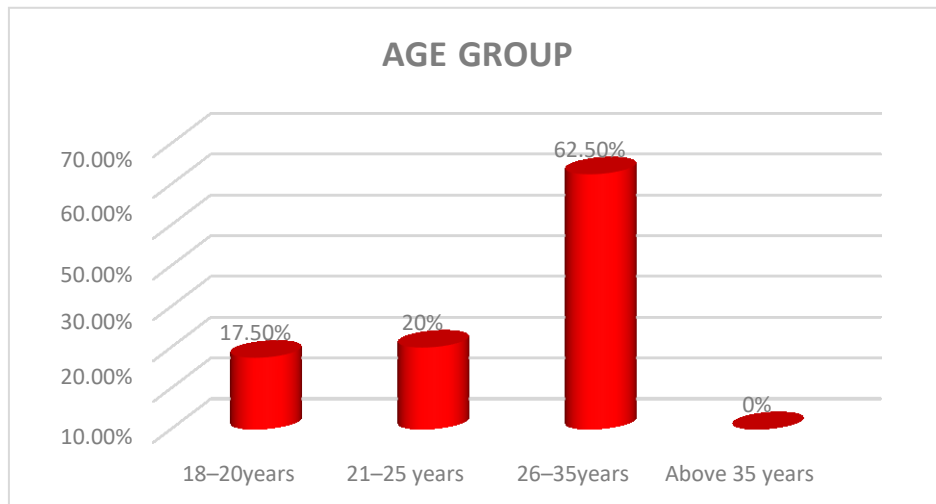
Figure 1: Bar diagram displaying the age-based percentage distribution of auxiliary nursemidwives from the previous year.

Above (table no1, fig. no.1) bar diagram shows percentage wise distribution of auxiliary nurse midwives according to their age. This data represents that 7(17.5%) are in 18-20 years and 8(20%) are in 21-25 years and 25(62.5%)are in 26-35 years and no one in above 35 year age group.
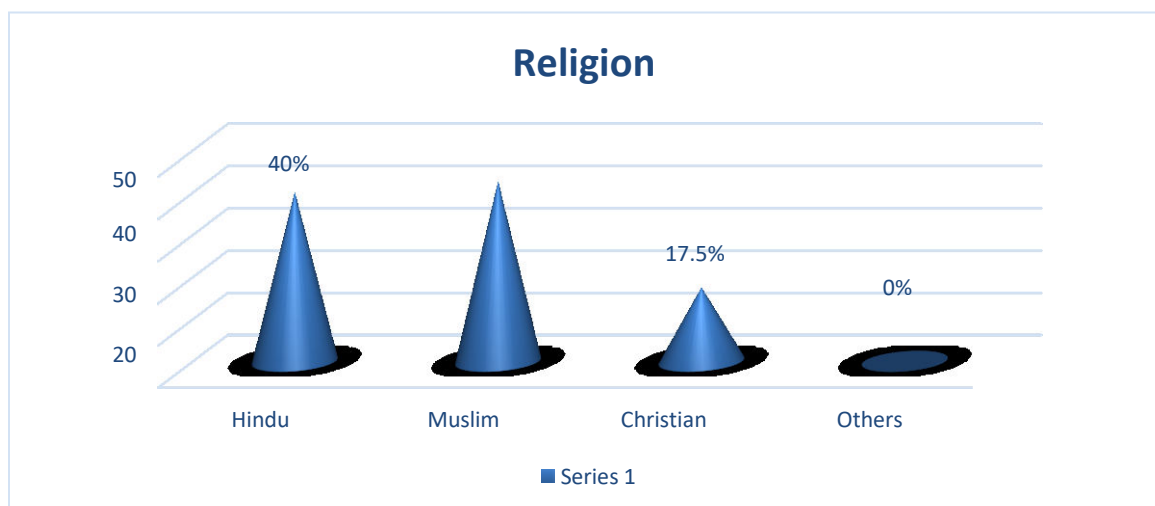

Figure 2: Cone diagram displaying the percentage distribution of auxiliary nurse midwives byreligion for the previous year.

