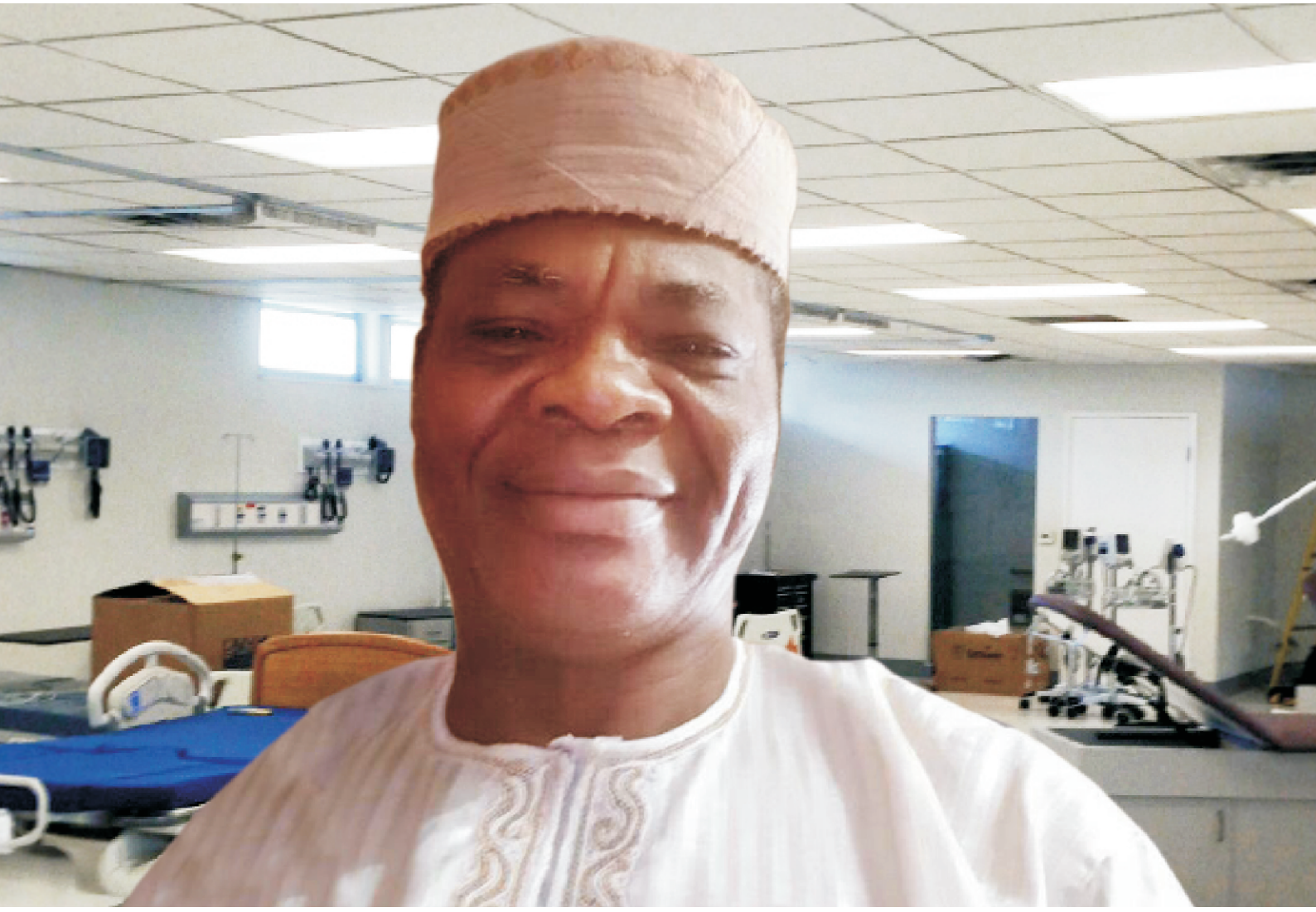
LAUTECH JOURNAL OF NURSING

VOL. 10, JANUARY, 2022 ISSN 2659-1405



PROF. M. O. LIASU
The Ag Vice Chancellor. LAUTECH, Ogbomoso

A Publication of the Faculty of Nursing Sciences,
College of Health Sciences,
Ladoke Akintola University of Technology, Ogbomoso, Nigeria

Impact Factor Value of 0.861 based on International Citation Report for year 2020/2021

10TH EDITION LAUTECH JOURNAL OF NURSING

A Publication of the Faculty of Nursing Sciences,
College of Health Sciences,
Ladoke Akintola University of Technology, Ogbomoso, Nigeria

VOLUME 10, JANUARY, 2022

ISSN 2659-1405

ISSN 2659-1405

VOLUME 10, JANUARY, 2022

Address:
Faculty of Nursing Sciences,
College of Health Sciences,
Ladoke Akintola University of Technology
P. M. B. 4000, Ogbomoso, Nigeria.
Tel: +2348033579737
Email: lautechjournalofnursing@gmail.com
Website: www.lautechjournalofnursing.org

Printed and published in Nigeria by
Estom Printers
Ibadan, Oyo State
Nigeria.
+2347030298365,
E-mail: durowojuthomas@gmail.com

EDITORIAL BOARD

EDITORIAL COMMENT

1. LAUTECH Journal of Nursing (LJN) has the goal of becoming the most widely cited Nursing Journal in West Africa with Impact Factor Value of 0.861 based on International Citation Report (ICR) for the year 2020-2021.
2. The LJN has the tripartite mission of:
   (a) Promoting a culture of excellence in Nursing Research.
   (b) Encouraging the exchange of profound and innovative ideas capable of generating creative practice in nursing research practise.
   (c) Disseminating information on nursing related development that are not usually easily available to academics and practitioners.
3. The Journal will accordingly encourage the publication of the following categories of papers.
   (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
   (b) Essays and issues papers that contribute to re-orienting received ideas, values and practices.
   (c) Documents emanating from national and international conferences, as well as from largescale research work that emerging trends and thinking in nursing related development.
4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this volume, sixteen (16) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Evaluation of Nurses' Actions and Opinion on Pain Assessment of Hospitalised Patients; Ultraviolet Radiation on Gunshot Wounds: Clinical Case Reports; Assessment of Knowledge and Compliance with Coronavirus Protocols Among Healthcare Professionals; Availability of Essential Components of Maternal Healthcare in Health Institutions; Factors Associated with Overweight and Obesity among Adolescents; Health-Seeking Behaviours, of Women Presenting with Advanced Stages of Breast Cancer: Sociocultural Beliefs and Practices on Placenta Disposal and Processing among Multiparous Women; Parental Control, Social Media Utilisation And Risky Sexual Behaviour Among Adolescents; Assessment of Nosocomial Infection Preventive Measures Utilized by Clinician Nurses in Intensive Care Unit; Alternative Medicine Use and its Perceived Effectiveness in Management of Hypertension; Assessment of Modern Contraceptives Uptake among Women of Reproductive Age; Community Health Extension Workers and Traditional Birth Attendants' Neonatal Resuscitation Practices of Babies Born with Asphyxia; Midwives' Current Screening Practice of Intimate Partner Violence among Pregnant Women in Northern Nigeria; Assessment of Cancer Patients' Quality of Life; Knowledge, Attitude and Practice of School Health Program among Secondary School Teachers and Traditional Birth Attendants' Knowledge of First-Aid Management and Skills of Selected Labour Emergencies in Ogbomosho, Oyo State, Nigeria: an Intervention Study.

EDITORIAL DESK

Welcome to LAUTECH Journal of Nursing!

