

“A Study To Assess The Knowledge Regarding Care During Intra-Natal Period Among Antenatal Mothers In Selected Hospitals Of The Pune City.”

“Mrs.K. Memchoubi¹ Ms. MayuriDurgade, Ms. PragatiChavan, Ms. VaishaliAhire, Ms. Swati Bhalerao, Mr. Sager Bedre

¹Assistant Professor, Obstetrics and Gynaecology, Bharati Vidyapeeth Deemed To Be University

College Of Nursing Pune .

²T.Y.GNM, Bharati Vidyapeeth School Of Nursing Pune.

ABSTRACT

Introduction: Pregnancy and childbirth are special and unique events in women's lives and in the lives of their families. Pregnancy forever shapes women's thoughts of themselves and has far reaching potential effects on the mental and social health of women and family members. Pregnancy and childbirth involves mixed emotion where the mother is filled with the happiness of having baby but also apprehension about the process of childbirth. Motherhood involves of suffering that turn to be an enjoyment and tremendous pain that blossoms into internal bliss “the old saying states labour pain is the most intense of all pains”. It is believe that this labour pain brings in the most loving bondage between mother and child. After care during Intra-natal period is the pregnancy related health care provided by a doctor or health care worker in hospital or at home. In intra-natal care it is important to monitor pregnancy for signs of complication to detect and treat early and simultaneous problem of pregnancy. It should be provided advice and counselling or protective care during delivery. Development of maternal and child health has one of the most and important section of the Family Welfare Program of the Government of India and the National Population Policy – 2000 one of the most important element of Intra-natal care is to present information and advice to women about pregnancy related complication and possible Therapeutic measures for early detection and Management of complication on intra-natal care can also play a critical role in preparing a women and her health care provider and characteristic promotional health messages. Intra-natal care is considered essential for health of both the mother and the child to reduce mortality and morbidity rate **The present study title:** A study to assess the Knowledge regarding care during Intra-natal Period among antenatal mothers in Selected Hospitals of the Pune City. The objectives of study was to assess the knowledge regarding care during intra-natal period among antenatal mothers, to associate the findings with selected demographic variables. **Material and Methods:** In present study, researcher adopted non-probability convenient sampling technique. Tool consisted of 20 semi structured questionnaire which was given to 200 Antenatal mothers. Ethical clearance was taken. The significance was calculated by using mean, standard deviation, and calculated 't' value, and association was done by Fisher's exact test with demographic variable. **Result:** The level of knowledge regarding care during intranatal period of Antenatal Mothers, below 11.5% (23) Mothers is having poor knowledge, Majority of the mothers 57.5% (115 Mothers) Are having average knowledge, 27.5% (55 Mothers) are having good knowledge, 3.5% (7 Mothers) Is having very good knowledge and no mother has excellent knowledge. It was found that any of the demographic variables is not associated with the findings of the study. **Conclusion:** The study concluded that as majority of the mother are having average knowledge regarding care during intranatal period we need to give emphasis on improving the knowledge of mother in this area which will ultimately contribute in the reduction of maternal and neonatal mortality and morbidity.

(**Keywords:** (Assess, Knowledge, Care, Intranatal Period, Antenatal Mothers)

INTRODUCTION

Pregnancy and childbirth are special and unique events in women's lives and in the lives of their families. Pregnancy forever shapes women's thoughts of themselves and has far reaching potential effects on the mental and social health of women and family members. Pregnancy and childbirth involves mixed emotion where the mother is filled with the happiness of having baby but also apprehension about the process of childbirth. Motherhood involves of suffering that turn to be an enjoyment and tremendous pain that blossoms into internal bliss “the old saying states labour pain is the most intense of all pains”. It is believe that this labour pain brings in the most loving bondage between mother and child. After care during Intra-natal period is the pregnancy related health care provided by a doctor or health care worker in hospital or at home. In intra-natal care it is important to monitor pregnancy for signs of complication to detect and treat early and simultaneous problem of pregnancy. It should be provided advice and counselling or protective care during delivery. Development of maternal and child health has one of the most and important section of the Family Welfare Program of the Government of India and the National Population Policy – 2000 one of the most important element of Intra-natal care is to present information and advice to women about pregnancy related complication and possible Therapeutic measures for early detection and Management of complication on intra-natal care can also play a critical role in preparing a women and her health care provider and characteristic promotional health messages. Intra-natal care is considered essential for health of both the mother and the child to reduce mortality and morbidity rate

