

Research Article

# Midwifery Performance in the Second and the Third Stages of Labor

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## Abstract

**Background:** Midwifery plays an essential role in providing safe and effective care to women during labor (the second and third stage of labor). Midwifery care is associated with a variety of positive outcomes for mother and child. However, midwives also face many challenges, including a lack of human resources and dealing with complex deliveries. More needs to be done to support midwives and ensure all women have access to high-quality midwifery care. Objective: this study aimed to evaluate midwifery care during stages of labor (the second and third) and determine the relationship between nurses' performance with their socio demographic data. Methodology: A descriptive design, cross-sectional study was carried out in Al-Najaf Health Directorate/Al-Zahraa and Al-Hakeem Teachings Hospitals; the study was conducted from March 20<sup>th</sup>, 2024 to June 25<sup>th</sup>, 2024. A non-probability (purposive sample) of 68 midwives'.

**Results and findings:** The study results expose that there is a statistical significant relationship between midwives' knowledge during the second and third stages of labor with age and years of experience.

**Conclusion:** The overall assessment of midwives' knowledge about second and third stages of labour was fairly adequate. Concerning midwives' practices during the stages of labor, the study illustrates that the majority of them do not apply appropriate.

**Keywords:** Midwifery, Performance, Second and third stage, Labor

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## INTRODUCTION:

The fifth Millennium Development Goal (MDG-5) it aims to reduce maternity death percentage by three-quarters between 1990 and 2015. One of the crucial strategies to decrease maternal death percentage ensuring that every woman delivered (1) (2). There are three phases to the labor process. The first stage lasts from when labor pains (real discomfort) occur until the cervix fully dilates. On the other hand, the second stage begins with the cervix fully dilatation and concludes with the fetus being expelled from the birth canal (3). Furthermore, the third stage

culminates with the placenta and membranes being expulsion, after the fetus's ejection. The third stage of labor typically lasts five to fifteen minutes, although it can last up to an hour. Because of the possibility of heavy bleeding, this is thought to be the most dangerous time for the laboring mother (4). Midwives, play a vital role with women before, during pregnancy and labor, and during postpartum to ensuring mother and child health including social and emotional health and well-being, primary detection of risk factors, and contributing to reducing maternal and newborn mortality rate (5). 75 % of

prevention neonatal deaths can be prevented in tandem with adequate postpartum care. Nurses' midwives must have essential knowledge and practice to conduct rapid newborn care interventions (6).

More than 500,000 women die yearly from pregnancy-related complications, and the majority of these deaths occur in developing nations for a variety of reasons, including lack of access to high-quality emergency obstetrical care, lack of awareness, lack of transportation, shortage of skilled medical personnel, and other issues (7).

Through providing optimal midwifery care, including appropriate fetal and maternal monitoring, prompt medical intervention, decreasing protracted labor, and early referral during and soon after labor, most intrapartum problems may be prevented. Even though midwives must also diagnose, treat, and refer patients for complications as soon as possible to save the mother and newborn (8), inadequate labor monitoring has likely caused delays in the provision of timely and essential obstetric interventions (9).

**Objectives of the Study:** The study aimed to evaluate midwifery performance during stages of labor (the second and third). To explore best practices in midwifery services for the stages of labor and determine relationship between nurses' performance and socio-demographic characteristics.

## **METHODOLOGY**

**Study Design:** A descriptive study, cross-sectional design was conducted in Al-Najaf Health Directorate/Al-Zahraa and Al-Hakeem Teachings Hospitals; the study was conducted from March 20<sup>th</sup>, 2024 to June 25<sup>th</sup>, 2024. A non-probability (purposive sample) of 68 midwives'. The questionnaire format consisted of (3) parts: Part 1: Socio-demographic data for nurses including age, marital status, socio-economic status, level of education, years of experience, and participation in training courses. Part 2: Midwives' knowledge about care during stages of labor: This part of the questionnaire includes 28 questions that clarify the knowledge about care during stages of labor and measured by multiple-choice questions.

