

# TO ASSESS THE EFFECT OF LEARNING PACKAGE ON THE POSTNATAL PRACTICES AMONG POSTNATAL MOTHERS ADMITTED IN SELECTED INSTITUTIONS.

<sup>1</sup>Dr.N Sujita Devi,<sup>2</sup>Dr.Nilima Bhore,

<sup>1</sup>Asst.Professor ,<sup>2</sup>Dean & Principal cum Professor,

<sup>1</sup>Obstetrics & Gynecological Nursing,

<sup>1</sup> Bharati Vidyapeeth (Deemed to be University),College of Nursing ,Pune, India.

**Abstract :** Childbirth is usually thought of as feeling of excitement and joy, but a common factor of stress is experienced by many postpartum women. The period after delivery or puerperium is an adjustment after pregnancy. There are many changes taking place in the mother's body affecting birth physiological and psychological health. The body requires almost a period of 6 weeks immediately, known as the puerperium period and a period of 6 months called as postnatal period to go back to its original anatomical state. As her progress in this phase, she recuperates from the new change in the life and learns to cope up with the stress. What is necessary for the parturient mother along with post-delivery needs is getting adjusted to the new role of a mother which is not only physically draining but also requires sacrifice, struggle to provide optimum needs to her newborn. Women are explained about the postnatal care immediately after delivery. It helps to improve the health of the mother and newborn. Giving birth is both exhausting & emotional and the mother feels tired & due to hormonal changes become very emotional. During postnatal period, it is essential to provide guidance on how to improve the health of the mothers and the baby. Therefore a study was undertaken to assess the effect of learning package on the postnatal practices among mothers admitted in postnatal wards of selected institutions. The objective of the study was to assess the practices regarding postnatal care among primipara mothers before and after administration of video assisted teaching programme. The results showed that the learning package was effective in improving the practices of the postnatal mothers related to the postnatal care.

**IndexTerms – Learning package, postnatal practices, postnatal mothers.**

## I. INTRODUCTION

The postnatal period starts after the delivery of baby till the first 6 weeks after delivery. During this period, reproductive organ gradually returns back approximate to the pre-pregnant size and shape. Postnatal care comprises systematic examination of mother and the. A suitable guidance to be given to the mother during postpartum period. The mother is examined first time when she is there in hospital and advice is given at the time of discharge and the second routine postnatal examination is done within six week of postpartum at PNC OPD of the hospital. After delivery, there are several good opportunities for us to teach primipara mother how to care properly for themselves and their babies, so that the health is maintained for both. The period after delivery shows the establishment of new stage of life for parents and start of the lifelong health records for newborn babies. Postnatal care denotes to care of the baby as well as the care of the mother. The period immediately following childbirth is a period of high risk for newborns and mothers. 75% neonatal death and 65% maternal death happen in the first seven days of birth. In first 24 hours half of the death takes place. In first day of life span a newborn baby die 500 times extra. Therefore the post-delivery phase is a period for close helpfulness and attention can create a vast progress in the lifecycle of the females and children.

Women and their families should be explained to inform immediately to maternity care as there is any changes in mood, state of emotion and behaviour. Care providers are given information to the mothers about the assessment of baby condition; identify the common health problems occur in baby. While working in maternity ward the researcher found that several primipara mother had insufficient knowledge about the post-delivery care. It has been observed that some practice are harmful, which upset the health of the mother and baby. In order to give comprehensive care to the mothers it is essential to know what they practice and accordingly the researcher prepared a learning package in the form of Video which incorporated all the aspects of postnatal care.

### RESEARCH METHODOLOGY:

The present study was carried out on a quantitative basis, to prepare and test effectiveness of learning package video assisted teaching programme on practice regarding postnatal care among primipara mothers admitted in selected institutions. The research design selected in this study was a "non equivalent control group design.

### Population and Sample:

In this study, population consists of primipara mothers who has delivered and admitted in postnatal ward during early postpartum period on day 7. Study sample were accessible primipara mothers who has delivered and admitted in postnatal ward during early postpartum period of selected institutions. A total of 350 samples in the study were recruited for the study using a Non-probable purposive sample technique. Inclusion criteria laid down for the study were :Primipara mothers who have delivered through full term normal vaginal delivery with episiotomy (FTNVD with episiotomy) and FT LSCS and who were admitted in postnatal wards of selected institutions during early postpartum period on day 7.

### Data and Sources of Data:

A demographic information, demographic data and self -reported practice questionnaire regarding post natal care was prepared for assessing the practice regarding postnatal care among the primipara mothers. Demographic data included age, religion, education, occupation, monthly income, support person during postnatal care, type of family, mode of delivery. Self –

reported practices questionnaire of 9 items was prepared on postnatal care. It was based on Practices on post natal care of mother . Practices on post natal care of mother consists of selected aspects of practices on post natal care of mother regarding rest, activity, diet and hygiene. Yes response was interpreted as adopt practice and no response was interpreted as not practice. The tool was validated and the reliability score obtained was 0.98

Ethical permissions were taken samples were recruited to the experimental and control group ,first Post test was conducted on 15<sup>th</sup> postnatal day and second post test was conducted on 45<sup>th</sup> postnatal day.

