



Maharishi Markandeshwar
— (Deemed to be University) —
Mullana-Ambala, Haryana



WORKSHOP PROCEEDINGS

WORKSHOP ON

EMPOWERING BIRTHING SKILLS THROUGH MIDWIFERY PRACTICE: SAFE, SECURE AND SUSTAINABLE

5th May – 9th May, 2026



MODE

Online (5th – 8th May, 2026)
Offline Session: 9th May, 2026



VENUE (OFFLINE)

Seminar Hall,
M.M College of Nursing,
Mullana, Ambala, Haryana

ORGANIZED BY

M.M. COLLEGE OF NURSING

Maharishi Markandeshwar (Deemed to be University)
Mullana, Ambala, Haryana



Empowering Midwives. Strengthening Mothers. Building a Better Tomorrow.



Proceedings of the Five-day Workshop on “Empowering Birthing Skills through Midwifery Practice: Safe, Secure and Sustainable”

Overview of the Workshop

The five-day workshop titled “Empowering Birthing Skills Through Midwifery Practice: Safe, Secure and Sustainable” was organised from 5th May to 9th May 2026 with the objective of strengthening knowledge and practical competencies related to maternal and newborn care among nursing professionals and students. The workshop focused on the continuum of maternity care, covering preconception, antenatal, intranatal, postnatal, and newborn care. Various expert-led sessions addressed evidence-based midwifery practices, birth preparedness, management of high-risk pregnancies, safe labour practices, respectful maternity care, postpartum complications, newborn care, and hands-on obstetric nursing skills. The workshop provided a platform for knowledge enhancement, skill development, and professional collaboration, thereby contributing to the promotion of safe motherhood and quality maternal healthcare services.

Workshop Organizers

The workshop was organised by Maharishi Markandeshwar College of Nursing, Mullana, under the guidance and leadership of Dr. (Mrs.) Jyoti Sarin, Director-Dean, Faculty of Nursing. The workshop was coordinated by Ms. Simarjeet Kaur, Associate Professor, along with the active support of faculty members, nursing educators, and resource persons from reputed national institutions. Experts from Jhpiego India, AIIMS Jodhpur, PGIMER Chandigarh, NMTIs, and other academic institutions contributed significantly to the successful conduct of the workshop through their valuable sessions and practical demonstrations.

Inaugural Ceremony

The workshop commenced with an inaugural ceremony on 5th May 2026, marking the beginning of an enriching academic journey on midwifery practice and maternal healthcare. The session included an overview of the workshop objectives, themes, and expected learning outcomes. Eminent dignitaries, including Dr. T. Dileep, President, Indian Nursing Council, New Delhi; Dr. Kamlesh Lalchandani, Deputy Country Director, Jhpiego India; Dr. Ruby Bhatia, HOD, Obstetrics and Gynaecology, MMIMSR, Mullana; and Dr. (Mrs.) Jyoti Sarin, Director-Dean, Faculty of Nursing, MM College of Nursing, Mullana, addressed the participants and emphasised the importance of strengthening midwifery competencies for ensuring safe, secure, and sustainable maternal healthcare. The ceremony set the tone for the workshop and inspired participants to actively engage in the learning process throughout the programme.

DAY – 1: 5th MAY, 2026

Journey to Conception: Prenatal Period

Topic: Midwifery Initiative by Government of India

Speaker:

Ms. Abhilasha Donald,

Programme Advisor, Jhpiego India

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Highlights of Topic:

The Government of India launched the Midwifery Initiative in 2018 under the National Health Mission (NHM) to strengthen maternal and newborn healthcare services and improve the quality of maternity care. The initiative aims to establish a dedicated cadre of Nurse Practitioners in Midwifery (NPMs) trained to international standards and capable of providing evidence-based, respectful, and woman-centred care throughout pregnancy, childbirth, and the postnatal period.

The initiative was introduced in response to the need for skilled maternity care providers who can support normal physiological childbirth, reduce unnecessary medical interventions, and enhance positive birth experiences. It aligns with global recommendations and supports India's commitment to reducing maternal and neonatal mortality while achieving Sustainable Development Goals related to maternal and child health.

The Midwifery Initiative establishes Midwifery-Led Care Units (MLCUs) in public health facilities to provide comprehensive care for low-risk pregnancies. It strengthens midwifery education through competency-based training and promotes respectful, continuous, and woman-centred care. Nurse Practitioners in Midwifery provide antenatal, intranatal, postnatal, newborn, breastfeeding, and family planning services, contributing to improved maternal and newborn health outcomes in India.



Topic: Planned Parenthood: Preconception Care

Speaker:

Ms. Hemlata,

Tutor, AIIMS Jodhpur

E-mail: hemlata19.sadhanu@gmail.com

Highlights of Topic:

The session on “Planned Parenthood: Pre-Conception Care” focused on the importance of preparing women and couples for a healthy pregnancy through timely health interventions before conception. The presentation highlighted pre-conception care as a key preventive strategy aimed at improving maternal and neonatal outcomes by addressing biomedical, behavioural, nutritional, and psychosocial risk factors before pregnancy occurs.

The session highlighted the importance of planned pregnancies, risk assessment, lifestyle modification, nutrition, folic acid supplementation, immunisation, and screening for chronic illnesses and sexually transmitted infections. It emphasised the role of pre-conception care in reducing maternal and neonatal complications and discussed relevant government initiatives and global recommendations. The role of nurses and midwives in counselling, health education, family planning, risk identification, referral, and continuity of care was also addressed. Overall, the session enhanced participants' understanding of preconception care in promoting safe motherhood and healthy pregnancies.



DAY – 2: 6th MAY, 2026

Empowering Birthing Skills: Antenatal

Topic: Birth Preparedness and Complication Readiness

Speaker:

Dr. Venkada Lakshmi,

Lecturer, PGIMER Chandigarh.

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Highlights of Topic:

Birth Preparedness and Complication Readiness (BPCR) is an important safe motherhood strategy that helps pregnant women and their families prepare for childbirth and possible obstetric emergencies. It promotes timely access to skilled maternal and newborn healthcare services, thereby improving pregnancy outcomes.

BPCR includes identifying a skilled birth attendant, selecting an appropriate healthcare facility, arranging transportation, saving money for delivery and emergencies, and recognising danger signs during pregnancy, childbirth, the postpartum period, and the newborn phase. These measures help reduce delays in seeking and receiving care.

Healthcare providers, particularly nurses and midwives, play a vital role in promoting BPCR through antenatal counselling, health education, and family involvement. Effective implementation of BPCR contributes to safer pregnancies, timely management of complications, and improved maternal and neonatal health outcomes.

Topic: Screening and Early Detection of High-risk Pregnancy

Speaker:

Ms. Renuka,

Midwifery Educator, NMTI Meerut.

E-mail: renukajibi15@gmail.com



Highlights of Topic:

Screening and early detection of high-risk pregnancy are essential components of antenatal care that help identify women at increased risk of maternal or foetal complications. Early identification enables timely intervention, appropriate referral, and close monitoring, improving maternal and neonatal outcomes.

Routine antenatal screening includes history taking, physical examination, laboratory tests, and ultrasound assessments to detect conditions such as anaemia, hypertension, diabetes, thyroid disorders, and foetal complications. Regular antenatal visits help monitor maternal and foetal well-being and provide opportunities to educate women about danger signs requiring immediate medical attention.