The scoring is as follows: one for correct answer, and zero for incorrect answer. Part 3: Section one of midwives' practices in the second stage of labor, consists of 20 questions, while midwives' practices in the third stage of labor consist of 22 questions. The scoring is as follows: 2 for applied correctly, 1 for not used, and 0 for applied incorrectly.

### **Inclusion criteria:**

- 1- Registered midwives with at least one year of experience working in a maternity ward.
- 2- Willingness and ability to participate in the current study during scheduled working hours or outside of work hours, as needed.
- 3- Midwives- nurses with additional midwifery training or certification.
- 4- Midwives have experience in providing care to women in the second and third stages of labor

### **Exclusion criteria:**

1. Midwives who do not deliver.
2. Nurses who are experiencing excessive workload or stress that could negatively influence their performance.
3. Nurse midwives who explicitly refuse to participate in the study or research project.
4. Midwives selected for the pilot study.

### **Outcome measurements:**

Self-administered questionnaire sheet. It was constructed and reviewed using the most recent and relevant literature (10) (11), it comprises (28) Items; and multiple-choice questions. The questionnaire sheet related to nurses' knowledge was carried out during the morning and afternoon shifts. Each question comprised of (4) alternatives for multiple choice. The questions were scored as correct question (1) point and the incorrect question (0) point. An observational checklist was constructed by the researcher based on the following studies (12) (13)) to evaluate the nurse's practice concerning procedures of patients' assessment regarding the intrapartum care. The researcher observed and checked for correct and incorrect performance. The midwives' Practices checklist comprised (42) items.

The validity of the study instruments for knowledge tests and practices were determined by a panel of experts who had more than 10 years of experience in their nursing field to investigate the content questionnaire. Those experts were asked to review the instruments for content, clarity, relevancy, and adequacy; some items were excluded, and others were added after a face-to-face discussion with each expert and after the instrument was considered valid after taking all the comments and recommendations in consideration. Therefore, 100% of experts agreed on the final draft of the study instrument.

### **Ethical consideration:**

Ethical Considerations Ethical obligations are one of the most important things that the researcher must follow and abide when doing the study. Before starting to collect the data from the community that has been identified for the study, the researcher should clarify the main purpose and desired goal of conducting this study for the sample to be included in the study, as well as adhere to the strict confidentiality of The data taken from the study sample and pledge to use it for scientific purposes related to the study only. Before the study is done, ethical agreements (consent forms) are also obtained from each midwives at the hospital who has given either written or verbal permission to participate in the study.

### **Statistical analysis:**

The data were analyzed using the following statistical approach: The data collection tools for both pain knowledge and non-pharmacological pain management were statistically analyzed using Statistical Package for Social Science (SPSS) version 24 and Microsoft Excel (2013).

## RESULTS and FINDINGS

Table 1: Socio-Demographic Characteristic of the Studied Sample

Socio-Demographic	Categories	Frequency	Percent
Age	<= 22	2	2.9
	23 – 28	29	42.6
	29 – 34	22	32.4
	35 – 40	6	8.8
	41 – 46	5	7.4
	47+	4	5.9
Marital Status	Single	13	19.1
	Married	47	69.1
	Divorced	2	2.9
	Widower	6	8.8
Socio-economic status	Satisfied	14	20.6
	Satisfied to some extent	35	51.5
	Unsatisfied	19	27.9
Level of Education	Graduate of training courses	2	2.9
	Preparatory nursing graduate	28	41.2
	Institute	38	55.9
Years of Experience	<= 2	6	8.8
	03-7	22	32.4
	8-12	27	39.7
	13 – 17	5	7.4
	18 – 22	6	8.8
	23+	2	2.9
Participation in training courses	Yes	25	36.8
	No	43	63.2
	Total	68	100