NEED FOR THE STUDY

India has become one of the countries having a larger mortality and morbidity rate of Intra-natal period. In India, 6.4 lakh Neonatal Mortality deaths occur in India. The Neonatal Mortality Rate (NMR) at 25.4 deaths per 1,000 live births in India makes it 12th worst among the 52 lower-middle-income countries. The report also said that India is the only major country in the world to have higher Mortality for girls than boys. Maternal Mortality Ratio (MMR) by WHO is Per 1,00,000 live births. Complication during pregnancy and childbirth are major causes of increasing mortality and morbidity among women of reproductive age in developing countries. The maternal mortality ratio represents the risk associated with each pregnancy, i.e. the obstetric risk. It is also a MDG indicator. The Neonatal period is the most vulnerable time for a child- the first 28 days of life the neonatal period is the most vulnerable time for a child's survival. Children face the highest risk of dying in their first month of life at an Average Global Rate of 18 deaths per 1000 live births in 2017. Comparatively, the probability of dying after the first month but before reaching age 1 was 12 and after age 1 but before age 5 was 10. Globally, 2.5 million children died in the first month of life in 2017 alone- approximately 7,000 Neonatal Deaths every day- most of which occurred in the first week, with about 1 million dying on the first day and close to 1 million dying within the next six days.

Nearly 830 women die due to pregnancy and child births related complications which can be preventable. Among this 99% of the maternal deaths occur in developing countries. It is seen that maternal mortality rate is higher among women living in rural areas and among poor socio-economic groups. Between 2016 to 2030, as part of the sustainable development goals, the target is to reduce the global Maternal Mortality Ratio to less than 70 per 1,00,000 live births. Maternal Mortality is unacceptably high. About 830 women die from pregnancy or child birth related complications around the World every day. The risk of Maternal Mortality is highest for adolescent girls under 15 years old and complications in pregnancy and childbirth is a leading cause of death among adolescent girls in developing countries. Above all reports show that Maternal Mortality Rate (MMR) and Neonatal Mortality Rate (NMR) is decreasing but the value is still high, it is observed that Intra-natal complication also contributes significantly in Maternal Mortality Rate (MMR) and Neonatal Mortality Rate (NMR) Therefore, the researcher felt the need of assessing the knowledge of antenatal mother regarding care during intra-natal period, as a contribution towards the improvement of maternal and neonatal health.

OBJECTIVES OF THIS STUDY

- 1) To assess the knowledge regarding care during intra-natal period among antenatal mothers.
- 2) To associate the findings with selected demographic variables.

REVIEW OF LITERATURE

Many studies have been carried out on the Knowledge regarding care during Intra-natal Period among antenatal mothers. Review of the relevant studies was carried out from the textbooks, journals of preventive social medicine, Review Of Literature Under Following Heading

In the study to assess the knowledge, attitude and practices of ANC women attending outdoor clinic in Tertiary care Hospital in Bhopal, Conducted by Neetu Ahirwar, in year 2018, it was found that ANC visited of clinic during first Trimester is 86.16 % , 97.50% know about tetanus immunization, 70.4 % take adequate antenatal care and 93.33% are on Iron Folic Acid tablets.

In the study antenatal , Intra-natal and postnatal care, tertiary centre study of North India, conducted by Anjali Gupta, in 2017 it was found that care for pregnant women during antenatal period is the lead to decrease maternal mortality and morbidity during pregnancy and child birth and other progress the growth and development. At the time of birth weight, length and head circumference of new born male 94% and female 73.3% . Repeat measurement 6 month age of new born 87% male and 96.7%. While constancy to the proper schedule of antenatal , Intra-natal and postnatal visit extend between individuals and over time with regular counselling and motivation of pregnant women and their families .

In the study Assessment of the knowledge regarding Antenatal Care among pregnant women with a vision to develop information booklet at selected clinical of District of Punjab, Conducted by Lalita Yadav in year 2015. It was established that 50% of the pregnant mother is having good knowledge, they are under 30 year of age, majority of mother 80% is having good knowledge and they are literate. Half of Mother, 50% are having good knowledge they are working, thus, 40% of pregnant mother are having average knowledge.

A study to assess knowledge and practices of antenatal care among pregnant woman attending Antenatal clinic at a tertiary care Hospital of Maharashtra, conducted by Barun Bhai Patel published in 17 May 2016. It was established that about 58% women had adequate knowledge regarding antenatal care, around 70% women were practicing adequately and variables such as education and socioeconomic status had significant association with practices about antenatal care.