Nurses, midwives, and obstetricians play a key role in risk assessment, counselling, and referral of high-risk cases. Effective screening and early detection contribute to safer pregnancies, reduced maternal and neonatal morbidity and mortality, and improved pregnancy outcomes.

Topic: Navigating Choices for Optimal Birthing Practices

Speaker:

Ms. Manpreet Kaur,

Associate Professor, M.M Institute of Nursing, Mullana.

E-mail: manpreetkalka@mmumullana.org



Highlights of Topic:

Optimal birthing practices emphasise supporting the natural physiology of labour while ensuring maternal comfort and safety. Approaches such as the Bradley method, Lamaze breathing, hypnobirthing, water birth, lotus birth, home birth, and midwifery-led centres highlight the importance of maternal autonomy and informed choice. Assisted deliveries and caesarean sections remain vital options when medically necessary, but the focus increasingly lies on empowering women to participate actively in their birthing journey.

Movement during labour, upright positioning, and continuous emotional support are central to reducing complications and enhancing positive experiences. Skin-to-skin contact immediately after birth fosters bonding and promotes neonatal well-being. Choices in birthing positions—squatting, kneeling, or side-lying—further allow women to adapt to their comfort and physiology, encouraging smoother labour progression.

Globally, guidelines emphasise individualised care, yet realities in India often differ due to infrastructure limitations and other concerns. Bridging this gap requires integrating evidence-based practices with cultural sensitivity and healthcare accessibility. Ultimately, optimal birth practices are not about a single method but about respecting women's preferences, ensuring safety, and creating an environment where both mother and baby thrive. By navigating these choices confidently, women can achieve empowering and positive birth outcomes.

DAY – 3: 7th MAY, 2026

Pathways to Safe Delivery: Intranatal

Topic: Safe Labour Practices and Monitoring

Speaker:

Ms. Renuka,

Midwifery Educator, NMTI Meerut.

E-mail: renukajibi15@gmail.com



Highlights of Topic:

Safe labour practices and effective monitoring are essential components of quality intrapartum care that ensure the health and well-being of both mother and newborn. The primary goal of safe labour management is to support physiological childbirth while preventing, identifying, and managing complications in a timely manner. Adherence to evidence-based labour practices contributes significantly to reducing maternal and neonatal morbidity and mortality and enhances the overall childbirth experience.

Safe labour care emphasises respectful maternity care, informed decision-making, privacy, dignity, and emotional support for women during labour and birth. Women should be encouraged to have a birth companion of their choice, maintain mobility during labour, adopt comfortable birthing positions, and receive adequate hydration and nutrition. Unnecessary interventions such as routine episiotomy, indiscriminate augmentation of labour, and non-indicated caesarean sections should be avoided.

Continuous monitoring of maternal and foetal well-being is crucial throughout labour. Maternal monitoring includes assessment of vital signs, uterine contractions, pain, hydration status, and labour progress. Foetal monitoring involves regular assessment of foetal heart rate and identification of signs of foetal distress. Tools such as the WHO Labour Care Guide facilitate systematic documentation and monitoring of labour progression, enabling early detection of deviations from normal labour.

Healthcare providers, particularly nurses and midwives, play a pivotal role in ensuring safe labour practices through vigilant observation, timely intervention, effective communication, and compassionate care. Early recognition of danger signs such as prolonged labour, excessive bleeding, abnormal foetal heart rate, and maternal complications allows prompt management and referral. Safe labour practices and monitoring are fundamental to achieving positive birth outcomes and ensuring a safe and satisfying childbirth experience.

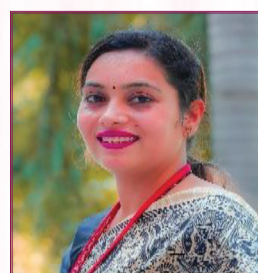
Topic: Respectful Maternity Care

Speaker:

Ms. Simarjeet Kaur,

Associate Professor, M.M College of Nursing, Mullana.

E-mail: kaursimarjeet913@gmail.com



Highlights of Topic:

Respectful Maternity Care (RMC) is a rights-based approach that ensures every woman receives dignified, compassionate, and quality care during pregnancy, childbirth, and the postnatal period. It recognises childbirth as not only a clinical event but also a deeply personal and emotional experience. RMC aims to eliminate disrespect, abuse, neglect, and discrimination in healthcare settings while promoting safe motherhood and positive childbirth experiences.

The framework of RMC is built upon eight essential domains. These include: preserving dignity and respect, ensuring privacy and confidentiality, providing informed consent and effective communication, delivering equitable and non-discriminatory care, ensuring freedom from harm and mistreatment, offering emotional support and companionship during labour, maintaining continuity of care with timely attention, and creating an enabling environment with competent healthcare providers and adequate resources. These domains collectively ensure that women are treated with empathy, kindness, and professionalism throughout maternity care.

Implementation of RMC improves maternal satisfaction, enhances trust in healthcare systems, and encourages women to seek institutional delivery services. It also contributes significantly to reducing maternal and neonatal morbidity and mortality. Healthcare professionals, particularly nurses and midwives, play a pivotal role in practicing RMC through respectful communication, cultural sensitivity, patient-centred care, and ethical practice.

Globally, the World Health Organisation advocates respectful maternity care as an integral component of quality maternal and newborn healthcare services. Strengthening RMC practices is essential for achieving positive maternal health outcomes and ensuring every woman experiences childbirth with dignity, safety, and respect.

Topic: Safe Use of Uterotonics and Oxytocics: Skills for Midwives

Speaker:

Dr. Ruby Bhatia,

HOD Obstetrics and Gynecology,

MMIMSR, Mullana.

E-mail: drrubybhatia2611@gmail.com

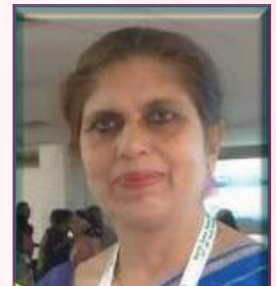
Highlights of Topic:

The session focused on the use of the Uniject™ Injection System for the prevention of Postpartum Hemorrhage (PPH), one of the leading causes of maternal mortality worldwide. The presentation emphasised the importance of timely administration of oxytocin and highlighted the role of innovative drug delivery systems in improving maternal healthcare practices.

The session explained the features and benefits of oxytocin in the Uniject™ system, including its single-use design, prefilled accurate dosage, minimal preparation requirements, and ease of administration by healthcare workers. Detailed guidance was provided regarding the selection of safe and effective oxytocin using the Time-Temperature Indicator (TTI), activation of the device, administration of intramuscular injection, and proper disposal methods following biomedical waste management protocols.

Practical demonstration and skill-based learning activities enhanced participants' understanding of safe injection techniques and effective postpartum haemorrhage prevention strategies. The session also stressed the importance of infection control practices, safe disposal of sharps, and competency-based training among healthcare providers.

Overall, the session strengthened the participants' practical knowledge and skills related to oxytocin administration and evidence-based maternal care practices for ensuring safe motherhood.



DAY – 4: 8th MAY, 2026

Transition to Motherhood: Postnatal

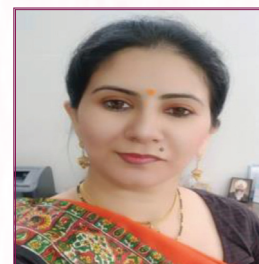
Topic: Prevention and Management of Postpartum Complications

Speaker:

Dr. Nidhi Sagar,

Professor, DMC College of Nursing, Ludhiana.