Table (1) shows that (42.6%) of participants within the age groups (23-28) years old. Regarding marital status, 69.1% of them were married. Concerning socio-economic status, (51.5%) of the study sample were somewhat satisfied with monthly income. About nurses' education, about (55.9%) of them graduated from the institute. followed by those with preparatory

nursing degrees (41.2%). Only a small percentage (2.9%) have undergone additional training courses. Additionally, more than thirty percent of midwives' (39.7%) have 8-12 years of experience. Concerning the participation in training courses, (63.2%) of midwives don't attempt in training courses and only 36.8% of nurses reported participating in training courses.

Table 2: Descriptive Statistics of Midwives' Knowledge about Care during Stages of Labor (the Second and Third)

List	Items	M.S.	Assessment
1	Rupture of the membranes is a sign of: childbirth is imminent	0.93	Good
2	The duration of normal birth in the primipara woman, (her first birth) compared to a woman with multiple births: In the primipara woman is longer	0.94	Good
3	The second stage of birth is begins: from the onset of dilatation to full dilatation	0.46	Fair
4	Full dilatation of the cervix occurs: in the second stage	0.35	Fair
5	One of the non-pharmacological pain techniques during childbirth is: Massage, touching and pressing the back area	0.40	Fair
6	Teaching women effective pushing techniques in: the second stage	0.24	Poor
7	The doula is: a person whose job is to support and encourage the woman during childbirth	0.26	Poor
8	Why does a woman have a desire to defecate during contractions in the second stage of labor: due to the pressure of the fetal head on the rectum	0.88	Good
9	The second stage of labor consists of 2 stages or sections, which are: the pelvic and perineal stage	0.18	Poor
10	Lack of oxygen inside the uterus leads to: lack of oxygen in the fetus	0.76	Good
11	The complete dilation of the cervix is: 10 cm	0.91	Good
12	The causes of long duration for second stage of labor are: the big size of the fetus and contraction of the woman's pelvis	0.66	Fair

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13	Contractions in the second stage are: more frequent and more intense	0.69	Good
14	The woman may suffer from complications after childbirth such as perianal trauma and postpartum hemorrhage due to: delay of the second stage	0.21	Poor
15	Things that help to reduce duration of the second stage and avoid surgical vaginal delivery are: in the presence of a companion and not using the supine position	0.21	Poor
16	The woman is taught how to push: The woman takes a deep breathing at the onset of contraction, then holds it and presses down throughout the contraction. This is called: directed pushing	0.16	Poor
17	Epidural anesthesia is an effective method for relieving labor pain, is used in: the second stage	0.28	Poor
18	Oxytocin is given to the woman when: contractions are insufficient or ineffective at the beginning of the second stage	0.65	Fair
19	Episiotomy is made: to widen the vaginal opening to facilitate childbirth	0.93	Good
20	Episiotomy can cause complications like: increased blood loss and infection	0.62	Fair
21	Techniques used to reduce perineal trauma during childbirth: warm compresses and perineal massage may reduce perineal tears	0.29	Poor
22	Fetal heartbeat is measured in the second stage: every five minutes	0.22	Poor
23	Forceps and aspirator are used for the purpose of childbirth: in cases of prolonged second stage of labor	0.40	Fair
24	The third stage is : from the birth of the child until the birth of the placenta	0.26	Poor
25	The level of the uterus immediately after birth: below the umbilicus	0.50	Fair
26	Signs of placental separation are: The uterus becomes globular shaped and appears as a swelling above the pubic area	0.53	Fair
27	In normal cases, the third stage usually lasts between: 5- 15 minutes	0.49	Fair
28	Third stage of childbirth is diagnosed as prolonged if it is not completed within: 10- 30 minutes	0.19	Poor