A study to intra-natal care practices in a district of West Bengal, conducted by S. Dasgupta, P. Das, N.K. Mandal, P. Ray Karmakar, R.P. Ray, A.K. Mandal, Published on March 2006. It was found that study mothers who delivered in last one year to generate area-specific community-based data on the proportion of home deliveries, assistance during conduction of delivery and the intra-natal care practices followed in the District. A multistage 40 cluster sampling method was used to study 320 mothers in the District 37.81% deliveries conducted at home. About 25% deliveries were conducted by untrained birth attendants, unqualified practitioners or relatives and friends.

In 85.13% of home deliveries, DDK was not used. 68.6% home deliveries were conducted on the floor without any clean covering sheet. Though a clean instrument was used to cut the cord in 86.78% of home deliveries, a clean cord tie was used in only 24.89% cases. In 36.36% home deliveries, something was applied on the cord stump.

EXPERIMENTAL SECTION

Material and method:

In present study, researcher adopted Non Experimental Descriptive Design. The study carried out 200 samples. Ethical clearance was taken. A Non-probability Purposive Sampling Technique was used. The significance was calculated by using mean, standard deviation, and calculated 't' value, and association was done by Fisher's exact test with demographic variable.

Description of Tool: The tool includes two sections:

SECTION 1– Demographic information (Age, Occupation, Education, Support System, Gestation in week.)

SECTION 2 – A knowledge questionnaire to assess the knowledge regarding care during Intra-natal period among antenatal mothers.

Plan for Data Analysis:

The analysis was done by using the data of section-I and section-II and presents them in tables, graphs and figures.

For the analysis of demographic data frequencies and percentage was calculated. The significance was calculated by using mean, standard deviation, and calculated 't' value, and association was done by Fisher's exact test with demographic variable.

RESULT AND DISCUSSION

Analysis and interpretation of the data are based on data collected from 75 sample samples

Frequency And Percentage Distribution of age for Antenatal mothers.

Figure No-01: Pie Chart represents the Age for Antenatal Mothers.

n=200

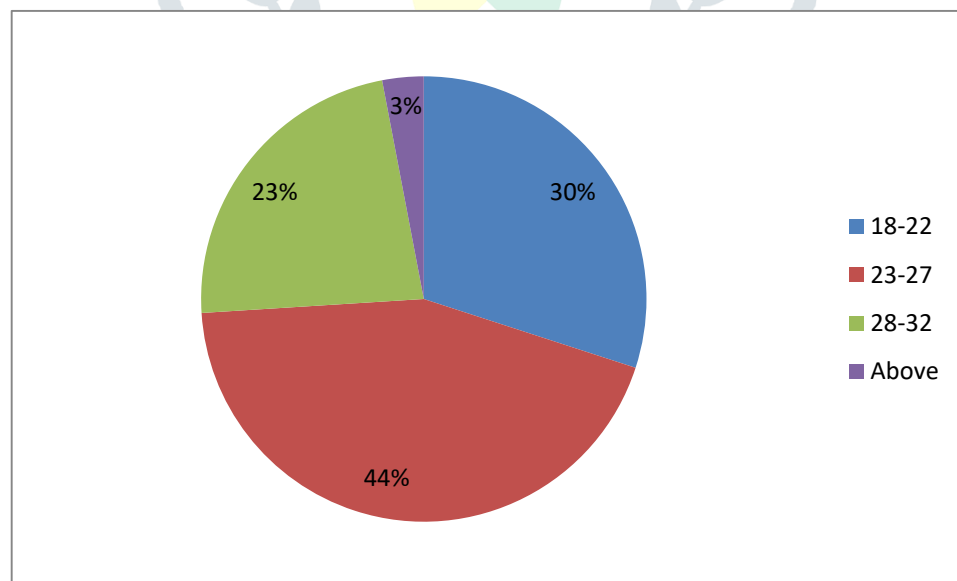


Figure shows that majority of the antenatal mothers of age 18-22 is 30% (60 Mothers) the age group 23-27 is 44% (88 Mothers) the age 28-32 is 23% (46 Mothers) and above is 3% (6 Mothers).