LAUTECH Journal of Nursing focuses on but not limited to research findings in the different areas of nursing: Nursing Care, Nursing Education, Medical Surgical Nursing, Maternal and Child Health Nursing, Community Public Health Nursing, and Psychiatric/Mental Nursing. This journal is published to promote quality scholarly writing and hence instigating and generating vibrant discourse in the different areas of nursing. Apart from providing an outlet for publications of research findings, it offers opportunities for professionals and students to disseminate their views or position on topical issues and emerging theories within the scope of the journal. The Journal is peered reviewed by seasoned scholar. Six-three authors have contributed in one way or the other to the tenth edition of the journal.

In this regard, the journal welcomes articles from individuals and corporate organisations for the ninth edition. Interested contributors may forward copy of their manuscript; computer-typed in double line spacing, using Times New Roman 12 point font, with abstract not more than 250 words on a separate page. Manuscript should not be more than 15 pages and sent to doctoradeyemo@yahoo.com or lautechjournal@gmail.com.

Happy reading!!!

GUIDELINES FOR AUTHORS

Contributors to the journal are to respect its avowed principle of QUALITY in all its Ramifications and ensure that:

(a) Presentation of Manuscript

We require an electronic copy, doubled spaced and paginated. The file should be saved as a Word Document, do not use PDF. Ensure the manuscript you provide is double space throughout, including indented block quotes, excerpt, extract, references. The font should be Times New Roman 12 Points. **RESEARCH PAPERS** are technically and faultlessly designed, executed and reported

(b) **ESSAYS AND ISSUES PAPERS** are analytically sound, presenting solidly original ideas that can positively influence change in educational thoughts, research and practices.

(c) The manuscript, which should include title, abstract, text, tables, figures, where necessary, should be typewritten on A4 size paper with double-spacing and should not exceed 15 pages

(d) The abstract should not be more than 250 words

(e) Authors should use the latest APA manual of styles. Some examples are:

i. **Book**

Uba, J. E. (2007). Overcoming the hurdles of research projects, thesis, dissertation. Calabar, Nigeria, Ushie Printers.

ii. **Chapter in edited book**

(a) Simeon, O.L & Adewale, J.G. 2013. Student Extrinsic and Intrinsic Factors as Correlates of Technical and Vocational Education Enrolment in Osun State. A.O.U.Onuka. Eds. Esthom Graphic Prints, Nigeria. 286-296.

iii. **Chapter in edited book**

(b) Oluwaponmile G. A.& Adegbile J. A. 2013. The Concept of Individualization of Instruction and Christian Education. A. O. U.Onuka. Eds. Esthom Graphic Prints, Nigeria. 114-155.

iv. **Article from journal**

Halliday, M. A. K. (1961). Categories of the theory of grammar word, 17, 241-92. (**Note** No 'pp.' required for journal articles).

Millers, A. (2000). Choice and the relative pleasure of consequences. Psychological Bulletin 126.3:910-924.

Landro, M. (1999). Repeatability issues of 3-D VSP data. Geophysics 64:1673-1679.

____. 2001. Discrimination between Pressure and fluid saturation changes from time lapse seismic data. Geophysics 66:836-844.

v. **Article from magazine**

Kandel, E.R. and Squire, L.R. 2000. Neuroscience: breaking down scientific barriers tothe study of brain and mind. Science 290.Nov 10:113-1120.

Article from newspaper

(where the name of the author is neither given nor known, begins reference with "**Anon**")

Encyclopaedia article

Bergmann, P.G. 1993. Relativity. The new encyclopaedia Britannica. Chicago: Encyclopaedia Britannica, 501-508.

Patent

Fawole, I., Afolabi, N.O. and Ogunbodede, B.A. 1986, Description of cowpea cultivar: IFH101.NGVU-00-22,2000.

Unpublished theses, dissertation, projects and essays

Alaba, O.B. 2003. Balance of payment adjustment mechanisms in Nigeria. PhD. Thesis. Department of Economics. University of Ibadan. Xiv+183pp

E-journal article from the internet

VandenBos, G, Knapp, S. and Deo, J. 2001. Role of reference element in the selection of resources by psychology undergraduates. Journal of Bibliographic Research 5. 117- 123. Retrieved June. 13,2019, from http://jbr.org/article.html.

Organization/Government/Personal web page

U.S. General Accounting Office. Feb., 1997, Telemedicine: federal strategy is needed to guide investments. Publication No. GAO/NSAID/HEHS-97-67. Retrieved Sept. 15,2000, from http://www.access.gpo.gov/su_docs/aces 160.shtml? /gao/index.html.

Tables

1. A table should be typed with the minimum of horizontal rules. Vertical rules should be avoided.
2. Table should be referred to in the text as 'in Table 2' rather than 'in the following table or in the table above or below'.
3. All tables should have captions, source and notes are placed immediately below.

(f) Papers which should be written on only one side should be submitted in triplicate (hard copies)

(g) Papers are blind peer-reviewed, each paper attracts an assessment fee of #5000. 00 or $100.00.

(h) Neither the editor, nor the editorial board shall be liable for article(s) lost in transit.

(i) The editor and editorial board will not enter into correspondence with authors over rejected articles

(j) Those whose articles are accepted for publication will pay the sum of #40,000.00 and be informed as regards other commitments:

(k) Papers could be transmitted at any time for publication in any subsequent issue.

Manuscripts should be submitted electronically to the:

Editor in-chief, **Florence O. Adeyemo**, Department of Community Health Nursing, Faculty of Nursing Sciences, College of Health Sciences, Osogbo, Osun State, Ladoke Akintola University of Technology, Ogbomoso and copy the Editor, LAUTECH Journal of Nursing (LJN) using the following email addresses: doctoradeyemo@yahoo.com or lautechjournal@gmail.com

Copyright

1. Permission must be obtained if you want to quote at length from another author's work or use an illustration previously published. Please note that obtaining permissions can be a lengthy process and should therefore be initiated well before the final manuscript is submitted to Continuum. Please refer to copyright holder's website/information: they may have forms or templates for requesting permission. If they provide no specific information on submitting requests, a standard permission request letter is available from us and should be used when approaching the copyright holder.
2. Please be aware that permission must also be sought for images, text etc that is sourced from the internet. Copyright may belong to the website owner, or to the original creator. Do not assume that just because an item is on a website it is in the public domain - it may be that the website owner does not have the permission to use it.

If you have any questions about the preparation of your article at any stage, please do not hesitate to ask.

Prof. Florence O. Adeyemo
The Editor-in-Chief
doctoradeyemo@yahoo.com or
lautechjournal@gmail.com

LIST OF CONTRIBUTORS

ADETUNMISE OLUSEYI OLAJIDE
Faculty of Nursing Science,
Ladoke Akintola University of Technology,
Ogbomoso, Oyo State, Nigeria.
Phone No: 08037287328.
Email: adetunmiseolajide@gmail.com

ADERONKE JULIENNA ADETUNJI
School of Nursing,
Lagos University Teaching Hospital,
Idi-Araba, Lagos
Phone No: 08033308938
Email: ronkeadetunji56@gmail.com

ADEYEMO FLORENCE O.
Department of Community/Public Health,
Faculty of Nursing Sciences,
Ladoke Akintola University of Technology,
Osogbo, Nigeria
doctoradeyemo@yahoo.com
+2348033579737

AGATHA OGUNKORODE
Department of Nursing Science,
College of Medicine & Health Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria;
Phone No: 08065821012, +2349078129160
Email:ogunkorodeqo@abuad.edu.ng

AJAYI, ANTHONY
Department of Physiotherapy,
Ahmadu Bello University Teaching Hospital
Zaria, Nigeria
Phone No: +2348023639269
Email: ehichristo@yahoo.com

ANYEBE, EMMANUEL EJEMBI
Department of Nursing Sciences,
Faculty of Clinical Sciences,
University of Ilorin, Kwara State, Nigeria
Phone No: +2348036422771
Email: ejembianyebe@gmail.com;
anyebe.ee@unilorin.edu.ng;