Table shows the majority of the sample has poor knowledge about midwives' care in stages of labor (the second and third) for all items, except questions (second stage of the birth is beginning, full dilatation of cervix occurs in, one of the non-pharmacological pain techniques during childbirth is, the causes of the long length of the second labour stage, oxytocin is given to woman when, episiotomy can cause complications like, forceps and aspirator are used for the purpose of childbirth, the level of the uterus immediately after birth, signs of placental

separation, in normal cases, the third stage usually lasts between their responses were fair in items (rupture of the membranes, the duration of normal birth in the primipara woman (her first birth) compared to a woman with multiple births is a sign of, why does a woman have a desire to defecate during contractions in the second stage of labor, lack oxygen inside uterus leads to, the complete dilation of the cervix is, contractions in the second stage are, episiotomy is made) their responses were good.

Table 3: Overall Assessment of Midwives' Knowledge about Care in Stages of Labor (the Second and Third)

Items No. = 28	M.s.	Assessment
Total Score	0.49	Fair

**Ms: Mean of the score**

Table No. (3) Demonstrations that the general assessment of midwives' knowledge about care during second and third stage

of labor was fair. The midwives may have a basic understanding of women's' caring on the second and third stages of labour but may have some knowledge gaps that need improvement.

Table 4: Descriptive Statistics of Midwives' Practices in the Second Stage of Labor

List	Items	M.s.	Assessment
1	Providing information, support, encouragement and ongoing support to women and their companions.	0.8529	Not applied
2	Encourage the woman to push actively and change positions during pushing	0.7500	Not applied
3	Measure the fetal heart rate every 5 minutes between contractions	0.5000	Apply incorrectly
4	Measuring the mother's pulse and blood pressure, especially for women suffering from high blood pressure, severe anemia and heart disease	1.8088	Applied correctly
5	Supporting the perineum during childbirth to avoid tears	0.6567	Apply incorrectly
6	Incision of the perineal area only when tearing is very likely	1.1765	Not applied
7	Give intravenous oxytocin in the second stage when contractions are only few frequency	0.4265	Apply incorrectly

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8	Massage, apply warm compresses, and support the perineum with your hands to avoid perineum tearing	0.9706	Not applied
9	Do not make an episiotomy if the birth is spontaneous.	1.3971	Applied correctly
10	Do not Performing manual pressure on the top of the uterus to facilitate labor	1.7059	Applied correctly
11	Performing comfort measures such as oral care, changing positions, and changing bed linens	0.3088	Apply incorrectly
12	Giving the woman instructions on pushing positions and techniques to facilitate labor	0.6324	Apply incorrectly
13	Continuing to monitor contractions and measure the fetal heart rate to identify problems	0.7794	Not applied
14	Providing brief and clear directions and instructions throughout this stage	0.8824	Not applied
15	Giving pain relief medications when needed	1.0147	Not applied
16	Preparing and equipping the delivery bed	0.8971	Not applied
17	Explaining all the procedures that will be performed as well as the tools that will be used in the delivery process	0.6912	Not applied
18	Prepare the necessary birthing tools and keep them sterile	0.0441	Apply incorrectly
19	Receiving the newborn and placing him in direct contact with the mother's chest or abdomen, while maintaining a warm environment and covering him with a warm blanket	0.5294	Apply incorrectly
20	Providing primary care and examining and evaluating the newborn's health condition	2.0000	Applied correctly

The table summarizes the nurses' midwives' practices in stage two of delivery for 20 different practices. The assessment categories include 'not applied,' 'applied incorrectly,' and 'applied correctly.' The table above illustrates that the majority

of midwives' practices on this stage are not applied for all items; while items numbered (4, 9, 10, and 20), their practices are applied correctly, whereas the remaining practices are applied incorrectly.