2) Education

n=200

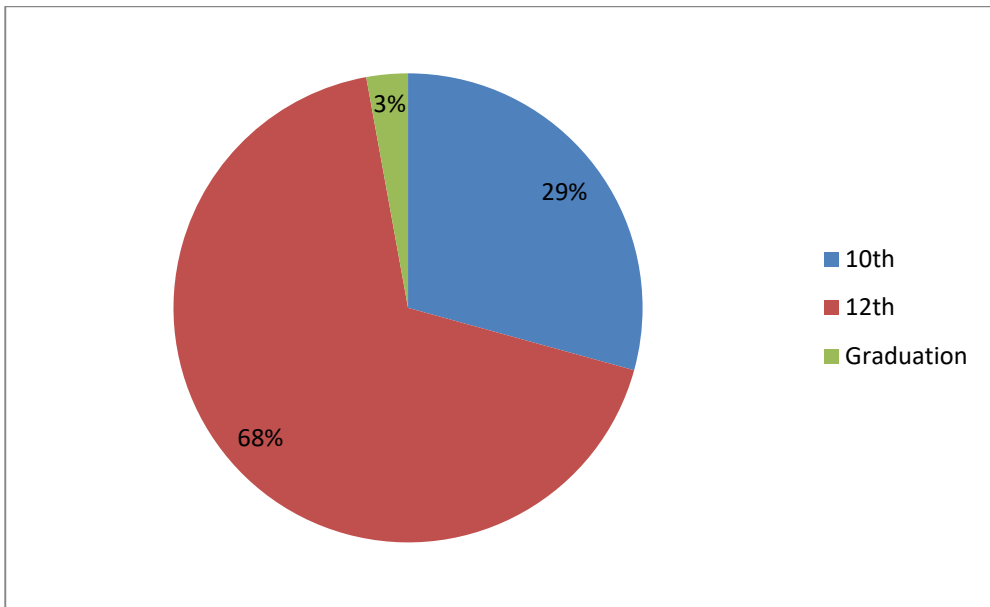


Figure shows that majority of the Mother is education is upto 10th is 20.5% (41 Mothers)the education group 12th is 47.5% (95 Mothers) and graduation is 32% (64 Mothers).

Occupation

n=200

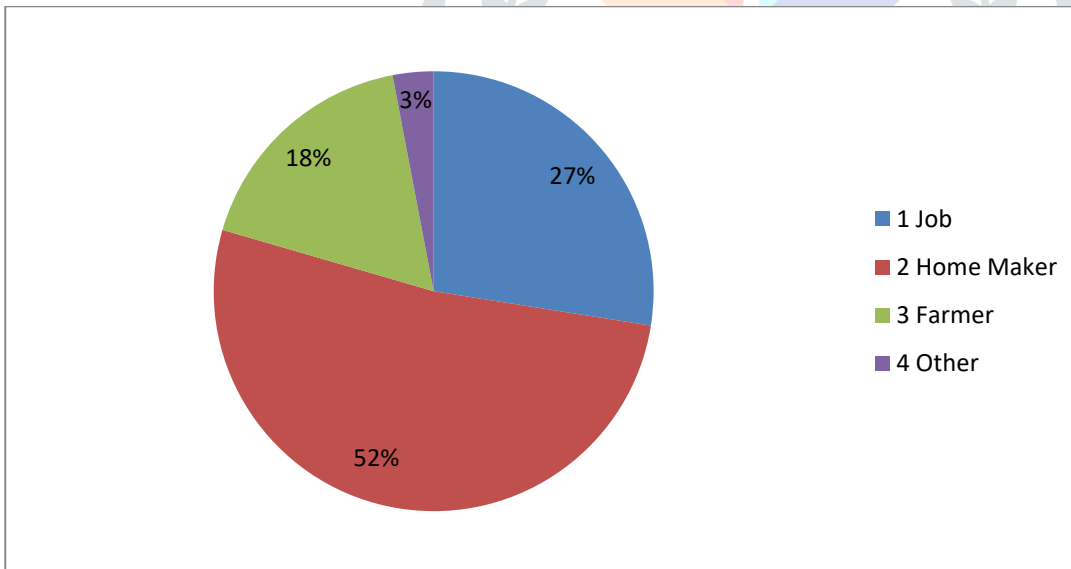


Figure shows that majority of the mother is occupation job is 27.5% (55 Mothers) the occupation Mother is home maker is 52% (104 Mothers) the occupation Mother is farmer is 17.5% (35 Mothers) and others are 3% (6 Mothers).