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Highlights of Topic:

The session on “Prevention and Management of Postpartum Complications” provided comprehensive knowledge regarding common postpartum complications and emphasised the importance of early identification, prevention, and prompt management to reduce maternal morbidity and mortality.

The speaker elaborated on major postpartum complications including postpartum hemorrhage, puerperal infections, breast complications, thromboembolism, urinary complications, and psychological disorders. Various preventive measures during antenatal, intranatal, and postnatal periods were discussed in detail. Evidence-based nursing interventions, pharmacological management, and supportive care for each complication were highlighted effectively.

Special emphasis was given to postpartum hemorrhage management, infection control practices, breastfeeding-related complications, and mental health issues among postnatal mothers. Clinical scenarios and case-based discussions enhanced understanding of emergency management and nursing responsibilities in maternal care. Recent research findings related to postpartum complications and nursing interventions were also incorporated to strengthen evidence-based practice.

The session was highly informative and enriched the participants' knowledge and practical understanding regarding safe motherhood and quality postnatal care.

Topic: Evidence-based Approaches to Postnatal Maternal Assessment

Speaker:

Ms. Neha Patyal,

Associate Professor, M.M College of Nursing, Solan.

E-mail: nehapatyal35@gmail.com

Highlights of Topic:

The session on “Evidence-Based Postnatal Maternal Assessment” focused on the importance of providing comprehensive, standardised, and evidence-based care to mothers during the postnatal period. The presentation emphasised that the days and weeks following childbirth are critical for both maternal and newborn health, as a significant proportion of maternal and neonatal complications occur during this phase. The session highlighted the role of timely assessment, early identification of complications, and appropriate interventions in reducing maternal morbidity and mortality.

The presentation discussed WHO recommendations and postnatal care guidelines, including timing of postnatal visits, assessment of maternal physical and emotional wellbeing, breastfeeding support, counseling services, infection prevention, nutrition, and family planning. Various evidence-based national programs such as Home-Based Newborn Care (HBNC), PMSMA, SBA Training, and IMNCI were also explained to strengthen participants' understanding regarding maternal and newborn healthcare services in India.

Special emphasis was placed on respectful maternity care, psychosocial support, postpartum danger sign assessment, and continuity of care through home visits and follow-up services. The session enriched participants' knowledge regarding quality postnatal care practices and highlighted the importance of evidence-based interventions in ensuring safe motherhood and positive maternal outcomes.

Topic: Golden Hour Care of Newborn: Recent Updates

Speaker:

Dr. (Mrs.) Jyoti Sarin,

Director-Dean, Faculty of Nursing,
M.M College of Nursing, Mullana.

E-mail: sarinjyoti@yahoo.co.in



Highlights of Topic:

The “Golden Hour” refers to the first sixty minutes after birth, a critical period that significantly influences neonatal survival, adaptation, and long-term health outcomes. Evidence-based interventions provided during this period can reduce neonatal morbidity and mortality and promote optimal growth and development. Recent updates in newborn care emphasise a family-centered, physiological, and minimally invasive approach to support the newborn’s transition to extrauterine life.

Current recommendations prioritise immediate drying, maintenance of warmth, and uninterrupted skin-to-skin contact between mother and baby immediately after birth. Skin-to-skin care helps prevent hypothermia, stabilises heart rate and respiration, promotes glucose regulation, and strengthens maternal–infant bonding. Delayed cord clamping for at least 1–3 minutes after birth is now widely recommended, as it improves neonatal iron stores, reduces the risk of anemia, and supports circulatory adaptation.

Early initiation of breastfeeding within the first hour of life remains a cornerstone of Golden Hour care. Colostrum provides essential nutrients and antibodies, enhances immunity, and supports successful long-term breastfeeding. Routine separation of mother and baby should be avoided unless medically indicated. Newborn assessment, including evaluation of breathing, tone, color, and temperature, should be performed while maintaining maternal contact whenever possible.

Recent updates also emphasise infection prevention, appropriate administration of vitamin K, birth-dose immunisation as per national guidelines, and early identification of neonatal danger signs. Midwives, nurses, and healthcare providers play a crucial role in implementing evidence-based Golden Hour practices. Effective Golden Hour care establishes a strong foundation for newborn survival, health, and development, contributing significantly to improved neonatal outcomes and quality of care.

DAY – 5: 9th MAY, 2026

The Continuum of Care: Hands on Training from Antenatal to Newborn Care

Topic: Antenatal Assessment and Monitoring

Speaker:**Ms. Manpreet Kaur,**

Associate Professor,

M.M Institute of Nursing, Mullana.

E-mail: manpreetkalka@mmumullana.org**Highlights of Topic:**

Antenatal assessment is a systematic process used to monitor the health of the mother and fetus throughout pregnancy. It includes general observation of maternal health, measurement of height, weight, body mass index, blood pressure, pulse, and respiratory rate to identify any potential risks or complications.

Physical examination involves abdominal inspection, palpation, and auscultation to assess uterine growth, foetal position, presentation, and foetal heart sounds. Systemic examination of the cardiovascular, respiratory, musculoskeletal, breast, and pelvic regions helps detect conditions that may affect pregnancy and childbirth.

Routine investigations such as hemoglobin estimation, urine analysis, and serological screening aid in the early detection of anemia, infections, and other disorders. Findings are documented in antenatal records to ensure continuity of care and timely management of complications.

In addition to clinical assessment, antenatal care includes health education, counseling, and psychosocial support, enabling women to adopt healthy practices and recognise danger signs. Thus, antenatal assessment plays a vital role in promoting safe motherhood and positive pregnancy outcomes.

Topic: Non-stress Test and its Interpretation

Speaker:**Ms. Hemlata,**

Lecturer, AIIMS Jodhpur, Rajasthan, India.

E-mail: hemlata19.sadhanu@gmail.com**Highlights of Topic**

The Non-Stress Test (NST) is a simple, non-invasive antenatal assessment used to evaluate foetal well-being, particularly in high-risk pregnancies. It measures the foetal heart rate in response to foetal movements and helps assess foetal oxygenation and neurological status.

During the procedure, foetal heart rate and uterine activity are monitored using an external foetal monitor. A healthy fetus typically shows accelerations in heart rate associated with movements, indicating adequate oxygen supply and normal autonomic function.

NST results are interpreted as reactive or non-reactive. A reactive NST demonstrates reassuring foetal status, whereas a non-reactive NST may require further evaluation through additional tests such as a Biophysical Profile (BPP) or Contraction Stress Test (CST).

As a safe and effective screening tool, NST aids in the early detection of foetal compromise, supports timely clinical decision-making, and contributes to improved maternal and foetal outcomes.

Topic: Plotting and Interpretation of Partograph

Speaker:

Simarjeet Kaur,

Associate Professor,

M.M College of Nursing, Mullana

E-mail: kaursimarjeet913@gmail.com

Highlights of Topic:

The partograph is a graphical tool used to monitor the progress of labour and assess the condition of the mother and fetus. It helps healthcare providers identify abnormal labour patterns and take timely action to prevent complications.

