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Effectiveness of Educational Nurturing Regarding Birth Preparedness on Knowledge and Application of Birth Preparedness among Primi Mothers & Their Caretakers During Delivery

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Abstract

Introduction: Birth preparedness is a practice that helps pregnant mothers, their family members, and communities to deal effectively for childbirths and how to overcome with the emergencies. It is a core component of healthy motherhood service that are worldwide practiced.

Aims: To assess the effectiveness on educational Nurturing regarding Birth Preparedness on knowledge and Application of Birth Preparedness among primi mothers & their caretakers during delivery.

Settings and Design: Tertiary care hospital and quasi experimental design was adopted.

Methods and Material: In this study 50 primi mothers and 50 caretakers of those primi mothers were selected by purposive sampling technique. The study group received pamphlet regarding birth preparedness and control group followed the hospital routines. Data related to knowledge collected before and after the study intervention from both the study groups by self structured questionnaire (r=0.84%) anddata related to application from caretakersafter the study intervention is by checklist (r=0.84%)

Statistical analysis used: In this study chi square, t test and p test are adopted for this study.

Results: There was signifeicant difference found in knowledgeamong primimother(p=0.00001) and caretakers (p=0.0002) in study group before and after the intervention. The results also showed that in study group there was significant difference in application (p=0.0004) among caretakers regarding birth preparedness.

Conclusions: This study suggests that study group of primiwomen and caretakers having good knowledge after the intervention. So educational nurturing increased the knowledge and application among primi mothers & their caretakers.

Keywords: Nurturing Regarding; Birth Preparedness; Knowledge and Application of Birth; Mothers & Their Caretakers During Delivery.

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Introduction

Birth preparedness is a practice that helps pregnant mothers, their family members, and communities to deal effectively for childbirths and how to overcome with the emergencies. It is a core component of healthy motherhood service that are worldwide practiced.[1]

As per data maternal mortality is very high across the world (2,95000). In developing countries, the vast majority of deaths (94%) occurred.[2] Worldwide only 87 % of pregnant women got

antenatal care only once from a skilled health care provider, while 60% receive only four antenatal visits. After analysing the data, these percentages can help in improving maternal and newborn health.[3] According to UNICEF, India's Maternal Mortality Ratio (MMR) for the period 2016-18 is 113/100,000 live births, decreasing by 17 points from 130/100,000 live births in 2014-16, according to the latest study from the (SRS).[4] Jhpiego'sinitiative in India is to implement the WHO's Safe Childbirth Checklist which showed an 11% decline where it was implemented.[5] American Red Crossorganized workshops to teach on birth preparedness as groups like Maternity Center Alliance, Chicago Maternity Center, NGO's, hospitals, and private clinics has limited information about how to provide birth preparedness.[6] A method named Grantly Dick Read[7] natural childbirth method, bradley approach[8], lamazeare the most popular birthing programs. These methods include teaching sessions with the companion on how to reduce stress, anxiety, breathing methods, calming methods, promotes safe pregnancy, relaxation & relief from pain during labor, balanced diet, walking, improving nutrition.[9]

All the pregnant women should have written plan for pregnancy and this planshould be discussed and reviewed by a skilled attendant.[10] NHRC guidelines states, it is the registering of the pregnant mother from first antenatal visits till the delivery and include condition of the pregnant woman, financial situation,the distance to the health care facility, transport facilities & institutional delivery.[11] Birth preparedness should be discussed with the family (husband, mother in law, orother decision makers) by health care workers.[12] KAMS and RC, Hyderabad, Telangana, conducted study among the 417 pregnant women attending a PHC, birth preparedness (48.9% saved money) was better than the emergency readiness (44% arranged transport) or awareness about danger signs during pregnancy or labor (28% 13 During the antenatal visits the health care workers found out that the mothers are not prepared for birth preparedness specially in the last trimester. Most post natal mothers shared theirfeeling that their childbirth was "terrible" as they are not prepared. The health care professional then figured that for a normal childbirth, mothers should be educated on birth preparedness.[14]

Materials and Methods

In this study Quasi experimental study one group pre test post test and one group post-test design was used. From tertiary hospital 100 samples of primi mother and their caretakers were selected by purposive sampling technique as per the criteria set. In this study the independent variable (educational nurturing regarding birth preparedness (knowledge and application of birth preparedness) were observed. The data was collected by demographic data of primi mothers & caretakers, Semi Structured Questionnaire, Checklist. Reliability was calculated by Karl Pearson method.

Data collection process

In this study, the researcher obtained ethical clearance from the Institutional Ethical committee [Ref. code: 107th ECM IID/P2] and data collection done from march to apriland written consent wasobtained from participants.

Data collection was done from antenatal visits in OPD of department of Obstetrics and Gynecology, Queen Mary Hospital Lucknow U.P. The investigator selected 100 samples (25 study and 25 control group primi mothers & 25 study and 25 control group caretakers) attending the antenatal visits, who fulfilled the inclusion criteria using purposive sampling technique.

The data for the study was collected within the period of 01/03/2021 to 15/04/2021. Data collection was carried out by self structured questionnaire to assess the level on knowledge regarding birth preparedness. After the completion of the collection of data, for educational nurturing the pamphlet on birth preparedness was given to the primi mothers & their caretakers in the study group. After 7 days, post test was conducted by using the same self structured questionnaire on study and control group of primi mothers and their caretakers.

Application of birth preparedness was checked when primi mothers & caretakers came for delivery through checklist. Researcher was with the participant throughout the data collection procedure.

