



ISSN: 2476-8642 (Print)

ISSN: 2536-6149 (Online)

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# Annals of HEALTH RESEARCH

(The Journal of the Medical and Dental Consultants' Association of Nigeria, OOUTH, Sagamu, Nigeria)

Volume 10 | No. 2 | April - June, 2024



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**PUBLISHED BY THE MEDICAL  
AND DENTAL CONSULTANTS ASSOCIATION  
OF NIGERIA, OOUTH, SAGAMU, NIGERIA.**

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## ORIGINAL RESEARCH

### Assessment of the Knowledge of Retinopathy of Prematurity (ROP) in a Cohort of Nurses in Ogun State, Nigeria

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#### Abstract

**Background:** Retinopathy of prematurity (ROP) is a major cause of childhood blindness that can be prevented by early detection and treatment. Nurses and midwives are important stakeholders in neonatal services who can help increase awareness to ensure early detection, thereby reducing the risk of blindness.

**Objectives:** To determine the knowledge of a cohort of nurses in Ogun state about ROP and ROP screening.

**Methods:** A cross-sectional study was conducted among nurses and midwives in Ogun State, Nigeria. A self-administered structured Google form (questionnaire) was used to obtain information on their knowledge and practice concerning ROP in their centres.

**Results:** A total of 117 nurses participated in the study. These comprised 93.2% females, and the mean age was 38.5±3.5years. The majority of the participants were within the 41-50 years age group. A total of 70.9% had ever worked in a neonatal unit. Ninety-seven (82.9%) were aware of ROP, of which 76.1% could correctly define the condition. Sixty-nine per cent had a good knowledge score for ROP, while there was a poor knowledge score for screening in 62.4%.

**Conclusion:** Though the participants had good knowledge about ROP, their knowledge of screening for early detection was poor. There is a need for intense dissemination of information on ROP, especially the need for screening of newborn infants among nurses and midwives.

*Keywords: Blindness, Nurses, Prematurity, Retinopathy, Screening.*

#### Introduction

Retinopathy of prematurity (ROP) is a vaso-proliferative disease affecting the immature retina of preterm babies. <sup>[1]</sup> It was formerly referred to as retrolental fibroplasia by Terry when it was thought to be exclusively found in premature infants with low birth weight due to

unmonitored administration of supplemental oxygen. <sup>[2]</sup> ROP is the leading cause of childhood blindness. <sup>[3]</sup> This is due to the interruption of the normal progression of vascularisation of the peripheral retina, which results from the production of high levels of endothelial Growth Factor (VEGF) in preterm babies. This results from hypoxia leading to the growth of new

vessels with increased vascular permeability at the junction of the vascular and avascular retina. [4] ROP has a variable course, with the majority showing spontaneous regression. Still, some could progress to severe disease, which, if not diagnosed and treated promptly, will result in severe visual impairment and blindness.

ROP was initially thought to be a disease of the Western world, particularly in the United States of America, where it has resulted in at least two epidemics that were curbed by the regulation and monitoring of oxygen administration to preterm infants. [2,5] However, a third epidemic was reported to have started in low- and middle-income countries because of high rates of preterm births and improved neonatal care. [5] It was initially thought that it is not a problem in sub-Saharan Africa (SSA); however, with an increase in preterm births and increased survival of these infants and lack of adequate monitoring of oxygen therapy in these high-risk babies, it has been reported among countries in SSA including Nigeria, not only in low-birth-weight infants but also in more significant and older infants. [6]

Approximately 50,000 children are suffering from ROP per year globally and losing their sight due to a lack of timely treatment. [7] Keraan *et al.* in Cape Town, South Africa, reported a prevalence of 29.6% [8], whereas in Johannesburg, South Africa, a prevalence of 11.5% was reported by Seobi *et al.* [9] In Nigeria, the reported prevalence also varies from place to place, however a multi-centre study by Ademola-Popoola *et al.* reported a prevalence of 17.6%, with 4% blinding and only 44.8% of those with blinding ROP were able to access treatment. [10] Fajolu *et al.* reported a prevalence of 15% in Lagos, but 7.5% had treatable ROP, while Ezeanosike *et al.* reported a prevalence of 30% in Africa. [11,12]