1) Support System

n=200

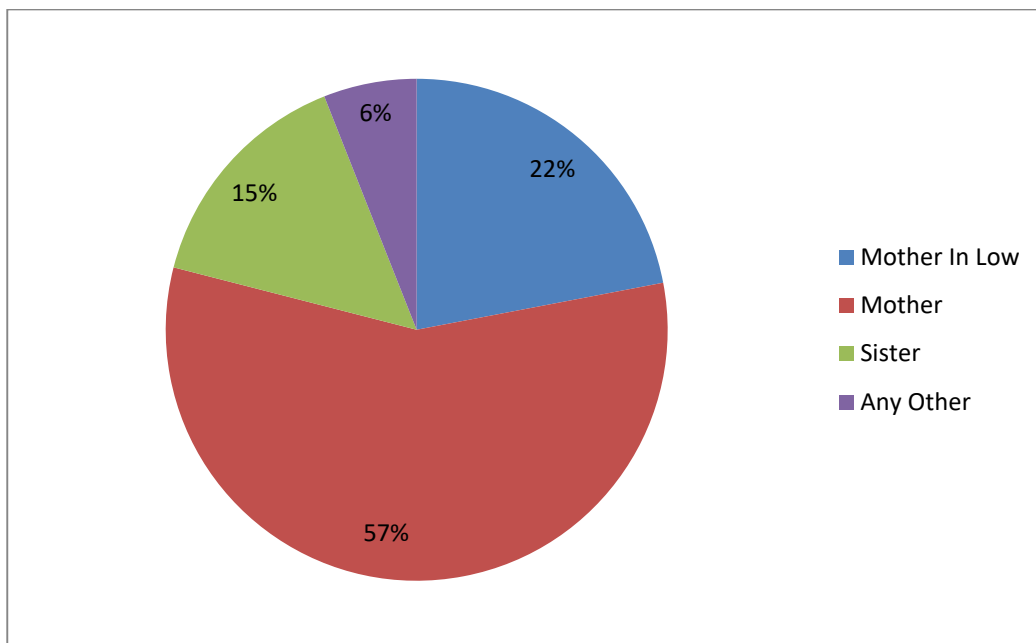
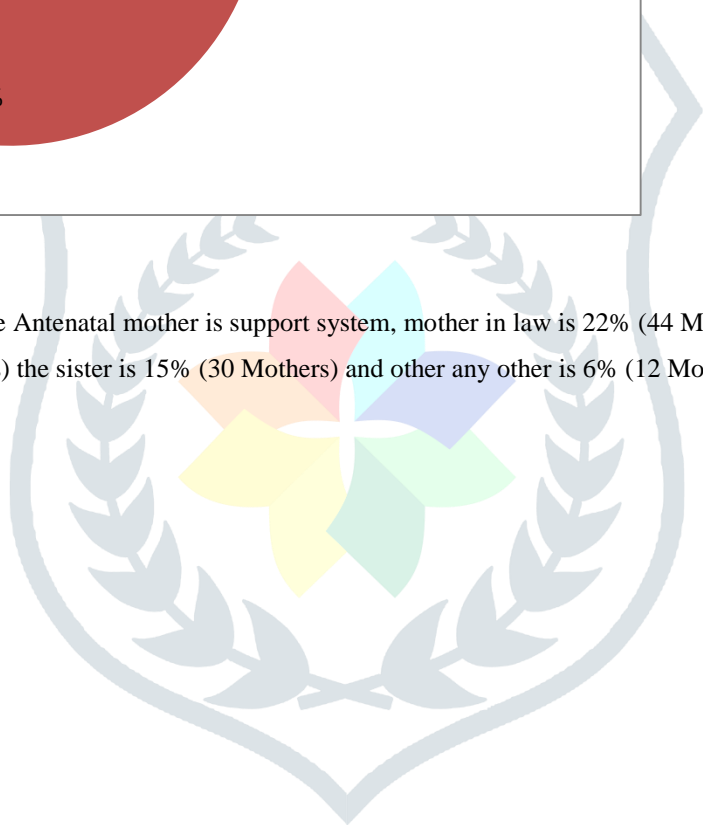


Figure shows that majority of the Antenatal mother is support system, mother in law is 22% (44 Mothers) the Mother is 57% (114 Mothers) the sister is 15% (30 Mothers) and other any other is 6% (12 Mothers).