Plotting on the partograph includes recording cervical dilatation, foetal descent, uterine contractions, foetal heart rate, maternal vital signs, and the status of amniotic fluid. These observations are documented at regular intervals throughout labour.

Interpretation of the partograph is based on the relationship of labour progress to the alert line and action line. Labour progressing to the right of the alert line indicates slow progress and requires close monitoring, while crossing the action line suggests the need for medical intervention.

The partograph serves as an effective tool for early detection of prolonged or obstructed labour, promoting safe childbirth and improving maternal and neonatal outcomes.



Topic: Active Management of Third Stage of Labour

Speaker:

Simarjeet Kaur,

Associate Professor,

M.M College of Nursing, Mullana

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Highlights of Topic:

The World Health Organisation Labour Care Guide (LCG) is an innovative tool developed to improve the quality, safety, and experience of care provided to women during labour and childbirth. Introduced as an alternative to the traditional partograph, the Labour Care Guide is aligned with WHO recommendations on intrapartum care for a positive childbirth experience. It promotes evidence-based, woman-centered, and respectful maternity care while supporting clinical decision-making during labour.

The WHO Labour Care Guide focuses on monitoring both maternal and foetal wellbeing throughout the active phase of labour. It includes essential parameters such as cervical dilatation, foetal heart rate, uterine contractions, maternal vital signs, pain management, emotional support, and supportive interventions. Unlike the traditional partograph, the Labour Care Guide recognises that labour progression varies among women and discourages unnecessary interventions based solely on rigid timelines.

The guide is divided into key sections including identification details, supportive care, care of the baby, care of the mother, labour progress, medication administration, and shared decision-making. It also emphasises respectful communication, informed consent, privacy, and the presence of a birth companion to ensure a positive childbirth experience.

Implementation of the WHO Labour Care Guide helps healthcare providers identify complications early, improve documentation, enhance teamwork, and reduce unnecessary cesarean sections or interventions. Nurses, midwives, and obstetricians play a crucial role in effectively utilising the guide to ensure safe and respectful childbirth care. Overall, the WHO Labour Care Guide contributes significantly to improving maternal and neonatal health outcomes globally.

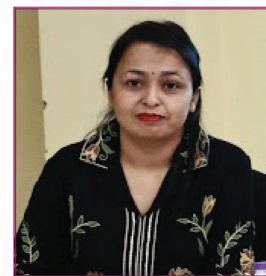


Topic: Oxytocin Preparation and Administration

Speaker:

Dr. Vipanjeet Kaur,
Midwifery Educator,
NMTI Patiala Jhpiego Team

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Highlights of Topic:

Oxytocin is one of the most widely used and essential medications in obstetric practice. It is recommended by the World Health Organisation as the first-line uterotonic for the prevention and treatment of postpartum hemorrhage (PPH), a leading cause of maternal mortality worldwide. Safe preparation and administration of oxytocin are critical competencies for midwives and skilled birth attendants to ensure effective maternal care and prevent adverse outcomes.

Oxytocin should be stored according to manufacturer recommendations, preferably in a cold chain (2–8°C), to maintain its potency. Before administration, healthcare providers must verify the correct medication, dose, route, and indication. For prevention of postpartum hemorrhage, oxytocin is commonly administered as 10 IU intramuscularly or intravenously immediately after the birth of the baby as part of the Active Management of the Third Stage of Labour (AMTSL). When used for induction or augmentation of labour, oxytocin should be administered through a controlled intravenous infusion using standardised protocols and careful dose titration.

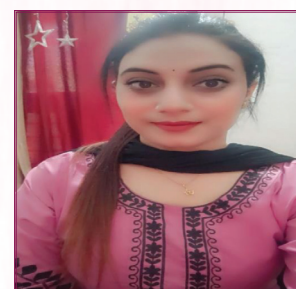
Continuous monitoring of maternal and foetal well-being is essential during oxytocin administration. Midwives should assess uterine contractions, foetal heart rate, maternal vital signs, and labour progress to detect potential complications such as uterine hyperstimulation, foetal distress, water intoxication, or uterine rupture. Accurate documentation of dosage, timing, response, and any adverse effects is an important aspect of safe practice.

Competency in oxytocin preparation and administration enhances the quality of intrapartum care, supports the prevention of postpartum hemorrhage, and contributes significantly to improved maternal and newborn health outcomes.

Topic: Breathing Techniques during Labour

Speaker:

Ms. Asha Devi,
Associate Professor
M.M College of Nursing, Mullana.
E-mail: asha.mmcn@mmumullana.org



Highlights of Topic:

Breathing techniques during labour help women remain calm, reduce anxiety, improve oxygen supply to the mother and baby, and promote effective coping with contractions. Different breathing methods are used during various stages of labour according to the intensity of contractions.

During the early labour (latent phase), slow deep abdominal breathing is encouraged. The woman takes a slow, deep breath through the nose and exhales gently through the mouth while relaxing the abdomen. This promotes relaxation and conserves energy.

In active labour, light-paced breathing is helpful as contractions become stronger. The woman breathes lightly and rhythmically at a faster pace (“hee-hee” breathing) while keeping the jaw and shoulders relaxed. Patterned breathing such as 3:1 breathing may also be used, involving three quick breaths followed by one long exhalation to maintain concentration during intense contractions.

During the transition phase, panting or “candle-blowing” breaths are beneficial. Short shallow breaths (“pant-pant-blow”) prevent premature pushing and help the woman stay focused.

In the pushing stage, spontaneous or exhalation pushing (J-breathing) is recommended. The woman takes a deep breath and slowly exhales while bearing down naturally with contractions, which supports effective pushing and reduces maternal fatigue.

Topic: Postnatal Assessment for Prevention of Complications

Speaker:

Ms. Adiba Siddiqui,

Professor cum Principal,

M.M School of Nursing, Mullana.

E-mail: adibasiddiquimmcn@mullana.org



Highlights of Topic:

The postnatal period, extending from birth to six weeks after delivery, is a critical phase for both mother and newborn. A significant proportion of maternal and neonatal morbidity and mortality occurs during this period, making comprehensive postnatal assessment essential for the early identification and prevention of complications. Timely assessment enables healthcare providers to detect abnormalities, provide appropriate interventions, and promote a smooth transition to motherhood and newborn care.

Postnatal assessment involves a systematic evaluation of the mother's physical, psychological, and emotional well-being. Key components include monitoring vital signs, assessing uterine involution, observing the amount and characteristics of lochia, evaluating perineal healing or caesarean wound status, and identifying signs of infection, haemorrhage, thrombosis, or hypertensive disorders. Breast assessment is also important to ensure successful initiation and continuation of breastfeeding and to identify problems such as engorgement, cracked nipples, or mastitis.

Equally important is the assessment of the newborn, including evaluation of feeding, temperature regulation, weight gain, jaundice, cord care, and early detection of neonatal danger signs. Counselling on nutrition, personal hygiene, exclusive breastfeeding, family planning, immunisation, and newborn care should be integrated into every postnatal visit.

Midwives and nurses play a pivotal role in conducting comprehensive postnatal assessments, educating families, and facilitating timely referrals when complications are identified. Regular postnatal follow-up helps prevent avoidable maternal and neonatal complications, improves health outcomes, and supports the overall well-being of mothers and infants. Effective postnatal assessment is therefore a cornerstone of quality maternal and newborn healthcare.

Topic: Immediate Newborn Care

Speaker:

Ms. Sandeep,

Assistant Professor,

M.M College of Nursing, Mullana.