The risk factors for ROP include early prematurity (gestational age  $\leq$  32 weeks), low

birthweight  $\leq$  1500g, and unregulated high-dose oxygen administration, including fluctuations in oxygenation. Others are poor weight gain, respiratory distress syndrome/apnoea, intraventricular haemorrhage, neonatal blood transfusion, sepsis, anaemia, hypercapnia, metabolic acidosis, Vitamin E deficiency, bright UV light therapy, and medications like aminophylline. [13 - 15]

ROP was classified by the International Classification of Retinopathy of Prematurity (ICROP) based on clinical examination into five stages, three zones, and the extent of retinal involvement. [5] The zones usually indicate the location of the leading edge of retinal vascularisation, while the stage suggests the severity of the disease. [5]

ROP is a preventable and treatable cause of blindness. [16] The treatment modalities are cryotherapy, LASER photocoagulation and intravitreal injections of Anti-Vascular Endothelial Growth Factor (VEGF) drugs like Bevacizumab. [17] Laser ablation was the standard treatment for ROP in the past. [18] However, it has complications like recurrence, retreatment, refractive error, and visual field defects. Anti-VEGF, such as bevacizumab and ranibizumab, are the new trend in treating ROP. [19, 20] Early detection and treatment powered by active screening of preterm babies that are at risk of the disease is the recommended standard practice globally to prevent visual impairment and blindness from ROP. The protocol for screening varies across countries. In Nigeria, though there is no national guideline for ROP screening, yet as in other countries, the Nigerian Paediatric Ophthalmologists and Strabismus Society (NIPOSS) and Nigerian Society for Neonatal Medicine (NISONM) advocate that all children weighing 1500g or less with/and gestational age of 32 weeks or less and any other infant recommended by the paediatricians or with stormy neonatal period should be screened for

ROP. It has been suggested that an epidemic of ROP may occur, except services for screening and treatment are expanded. Paediatric ophthalmologists and neonatologists are making efforts to prevent this epidemic by encouraging hospitals to adopt screening and treatment strategies.

For hospital-based ROP screening to be more efficient, nurses and midwives must be involved as they supervise deliveries, provide health education, and counsel mothers to access health programs and follow-up care. Nurses and midwives are even the most available health workers in the rural areas. Also, nurses are closer to the community; most of them are female and live within the community. Though some studies have been carried out to discover nurses' knowledge about ROP, those were mainly focused on nurses working in Neonatal Intensive Care Units (NICU).<sup>[21,22]</sup> It is in recognition of this that this study was conceived and designed to determine the knowledge of nurses and midwives about ROP and ROP screening. It is expected this will, in turn, have an impact on the ROP screening program in healthcare centres. To the best of the authors' knowledge, this study has yet to be conducted among nurses in Nigeria.

### Methods

This was a cross-sectional study carried out among a cohort of nurses and midwives employed in Ogun State. The nurses were electronically reached through their state association office using a random sampling technique. The setting for the study was the association's social media platform. Informed consent was obtained as indicated on the Google form, and filling out the Google form shall be taken as consent to participate in the study. The Research and Ethics Committee of Olabisi Onabanjo University Teaching Hospital (OOUTH), Sagamu, approved the research with

certificate number OOUTH/HREC/656/2023AP.

The Google forms were sent to the intended respondents via electronic routes such as WhatsApp, social media platforms, and e-mails after pretesting them for validation among nurses in a Lagos State Primary Health Centre. This self-administered, semi-structured questionnaire designed purposely for the study was in the form of a Google form. The form had two parts; the first part obtained information on demographic characteristics, while the second part obtained information about ROP, criteria and screening methods and awareness of treatment modalities.