AYISHETU U. MUSA-MALIKI
Department of Nursing Sciences,
Ahmadu Bello University, Zaria – Nigeria.
Email: aumusamaliki@abu.edu.ng,
aishaudu@yahoo.com
Phone Number: +234 7038159582
Twitter: @Ayi_1

BARAKAT BOLAJOKO
Department of Nursing Science,
College of Medicine and Health Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria
Phone No: 08140551353
Email: ayooreoluwa@gmail.com

CHIKA C. H. ODIRA
Department of Nursing Science,
Nnamdi Azikiwe University Awka,
Anambra State, Nigeria
Email: chikachioma@gmail.com,
Phone No: +2347030615243

CHRISTIANA OLANREWAJU SOWUNMI;
Babcock University School of Nursing,
Ilishan Remo, Ogun State, Nigeria
lanresowunmi@hotmail.com
+2348023500321

CONSTANCE O. IZEKOR
School of Post Basic Nursing,
Irrua Specialist Teaching Hospital,
Irrua, Nigeria
Phone No: +234 8056461045
Email: constanceizekor@isth.com.ng

DALHAT SANI KHALID
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Medical Sciences,
Ahmadu Bello University Zaria, Nigeria
Phone No:07035385167
Email: dksanni@abu.edu.ng

DEBORAH TOLULOPE ESAN
Department of Nursing Science,
College of Medicine and Health Sciences,
Afe Babalola University, P.M.B. 5454,
Ado-Ekiti, Nigeria
esandt@abuad.edu.ng
+234(0)8062484864

DELIVERANCE BROTOBOR
Department of Nursing Science,
Ambrose Alli University, Ekpoma, Nigeria
deliverancebrotobor@gmail.com
+234 9055468987

EHWARIEME TIMOTHY A.
Department of Nursing Science,
School of Basic Medical Sciences,
University of Benin, Benin City,
Edo State, Nigeria
Phone No:08060696870
Email timy4real12@gmail.com

EDITH N. CHIEJINA
Department of Nursing Science,
Nnamdi Azikiwe University Awka,
Anambra State, Nigeria
Phone no: +2348037463279
Email:nkechichiejina@yahoo.com

EMMANUELA. OYEDELE
Department of Nursing Science,
College of Health Sciences,
University of Jos, Jos, Plateau State, Nigeria
Phone No: 08038266157
Email: Juliedad2003@yahoo.com

ESEOGHENE OGBURU
Department of Nursing Science,
College of Medicine and Health Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria
Phone No:08103769157
Email: aniogburu13@gmail.com

EZEAKA PATIENCE
Nursing Services department,
Lagos University Teaching Hospital, Lagos
Phone No:08060627242
Email: ezeakafavour@gmail.com

F. ELIZABETH OJO
Department of Nursing,
College of Medicine and Health Sciences,
Afe Babalola University of Ado-Ekiti
Phone no: +2348034292020
Email: ojofe@abuad.edu.ng

FOLASHADE WINA
Department of Nursing Science,
University of Jos, Jos. Plateau State, Nigeria
Phone no: 08065308349
Email:fshabal2002@yahoo.com.

GAKNUNG BONJI
Department of Nursing Science,
University of Jos, Jos. Plateau State, Nigeria
Phone No: +2348033959627
Email bonjigaknung@gmail.com
gaknungb@unijos.edu.ng

GRACE O. DANIEL
Department of Nursing Science,
University of Jos, Jos. Plateau State, Nigeria
Phone no: +234 8036285950
Email:gracemola2002@yahoo.co.uk

I. D. OWOEYE

Department of Nursing,
College of Medicine and Health Sciences,
Afe Babalola University of Ado-Ekiti
Phone no: +2348034252290
Email: owoeyeid@abuad.edu

IDRIS ABDULRASHID DABAI

Department of Nursing Science,
Bayero University, Kano Nigeria
08063375818
idrizdabai@gmail.com

IRODI C. CANIS

Department of Nursing,
Igbinedion University, Okada, Edo State
Phone No: 08034901130.
Email: Irodicanis@yahoo.com

ISIBOR EWERE ANITA

Department of Nursing
University of Benin, Nigeria
Phone No:08085893875
Email ewere85@gmail.com

MERCY OLUFUNKE IWAOLA

Department of Nursing,
Babcock University Teaching Hospital,
Ilishan Remo, Ogun State, Nigeria
Phone No: 07036138033.
Email olufunkeiwalola@yahoo.com

MOHAMMED, ZULAIHA BALA.

Department of Physiotherapy,
Ahmadu Bello University Teaching Hospital
Zaria, Nigeria
Phone No: +2347035106155
Email zulybal27@gmail.com

NADYEN SHIKPUP JORDAN.

Department of Nursing Science,
University of Jos, Jos. Plateau State, Nigeria
Phone No: 070396424284.
Email nadyenshikpup@gmail.com

NDIE, E. C.

Department of Nursing Science,
National Open University of Nigeria,
Abuja Nigeria,
Plot 91 Cadastral Zone, Jabi, Abuja.
Phone No:07066789961.
Email: chubike05@yahoo.com

NZELUEAKA HELEN A.

Department of Nursing Science,
School of Basic Medical Sciences,
University of Benin, Benin City,
Edo State, Nigeria.
Phone No:07068813915
Email: nzelueakah@gmail.com

OGUNLEYE O. R.
School of Nursing Ekiti State Teaching Hospital, Ado-Ekiti
+2347061825698
Oyinlolaogunleye12@gmail.com

OGWA, E. T.
Alex Ekwueme University Teaching Hospital Abakaliki
Phone No:08035074128
Email: favourogwa@yahoo.com

OKO-OSE, JOSEPHINE
Department of Nursing
University of Benin, Nigeria
joechiazor@yahoo.com
08034078785,

OLADAPO T. OKAREH
Department of Environmental Health Sciences,
Faculty of Public Health,
University of Ibadan, Ibadan
Phone No: 08057311182.
Email: dapsy2001@yahoo.co.uk

OLAOLORUNPO OLORUNFEMI
Department of Medical-Surgical Nursing,
Faculty of Basic Medical Science,
Federal University Oye-Ekiti,
Ekiti State, Nigeria
Phone: +2348034694675
Email:olaolorunfemi@yahoo.com
https://orcid.org/0000-0001-9525-8757

OLAWALE JINAID JUBRIL
Department of Physiotherapy,
Ahmadu Bello University Teaching Hospital
Zaria, Nigeria
Phone No: +2347035106155.
Email; jjolawale@yahoo.com

OLUBIYI BISOLA
Research Hub, Africa
The bunker 3 Atabara Street, off Cairo Street ,
Wuse 2, Abuja
Phone No:08038105402
Email: omotooke@gmail.com

OLUBIYI M. VINCENT
Department of Physiology,
College of Health Sciences,
Kogi State University, Ayingba, Kogi State
Phone No: 09031151038
Email: mavolubiyi@yahoo.com

OLUBIYI SIMEON KAYODE
Department of Nursing Sciences,
Faculty of Clinical Sciences,
College of Health Sciences,
University of Ilorin
Phone No: 08033617649
Email simeonolubiyi@gmail.com
olubiyiskunilorin.edu.ng

OLUBUNMI OLUWAKEMI YEJIDE
Department of Nursing,
National Open University of Nigeria,
Ado-Ekiti Study Centre
Phone No: 08169074178
Email: olubunmikemi3@gmail.com

OLUFAYOKE VICTORIA MIDE-ATOLANI
School of Nursing Ekiti State Teaching Hospital,
Ado-Ekiti
+2348068968892
mideatolanifayokemi@gmail.com

OLUWAFUNMILAYO ESTHER FADARE
Department of Nursing Science,
College of Medicine & Health Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria;
07063545905
phadarephunmie@gmail.com

OLUWASEUN ENIOLA ADEGBILERO-IWARI
Department of Community Medicine,
College of Medicine & Health Sciences.
Afe Babalola University, Ado-Ekiti, Nigeria.
07060826910
Seuneniola01@gmail.com

OLUWASEYI ABIODUN AKPOR
Department of Nursing Science,
College of Medicine & Health Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria;
Phone No: +234706851599.
akporoa@abuad.edu.ng

OLAWUYI VICTORIA FEHINTOLA
Department of Nursing,
National Open University of Nigeria,
Ado-Ekiti Study Centre
Phone No: 08139380475.
Email: fehintideraa@gmail.com

OMOROGBE CHRISTIE E.
Department of Nursing Science,
School of Basic Medical Sciences,
University of Benin, Benin City,
Edo State, Nigeria
Phone No: 08062304948.
Email: omorogbechristie@gmail.com

ONASOGAA. OLAYINKA
Department of Nursing Sciences,
Faculty of Clinical Sciences,
College of Health Sciences,
University of Ilorin
Phone No: 08064967578
Email yinka_onasoga@yahoo.