Email: sandynarwal91@mmumullana.org

Ms. Ritu,

Nursing Tutor,

M.M College of Nursing, Mullana.

Email: ritu.mmcn@mmumullana.org



Highlights of Topic:

Immediate newborn care refers to the essential interventions provided to a newborn during the first minutes and hours after birth to ensure survival, promote adaptation to extrauterine life, and prevent complications. The period immediately following birth is critical, as appropriate care can significantly reduce neonatal morbidity and mortality and improve long-term health outcomes.

The first priority after birth is to ensure effective breathing. The newborn should be promptly dried with a clean, warm cloth and assessed for breathing and muscle tone. If the baby is breathing well, skin-to-skin contact with the mother should be initiated immediately to maintain body temperature, promote bonding, and facilitate early initiation of breastfeeding. Delayed cord clamping, preferably for at least one minute or until cord pulsations cease, is recommended to improve neonatal iron stores and reduce the risk of anaemia.

Routine immediate newborn care includes maintaining warmth, clearing the airway only when necessary, assessing Apgar scores, identifying congenital anomalies, and ensuring proper cord care. Early initiation of breastfeeding

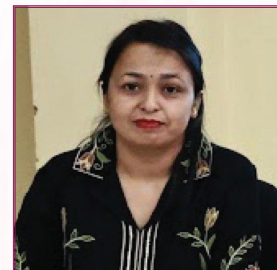
within the first hour of life provides optimal nutrition, enhances immunity, and strengthens mother–infant attachment. Administration of vitamin K and birth-dose immunisations, as per national guidelines, further contributes to neonatal health and disease prevention.

Healthcare providers should closely monitor the newborn for danger signs such as respiratory distress, hypothermia, poor feeding, cyanosis, or abnormal activity. Midwives and nurses play a vital role in providing evidence-based newborn care, educating mothers, and ensuring timely referral when complications arise. Effective immediate newborn care lays the foundation for healthy growth, development, and survival during the neonatal period and beyond.

Topic: Cu-T Insertion

Speaker:

Dr. Vipanjeet Kaur,
Midwifery Educator,
NMTI Patiala Jhpiego Team
E-mail: nmtipatiala@gmail.com



Highlights of Topic:

Postpartum Intrauterine Contraceptive Device (PPIUCD) insertion, commonly known as Cu-T insertion after childbirth, is a safe, effective, long-acting, and reversible family planning method offered to women during the immediate postpartum period. It provides an excellent opportunity to address the unmet need for contraception and supports healthy birth spacing, thereby improving maternal and child health outcomes.

A Copper-T can be inserted within 10 minutes of placental expulsion following a vaginal birth (post-placental insertion), during caesarean section (intra-caesarean insertion), or within 48 hours after delivery. The method is highly effective, with a failure rate of less than 1%, and provides protection against pregnancy for up to 10 years depending on the type of device used. Fertility returns rapidly following removal, making it suitable for women who may desire future pregnancies.

Before insertion, comprehensive counselling and informed consent are essential. Women should be informed about the benefits, possible side effects, warning signs, and follow-up requirements. Proper aseptic technique, correct insertion procedure, and adherence to infection prevention protocols are critical to minimising complications.

Midwives and nurses should educate women about common post-insertion symptoms such as mild cramping and spotting and advise them to seek medical attention if they experience severe pain, excessive bleeding, fever, foul-smelling discharge, or expulsion of the device. Follow-up visits help assess the position of the Cu-T. Midwives and nurses play a crucial role in counselling, insertion, follow-up care, and promoting informed contraceptive choices. Postpartum Cu-T insertion is a cost-effective strategy that contributes to family planning, maternal health, and reproductive well-being.

Competition on Word Hunt: Continuum of Maternity Care

Simarjeet Kaur, Sifat, Monica and Jagandeep

The Word Hunt Competition on Continuum of Maternity Care was organised as an interactive and educational activity to enhance participants' knowledge and understanding of comprehensive maternal healthcare services. The activity focused on the continuum of care approach, which emphasises the provision of integrated and quality healthcare services from preconception, pregnancy, childbirth, and postpartum care to newborn and reproductive health services.

Through an engaging word-search format, participants identified important concepts and terminologies related to maternal and newborn health. The competition covered key areas including antenatal care, birth preparedness, skilled birth attendance, respectful maternity care, labour monitoring, postpartum care, newborn care, family planning, immunisation, nutrition, and referral services.

The activity encouraged active participation, teamwork, critical thinking, and knowledge reinforcement among participants. It served as an innovative learning strategy to improve recall of essential maternal health concepts and promote awareness regarding evidence-based practices that contribute to safe motherhood and positive birth outcomes. The competition successfully combined education with recreation, thereby supporting professional development and strengthening understanding of quality maternal and newborn healthcare practices.

Glimpses of the Workshop



Glimpses of the Workshop



Table of Contents

1. Impact of a Teaching Bundle on Knowledge and Medication Errors Related to Uterotonic Drugs	1
<i>Aarti Thakur, Poonam Sheoran, Simarjeet Kaur, Jyoti Sarin</i>	
2. Development of an e-Learning Programme on Management of Obstetrical Emergencies among Nursing Students	1
<i>Simarjeet Kaur, Jyoti Sarin</i>	
3. From PCOS to PMOS: A New Era in Women's Endocrine Health	2
<i>Simarjeet Kaur, Richa Bharti, Jyoti Sarin</i>	
4. A Study to Assess the Effectiveness of Simulation-based Learning in Terms of Knowledge and Skills Regarding Conduction of Normal Vaginal Delivery among Nursing Students in Maharishi Markandeshwar Medical College and Hospital	3
<i>Neha Patyal</i>	
5. Risk Perception and Disaster Preparedness among Hospital Nurses: A Correlational Study in a Tertiary Care Hospital of Haryana	3
<i>Vanshika, Vidhi, Vijay, Vishal, Monika Justa</i>	
6. Menstruation, Emotions and Eating: Exploring the Link between Cycle Phase and Emotional Food Intake.....	4
<i>Bhavika, Bhavya, Bhawna, Bhawna, Monika Justa, Jyoti Sarin</i>	
7. From Awareness to Readiness: Birth Preparedness and Complication Readiness among Antenatal Women under the Janani Suraksha Yojana	5
<i>Vivek, Waseem, Yash, Ajay, Ramanjit Kaur, Asha</i>	
8. A Study to Assess Menopausal Symptoms and Health-promoting Behaviour among Women Residing in Selected Rural Community of Ambala, Haryana.....	5
<i>Deepika, Dhruv Batra, Nancy Sharma, Kajal, Gautami Sharma, Kajal, Asha</i>	
9. Impact of Respiratory Infections on the Quality of Life among Children.....	6
<i>Mehak, Mehak, Mehvish, Muskan, Sonika, Neelima, Neeru, Nikita, Sandeep Kaur, Pratibha Soni, Jyoti Sarin</i>	
10. Effectiveness of Neonatal Resuscitation Programme (NRP) Training on Knowledge among BSc Nursing Internship Students.....	7
<i>Sandeep Kaur, Jyoti Sarin, Jyoti Phougat, Pooja Jaswal</i>	
11. Efficacy of Lamaze Breathing Technique on Alleviating Pain Perception, Anxiety and Fatigue among Parturient Mothers during First Stage of Labour: A Randomised Controlled Trial	8
<i>Diksha, Simarjeet Kaur, Sarin Jyoti</i>	
12. Risk Factors Associated with Caesarean Section and Post-operative Morbidities among Postnatal Mothers: A Descriptive Study in a Tertiary Care Hospital, Haryana	9
<i>Jyoti Sharma, Karanveer, Kashish, Khushboo, Asha, Ramanjit Kaur</i>	

Impact of a Teaching Bundle on Knowledge and Medication Errors Related to Uterotonic Drugs

AARTI THAKUR¹, POONAM SHEORAN², SIMARJEET KAUR³, JYOTI SARIN⁴

ABSTRACT

Introduction: Medication errors related to uterotonic drugs are a significant concern in obstetric care and may lead to serious maternal complications. Nursing personnel play a critical role in the preparation, administration, and monitoring of uterotonic drugs such as oxytocin and misoprostol. Inadequate knowledge and unsafe administration practices increase the likelihood of medication errors, emphasising the need for structured educational interventions.