(Above table No.1, fig.no.2) cone diagram shows percentage wise distribution of last year auxiliary nurse midwives according to their religion. the data represent that most of the students were belongs to Muslim 17(42.5%), followed by 16(40%)Hindu and Christian 7(17.5%) and others 0(0%).
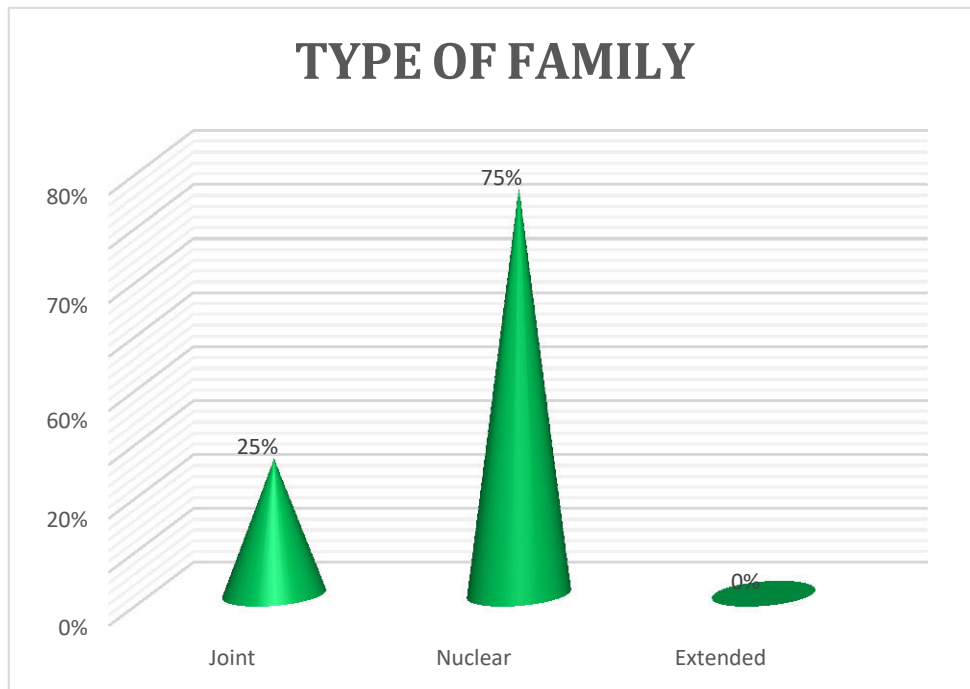
TYPE OF FAMILY

Figure 3: Bar diagram displaying the percentage distribution of auxiliary nurse midwivesby family for the previous year.

(Above table no 1. Fig.no.3) bar diagram shows percentage wise distribution of last year auxiliary nurse midwives according to their family. The data represents that 10 (25%)in jointfamily, 75 (75%) in nuclear and no one in the extended family.
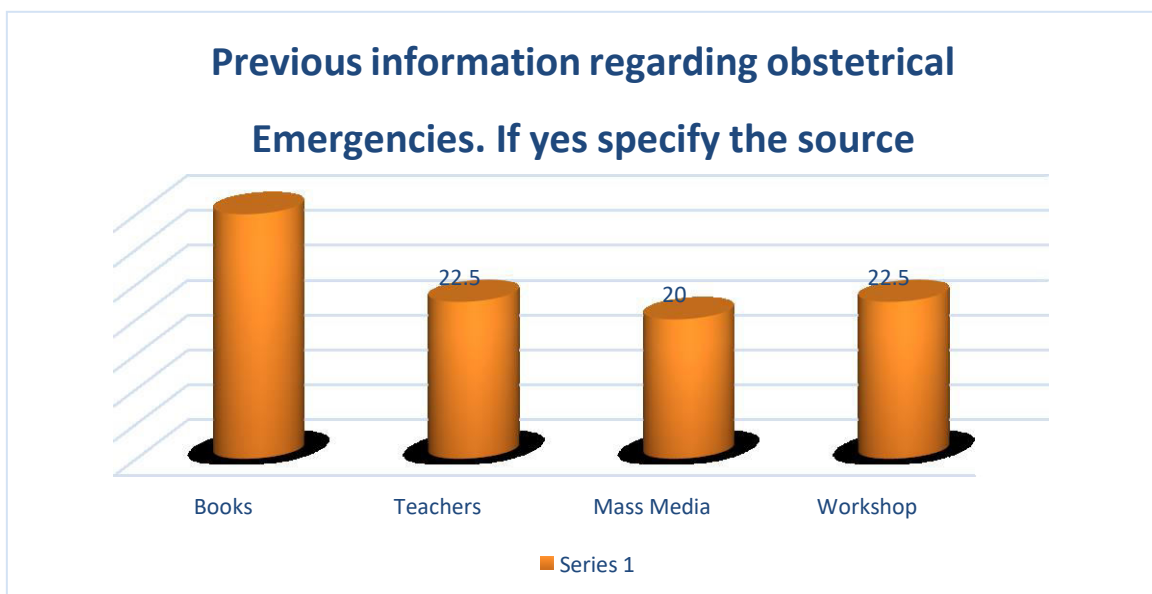
Previous information regarding obstetrical Emergencies. If yes specify the source

Figure 4. Bar graph displaying the percentage distribution of auxiliary nurse midwives from the previous year based on information source.