OPALUWA, SURAJO. AHMODU
Department of Medical Microbiology,
Ahmadu Bello University Teaching Hospital
Zaria, Nigeria
Phone No: +2348034516359
Email: ahmed_opaluwa@yahoo.co.uk

PATRICIA O. AKOWE
Primary Health Care Department,
Etsako East Local Government Area,
Agenebode, Edo State, Nigeria
Phone No: +234 9026339245
Email:patakowe@yahoo.com

PAULINE O. M. EZENDUKA
Department of Nursing Science,
Faculty of Health Sciences and Technology,
Nnamdi Azikiwe University Awka,
Anambra State, Nigeria
Email:poezendukap@gmail.com,
Email:+2348033476403

PETER UDEH ADA
Department of Nursing Science,
University of Jos, Jos. Plateau State. Nigeria
Phone No: 08039365746
Email:petersclevery@gmail.com

QUEEN STELLA OTAIGBE
Edo State School of Midwifery,
Benin City, Nigeria
Phone No: +234 7031841598
Email:otaigbeqs@gmail.com

RISIKAT IDOWU FADARE
Department of Nursing Science,
College of Medicine & Health Sciences,
Afe Babalola University, Ado-Ekiti, Nigeria;
08034679248
fadareri@abuad.edu.ng

SAROR, L. A.
Department of Nursing Services,
Ahmadu Bello University Teaching Hospital
Zaria, Nigeria
Phone No: +234 8028483240
Email; awasaror2@gmail.com

SALIHU ABDURRAHMAN KOMBO
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Medical Sciences,
Ahmadu Bello University Zaria, Nigeria
08061307902
aksalihu@abu.edu.ng

SERAH OSAMUDIAMEN BOLAJI-OSAGIE
Department of Nursing,
University of Benin, UNIBEN
Phone No: 07064938101
Email: princy_911

SINEGUGU E. DUMA
Department of Health and Rehabilitation Sciences,
University of Cape Town, South Africa.
Phone Number: +27 824492635
Email: dumas1@ukzn.ac.za

TOLULOPE FUNMILOLA OJO
Department of Public Health,
Afe Babalola University, Ado-Ekiti, Nigeria
ojotolulopef@abuad.edu.ng
08169195591

TRENG NAANFWANG. URBANUS
Department of Nursing Science,
University of Jos, Jos. Plateau State Nigeria.
Phone No: 08138250941
Email:trengurbanus@yahoo.com

UMAR N. J.
Department of Nursing Sciences,
Faculty of Clinical Sciences,
College of Health Sciences,
University of Ilorin
Phone No: 08065482425
Emailumaribna@gmail.com

YAHAYA HAMZA SANI
Department of Nursing Science,
Faculty of Allied Health Sciences,
College of Medical Sciences,
Ahmadu Bello University Zaria, Nigeria
+2347035385167
hamzayahaya@abu.edu.ng

YUSUF ABDURRASHID GAMBARI
Department of Nursing Sciences
Faculty of Clinical Sciences
College of Health Sciences
University of Ilorin, Ilorin, Kwara State
08072777457
yusufgambary@gmail.com

TABLE OF CONTENTS

COMMUNITY HEALTH EXTENSION WORKERS AND TRADITIONAL BIRTH ATTENDANTS' NEONATAL RESUSCITATION PRACTICES OF BABIES BORN WITH ASPHYXIA

DEBORAH TOLULOPE ESAN; AGATHA OGUNKORODE & ESEOGHENE OGBURU

ABSTRACT

About 20% of the five million neonatal deaths that occur each year are related to birth asphyxia and these deaths are reported to be higher in developing countries. Competence of birth attendants on neonatal resuscitation techniques can significantly reduce neonatal deaths attributed to birth asphyxia. This study examined the knowledge, practice and skills used by Chews and Agbebis in resuscitating babies born with asphyxia. The study employed a qualitative approach. Participants were recruited using purposive sampling technique. Data was collected with audio recorded semi structured interview. Interview transcripts analysis was inductive. Findings showed that both the Chews and Agbebis have basic understanding of recent practices on neonatal resuscitation and also participants immediate care of the newborn includes cutting of umbilical cord although most of them do not practice delayed cord clamping. The result of this study further noted that although most participants have a basic understanding of neonatal resuscitation, their ability to carry out this procedure using the right techniques is poor as most of the participants still use obsolete practices. It is therefore recommended that there should be a provision of continuous training programs on neonatal resuscitation techniques, to promote safe and effective practice among birth attendants at the grass root level.

Keyword: Neonatal Resuscitation; Traditional Birth Attendants; Community Health Extension Workers

INTRODUCTION

The World Health Organization defines birth asphyxia as failure to initiate and sustain breathing at birth (WHO, 2018). Birth asphyxia is a medical condition which occurs as a result of deprivation of oxygen to a newborn infant that lasts long enough during birth process to cause physical harm, usually to the brain. Hence, neonatal resuscitation is of great significance to the midwifery field of nursing. Globally, approximately 4 million deaths occur in neonates with 99% of them occurring in low- and middle-income countries (Shikuku, Milimo, Ayebare, Ignore & Nalwadda, 2018). The incidence of birth asphyxia is reported to be higher in the low- and middle-income countries particularly Sub-Saharan Africa where neonatal mortality rates are as high as 40- 50 per thousand live births (Shikuku et al., 2018). Birth asphyxia is closely associated with major developmental sequelae, such as, cerebral palsy, cognitive impairment, epilepsy and chronic illness later in life (Chikuse, Chirwa, Maluwa, Malata, & Odland, 2012).

Nigeria is leading the top five countries in Sub-Saharan Africa that have high neonatal mortality followed by Congo, Ethiopia, Tanzania and Uganda, of which majority of these deaths occur at home, in rural communities, among the poor and poorest (Afolabi, 2017). About three quarter of all neonatal deaths occur during the first week of life, with over half of these occurring within the first 24hours after birth. Neonatal resuscitation (NR) is a simple inexpensive intervention that has been shown to reduce neonatal mortality (Reisman, Arlington, Jensen, Louis, Suarez-Rebling & Brett, 2016). According to WHO (2014), 20% of five million neonatal deaths each year are related to birth asphyxia. Consequently, competence in neonatal resuscitation could potentially influence so many infants each year.

Neonatal Resuscitation comprises of a set of interventions carried out at the time of birth to initiate breathing and circulation. Initiation of breathing is critical in the physiologic transition from intra-uterine to extra-uterine life hence it is of topmost priority during a delivery. The First minutes after birth is critical to reducing neonatal mortality hence resuscitation is of great importance. Neonatal resuscitation training is a standard practice for all community health extension workers, traditional birth attendants, midwives, nurse practitioners and physicians, providing services in maternity and neonatal

settings (Malekzadeh, Erfanian, & Khadivzadeh, 2015). Neonatal resuscitation is receiving increasing attention especially as a missed opportunity for saving lives for births already in facilities, and for improving morbidity outcomes. Maintenance of resuscitation skills requires ongoing practice and periodic refresher training through on-site and off-site courses and mentorship.