Aim: The present study was conducted to assess the effectiveness of a teaching bundle on knowledge and medication errors related to uterotonic drugs among nursing personnel working in obstetric units.

Materials and Methods: A quasi-experimental one-group pre-test and post-test design was adopted among nursing personnel working in obstetric settings. Baseline knowledge and medication administration practices were assessed before implementation of

a structured teaching bundle comprising lecture-cum-discussion, PowerPoint presentations, demonstrations, return demonstrations, drug calculation exercises, and hand-holding sessions.

Results: Post-intervention assessment revealed a significant improvement in knowledge scores and a substantial reduction in medication administration errors related to uterotonic drugs. Common errors associated with drug administration, monitoring, documentation, sterility maintenance, and patient safety practices showed marked improvement following the intervention. The findings indicate that structured educational programmes can effectively enhance safe medication administration practices and promote quality obstetric care.

Conclusion: The study concluded that the teaching bundle was effective in improving knowledge and reducing medication errors among nursing personnel working in obstetric units.

Keywords: Misoprostol, Nursing personnel, Obstetric care, Oxytocin.

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Development of an e-Learning Programme on Management of Obstetrical Emergencies among Nursing Students

SIMARJEET KAUR¹, JYOTI SARIN²

ABSTRACT

Introduction: Obstetrical emergencies require prompt recognition, sound clinical decision-making, and timely evidence-based interventions to prevent maternal and neonatal morbidity and mortality. Nursing students need adequate knowledge and decision-making skills to manage these emergencies effectively. e-Learning offers an innovative, flexible, and learner-centred approach to nursing education through multimedia resources, animations, videos, and case-based scenarios.

Aim: To describe the systematic development of an e-learning programme on the management of obstetrical emergencies among nursing students.

Materials and Methods: The e-Learning programme was developed using the ADDIE instructional design model, comprising five steps: 1. Analysis: Reviewed literature, research studies, textbooks, and clinical guidelines to identify learning needs and relevant content on obstetrical emergencies. 2. Design: Formulated learning objectives, organised content, and planned instructional strategies based on Mayer's Cognitive Theory of Multimedia Learning. 3. Development: Created multimedia modules incorporating narrated animations, whiteboard animations, illustrations, case scenarios, and first-aid videos covering cord prolapse, rupture uterus, shoulder dystocia, amniotic fluid embolism, postpartum haemorrhage, and obstetrical shock. Experts validated the content and technical features, and

revisions were made accordingly. 4. Implementation: Delivered the finalised programme online, providing students with registration guidance and sequential access to learning modules. 5. Evaluation: Evaluated programme suitability, acceptability, and effectiveness among 362 B.Sc. Nursing students using a quasi-experimental design. Knowledge, decision-making ability, and competency were assessed at baseline, 15 days, and 52 days using structured tools and an OSCE-based checklist.

Conclusion: The systematic development of an e-learning programme using the ADDIE model and multimedia learning principles

provides a structured approach to obstetrical emergency education. The programme offers an opportunity to enhance nursing students' knowledge and clinical competency while complementing conventional teaching methods. Its development and evaluation may contribute to strengthening nursing education and preparing students for the timely recognition and management of obstetrical emergencies.

Keywords: e-Learning programme, development, ADDIE model, obstetrical emergencies, nursing students, multimedia learning.

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Abstract No.: 03

From PCOS to PMOS: A New Era in Women's Endocrine Health

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ABSTRACT

Polycystic Ovary Syndrome (PCOS) has long been recognised as one of the most common endocrine disorders affecting women of reproductive age. In May 2026, following an extensive 11-year international consensus process involving more than 22,000 stakeholders, PCOS was formally renamed as Polyendocrine Metabolic Ovarian Syndrome (PMOS). While the diagnostic criteria, pathophysiology, and treatment recommendations remain unchanged, the revised terminology reflects a more comprehensive understanding of the disorder as a multisystem endocrine and metabolic condition rather than solely a reproductive disorder.

The new nomenclature emphasises the endocrine, metabolic, and ovarian dimensions of the condition and aligns clinical terminology with current scientific evidence. PMOS highlights the importance of insulin resistance, cardiometabolic risks, mental health concerns, and long-term health consequences associated with the disorder. The revised terminology is expected to improve

patient understanding, reduce stigma, support multidisciplinary management, and promote earlier recognition, particularly among adolescents. During the transition period from 2026 to 2029, both PCOS and PMOS terminology may be used in clinical practice while healthcare systems progressively update records, guidelines, and educational resources.

The paper emphasises the importance of continued use of evidence-based diagnostic criteria and comprehensive management approaches, including cardiometabolic assessment, mental health screening, lifestyle modification, and long-term follow-up. The transition from PCOS to PMOS represents an important step toward improving awareness, communication, and holistic care in women's endocrine health.

Keywords: Endocrine disorders, Insulin resistance, Metabolic health, Polycystic ovary syndrome, Polyendocrine metabolic ovarian syndrome, Women's health.

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Abstract No.: 04

A Study to Assess the Effectiveness of Simulation-based Learning in Terms of Knowledge and Skills Regarding Conduction of Normal Vaginal Delivery among Nursing Students in Maharishi Markandeshwar Medical College and Hospital

NEHA PATYAL¹

ABSTRACT

Introduction: Maternal mortality continues to be a major public health concern, and skilled care during childbirth remains one of the most effective strategies for improving maternal and neonatal outcomes. The conduction of normal vaginal delivery is a fundamental competency for nursing students and requires adequate knowledge, technical expertise, communication skills, and clinical decision-making abilities. Simulation-based learning has emerged as an innovative teaching strategy that provides students with a safe and realistic environment to develop and enhance clinical competencies.

Aim: The present study was conducted to assess the effectiveness of simulation-based learning in terms of knowledge and skills regarding the conduction of normal vaginal delivery among nursing students.

Materials and Methods: A quantitative research approach with a pre-test and post-test design was adopted among 50 nursing

students selected through a non-probability sampling technique. Data were collected using socio-demographic variables and a standardised skill checklist before and after administration of the simulation-based learning intervention. Descriptive and inferential statistics were used for data analysis.

Results: The findings revealed a significant improvement in both knowledge and skill scores following the intervention. Post-test mean knowledge and skill scores were considerably higher than pre-test scores, indicating the effectiveness of simulation-based learning in enhancing students' competencies related to normal vaginal delivery.