Above table 1, fig, no.4) bar diagram shows percentage wise distribution of last year auxiliary nurse midwives according to their source of knowledge. The data represent that 14(35%) nurses gain knowledge from book, 9(22.5%) nurses gain knowledge from teachers and 8(20%) nurses gain knowledge from mass media and 9(22.5%) nurses gain knowledgefrom workshop, seminar.

SECTION-B

Table 2: Effectiveness of the Video Assisted learning (VAT) program on Knowledge pertaining on related obstetric crises and its management before and after the introduction of the video assisted learning (VAT) program

Level of knowledge				
Score	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Poor (0-12)	23	57.5%	01	2.5%
Average (13-19)	15	37.5%	37	92.5%
Good (20-24)	2	5%	02	5%
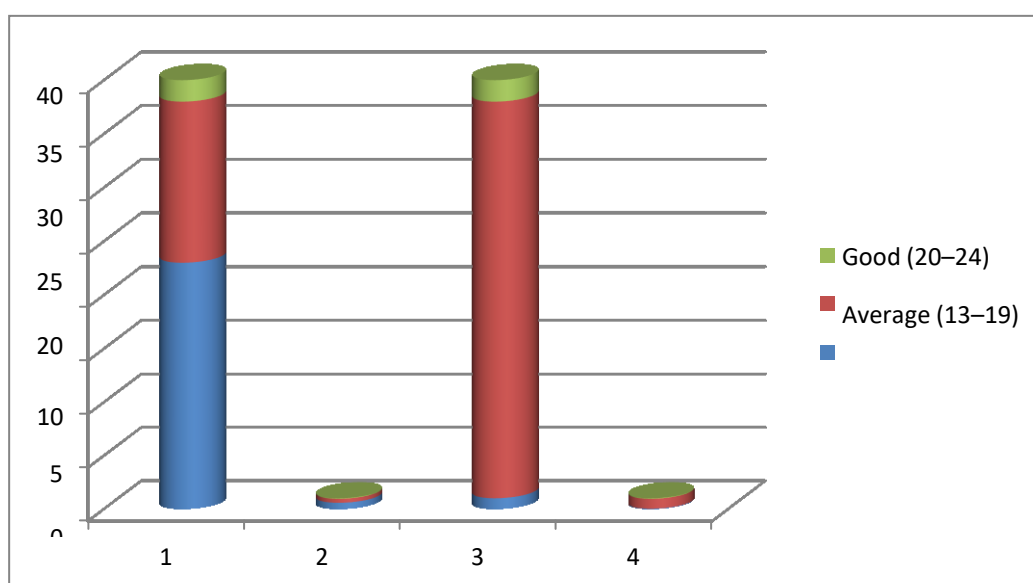
FIGURE 5: Pre-test & post-test knowledge score distribution, expressed as a percentage.

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SECTION-C

Table 3: shows how knowledge of obstetric emergencies and how to handle them was compared before and after the Video Assisted Teaching (VAT) programmes was put intoplace.

n=40

Knowledge level	Mean	Mean difference	Standard Deviation	t value	Df	p value
Pre-test Knowledge	13	3	2.03	0.61	39	0.05**
Post-test Knowledge	16		3.30			

(**-significant at $p<0.05$; 't'=2.02 is the tabulated value)

The before-test knowledge score had a mean of 13 and Stander Deviation of 2.03. The after- test knowledge score had a mean of 16 & a SD of 3.30. Between the post-test and pre-test knowledge scores, there was an average difference of 3. At the 0.05 significance level the computed t value in this case was 0.61, which was less than the tabular t value.

In this case, H1 is rejected and null hypothesis H01 is accepted.