Worldwide studies by WHO reveals that substandard care in the management of obstetric complications such obstructed labor, ruptured uterus, eclampsia, antepartum hemorrhage and absence of resuscitation are contributing factors to deaths due to birth asphyxia (Chikuse et al., 2012). It is instructive that most of the morbidities and mortality in perinatal asphyxia also occur among infants delivered outside the orthodox health facilities, particularly in homes, traditional birth homes, and spiritual birth homes (Disu, Ferguson, Njokanma, Anga, Solarin, Olutekubi, Ekure, Ezeaka, Esangbedo &Ogunlesi ,2012). Various Newborn Resuscitation training programs have been put in place to rule out incompetence as regards neonatal mortality. Successful neonatal resuscitation has the potential to prevent these perinatal mortalities related to birth asphyxia (Shikuku et al., 2018). Therefore, this study sought to examine neonatal resuscitation practices of Traditional birth attendants and Community Health Extension Workers in Ado-Ekiti, Ekiti State.

Neonatal mortality and morbidity are harsh realities that continue to hunt our communities, being highest in the poorest and remote areas (Ngoma, Nkumbula, Chishala, Menon, Nsowa, Biemba & Hamer, 2018). World Health Organization estimates that 4-9 Million newborns suffer from birth asphyxia annually. Of these 1.2 millions die or are stillborns and a similar proportion suffer with complications. Globally, Nigeria is ranked as the 11th highest on neonatal deaths with more than 80 percent due to prematurity, asphyxia, complications during birth or infections such as pneumonia and sepsis. The researcher, in order to help curb the rate of neonatal death due to asphyxia, identify, and address training needs of this group because they take most of the deliveries in the State, conducted this study to assess the Neonatal Resuscitation Practices of community health extension workers and traditional birth attendants in Ado-Ekiti, Ekiti State.

Objectives of the study

1. To assess the knowledge of traditional birth attendants' community health extension workers and on recent practices on neonatal resuscitation.
2. To assess the care of newborn among TBA's and CHEW's
3. To identify skills/techniques used by traditional birth attendants and community health extension workers practices during neonatal resuscitation.

METHODOLOGY

Research Design: A qualitative research design was employed to address the research questions. A semi-structured interview guided by open ended questions was used to assess Neonatal Resuscitation Practices of Agbebi (TBA) and CHEWS in selected birthing centers in Ado Ekiti, Ekiti State. The interviews were conducted by one researcher and they were all done face-to-face at the different centres. The average duration of the interviews was 50 minutes (range:30-60 minutes). All interviews were audio-recorded. The interview method was used in order to ensure all required areas are covered, yet allowed flexibility to allow the participants fully express themselves. Participants were asked to describe their knowledge on neonatal resuscitation techniques; Care of the newborn, and Skills used during Neonatal Resuscitation.

Setting of the Study: The study was conducted at three birthing centres designated as A, B, and C in Ado- Ekiti, Ekiti State: Centre A. This is an association of traditional birth attendants also known as Agbebis in the Yoruba language. This group of people although under the same association assist women in the delivery of their children at birthing homes and they use traditional methods to aid in the delivery of a baby. The birthing homes do not usually comprise of too many units, they render services like circumcision, treatment of any aliment of their clients, reversing a breech presentation with incantations and delivery of a new born baby.

Centre B. This Centre is a Comprehensive Health Centre located in Ado-Ekiti local government, Ekiti state. It is a public health organization with the aim

of reducing maternal and child mortality at grass root level. The health Centre comprises of various units; antenatal clinic, labour ward, post-natal ward, pharmacy and laboratories. Personnel employed at the health Centre include: nurses, midwives, community health extension workers (CHEWS), and health/nurse assistants. The services rendered at the Comprehensive Health Center include: Antenatal clinic, delivery, circumcision, family planning, treatment of childhood diseases (for under five children) and immunization services. Centre C. This Centre is a primary health center which comprises of the antenatal clinic, infant welfare clinic, labor ward, pharmacy and laboratory. It is headed by a senior nursing officer and assisted by community health extension workers.

Target Population: The target population for this study were traditional birth attendants in Ado- Ekiti and Community health extension workers at the various primary health centers; comprehensive health center, and Basic health center all located within Ado-Ekiti.

Sample and Sampling Technique: Purposive sampling technique was used to recruit 12 respondents from selected health centers and traditional birthing homes. The sample size was determined by data saturation principle. Saturation of data was achieved when participants have been interviewed and no new information that could enrich the emerging themes were gathered.

Method of Data Analysis: The interview data recorded on the audio-recorder was transferred to the computer system and transcribed verbatim. Two researchers read and reread the transcripts. The interviewer checked all thetranscribes against the digital recordings and found them to be accurate. The translations were cleaned as needed to remove all potentially identifying information. Field notes of each interview were attached to the verbatim transcripts. The data were analyzed using open coding, which is the process of breaking down, examining, conceptualizing, categorizing, and comparing data and not merely describing themes (Holloway & Wheeler, 2010). The emerging themes were discussed in several meetings and agreed by all the researchers. "Thick description" of the research process was maintained. Revisiting the original transcripts and member checking were used to ensure that the final interpretation was representative of the participants' accounts.

Quantitative Data Analysis: Quantitative data was analyzed with descriptive statistics using Statistical Package for Social Sciences (SPSS) to produce a demographic profile of the respondents.

Ethical Consideration: Before the commencement of this study, ethical approval to conduct the study was sought from the Ethics and Research Committee of Afe Babalola University of Ado-Ekiti. Informed consent was sought from each participant before the commencement of the interview. The purpose, aim and benefits of this study were explained to participants, permission to audio-record the interview and to take notes were obtained from the participants. Informed consent was obtained from participants before data collection began. Participants were informed that all information to be from them would be kept confidential and used for research purposes only. They were also informed that anonymity would be maintained and that they have every right to withdraw their participation even after signing the consent without penalty or prejudicial treatment. Participants were ensured that results from this study would not harm them in any way (physical, psychological, emotional, social, legal or economic).

RESULTS

Demographic profile of participants

Analysis of the socio-demographic profile of the participants indicates that the age group of the participants ranges from 30-50 years, with a mean age of 42years. All (12 of 12) of the participants are Christians and are married. Two-third (8 of 12) of the participants are community health extension workers while the remaining one- third (4 of 12) are Agbebi (CAC). The Analysis of the participants' interview scripts are cloistered into three themes: 1) Knowledge on neonatal resuscitation techniques, 2) immediate care of the newborn, and 3) skills used during neonatal resuscitation. These themes were supported with subthemes

Theme 1: Knowledge on Neonatal Resuscitation Techniques

Participants were asked to define resuscitation, who requires neonatal resuscitation, how to identify neonates in need of resuscitation, the initial steps of neonatal resuscitation, training done on neonatal resuscitation, the number of newborns

resuscitated in the last six months, and conditions where neonatal resuscitation is not recommended.