The electronically filled questionnaires were downloaded into Google Drive on a personal computer. The data were analysed with SPSS version 23. Descriptive statistics was used to analyse the data using frequencies and means derived from categorical and continuous variables. In calculating the knowledge scores, all the questions under each group (knowledge of ROP and knowledge of screening) were assigned 100 marks. Any respondent with a score above 50 was taken to have good knowledge.

### Results

A total of 117 nurses/ midwives participated in the study. There were 8 (6.8%) males and (109) 93.2 % females, with a male-to-female ratio of 1:14. Their ages ranged from 20 to 60 years, with a mean of  $38.5 \pm 3.5$  years. The modal age group was 41-50 years (31.6%). Forty-five respondents had 11-20 years of professional experience, while 48 (41%) practised in the Teaching Hospital (Table I). Eighty-three (70%) respondents had ever worked in a neonatal unit. Of these, fifty-six (67.5%) had worked in a neonatal unit for 1 - 5 years, 20.5% for 6 - 10 years and 12% for more than 10 years in a neonatal unit (Table II).

Table I: Demographic characteristics of respondents

<i>Characteristics</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Age (years)</i>		
21-30	12	10.3
31-40	33	28.2
41-50	37	31.6
51-60	30	25.6
Above 60	5	4.3
<i>Sex</i>		
Male	8	6.8
Female	109	93.2
<i>Years of experience (years)</i>		
0-10	29	24.7
11-20	45	38.5
Above 20	43	36.8
<i>Place of practice</i>		
General Hospital	25	21.4
Federal Medical Centre	33	28.2
Teaching Hospital	48	41.0
Local Government Health Centre	4	3.4
Private Hospital	7	6.0

Table II: Work experience of respondents

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Ever worked in a Neonatal Unit?</i>		
Yes	83	70.9
No	34	29.1
<i>Duration of working in a Neonatal Unit</i>		
1-5 years	56	67.9
6-10 years	17	20.5
Above 10 years	10	12.0

Ninety-seven (82.9%) were aware of ROP, and 89 (76.1%) got the definition of ROP correctly, though there were still misconceptions by some. Only 63 (53.8%) knew about ROP screening while 80 (68.4%) knew the criteria for ROP screening. Sixteen (13.7%) did not know such criteria existed, while 21(17.9%) assumed they knew the requirements but got it wrong. Only thirty (25.6%) respondents correctly identified the timing of screening for ROP as four weeks after birth, 31.6% did not know when the screening

usually commences after delivery, while 26 (22.2%) got the timing for screening wrong (Table III).

Thirty-one (26.5%) of respondents affirmed ROP screening was being routinely performed in their centres, 48 (41%) believed screening was not done in their centres, while 38 (32.5%) did not know whether ROP screening was being done in their centres.

**Table III: Respondents' knowledge about ROP**

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
<b><i>Ever heard of ROP</i></b>		
Yes	97	82.9
No	12	10.3
May be	8	6.8
<b><i>What is ROP?</i></b>		
Retinal vascular disease of premature babies less than 1.5kg and or gestational age of less than 32weeks	89	76.1
Retina vascular disease of all premature babies	12	10.3
Retinal vascular disease of babies with stormy neonatal period	4	3.4
Don't know	10	8.5
Retinal vascular disease that can occur in all babies	2	1.7
<b><i>Ever heard of ROP screening</i></b>		
Yes	63	53.8
No	54	46.2
<b><i>Group of babies that are screened for ROP</i></b>		
Babies with gestational age less than or equal to 32wks and birth weight less or equal to 1.5kg	80	68.4
All babies with stormy neonatal period	10	8.5
Babies born with gestational age less than 40wks/birth weight less than 1.5kg	9	7.7
All babies nursed in the neonatal unit	2	1.7
Don't know	16	13.7
<b><i>Time of screening</i></b>		
Four weeks after birth	30	25.6
Immediately after birth	8	6.8
More than 6weeks after birth	18	15.4
Don't know	37	31.6
No response	24	20.5
<b><i>Is ROP screening done routinely in the neonatal unit?</i></b>		
Yes	31	26.5
No	48	41.0
I don't know	38	32.5
<b><i>If yes to the above, do you have a protocol for screening</i></b>		
Yes	30	25.6
No	28	23.9
I don't know	59	50.4
<b><i>Knowledge score of ROP</i></b>		
Good knowledge	69	59.0
Poor knowledge	48	41.0