#### DATA ANALYSIS

Demographic data in both the groups were as follows

**Age-**In experimental group,44.6% of the primipara mothers were from the age group of 23-27 years, 26.9% of mothers were in the age group of 28-32 years, 25.1% of the primipara mothers were in the age group of 18-22 years, and 3.4% of mothers were in the age group of above 32 years. In control group, 36.6% of the primipara mothers were from the age group of 23-27 years, 36% of mothers were in the age group of 18-22 years, 20% of the primipara mothers were in the age group of 28-32 years, and 7.4% of mothers were falling in the age group of above 32 years.

**Religion-** In experimental group, 74.8% of mothers were Hindu, 20.6% of mothers were Muslims and 4.6% of mothers were Christians. In control group, 67.4% of mothers were Hindu, 28.6% of mothers were Muslims and 4 % of mothers were Christians.

**Education-** In experimental group, 37.8% of mothers were secondary education, 31.4% of mothers were primary education, 27.4% of mothers were graduate and 3.4% mothers were post-graduate. In control group, 36.6% of mothers were secondary education, 34.9% of mothers were primary education, 25.1% of mothers were graduate and 3.4% mothers were post-graduate.

**Occupation of mother-** In experimental group, 71.4% of mothers were homemakers, 24.6% of mothers were working in private sector and 4% of mothers were working in government service. In control group, 82.3% of mothers were homemakers, 14.8% of mothers were working private sector and only 2.9% of mothers were doing other service.

**Monthly income of the family-** In experimental group, 56.6% of mothers had monthly family income of Rs. 20001-30000, 28.6% of mothers had monthly family income of Rs. 30001-40000 ,10.8% of mothers had monthly family income of above Rs. 40000 and only 4% of them had monthly family income of Rs. 10001-20000. In control group, 70.9% of mothers had monthly family income of Rs. 20001-30000, 16.6% of mothers had monthly family income of Rs. 30001-40000 ,9.6% of mothers had monthly family income of above Rs10001-20000 and 2.9% of them had monthly family income of above Rs. 40000.

**Support person during postnatal care-** In experimental group, 73.7% of mothers had mother as a support person, 21.1% of mothers had mother-in-law as a support and 5.1% of mothers had relatives as support person during postnatal care. In control group, 78.3% of mothers had mother as a support person, 21.7% of mothers had mother-in-law as a support person during postnatal care.

**Type of family-** In experimental group, 59.4% of mothers lived in nuclear family, 36% of mothers lived in joint family and only 4.6% of mothers lived in extended family. In control group, 48.6% of mothers lived in nuclear family, 45.1% of mothers lived in joint family and only 6.3% of mothers lived in extended family.

**Mode of delivery-** In experimental group, 50.3% of mothers delivered by full term normal delivery with episiotomy and 49.7% of mothers delivered by LSCS. In control group, 50.3% of mothers delivered by full term normal delivery with episiotomy and 49.7% of mothers delivered by LSCS.

The table below discusses the findings related to the self-reported practices regarding postnatal care among primipara mothers before the administration of learning package in the form of video assisted teaching program (VATP) in both experimental group and control group.

## Itemwise analysis of the self-reported practices regarding postnatal diet after intervention of learning package

Item	I.1 Postnatal Diet	Experimental group						Control group					
		Pretest		Posttest				Pretest		Posttest			
		Fre q	%	Fre q	%	Fre q	%	Fre q	%	Fre q	%	Fre q	%
a.	Drink milk and milk products regularly in postnatal period.	90	51.4	107	61.1	156	89.1	107	61.1	109	62.3	109	62.3
b.	Consume green leafy vegetables every day.	67	38.3	125	71.4	138	78.9	62	35.4	63	36.0	63	36.0
c.	Consume fruits daily.	63	36.0	134	76.6	141	80.6	56	32.0	57	32.6	58	33.1
d.	Follow 3 meal patterns per day.	44	25.1	91	52.0	172	98.3	54	30.9	54	30.9	55	31.4
e.	Diet includes milk producing/enhancing food.	92	52.6	145	82.9	150	85.7	80	45.7	81	46.3	81	46.3
f. g.	Take high protein diet like dal, soya bean, egg, fish ,chicken etc.	43	24.6	137	78.3	143	81.7	44	25.1	49	28.0	49	28.0
h.	Drink 8-10 glass of water per day.	32	18.3	113	64.6	156	89.1	23	13.1	24	13.7	24	13.7

## Itemwise analysis of the self-reported practices regarding postnatal rest after intervention of learning package

Item	I.2 Postnatal Rest	Experimental group						Control group					
		Pretest		Posttest				Pretest		Posttest			
		Fre q	%	Fre q	%	Fre q	%	Fre q	%	Fre q	%	Fre q	%
a.	Sleep 8-10 hours per day.	55	31.4	120	68.6	173	98.9	51	29.1	53	30.3	53	30.3
b.	Take a nap when baby is sleeping.	57	32.6	138	78.9	150	85.7	55	31.4	55	31.4	55	31.4