Majority of the participants (10 of 12) attempted to define resuscitation and some of their responses were;

> *"Resuscitation is introducing artificial air into the nostril of the nose" - (CHEW 30 years old, married)*

> *"What I understand about resuscitation is when a child is being born from the mother's womb and does not breathe very well" -(Agbebi, 50 years old, Married)*

> *"Resuscitation means to me a child that has been born that is not breathing well from the inside. It means the child has spent too much time to come out" - (Agbebi ,43 years old, Married)*

Participants when asked about who requires Neonatal resuscitations. Almost all (11 of 12) participants had different answers but most of the answers included a newborn. (1of 12) participant did not answer the question. Some responses were;

> *"A newborn baby that has had maybe prolonged second stage of labor and the head has been stuck at the cervix for long or the baby that has fetal distress"- (CHEW, 34 years old, Married)*

> *"A baby that is not crying when looked at it is pale, the body is blue and is not pink and is not active so we need to"- (CHEW, 40years old, Married)*

> *"A child that has been given birth to and those not cry very well"-(Agbebi, 48years old, Married)*

> *"A child that has stayed too long inside the womb and a baby that is tired"- (Agbebi, 50years old, Married)*

Some of the signs that depicts baby needing resuscitation as identified by participants are, - Bluish extremities (2 of 12), Not crying well (6 of 12), not breathing (2 of 12). Other responses include;

> "when the baby is born and the extremities is blue and the baby is not crying well and the airway is block"- (CHEW 40years, Married)

> "if you see that there is still pulse , the heart still beats then the baby still look firm then , if you see that the airways and the mouth is filled with liquors you will know"- (CHEW 34years Married)

> 'when the baby is tired baby does not cry"- (Agbebi, 50years old, Married) "When a child is delivered and the baby is not crying and not able to breathe"- (Agbebi- 43years old, Married)

Theme 2: **Neonatal Resuscitation practices of TBA's and CHEWs'**

When asked for initial steps for neonatal resuscitation. Almost half of the participants (5 of 12) said they will use the mucus extractor on the infants' nose and mouth to clear the airways while about (4 of 12) of the participants just talk about clearing the airways without the indicating the means, (3 of 12) of the participants just said they will resuscitate immediately the baby is delivered. Some responses include;

> *"We use the mucus extractor to suck the mouth and nose of then clean the eyes and the nose, then we also turn the baby upside down and begin to hit the back of the baby" (Agbebi, 50years old, Married)*

> *" What I normally do is to refer but before I refer, I try all my possible best to help the baby breathe when the baby does not breathe, I put ambu bag then mucus extractor to suck the mouth and the nose then wrap the baby"- (Agbebi 48years old , Married)*

When asked if they had undergone any form of training on neonatal resuscitation, (5 of 12) said they had not had undergone any form of training on neonatal resuscitation while the remaining (7 of 12) had undergone training on neonatal resuscitation. Some responses were;

> *"It is just of recent that the Abuad people came here to just teach us on the use of the stuff" - (CHEW 34 years old, Married)*

> *"Yes, I have done training in help babies to breathe" (Agbebi, 48years old, Married) "No, the one I have in school sha" -(CHEW 40years old, Married)*

When asked if there were conditions where neonatal resuscitation is not recommended, Half (6 of 12) of the participants said yes and gave some responses. (5 of 12) participants said there are no conditions where by neonatal resuscitation is not recommended. Some responses are below;

> "there is *none, once a child has been delivered we always try to clear the airways, you know there are certain children that will have more dirt in their airways than others" -(TBA 50years old, Married)*
>
> *"Every baby must do it"- (CHEW, 40 years old, Married)*
>
> *"mmh yes when the baby is still birth, when there is no sign of life in the baby"-(CHEW, 40 years old, Married)*

When asked on the number of newborns participants have resuscitated in the last six months, (3 of 12) of the participants said none, (9 of 12) of the participants had other responses stated below;

> *"It is every baby that I deliver here that we supposed to. It is more than most that we should do it. like eh just 12 sha"- (CHEW, 37 years old, Married)*
>
> *"About like six"- (CHEW, 40years old, Married)*
>
> *"I can say three"- (CHEW, 41years old, Married)*
>
> *"Not sure"- (CHEW, 34years old, Married)*
>
> *"We have resuscitated two babies and one was six months plus"- (Agbebi, 50years old, Married)*
>
> *"Truth be told, not all baby will need resuscitation, some are just very tired"- (Agbebi, 50years old, Married).*

Theme 3: Immediate Care of the Newborn among TBA's and CHEW's

Participants were asked on the following: first care given to a child, what is used to clean the baby immediately after birth, when breast feeding is initiated, routine practice concerning bathing the infant, basic measurements of the new born, when vitamin K is administered, when the umbilical cord is cut, care of the umbilical cord.

When asked on the first care given to a child. Almost half (5 of 12) of the participants' common practice is to clear the newborns airway with a mucus extractor, (3 of 12) of the participants said they clamp the cord and separate the baby from the mother. Here are a few responses;

> *"we deliver the baby to the mother, when the baby responds then we cut the cord" -(CHEW, 40years old, Married)*
>
> *"We separate the baby from the mother" -(CHEW, 37years old, Married)*
>
> *The first thing is what I have been explaining, the first thing is to make sure the baby put on a hat immediately then you put the baby on the mother's chest and cover with a flannel" -(CHEW, 34years old, Married*)
>
> *"If the baby does not need resuscitation and the baby is alive from the womb, the next thing is to cut the cord and clean the baby" -(Agbebi, 50 years old, Married)*

When asked on what they use in cleaning the baby after birth: majority (10 of 12) of the participants said clean the baby with oil and pad after birth. One of the participants said she uses wrapper to clean the newborn

> A few responses were;
>
> *"We have a few flexible clothes very soft to clean, because some cotton wool are small so we use pad with olive oil"- (Agbebi, 50years old, Married)*
> *"their lotion, this babies lotion" -(CHEW, 40years old, Married)*

When asked when the umbilical cord is cut off, only few (3 of 12) of the participants mentioned delayed cord clamping that is, the cord should be clamped within 1-3minutes. Whereas majority (9 of 12) of the participants said the cord should be clamped immediately. Here are some of their responses;

> We do not cut the cord immediately because some children might be delivered and look like as if it does not need resuscitation but within 3 minutes there can be a change so we observe the child because the cord is still of good use to the baby"- (Agbebi, 50years old, Married)

"When the baby come out immediately. That the baby cry well, you cut the cord". (CHEW, 41years old, Married)

> eh how i cut the cord of the baby is in two methods, the baby that comes out and is very okay I cut the cord but a baby that is not breathing very well I do not cut the cord. You know the cord is still of benefit to the baby, the cord will allow breathing and baby blood to be flowing" -(Agbebi, 43years old, Married)

When asked on when to initiate breast feeding, majority (10 of 12) of the participants said breastfeeding should be initiated immediately the baby is born. Some of their responses include;

> *"Once the mother does not have any problem and we have cleaned the body of the baby, then we tell the mother to give breast under one hour"- (Agbebi, 48years old, Married)*

> *"If the baby cry immediately then the mother will clean the breast for milk so the baby will start to suck" -(CHEW, 37years old, Married)*

When participants were asked on how they care for the umbilical cord – Half (6 of 12) of the participants said they use chlorhexidine gel to care for the umbilical cord while about (4 of 12) used methylated spirit. Some responses include;

> *"we put spirit to cotton wool, use it to clean, put the cord clamp to clip it then we buy chlorhexidine gel and apply to the cord" -(Agbebi, 48years old, Married)*

> *"We clean the baby with oil and then you remove the cord, you will clean the cord with methylated spirit, you clamp the cord to prevent bleeding then you clean the cord then dress for the baby"- (CHEW, 40years old, Married)*

when participants were asked on their routine practice concerning bathing of the baby, about (2 of 12) participants said they bath the baby after twenty- four hours' time, (3 of 12) of the participants said it is not their job to bath the baby. Some other responses include;

> *"I am not the one that will be bathing the baby, my work is to clean with oil immediately after we deliver the baby we clean with oil, immediately after they deliver the baby we clean everything, we wrap well in cloth you know and give the baby to the mother so the mother would go about the bathing" -(CHEW, 34years old, Married)*