SECTION- D

Table 4: Evaluation of the Relationship between Pre-Test Knowledge Level about Obstetric Emergencies and Their Management.

n = 40

SL. NO	DEMOGRAPHIC VARIABLES	TOTAL NO	PRE- TEST LEVEL OF KNOWLEDGE REGARDING ON OBSTETRIC EMERGENCIES AND ITS MANAGEMENT			CHI SQUARE$_X$2
			POOR	AVERAGE	GOOD	
1.	Age in years					X^2= 14.29 DF = 6 Significance
A	18-20years	17	16	1	0	
B	21-25 years	10	4	5	1	
C	26-35years	9	1	7	1	
D	Above 35 years	4	2	2	0	
2.	Religion					X^2= 3.61 DF = 6 NS
A	Hindu	16	8	6	2	
B	Muslim	17	10	7	0	

C	Christian	7	5	2	0	
D	Others	0	0	0	0	
3.	**Type of Family**					X^2= 7.68 DF = 4 NS
a.	Nuclear Family	15	7	8	0	
b.	Joint Family	18	14	3	1	
c.	Extended family	7	2	4	1	
4.	**Previous information**					X^2= 7.29 DF= 6 NS
a.	Books	14	9	4	1	
B	Teacher	9	2	6	1	
C	Mass media	8	5	3	0	
D	Workshop, seminar	9	7	2	0	

NS=Non-significant   S=Significant at the 0.05 level

The results of the before-test show a significant correlation with a few analytical, such as age in years, but not with religion, family structure, or prior knowledge. Here, the calculated values for age in years, family type, and previous knowledge were less than table values at the 0.05 significance level, indicating no significant association among the variables and their before-test knowledge score. However, the calculated values for religion, previous knowledge, and types of family were more than table values at this level of significance.

H02 was thus accepted as the null hypothesis, while H2 was rejected.

DISCUSSION-
The study set out to increase the second-year ANM students' understanding of obstetrical emergencies and how to handle them.
About specific obstetric emergencies and how they are handled. The most effective way to raise awareness and increase the knowledge of final year auxiliary nurse midwives about certain obstetrical emergencies and their management is through a video assisted training program. The researcher in this study talked about the results in line with the goals of the investigation.
The research was finding to evaluate the successfulness of video assisted learning on awareness of some obstetric crisis & its management between last year auxiliary nurse midwives in schoolof nursing, Kanpur.
The aim of research was to evaluate the successfulness of video assisted learning on knowledge of some obstetric emergencies and its management between auxiliary nurses by

providing teaching with the use of video. An evaluative research approach and a pre exploratory patternwere employed during study.
The total study size was 40 final year auxiliary nurse midwives. Purposive sampling approach was utilized to acquire the data. The tool was adjusted and pre tested for validity and reliability.Video was also pretested and approved by the panel experts. Pilot study was conducted on 4 last year auxiliary nurse midwives to ensure the reliability and workability of the study. Last research was conducted on a sample of 40 last year auxiliary nurse midwives. Expressive & theoretical statistics used to study the data. Bar, pie, cone diagrams and tables were utilized todepict the findings.

CONCLUSION-
The objective of the research have being for assess the extent to which nurses & midwives assistants at the Kanpur School of Nursing understood specific obstetric situations and how to treat them. The program used video amplification to support instruction.
For this research, a pre-experimental before-test and after-test research strategy was used. About 40 samples were included in the study.
There was only a small variance in the mean level based on knowledge between the before- test and after-tests.
French of 40 auxiliary nurse midwives students from the previous year, the results indicate that 23 (57.5%) had inadequate knowledge, 15 (37.5%) had enough knowledge, and just 2 (5%) had adequate knowledge during the before-test. In contrast, during the after-test, 37 people (92.5%) had adequate knowledge, 2 people (5%) had good

knowledge, and just 1 person (2.5%)had inadequate knowledge.

There is no significant correlation between the before-test awareness record and some society adaptable such as age, religion, & family structure. outstanding correlation was establish among the variables and the before-test awareness score in this cases, with the calculated chi square value being lower than the graph value at the 0.05 significance level.

Students in an auxiliary nurse midwifery program from the previous year saw a considerable increase in their knowledge of certain obstetric situations and how to manage them thanks to a video-assisted teaching approach. In order to lower the rate of maternal death, nurses can create an efficient video education program in the future.

RECOMMENDATION-

➢ To confirm and generalize its results, the research can be carried out again with a larger model.

➢ It is possible to conduct the study by incorporating more demographic factors.

➢ It is possible a conduct research to assess people's understanding of specific obstetrical emergencies and how to manage them.

Limitations-

➢ This research has few restrictions.

➢ 40 sample sizes were minor.

➢ An insertion, only some obstetric emergencies for example- eclampsia, preeclampsia, abnormally invasive previa, & premature separation were considered in the research.

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