Results

Table 1: Data for level of knowledge on birth preparedness among primi mothers and their caretakers before and after the intervention in the study and control group.

n=100

	Level of knowledge			Pre-test			Post-test		
				Poor	Average	Good	Poog	Average	Good
				0-8	9-16	17-25	0-8	9-16	17-25
Primi mother	Control group	n1=25	f	13	12	1	10	11	4
			%	52	48	0	40	44	16
	Study group	n2=25	f	14	11	0	0	3	22
			%	56	44	0	0	12	88
Caretakers	Control group	n1=25	f	12	13	0	13	11	1
			%	48	52	0	52	44	4
	Study group	n2=25	f	15	10	0	0	4	21
			%	60	40	0	0	16	84

Table Irevealed that maximum participant of primi mothers in pre-test had poor knowledge in control group 13(52%) and study group 14(56%) Whereas in post test it is observed that control group had average knowledge 11(44%) but study group has good knowledge 22(88%).

The maximum participant of caretaker in pre-test had poor knowledge in control group 12(48%) and study group 15(60%) Whereas in post test it is observed that control group had poor knowledge 13(52%) but study group has good knowledge 21(84%).

From the above findings it is found that in study group majority primi mother &caretakers had good knowledge as compared to control group after the post test.

Table 2 : To compare the level of knowledge on birth pre paredness among primim others and care takers before and after the intervention in study and control group.

n=100

	Level of knowledge	Pretest		Post test		tvalue	p value
		Mean	SD	Mean	SD		
Primi Mother	Study Group	9.76	2.04	20.76	2.40	5.52	0.00001
	Control Group	10.04	2.18	10.08	3.21	0.93	0.178
Caretakers	Study Group	9.96	2.45	21.52	2.74	2.98	0.0002
	Control Group	9.92	2.25	9.96	2.93	0.93	0.178

(*P<0.05;NS-Non-Significant;S-Significant)

Table 2 revealed the of level of knowledge of the Primi mothers after the intervention is more (20.76 ± 2.40) as compared to before the intervention (9.76 ± 2.04) among study group whereas in control group level of knowledge after the intervention is more 10.08±3.21 as compared to before the intervention (10.04 ± 2.18).

The of level of knowledge of the caretakers after the intervention is more (21.52± 2.74) as compared to before the intervention (9.96± 2.45) among study group whereas in control group level of knowledge after the intervention is more (9.96 ± 2.93) as compared to before the intervention (9.92 ± 2.25).

From the above findings H1 was proved, that before and after the intervention there was significant difference in knowledge regarding birth preparedness among primi mothers (0.00001) &caretakers (p=0.0002) in study group but there isno significant difference in knowledge among primi mothers & caretakers (p=0.178) in control group.

Table 3: Data on application of birth preparedness on caretakers during delivery in control group & study group aftertheintervention.

n=50

Level of knowledge	Score	Control Group n_1=25		Study Group n_2=25	
		F	%	f	%
Poor	0-7	14	56	0	0
Average	8-14	11	44	3	12
Good	15-21	0	0	22	88

(*P<0.05;t-test)

Table 3 revealed the post test scores of application of birth preparedness in caretakers in the control group has poor 14 (56%) Where as in the study group has good. 22 (88%). From the above findings

it is found that in study group caretakershad good application as compared to control group.

Table 4: Data on the comparison between the level of knowledge and application of birth preparedness about birth preparation on caretakers during delivery in control group & study group.

Application of birth preparedness	Mean	SD	t-test	pvalue
Controlgroup	13.08	0.86	3.42	0.0004
Study group	19.28	1.32		

(*P<0.05;t-test)

Table IV revealed the post test application of birth preparedness score of control group mean value was (13.08 ±0.86) and study group mean value was (19.28 ±1.32). p value is 0.0004 which was significant at the level of Significant at p<0.05. From the above findings it is observed, after the intervention there was significant difference in application (p=0.0004) regarding birth preparedness among primi mother and caretakers in control group & study group.

Discussion

This study identified that primi mothers in pre test had poor knowledge in control group 13 (52%) and study group 14 (56%) Whereas in post-test it is observed that control group had average knowledge 11 (44%) but study group has good knowledge 22 (88%). The maximum participant of caretaker in pre test had poor knowledge in control group 12 (48%) and study group 15 (60%) Whereas in post test it is observed that control group had poor knowledge 13 (52%) but study group has good knowledge 21 (84%). This finding consistent with several studies which shows pre test awareness score was (21.419.25), which is 42.82 percent, and the post test awareness score was 41.45, which is 2.38 percent, which is 82.9 percent.[15] The comparison of knowledge among primi mothers (0.00001) & caretakers (p=0.0002) in study group but (p=0.178) in control group. Post test scores of application among caretakers in the control group haspoor 14 (56%) Whereas in the study group has good. 22 (88%) and p value is 0.0004. This finding consistent with several studies which shows prim gravid women who were mostly exposed to traditional childbirth mentoring rather than professional care providers had child birth fear and lacked sufficient psychosocial delivery preparation. Professional child birth training should be streng the ned throughout antenatal care to go beyond standard childbirth counselling.[16]

Conclusion

From the finding of the study, it was observed that the level of knowledge among primi mothers and their caretakers was increased after the intervention and during delivery it was observed from the findings that application was also increased among caretakers. So it was concluded that birth preparedness was effective among primi mother and their caretakers.

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