Conclusion: The study concluded that simulation-based learning is an effective educational strategy for improving knowledge and practical skills among nursing students and can contribute to better preparedness for safe maternal care practices.

Keywords: Maternal health, Maternal mortality, Skill score.

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Abstract No.: 05

Risk Perception and Disaster Preparedness among Hospital Nurses: A Correlational Study in a Tertiary Care Hospital of Haryana

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ABSTRACT

Introduction: Nurses serve as frontline responders during disasters, and their risk perception significantly influences their level of disaster preparedness and patient safety. In disaster-prone regions such as Haryana, India, assessing nurses' risk perception and preparedness is essential to strengthen hospital disaster management.

Aim: The aim of the present study is to assess the level of risk perception and disaster preparedness among hospital nurses working in a selected tertiary care hospital in Haryana and to determine the relationship between risk perception and disaster preparedness among hospital nurses.

Materials and Methods: A quantitative descriptive research design was adopted. The study was conducted among 150 hospital nurses working at MMIMSR, Mullana, Ambala, selected using a convenience sampling technique. Data were collected using structured questionnaires to assess risk perception and disaster preparedness. Descriptive statistics and Pearson's correlation test were used for data analysis.

Results: The findings revealed that 82.0% of nurses had a high level of risk perception, while 84.9% demonstrated high disaster preparedness. The mean disaster preparedness score was

191.27±11.49. A statistically significant moderate positive correlation was observed between risk perception and disaster preparedness ($r=0.411$, $p<0.05$).

Conclusion: The study indicates that increased risk perception among nurses is associated with higher disaster preparedness. Regular disaster training, mock drills, and continuous education programs are recommended to further enhance nurses' preparedness and strengthen hospital disaster response systems.

Keywords: Disasters, Emergency preparedness, Frontline responders.

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Abstract No.: 06

Menstruation, Emotions and Eating: Exploring the Link between Cycle Phase and Emotional Food Intake

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ABSTRACT

Introduction: Menstruation and stress during menstruation are prevalent among female nursing students. These factors often influence emotional eating patterns, which are increasingly common in today's generation.

Aim: To assess the correlation between stress levels and emotional eating during menstruation among female nursing students at a selected nursing college in Mullana, Ambala.

Materials and Methods: A quantitative research approach with a descriptive design was used. Data were collected from 220 female nursing students using a questionnaire through convenience sampling.

Results: The study found that 67.1% of participants experienced moderate stress, and 43.2% exhibited mild emotional eating tendencies. The majority had regular cycles (77%) and moderate bleeding (78.8%). A weak negative correlation (-0.190 , $p<0.05$) was observed between perceived stress and emotional eating.

Conclusion: Stress and emotional eating are significant issues among nursing students. Higher stress levels were associated with emotional eating, especially cravings for high-calorie and sugary foods. Addressing stress and eating habits during menstruation is essential for improving students' overall well-being.

Keywords: Emotional eating, Perceived stress, Questionnaire.

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From Awareness to Readiness: Birth Preparedness and Complication Readiness among Antenatal Women under the Janani Suraksha Yojana

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ABSTRACT

Introduction: Birth Preparedness and Complication Readiness (BPCR) is vital for timely utilisation of maternal health services and prevention of maternal and neonatal morbidity and mortality. Awareness of BPCR and the Janani Suraksha Yojana supports institutional delivery, early recognition of danger signs, and timely care-seeking.

Aim: This study aimed to assess antenatal women's awareness regarding Birth preparedness and complication readiness and its association with selected variables.

Materials and Methods: A descriptive study was conducted at MMIMSR and R Hospital, Mullana, Ambala, Haryana, among 100 antenatal women selected using convenience sampling. Data were collected using a selected variables proforma, a structured awareness

questionnaire, and a birth preparedness checklist. Content validity was ensured by experts, and reliability was established using Kuder-Richardson-20. Descriptive and inferential statistics were applied.

Results: Good awareness was observed in 76% of participants, while 13% had excellent awareness. Moderate birth preparedness practices were noted in 73%. Awareness showed a significant association with possession of health insurance or maternity benefit schemes ($p < 0.05$), with no association for other variables.

Conclusion: Antenatal women demonstrated satisfactory awareness and preparedness under the Janani Suraksha programme. Strengthening focused antenatal education can further promote safe motherhood.

Keywords: Antenatal education, Neonatal morbidity, Structured awareness questionnaire.

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A Study to Assess Menopausal Symptoms and Health-promoting Behaviour among Women Residing in Selected Rural Community of Ambala, Haryana

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ABSTRACT

Introduction: Menopause is a natural biological process characterised by the permanent cessation of menstruation due to declining ovarian activity. Women during the menopausal transition

experience various physical, psychological, and social changes that can affect their quality of life. Health-promoting behaviours play an important role in reducing menopausal symptoms and improving overall well-being.

Aim: The study aimed to assess menopausal symptoms and health-promoting behaviours among women residing in a selected rural community of Ambala, Haryana, determine the relationship between menopausal symptoms and health-promoting behaviours, and identify the association of menopausal symptoms with selected socio-demographic variables.

Materials and Methods: A descriptive research design was adopted for the study. The study was conducted in the rural community of Mullana, Ambala, Haryana. A total of 162 women aged 40-60 years were selected through a convenience sampling technique. Data were collected using a socio-demographic questionnaire, Menopausal Rating Scale (MRS), and Health Promoting Lifestyle Profile-II (HPLP-II) through a self-interview method using Google Forms. Data analysis was performed using SPSS version 16.

Results: The majority of women were aged 50-60 years (56.1%), Hindu (78.3%), married (84.5%), and postmenopausal

(76.5%). Most participants had mild (52.4%) to moderate (37%) menopausal symptoms. Regarding health-promoting behaviour, 72.8% demonstrated moderate, 16% good, and 11.1% poor behaviour. A negative correlation was found between menopausal symptoms and health-promoting lifestyle behaviour. Menopausal stage was significantly associated with menopausal symptoms ($p < 0.05$).

Conclusion: Menopausal symptoms significantly affect women's daily lives. Health-promoting behaviours may help reduce these symptoms and improve quality of life. The study highlights the need for health education, awareness programmes, and supportive interventions to encourage healthy lifestyle practices among menopausal women.

Keywords: Lifestyle behaviour, Menopause, Postmenopausal women, Rural women.

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Abstract No.: 09

Impact of Respiratory Infections on the Quality of Life among Children

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ABSTRACT

Introduction: Children's health problems are the same as adults. Health problems affect physical health as well as the quality of life of a person. Early childhood is the age group in which children most commonly experience health problems, such as respiratory infections, which are very frequent and can disturb their quality of life.

Aim: The present study aims to assess the quality of life among children suffering from respiratory infections

Materials and Methods: A quantitative research approach was used with a descriptive research design. A total of 60 children with acute respiratory infection were selected as a sample using a purposive sampling technique. Data were collected using a socio-

demographic tool and a self-structured Likert scale through an interview method.

Results: Among the 60 children, 81.7% had an average quality of life, whereas 18.3% of children had a good quality of life and 0% had poor quality of life. There was no association between quality of life and selected socio-demographic variables of children suffering from acute respiratory infection.

Conclusion: Findings of this study concluded that children suffering from respiratory infection had an average quality of life compared to good and poor.