> *"Bathing of the new born, we are not the ones bathing newborns oh, it is when they get home, they will now start bathing but we usually advise the mothers to bath them once a day or twice" - (CHEW, 40years old, Married).*

> *"Bath Morning and Night"– (CHEW, 40years old, Married)*

When do you administer vitamin k to the baby, about (4 of 12) of them said they administer it immediately the baby is born. (2 of 12) of the participants said they administer vitamin k before 24hours of birth while (3 of 12) of the participants said they do not administer vitamin K and these responses were from the Agbebi (CAC). (1 of 12) of the participants did not respond. Some responses were;

> *"Vitamin K is very scarce so I don't bother to give them but if I have on ground, I give them within 10minutes before visitors come and carry the baby"- (Agbebi 43years old, Married)*

> *"Administer vitamin K when it is time for immunization" - (CHEW, 40years old, Married) 52*

Theme 4: **Skills used during Neonatal Resuscitation**

Participants were asked on how they identify babies in need of resuscitation, identification of ambulatory bags and mask, how many minutes can a baby live without oxygen, what is done if a baby is still not breathing after resuscitation

When asked on how to identify babies in need of resuscitation, only a few (3 of 12) of the participants mentioned the extremities of the baby being pale, blue and not pink as a sign that a baby needs resuscitation. (1 of 12) participant said resuscitation is done for all babies. (2 of 12) participants did not respond.

A few responses were;

> some babies it is from the womb we cannot hear the baby fetal heart rate very well so they begin to prepare all the necessary

equipment when we notice that it is difficult for the baby to pass through the birth canal we know that there is an obstruction or barrier from inside"- (Agbebi, 50years old, Married)

"I know when the baby is not crying and throwing the hand and leg" - (Agbebi, 43years old, Married)

"we suction the baby, if after suctioning using the mucus extractor, the baby still is not crying then we use the ambu bag"- (CHEW, 34years old, Married)

When asked to explain how to resuscitate a baby that is not breathing; majority (5 of 12) of the participants mentioned suctioning the airways with a mucus extractor. (3 of 12) of the participants did not respond. A few responses are below;

"Okay eh we do give injection. We give the injection hydrocortisone then we try to use the spirit to massage the baby so that he can inhale it, we assist in treating all those little things we do"- (CHEW, 50years old, Married)

"I use ambu bag to cover the nose and mouth of the baby then lie the baby on the table and raise the head to the back so the airways can be free then I will be at the head of the baby then I begin to press the ambu bag, then press, one two, three four"- (Agbebi, 43years old, Married)

"We use the mucus extractor. We will suck the nose and mouth of the baby and pour the dirt away" -(Agbebi, 50years old, Married)

"You suction the airway then if the baby does not breathe well put the baby on the mother". - (CHEW, 41years old, Married)

When asked how many minutes a baby live without oxygen, (2 of12) of the participants said 1minute while Majority (8 of 12) of the participants had diverse responses (1 of 12) of the participant said she does not know. A few responses include;

"likely five (5) minutes sha" - (CHEW, 40years old, Married)

"Ehh you just, it is not minute sef we are talking about seconds" -(CHEW 37years old, Married)

"If we look at it about 15miutes, if we try all our possible best and the baby is not still breathing" - (Agbebi, 50years, Married)

"Ten or Fifteen minutes" – (Agbebi, 50years old, Married)

When asked the next line of action when a baby does not respond to resuscitation. All (12 of 12) of the participants said they would refer any newborn that is still not breathing after resuscitation has been done to either the State hospital or teaching hospital in Ekiti state (i.e. a tertiary health institution).

When asked about the ambulatory bag and mask, the CHEWS (4 of 12) of the participants at the basic health centre Odo-Ado said they do not have ambu bag, the CHEWS (4/12) of the participants at the comprehensive health centre, oke iyinmi said they have ambu bag and mask but have not started using it. All (4 of 12) of the Agbebi participants had ambu bag and mask which was given to them during the "*helping babies breathe program"* and attempt using it.

DISCUSSION OF FINDINGS

It could be deduced from the findings of the study that 100% of the participants have a basic knowledge on neonatal resuscitation which is contrary to a study by Ogunlesi (2008) where 78.8% of the participants had adequate knowledge of Neonatal Resuscitation. Specifically, 95.5% had adequate knowledge of evaluation while 49.7% had adequate knowledge of appropriate decisions and actions.

The result from our study showed that participants' **immediate care of the newborn** includes cutting of umbilical cord, although most of them do not practice delayed cord clamping. Findings of a study carried out by Yemaneh and Dagnachew (2016) concerning knowledge of health professionals on umbilical cord and care indicated that 122 (91.1%) of participants used sterile scissor to cut the umbilicus.

Our findings in this study revealed that although most participants have a basic understanding of neonatal resuscitation but their ability to carry out this procedure using the right techniques is poor as most of the participants still use obsolete practices. Ambu-bag was also not available in the one of the

primary health centres and the few birth attendants' places who have ambubag, the ambu-bags were not adequate.

Only one participant was able to demonstrate appropriately the use of bag and mask (ambubag) for neonatal resuscitation and lastly if a baby does not respond to resuscitation refer to either the State hospital or teaching hospital in Ekiti state. On the administration of vitamin k to the newborns (4 of 4) of the Agbebi said they do not administer vitamin k to the newborn while (7of 8) of the CHEW administer vitamin k immediately the baby is born this is relate to a study done by Yemaneh (2016) in which out of the study participants of 131 (97.8%) of health professionals had given vitamin k to immediately to the baby. Disu, Ferguson, Njokanma, Anga, Solarin, Olutekubi, Ekure, Ezeaka, Esangbedo &Ogunlesi (2012) noted that most of the morbidities and mortality in perinatal asphyxia occur among infants delivered outside the orthodox health facilities, particularly in homes, traditional birth homes, and spiritual birth homes.

CONCLUSION AND RECOMMENDATIONS

This study examined the knowledge, practice and skills used by Chews and Agbebis in resuscitating babies born with asphyxia. It is a qualitative study. **Findings** showed that both the Chews and Agbebis have basic understanding of recent practices on neonatal resuscitation and also participants **immediate care of the newborn** includes cutting of umbilical cord although most of them do not practice delayed cord clamping. This study further noted that although most participants have a basic understanding of neonatal resuscitation but their ability to carry out this procedure using the right techniques is poor as most of the participants still use obsolete practices. Ambu-bag was also not available in the one of the primary health centres and the few birth attendants' places who have ambubag, the ambu-bags were not adequate. Only one participant was able to demonstrate appropriately the use of bag and mask (ambubag) for neonatal resuscitation.

For resuscitation to be successful, it requires meticulous understanding by the health-care personnel working in the Labour, maternity and newborn units to have adequate skills for prompt neonatal resuscitation. However, the results of the study did not show a great impact of training as regards to the participants who claimed to have undergone training on neonatal resuscitation as most of them could not use the ambulatory bag and mask for ventilation. The lack of essential neonatal resuscitation equipment would most likely lead to the continued practice of old methods neonatal resuscitation. Frequent neonatal resuscitation training needs to be organized for better retention of the skills acquired during training and better performance. There is therefore a need for continuous training programs on neonatal resuscitation techniques, in order to promote safe and effective practice among birth attendants at the grass root level.

REFERENCES

Afolabi, B., M. (2017). Sub-Saharan Afican Neonates- Ghosts to statistics. Journal of Neonatal Biology 6: 246

Althabea, F., Bergelb, E., Cafferatac, L., Gibbonsa, M., Ciapponia, A., Alemánc, A., Colantonioa L., and Palaciosa, A. (2008). Strategies for improving the quality of health care in maternal and child health in low- and middle-income countries: an overview of systematic reviews Paediatric and Perinatal Epidemiology. 22(Suppl. 1): 42–60.