2) Gestational Week

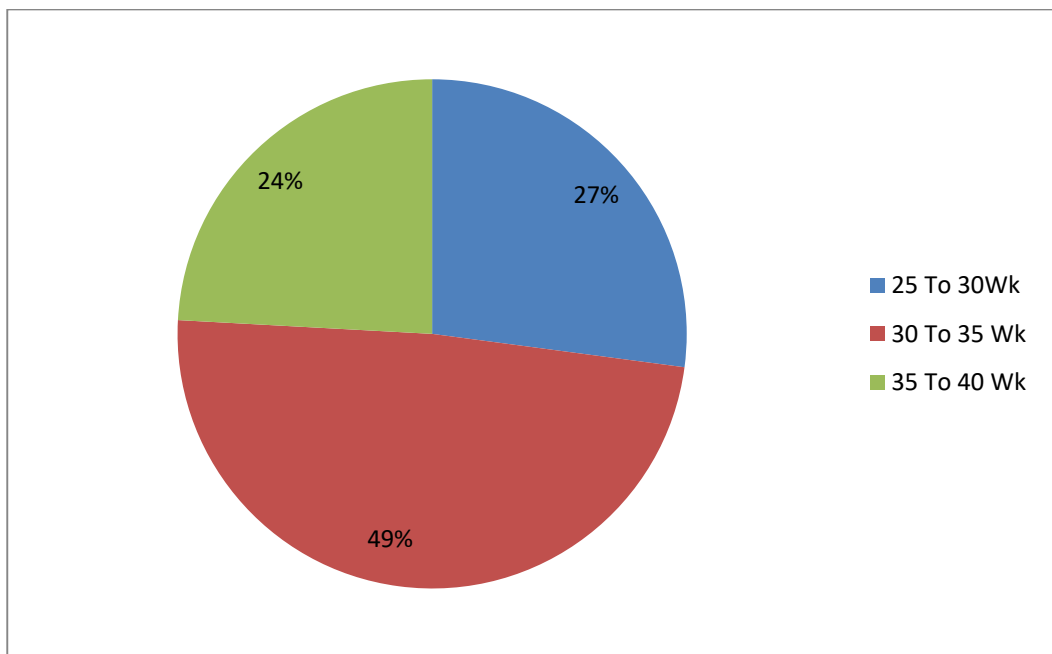
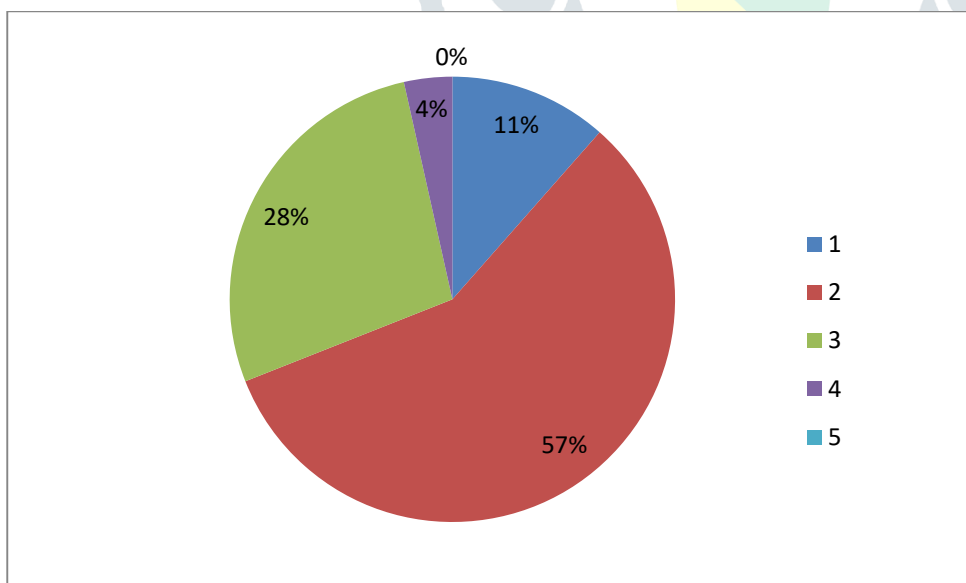


Figure shows that majority of the Antenatal mother is gestational week is 25 to30 week 26% (52 Mothers) the 30.1 to 35 week Mothers is 49.5% (99 Mothers) and 35.1 to 40 week Mothers is 24.5% (49 Mothers).