**Table 5: Overall assessment of Midwives' Practices on the second stage of labor**

Questions No. = 20	M.s.	Assessment
Total Score	0.901	Not applied

This table reveals that the overall assessment of midwives' practices in second stage of labor are not applied for different practices at mean of score 0.90

**Table 6: Descriptive Statistics of Midwives' Practices during third stage of labor**

List	Items	M.s.	Assessment
1	Use of tonics (drugs that help contract the uterus) to prevent postpartum hemorrhage for all cases	2.0000	Applied correctly
2	Cutting the umbilical cord 30 or 60 seconds after the baby is born or until the umbilical cord pulsation stops	1.0147	Not applied
3	Monitoring the placental abruption through signs including (strong contraction of the uterus, change in the form of the uterus to globular or oval, sudden flow or drops of blood from the umbilical cord, increase in the length of the umbilical cord hanging from the vagina)	0.8235	Not applied
4	By advising the woman to push when the placenta separates	0.7206	Not applied
5	Examining the placental membranes and the placenta to ensure their integrity and that no parts of them remain inside the uterus	1.3235	Not applied
6	Examination of the perineum to ensure that there are no lacerations before the midwife leaves	2.0000	Applied correctly
7	Examination of the perineum to ensure that made episiotomy during birth and to ensure that it was sutured	2.0000	Applied correctly
8	Giving Pitocin if prescribed after the placenta is delivered	2.0000	Applied correctly
9	Providing support and information about episiotomy and/or tearing and how to care for it	0.8529	Not applied
10	Massaging the uterus if it feels soft to stimulate it to contract to reduce the incidence of postpartum hemorrhage	1.1324	Not applied
11	Cleaning and helping the woman to assume a comfortable position after childbirth	0.6029	Apply incorrectly
12	Assist with transportation to the recovery room if possible	0.9706	Not applied
13	Provide a warm environment by placing warm blankets on the woman	0.7206	Not applied

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14	Apply an ice pack to the perineum to increase comfort and reduce swelling if necessary	1.0000	Not applied
15	Explain what tests and procedures will be performed over the next hour	0.7463	Not applied
16	Monitoring the mother's physical condition by assessing: Vaginal bleeding: quantity, consistency and color	0.6912	Not applied
17	Examining the upper part of the uterus, which should be in the middle and at the level of the umbilicus	1.1324	Not applied
18	Record all birth information with the name and signature of the health care provider	2.0000	Applied correctly
19	Do not clean the mouth and nose of babies whose amniotic fluid is clear and their breathing is spontaneous.	1.5441	Applied correctly
20	Place the baby skin to skin of mother contact during the first hour after labor to prevent hypothermia and promote breastfeeding.	0.1618	Apply incorrectly
21	All newborns should be placed on the breast as soon as possible after birth when they are clinically stable and mother and baby are ready	0.7206	Not applied
22	newborns should be given 1 mg of vitamin K intramuscularly after birth (i.e. within the first hour of birth)	2.0000	Applied correctly

This table summarizes the assessment of 22 different practices of midwives during third stage of labour (delivery of placenta and membranes). The assessment categories include "applied correctly," "apply incorrectly," and "not applied." in this table the 8 practices were consistently performed correctly by midwives (applied correctly). While 3 practices were applied

incorrectly by some midwives. Finally, 11 practices were not applied by a significant portion of the midwives. There seems to be a significant gap in applying some crucial practices during third stage of delivery. Half of practices (11 out of 22) were not consistently applied by midwives.

Table 7: Overall Assessment of Practices of Midwives during Stage Three of Labor

Items No. = 22	M.s.	Assessment
Total Score	1.189	Not applied

Table 7 illustrates that overall assessment of midwives' during the third stage of labor are not applied for different practices at mean of score 1.189