Aslam, H., Saleem, S., Afzal, R., Iqbal, U., Saleem, S., Shaikh, M., and Shahid, N. (2014). Risk factors of birth asphyxia. Italian Journal of Pediatrics.

Benner, P. A. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley

Disu, E., Ferguson, I., Njokanma O., Anga, L., Solarin, A., Olutekubi, A., Ekure, E., Ezeaka, V., Esangbedo, D.,and Ogunlesi, T.(2008-2012) National neonatal resuscitation training program in Nigeria. A preliminary report. Niger J Clin Pract 18:102-9.

Down, J 2011: South Africa woefully lags in millennium development goal targets. African Congress

Emechebe, G., Ezeogu, J., and Odinaka, K., (2016). Birth Asphyxia in Nigeria: A Review. Tropical Journal of Medical and Health Sciences Research, vol. 5 No.1

Ersdal, H. L., & Singhal, N. 2013. Resuscitation in resource-limited settings. In Seminars in

Fetal and Neonatal Medicine (Vol. 18, No. 6, pp. 373-378). WB Saunders.

Flatman, D. 2015. Best practice in newborn health care, VCO Research Report, 2015. Geneva, World Health Organization.

Fullerton, J.T., Thompson, J. B. & Severino, R. 2011. The International Confederation of Midwives Essential Competencies for Basic Midwifery Practice. An update study: 2009– 2010. Midwifery, 27(4), 399-408.

Graft-Johnson, J., Vesel, L., Rosen, H., Rawlins, B., Abwao, S., Mazia, G., Bozsa, R., Mwebesa, W., Khadka, N., Kamunya, R., Getachew, A., Tibaijuka, G., Rakotovao, J.,Tekleberhan, A.(2017).Cross-sectional observational assessment of quality of newborn care immediately after birth in health facilities across six sub-Saharan African countries. BMJ.

Kaur,G., Kaur, A., Kaur, R., Narendra, S., and Kaur, N. (2017). A Descriptive Study to Assess the Knowledge Regarding Neonatal Resuscitation among Nursing Students at Dasmesh College of Nursing, Faridkot, Punjab, India. International Journal of Thesis Projects and Dissertations (IJTPD) 5(3); 36-41

Lee, A., Cousens, S., Wall, S., Niermeyer, S., Darmstad, G., Carlo, W., Keenan, W., Bhutta, Z., Gill, C., and Lawn, J. (2011). Neonatal resuscitation and immediate newborn assessment and stimulation for the prevenetion of neonatal deaths: a systematic review, meta-analysis and Delphi estimation of mortality effect.BMC Public Health, 11; 1-19. http://www.biomedcentral.com/1471-2458/11/S3/S12

Malekzadeh, J., Erfanian, F., Khadivzadeh, T., (2015). Evaluating Neonatal Resuscitation Skills of Nursing and Midwifery Students Using Objectives Structured Clinical Examination (OSCE). Journal of Midwifery & Reproductive Health 3(3):418-423.

McEwen, M & Wills, E.M. (2011). Theoretical Basis for Nursing (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Mehar, V., Agarwal, N., Agarwal, S., Dubey, N. and Kumawat, H. (2016) Meconium-stained amniotic fluid as a potential risk factor for perinatal asphyxia: Asimgle center experience.J Clin Neonatol,5: 157-161.

Midwives adherence to guidelines on the management of birth asphyxia in Malawi. Open Journal of Nursing 2:351-357.

Mohammadi, E., Abbasi, K., Saadati, M. (2015).Barriers to Implementation of Nursing Theories in Clinical Practice from the Perspective of nurses. Iranian Journal of Nursing Research,10:13-24.

Monebenimp, F., Tenefopa, M., Koh, V. M. & Kago, I. 2012. Competence of health care providers on care of newborns at birth in a level-1 health facility in Yaoundé, Cameroon. Pan African Medical Journal, 11-45.

Moshiro, R., Ersdal H., Mdoe, P., Kidanto, H., and Mbekenga , C.(2018) Factors affecting effective ventilation during newborn resuscitation: a qualitative study among midwives in rural Tanzania, Global Health Action, 11:1, 1423862, DOI: 10.1080/16549716.2018.1423862

Murila, F., Obimbo, M., Musoke, R.(2014). Assessment of Knowledge on Neonatal Resuscitation amongst Health Care Providers in Kenya. Pan African Medical Journal; 11:78

Nduzima-Konzeka, F.,(2017). The Knowledge of Basic Neonatal Resuscitation Among Midwives at District Hospitals.

Neonatal resuscitation and immediate newborn assessment and stimulation for the prevention of neonatal deaths: a systematic review, meta-analysis and Delphi estimation of mortality effect. BMC Public Health 2011 11(Suppl 3):S12.

Ngoma, M., Nkumbula, T., Chishala, C., Menon, A., Nsowa, M., Biemba, G., and Hamer, D. (2018).Neonatal Birth Asphyxia: Results of intervention in a community Based Randomised Control Trial in Rural Zambia.EC Paediatrics 7.9: 851-861.

Novice to Expert (2013, September 16). Novice to Expert: the Dreyfus model of skill acquisition. Retrieved from http://www.sld.demon.co.uk/dreyfus.pdf

Penfold,S., Mrisho,M., Manzi, F., Tanner, M. & Mshinda, H. 2010. A Large Cross-Sectional Community-Based Study of Newborn Care Practices in Sothern Tanzania. PLos ONE 5(12): e15593.

Reisman, J., Arlington, L., Jensen, L., Louis, H., Suarez-Rebling, D., and Brett, N. (2016). Newborn Resuscitation Training in Resource-Limited Settings: A Systematic Literature Review. Pediatrics. 138(2):e20154490

Satvik, B., Archana,N., Dipen, P., Ankur, S., Ajay, P., and Somashekhar, N.(2014) Current Neonatal Resuscitation Practices among Paediatricians in Gujarat, India. International Journal of Pediatrics, Article ID 676374, http://dx.doi.org/10.1155/2014/676374

Shikuku, D., Milimo, B., Ayebare, E., Gisore, P., and Nalwadda, G. (2018). Practice of neonatal resuscitation for newborns with birth asphyxia at Kakamega County General Hospital, Kenya. Biomed Central (BMC) Journal Pediatrics 18:167. https://doi.org/10.1186/s12887-018-1127-6

Tabassum, F., Rizvi, A., Ariff, S., Soofi, S. and Bhutta, Z.A. (2014) Risk Factors Associated with Birth Asphyxia in Rural District Matiari, Pakistan: A Case Control Study. International Journal of Clinical Medicine, 5, 1430-1441.

Théoneste Ndayisenga. (2016). Maternal and Newborn Risk Factors associated With Neonatal Mortality in Gitwe District Hospital in Ruhango District, Rwanda. International Journal of Medicine and Public Health, 6(2):98-102.

Upadhyay, R. P., Chinnakali, P., Odukoya, O., Yadav, K., Sinha, S., Rizwan, S. A., Daral, S., Chellaiyan, V. G. & Silan, V. 2012. High neonatal mortality rates in rural India: what options to explore? ISRN Paediatrics, 2012.

Van Heerden, C. (2015). Strategies to sustain a quality improvement initiative in neonatal resuscitation in a district hospital in Gauteng province South Africa, Phd Thesis, University of Pretoria, viewed yymmddhttp://handle.net/2263/50820

Yadav, N., Damke, S. (2017). Study of risk factors in children with birth asphyxia. International Journal of Contemporary Pediatrics; 4: 518-526.

Yemaneh, Y., Dagnachew, E (2016). Knowledge and Practice of Immediate New Born Care (Inc.) among Health Professionals in Governmental Health Facilities of Bahir Dar City, North Ethiopia 2016


LADOKE AKINTOLA UNIVERSITY OF
TECHNOLOGY OGBOMOSO
EXCELLENCE
INTEGRITY
SERVICE