ROP = Retinopathy of Prematurity

Thirty (25.6%) respondents had ROP screening protocol in their institutions, 48 (41%) did not have screening protocol, and 38 (32.5%) did not know whether or not their institution had a

protocol. The knowledge score for ROP was good in 59.0% (Table III).

However, 64 (54.7%) opined that ophthalmologists were responsible for ROP screening, and 38 (32.5%) did not know who did

the screening. Also, 43 (36.8%) did not know where the screening was done. On ROP treatment, 57 (48.7%) did not know that ROP can be treated. Twenty-six (22.2%), 23 (19.7%), and 11 (9.4%) knew about the use of intravitreal injection, LASER and cryotherapy. Of note is the

fact that 8 (6.8%) respondents did not know the possible effect of ROP on sufferers, though the majority (90.6%) knew it could result in blindness (Table IV). Overall, the knowledge score of screening was poor in about two-thirds of respondents.

**Table IV: Knowledge about screening and treatment of ROP**

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
<b><i>Who screens babies for ROP?</i></b>		
Ophthalmologist	64	54.7
Paediatricians	11	9.4
Don't know	38	32.5
Nurses	4	3.4
<b><i>Where are babies screened for ROP?</i></b>		
Eye clinic	33	28.2
Neonatal unit	40	34.2
Don't know	43	36.8
Theatre	1	.9
<b><i>What are the modalities of treatment in ROP?</i></b>		
Intravitreal injection of anti-vascular endothelial growth factor	26	22.2
LASER	23	19.7
Cryotherapy	11	9.4
Don't know	57	48.7
<b><i>Effect of ROP on babies</i></b>		
It can lead to blindness	106	90.6
None	3	2.6
Don't know	8	6.8
<b><i>ROP screening knowledge score</i></b>		
Good Screening Knowledge	44	37.6
Poor Screening Knowledge	73	62.4

There was no statistically significant relationship between knowledge of ROP and socio-demographic characteristics of respondents and work history ( $p = 0.69$ ). The relationship between respondents' knowledge of ROP, place of practice and years of practice was also not statistically significant ( $p = 0.91$  and  $0.19$ , respectively). However, the relationship between the respondents' knowledge of ROP and awareness of ROP screening was statistically significant ( $p < 0.001$ ).

The identified risk factors for ROP, in order of responses among respondents, were birthweight,

gestational age, oxygen administration, intraventricular haemorrhage, neonatal jaundice, apneic attacks, septicaemia, and blood transfusion. Eight respondents (6.8%) did not know about the possible risk factors (Figure 1).

**Discussion**

This study showed that more than four-fifths of the respondents were aware of ROP, similar to a previous report. [22] However, fewer nurses/midwives (53.8%) were aware of ROP screening. The implication of this is that

ophthalmologists and paediatricians in the locality studied need to embark on intensive awareness creation, with emphasis on active

screening of at-risk infants and early detection as the mainstay of preventing childhood blindness from this disease.