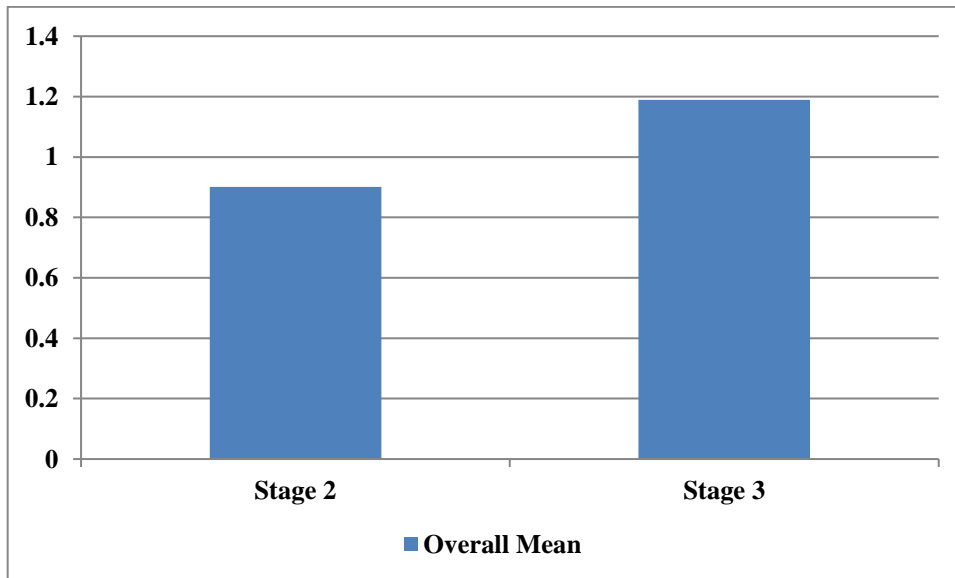


Figure-1: Illustrates Overall Mean Differences of Midwives' Practices between Second and Third Stage of Labor.

**Table 8: Relationship between overall assessment of midwives' knowledge and their demographic data**

Knowledge	Chi-square (p-value)					
	Age (years)	Years of experience	Marital status	Socio-economic status	Education Level	Participation in training courses
<i>Overall assessment</i>	<b>0.008</b> (S)	<b>0.006</b> (S)	0.593	0.067	0.206	0.101

Table 8 summarizes the statistical analysis results of the investigations of the association between the overall knowledge of the nurses and their demographic variables. It also utilizes chi-square tests to analyze the level of significance in the existence of these relations. The following table reflects that there exists a strong correlation between the variable knowledge of the nurse with age and years of experience. Whereas there is no relationship with the other demographic variables, in this case, the monthly income, marital status, education level, participation in training courses.

## DISCUSSIONS

Part I: Discussion of Socio-Demographic of the study participants; the findings of the study indicate that (42.6%) of participants within the age groups (23-28) years old. This finding is in agreement with a previous study finding was conducted by (14), in their study they mentioned that less than 30 years old is the dominant age for nurses. Also, a study in china done by (15), who revealed that the ages of participants ranged from 24 to 32.

Concerning marital status, more than half of nurses, which represent 69.1% of them, were married. The current results of our research are consistent with previous results conducted in Iraq by (16), they mentioned that the majority of the participants in their study were married (75.3%).

About socio-economic status, more than half of midwives' nurses expressed relative satisfaction with their monthly income. From the researcher's viewpoint, this may be because midwives may compare their income with the income of other health professionals compared to the effort they expend which expresses their dissatisfaction with their monthly income.

With regard to the educational level of midwives, about more than half of them graduated from the institute. Followed by those with preparatory nursing degrees (41.2%). Only a small percentage (2.9%) have undergone additional training courses. This suggests a potential gap in continuing education and professional development. This finding is agree with the result of a previous study conducted by (7).