## Itemwise analysis of the self-reported practices regarding postnatal Activity after intervention of learning package

Item	1.3. Postnatal Activity	Experimental group						Control group					
		Pretest		Post test				Pretest		Post test			
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
a.	Resume daily routine household activity.	35	20.0	88	50.3	154	88.0	40	22.9	41	23.4	41	23.4
b.	Not lifting heavy objects.	61	34.9	114	65.1	171	97.7	76	43.4	76	43.4	76	43.4
c.	Go for a walk regularly.	42	24.0	96	54.9	146	83.4	34	19.4	34	19.4	34	19.4
d.	Follow the post natal exercise schedule.	72	41.1	139	79.4	156	89.1	50	28.6	50	28.6	50	28.6
e.	Perform exercise to maintain muscle tone of perineum.	61	34.9	141	80.6	173	98.9	65	37.1	65	37.1	65	37.1
f.	Perform exercise to maintain muscle at the urinary bladder.	45	25.7	124	70.9	173	98.9	38	21.7	38	21.7	38	21.7

## Itemwise analysis of the self-reported practices regarding postnatal Hygiene after intervention of learning package

Item	1.4. Postnatal Hygiene	Experimental group						Control group					
		Pretest		Posttest				Pretest		Posttest			
		Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
a.	Wear loose cotton garments.	112	64.0	175	100.0	175	100.0	89	50.9	89	50.9	89	50.9
b.	Clean the breast before and after breast feeding	41	23.4	139	79.4	159	90.9	30	17.1	31	17.7	31	17.7
c.	Clean the genital areas every time when go to toilet.	44	25.1	159	90.9	160	91.4	39	22.3	39	22.3	40	22.9
d.	Change pad whenever soiled.	52	29.7	129	73.7	137	78.3	41	23.4	42	24.0	42	24.0
e.	Clean perineal area from front to back.	50	28.6	161	92.0	159	90.9	18	10.3	18	10.3	18	10.3
f.	Use cotton undergarments.	89	50.9	175	100.0	175	100.0	70	40.0	70	40.0	70	40.0

### Conclusion

The following conclusion was drawn from the study findings. Study analysis shows that there is significant increase in practices after intervention. Learning package in the form of Video assisted teaching programme is found to be effective to increase primipara mothers practice related to post natal care . Primipara mothers who were exposed to learning package have completely adoptive ideal practice regarding post natal care than the mothers who did not exposed to the learning package. Therefore the study can be concluded that learning packages prepare the primipara mothers for enhanced post natal care. Primipara mother in the experimental group who were exposed to learning package exhibited better practice on postnatal care regarding rest and sleep, activity, diet, exercise, hygiene.

### REFERENCES:

1. Bang AT, Bang RA, Reddy HM. Home-based neonatal care: summary and applications of the field trial in rural Gadchiroli, India .J.Perinatoogyl.2005; 25:108-22.
2. Reducing childhood mortality in poor countries: implementing a community-based participatory intervention to improve essential newborn care in rural Nepal. Transactions of the Royal Society of Tropical Medicine and Hygiene, 97, 18\_21.
3. Iyengar K and Iyengar SD. Research needs in maternal mortality.Action Research and Training for Health, Udaipur, India. October 2004.
4. Amanyire. D and Bainempaka.F, (2009), “Knowledge, attitude and practices of postnatal mothers towards postnatal exercise in Mbarara Regional Referral Hospital”. Abstract retrieved from pubmed database on 01.12.10 (PMID: 25202009).
5. Sangi-Haghpeykar. H, Mozayeni. P, Young. A, and Fine. PM, (2008), “practice and knowledge regarding newborn care’. Abstract retrieved from pubmed database on 2.7.2010 (PMID:17701092).
6. [https://ecommons.aku.edu/pakistan\\_fhs\\_mc\\_pathol\\_microbiol/150/](https://ecommons.aku.edu/pakistan_fhs_mc_pathol_microbiol/150/)
7. [https://www.researchgate.net/profile/Jugal\\_Kishore/publication/234153450\\_Knowledge\\_and\\_Attitude\\_Regarding\\_Breastfeeding\\_among\\_College\\_Girls\\_of\\_a\\_Selected\\_College\\_of\\_Ludhiana/links/0c96051bb276437ff4000000.pdf?](https://www.researchgate.net/profile/Jugal_Kishore/publication/234153450_Knowledge_and_Attitude_Regarding_Breastfeeding_among_College_Girls_of_a_Selected_College_of_Ludhiana/links/0c96051bb276437ff4000000.pdf?)
8. Prajapati (2014), “,practices, of Ganda community regarding care of newborn “Obstetrics nursing
9. Sahbanathul Missiriya” Knowledge and Practice of Postnatal Mothers Regarding Personal Hygiene and Newborn Care” Int. J. Pharm. Sci. Rev. Res., 40(1), September – October 2016; Article No. 18, Pages: 89-93
10. Daniel jwww.rguhs.ac.in/cdc/onlinecdc/uploads/05\_N134\_9626.doc