Keywords: Acute respiratory infections, Early childhood, Social-demographic tool.

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Abstract No.: 10

Effectiveness of Neonatal Resuscitation Programme (NRP) Training on Knowledge among BSc Nursing Internship Students

SANDEEP KAUR¹, JYOTI SARIN², JYOTI PHOUGAT³, POOJA JASWAL⁴**ABSTRACT**

Introduction: Neonatal resuscitation is a critical lifesaving intervention for newborns who do not initiate spontaneous breathing at birth. About 10% of newborns require assistance to establish effective respiration, and birth asphyxia remains a leading cause of neonatal mortality in India. Competent knowledge and skills in neonatal resuscitation among nursing students are essential for timely, effective emergency care. Simulation-based Neonatal Resuscitation Programme (NRP) training aims to improve knowledge, confidence, and psychomotor skills

Aim: This study assessed baseline knowledge of neonatal resuscitation among BSc Nursing fourth-year students, evaluated the effectiveness of a simulation-based NRP training intervention, and examined associations between selected demographic variables and post-training knowledge scores.

Materials and Methods: A quantitative, one-group pre-test/post-test design was conducted in the Simulation Lab, MMIMS&R Hospital. The population comprised BSc Nursing fourth-year interns; 130 students were enrolled using total convenience sampling. Inclusion criteria were interns available during data collection and willing to participate; exclusions were those with prior advanced neonatal resuscitation certification or absent during the intervention. Data were collected using a structured knowledge questionnaire administered before and after the NRP training. The NRP intervention comprised structured teaching sessions,

demonstrations of neonatal resuscitation procedures, hands-on practice with neonatal manikins, and simulation-based learning activities. Descriptive statistics and inferential tests (paired t-test, chi-square) were used to analyse the data.

Results: The findings revealed that before the NRP training, the majority of students had inadequate to moderately adequate knowledge regarding neonatal resuscitation. After the training programme, a marked improvement in post-test knowledge scores was observed, with most students attaining adequate knowledge levels. The paired t-test demonstrated a highly significant difference between pre-test and post-test scores ($p < 0.001$), indicating the effectiveness of the NRP training programme. Significant associations were found between post-test knowledge scores and previous exposure to NRP training ($p = 0.008$) as well as attendance at workshops/seminars ($p = 0.02$).

Conclusion: The study concluded that the NRP training was highly effective in improving the knowledge and competency of BSc Nursing internship students regarding neonatal resuscitation. Regular simulation-based NRP training programmes should be integrated into nursing education to enhance preparedness in managing neonatal emergencies and improving neonatal outcomes.

Keywords: Competency, Neonatal emergencies, Nursing students, Simulation training.

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Abstract No.: 11

Efficacy of Lamaze Breathing Technique on Alleviating Pain Perception, Anxiety and Fatigue among Parturient Mothers during First Stage of Labour: A Randomised Controlled Trial

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ABSTRACT

Introduction: Labour involves intense pain, anxiety, and fatigue for parturient mothers. Lamaze breathing, a non-pharmacological method, helps manage these symptoms effectively.

Aim: To assess the effectiveness of the Lamaze breathing technique in terms of pain perception, anxiety and fatigue among parturient mothers.

Materials and Methods: A randomised controlled trial was conducted on 80 parturient mothers in the active phase of labour from public hospitals in Ambala, Haryana. Participants were randomly assigned to experimental and control groups. The experimental group received Lamaze breathing techniques three times for 10 minutes each to reduce pain, anxiety, and fatigue. Pain, anxiety, and fatigue were assessed using the Numeric Pain Rating Scale, Hamilton Anxiety Scale, and Visual Analog Fatigue Scale at three intervals: before and immediately after each intervention. Data were analysed using parametric tests in SPSS version 20.

Results: The study found that after each session of Lamaze breathing, the experimental group showed significantly lower scores in pain perception, anxiety, and fatigue compared to the control group. The experimental and control group significantly different in terms of pain perception t' value (-12.4) and p=0.001*, anxiety t' value (-7.65) and p=0.001* and fatigue t' value (-5.83) and p=0.001*, the experimental group showed a significant decrease in pain perception scores at various intervals. The final score in the experimental group OP6 (1.80±1.15) was decreased compared to the control group OP6 (4.62±0.83), with the t-test confirming a statistically significant difference (t=-12.4, p=0.001), highlighting the effectiveness of the intervention.

Conclusion: Lamaze breathing techniques were effective in reducing pain, anxiety and fatigue among parturient mothers during the first stage of labour. Parturient mothers were moderately satisfied with Lamaze breathing during labour.

Keywords: Effectiveness, Non-pharmacological, Numeric pain rating scale.

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Risk Factors Associated with Caesarean Section and Post-operative Morbidities among Postnatal Mothers: A Descriptive Study in a Tertiary Care Hospital, Haryana

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ABSTRACT

Introduction: Caesarean section (CS) is a vital obstetric intervention that reduces maternal and neonatal mortality when medically indicated. However, increasing CS rates have raised concerns regarding associated maternal morbidity and postoperative complications. Identifying contributory risk factors and evaluating post-surgical outcomes are essential to optimise maternal healthcare services.

Aim: The aim of the study is to assess and describe the risk factors associated with caesarean section and the prevalence and pattern of post-operative morbidities among postnatal mothers admitted to a selected tertiary care hospital in Haryana, with a view to identifying major maternal, obstetric, and clinical factors contributing to caesarean delivery and post-operative complications, thereby generating evidence to support early identification of high-risk mothers, appropriate post-operative management, and improved maternal health outcomes.

Materials and Methods: A hospital-based quantitative descriptive study was conducted among 100 postnatal mothers who underwent caesarean section in a tertiary care hospital in Haryana. Participants were selected through purposive sampling. Data were collected using structured tools assessing socio-demographic characteristics, risk factors for caesarean section (56-item checklist), and post-operative morbidity (45-item checklist). Reliability coefficients were satisfactory (Cronbach's $\alpha=0.98$; KR-20=0.87 and

0.80). Statistical analysis was performed using SPSS version 25. Descriptive statistics, chi-square tests, Odds Ratios (OR), and 95% Confidence Intervals (CI) were calculated. A p-value <0.05 was considered statistically significant.

Results: Emergency caesarean section accounted for 81% of procedures. Major indications included previous caesarean section (23%), hypertensive disorders (15%), oligohydramnios (17%), and foetal distress (12%). Most mothers (92%) were categorised as low risk, while 8% were moderate risk. Moderate post-operative morbidity was observed in 58% of participants (Mean score=6.89 $\pm$ 3.33). Emergency caesarean section was significantly associated with higher risk status ($\chi^2=12.67$, $p=0.002$; OR=4.85, 95% CI: 1.76–13.32). Multigravida status was associated with increased risk ($\chi^2=6.98$, $p=0.008$; OR=3.12, 95% CI: 1.29–7.54). Previous caesarean delivery significantly predicted moderate-to-severe postoperative morbidity ($\chi^2=10.21$, $p=0.006$; OR=3.67, 95% CI: 1.45–9.29).

Conclusion: Emergency caesarean section and previous obstetric history significantly increase maternal risk and postoperative morbidity. Strengthening antenatal screening and enhancing postnatal surveillance may reduce preventable complications and improve maternal outcomes.

Keywords: Maternal risk factors, Obstetric complications, Postoperative morbidity.

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