Additionally, more than thirty percent of midwives' (39.7%) have 8-12 years of experience. This result is supported by a study done by (16), who mentioned that (44.9%) of them spent more than 10 years of work in midwifery. Additionally, another study found that nurse midwives working in high-stress environments, such rooms of labor, must possess extensive expertise in caring for pregnant women and their deliveries (17). Concerning participation in training courses, (63.2%) of midwives do not attempt training courses and only 36.8% of nurses reported participating in training courses. From a research point of view, it may be seen that effort and working long hours may lead to reduced motivation for additional learning sessions. In addition to not providing adequate support

from employers, these workshops and courses may be financially expensive, so participation in them is minimal and thus the lack of training can affect the quality of care provided by midwives, which is reflect in negative outcomes for patients. (18), reported that the Ministry of Health in Iraq mandated in 1988 that Midwives' licenses must be renewed yearly after completing a one-month training course, which includes two weeks in hospital settings and two weeks in primary health care establishments.

Part II: Discussion the midwives' knowledge about care in second and the third stages of labor (Table 2 and 3). Regarding the overall assessment of midwives' knowledge, the assessment was fairly adequate. Midwives may have basic knowledge and understanding of caring for women during labour, but there may have some knowledge gaps that need improvement. This finding approves with a previous result done by (4), they mention that about 48.5% of participants who have score less than eight were considered not oriented or knowledgeable about the third stage of labour.

Concerning midwives' nurses practices during the stage two of labor, the study illustrates majority of midwives' practices are not applied for all practices; while (measuring the mother's pulse and blood pressure, especially for women suffering from high blood pressure, severe anemia, and heart disease; do not make an episiotomy if the birth is spontaneous; do not perform manual pressure on the top of the uterus to facilitate labor; provide primary care and examine and evaluate the newborn's health condition.), their practices were applied correctly, whereas the remaining practices were applied incorrectly. In general, the midwife's nurses in the current study demonstrated a low level of skill or practices in managing in the stage two of labor.

In relative to practices of midwives during stage three of labor, the findings demonstrate that a significant gap in application of some critical practices during the third stage of labor. Midwives did not consistently implement half of the practices (11 out of 22). This result is approved by a study titled " Assessment of Knowledge, Attitude, and Practice of Midwives on Active Management of Third Stage of Labour at Selected Health Centers of Addis Ababa, Ethiopia, 2014" done by (4), mentioned about 52.9% of participants poorly practiced or incorrectly and did not do the procedure of stage three of labor. Also, another previous study was in line with current finding conducted in the Netherlands on the overall practices of management in the stage three of labour (48%) and Nigeria (42%), respectively (19) (20). The recent findings show that a significant relationship between midwives' knowledge in stage two and stage three of labor with age and years of experience. This study is consistent with (21), study revealed that senior nurses outperformed their younger counterparts, maybe attributed to their orientation and the advantages derived from their extensive work experience. Researcher's point of view, regarding the midwives' knowledge

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about stages of labor, the older midwives are more knowledgeable as compared to the young midwives. In addition, midwives who have had their practice for several years will most likely have knowledge that is more extensive in the management of these delicate phases of childbirth than those who have practiced for a shorter time only.

Therefore, one can conclude that skills in managing the second and third stages of labor are best developed through on-the-job training and exposure to different labor scenarios. Continuing education: That is why it is equally important to support experience with formal education and training so that midwives are up-to-date with current best practices.

### Limitations of the study:

The waiting time to get information from the midwives is long because they are busy giving birth, and their shift work was one of the study requirements and requires more time.

### CONCLUSION

The overall assessment of midwives' knowledge about second and third stages of labour was fairly adequate. Concerning midwives' practices during the stages of labor, the study illustrates that the majority of them do not apply appropriate; finally, the present findings of the study show that significant relationship between midwives' knowledge during stages of labor (the second and third) with age and years of experience.

### RECOMMINDATIONS

The study recommends of the following that policies promoting continuing education and training of midwives should be developed particularly on the stages of labor. Suggest the creation of educational programs based on available knowledge to fill knowledge gaps. Encourage development of clinical practice guidelines that include the second and third stages of labor. Recommend focus on developing and strengthening the role of educational leadership and supervision for midwives in order to great extent improve their competence and confidence.

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### Conflict of interest

There are no conflicts of interest.

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