DATA ANALYSIS

n=200



The knowledge of the pregnant antenatal mothers below 11.5% (23 Mothers) is having poor knowledge, Majority of the mothers. 57.5% (115 Mothers) are having average knowledge, 27.5% (55 Mothers) are having good knowledge. 3.5% (7 Mothers) Is having very good knowledge and no mother has excellent knowledge.

ASSOCIATION

Table Show the association of the knowledge regarding intra-natal care of mother and selected demographic variable.

Sr. no.	Demographic Data	Chi-square statistic	degree of freedom	p-value	Remark
1	Age	4.588565	12	0.97	No Association
2	Education	2.841885	8	0.944	No Association
3	Occupation	5.559938	12	0.937	No Association
4	Support System	7.558554	12	0.819	No Association
5	Gestation in week	12.48119	8	0.131	No Association

Above table shows that as p values are more than 0.05, there is no association of the knowledge regarding care during intra-natal period among antenatal mothers with age, education, occupation, support system and gestation in week.

Discussion

The previous study done by, LalitaYadav, declare that 50% of mother is having good knowledge and they are below 30 years of age, majority of Mothers i.e., 80% is having good knowledge and they are literate. Half of mothers i.e., 50% is having good knowledge and they are working. Thus, 40% mothers are having average knowledge.

In this study the antenatal mothers 11.5% is having poor knowledge, 57.5% is having average, 27.5% are having good knowledge 3.5% is having very good knowledge and no mothers has excellent knowledge.

Conclusion

There was no association between intra-natal care received demographic variables like Age, Education, Occupation, Support system and Gestation in weeks.

A significant association was found between intra-natal care received and maternal outcome.

No significant association was found between intra-natal care.

Implications

The finding of this study is implicated in following headings-

NURSING PRACTICE

Health promotion is one of the major role a nurse has to play. Its accountability has to be stressed patient education is a process of assisting people to learn and incorporate health related behaviour into everyday life. Educative counselling may motivate mothers to practice self-care. There should be a special consulting room for qualified nurse practitioner in the O.P.D. section. patients meet the consultant gynecologist. Modified guidelines and protocols to be made and followed in the care of high-risk prenatal mothers.

Mass media like television, video, pamphlets hand outs/ information booklets can be provide in the waiting areas to high risk mothers to make them aware.

NURSING EDUCATION

Nursing education should emphasize more on preparing prospective nurses to impart health education. This can be best done by equipping the nursing curriculum with knowledge regarding dissemination of health information using various methods of education technology.

Therefore a nurse practitioner must be prepared to make a thorough assessment of the client learning needs. As well as document the teaching.

NURSING ADMINISTRATION

Nurses as administrators should take great interest in formulating policies for short or long term health education. Every patient visiting the hospital should received some health information either on inpatient basis or outpatient basis. This can be possible if the nurse in an administrative position takes initiative to provide measures to impart health education through printed materials in the form of booklets, pamphlets, posters in every unit of the maternity blocks and OPDs.

Limitation

There is a time limitation for data collection.
As the time limit was minimum limited sample size were taken.
Data were collected from only Bharati hospital and Research centre in Pune city.
Analysis of the study will based on the responses gives by the antenatal Mothers.

Recommendations

The study can be conducted in long duration.
A study can be done on a particular care during Intra-natal period.
The study can be replicated on large number of sample.
Comparative study can be done between Pimigravida and Multigravida Mothers.
Experimental study can be done on a particular care during Intra-natal period.

REFERENCES

- 1) <https://qrius.com/neonatal-mortality-rate-in-india-2018/>.
- 2) <https://www.who.int/healthinfo/statistics/indmaternal/mortality/en/>.
- 3) <https://data.unicef.org/topic/child-survival/nenonatal-mortality/>.
- 4) <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.
- 5) <https://www.researchgate.net/publication/309609338>.
- 6) <https://www.researchgate.net/publication/303560793>.
- 7) <https://www.semanticscholar.org/paper/assesment-of-the-knowledge-regarding-antenatal-a-yadav/cddb3e528cdb3a7af3ae5a515998e2859997e288>.
- 8) <https://www.researchgate.net/publication/325305250>.
- 9) Nursing research and statistics 3rd edition Suresh k Sharma Page no. 339/340/479.
- 10) <https://www.ijrcog.org/index.php/ijrcog/article/view./4773>.
- 11) Midwifery and Gynecological nursing edition 4th by Annamma Jacob Page no.155 to 169.