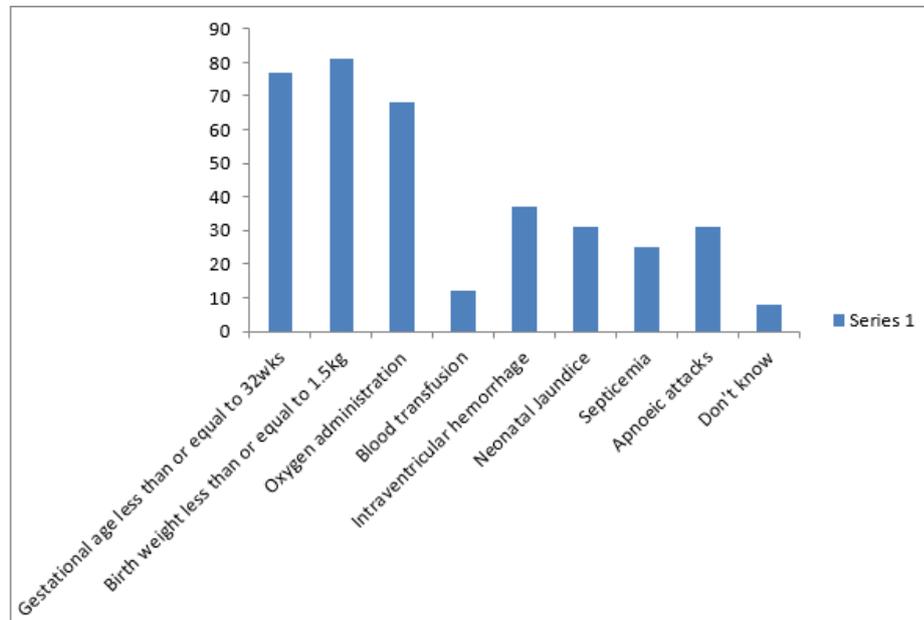


Figure I: Identified risk factors for ROP

Although more than half of the respondents had good knowledge of ROP, similar to the findings of Sankar *et al.* [17], there are still some misconceptions. Also, knowledge about ROP screening still needs to improve, as this was observed among nearly two-thirds of the respondents. This shows that intensified efforts are needed to create awareness of this subject among nurses and midwives in the locality.

The respondents' knowledge about the risk factors for ROP was good and comparable to the findings in other studies [21,22] since nurses/midwives are essential stakeholders and frontline health workers in providing neonatal services. They need to have good knowledge of ROP and the need for screening of all at-risk infants, as this will help significantly advance the awareness of the condition in the community and

may also lead to an improvement in the uptake of relevant preventive services.

A large proportion of respondents (41%) worked in the teaching hospital, followed by a specialist hospital; this probably reflects their exposure and interest in research as it is in these institutions that the majority of health workers get to know about the importance and need for research. However, the relationship between respondents' knowledge of ROP and the place of practice was insignificant. This could be because of the small sample size. However, 70.9% had worked in the neonatal unit prior to this survey. Very few had more than ten years of experience in neonatal care, probably due to frequent changes in the deployments. Of these, two-thirds of the participants only had 1 to 5 years of experience, similar to findings in other studies. [21,22] This suggests a moderate knowledge of neonatal care

and, in turn, a moderate knowledge of problems associated with the neonatal period, including ROP.

The limitations of this study include the small sample size and the use of electronic means of data collection. Many might have yet to respond since this is an upcoming research method in the locality; they may not be familiar with this data collection method.

## Conclusion

Though nurses in the locality studied had good knowledge about ROP, they still had misconceptions and poor knowledge about the need for screening for ROP. To bridge this knowledge gap, ophthalmologists and neonatologists must intensify the dissemination of information through workshops and educational activities.

**Acknowledgement:** The authors acknowledge the Chairman of the National Association of Nigerian Nurses and Midwives, Ogun State branch, for their assistance with data collection.

**Authors' Contributions:** BOT conceived and designed the study and did data analysis and interpretation. BOT drafted the manuscript. OTO, FVO and OBO revised the draft for sound intellectual content. All the authors approved the final version of the manuscript.

**Conflicts of Interest:** None.

**Funding:** Self-funded.

**Publication History:** Submitted 20 February 2024; Accepted 04 May 2024.

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