



A STUDY TO ASSESS THE KNOWLEDGE REGARDING CHILD BIRTH PREPAREDNESS AMONG PRIMI ANTENATAL MOTHERS IN SELECTED GOVERNMENT MATERNITY HOSPITAL, TIRUPATHI.

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Abstract:

The research approach used for the study was Quantitative approach and its Non-experimental study. The setting of the study was Government Maternity Hospital, Tirupathi and Non probability convenient sampling technique was adopted for selection of the sample

In this study out of 100 primi-antenatal mothers. The overall knowledge level of 100 primi-antenatal mothers. Among the sample 8 (8%) had inadequate knowledge with mean 23.75 & SD 1.67, 70(70%) had moderate knowledge with mean 31.07 & SD 2.65, 22(22%) had adequate knowledge with mean 40.45 & 2.54.

Key words:

Primi-antenatal mothers, Assess, knowledge, Child birth preparedness,

Introduction:

Birth preparedness is a strategy to promote the timely use of skilled maternal and neonatal care, especially during child birth, based on the theory that preparing for child birth reduces delays in obtaining this care. The majority of pregnant women and their families do not know how to recognize the danger signs of complications. When complications occur, the unprepared family wastes a great deal of time in recognizing the problem, getting organized, getting money, finding transport, and reaching the appropriate referral facility.

Birth preparedness encompasses the system of planning for ordinary birth and looking forward to the actions needed in case of an emergency. It can be measured via the mother's knowledge on identifying hazard symptoms and their preparation to take measures during emergency and everyday obstetric care. Birth preparedness includes recognition of a trained attendant with adequate health facilities, availability of proper transportation, cost effectiveness, and the need for a blood donors during an obstetric crisis.

Antenatal Care refers to the care provided to the mother before the birth of new-born and the components of antenatal care includes health teaching, comforting, health and remedial treatment thus promoting the well-being of the mother as well as the fetus. Perinatal health services improve conceptive well-being. The utilization of health services connected to accessible status and outlay assistance such as public organization, faith in healthiness, and quality of the users. Antenatal care, provides an opportunity to every woman to enquire in depth about care during the postnatal period in their health profession. Birth Preparedness is an approach to promote the well-timed use of professional maternal and neonatal care, which has a positive impact on expertise as well as health outcomes.

Every pregnant woman faces the risk of sudden, unpredictable complications that could end in death or injury to herself or to her infant. Pregnancy-related complications cannot be reliably predicted. Hence, it is necessary to employ strategies to overcome such problems as they arise. Birth preparedness is a process of preparing for pregnancy, complications, emergency obstetric care and delivery care in terms of saving money, transportation, and blood arrangement.

BPARC is a programme approach to effectively utilize the maternal and new-born health services. It is based on the strategy that thoroughly knowing the complications, being prepared to face complications and proper planning for birth reduces three delays in - identifying complications and deciding to seek care, identifying and reaching a health facility and receiving adequate and appropriate treatment at the health facility. The components of BPCR are included as a part of new World Health Organization antenatal care model in clinical setting. BPCR makes effective use of community health workers and health promotion groups in addition to formal health services. A 2010 systematic review and meta-analysis of community-based intervention packages found a significant reduction in neonatal mortality but inconclusive evidence of reduction in maternal mortality. Community mobilization through stakeholders such community health workers, or through participation in women's groups also forms part of the BPACR concept.

A birth plan or emergency preparedness plan include side notification of the following: Knowledge of key danger signs, desired place of birth, preferred birth attendant, location of the closest appropriate healthcare facility, funds for birth related and emergency expenses, a birth companion, transport to a health facility for the birth, transport in the case of an obstetric emergency and identification of compatible blood donors in case of emergency. Maternal mortality rate is seen to be higher in developing countries as compared to the developed countries.

STATEMENT OF THE STUDY:

A study to assess the knowledge regarding child birth preparedness among primi-antenatal mothers in selected Government Maternity hospital, Tirupathi.

OBJECTIVES OF THE STUDY:

- To assess the knowledge on childbirth preparedness among primi-antenatal mothers.
- To find out the association between the level of knowledge scores and the selected demographic variables of primi antenatal mothers.

Materials methods:

The term research design refers to the plan and organization of scientific investigation. The research design selected for the present study was cross-sectional descriptive design. This research design was used to assess the knowledge level on child birth preparedness among antenatal mothers selected from Government maternity hospital, Tirupati.

The research approach involves plan as well as structure and strategy. The selected research approach was quantitative approach which was most appropriate in the field of education for its practicability in real life situation. It has the advantages of feasibility and to some extent for generalization. Non probability convenient sampling technique was adopted based on inclusion criteria.

Description of intervention:

Data collection tool is an instrument used by the researcher or observer to measure the key variables in research. The tool was developed based on review of literature, text books, journals, websites and with guidance of experts and consultation with the statistician for the plan of analysis to assess knowledge on child birth preparedness among antenatal mothers.

I provide information booklet after completing the questionnaire on Identification of place of delivery, Skilled birth attendant, Blood donor, Care of postnatal mother & New-born, Readiness to deal with complications, Means of transport & money saving

Results:

Frequency and percentage distribution of demographic variables among antenatal mothers

Variables	Classification	Frequency	Percentage
Age in years	≤ 20	29	29.00
	21-25	39	39.00
	26-30	25	25.00
	>30	7	7.00
	Total	100	100.00
Religion	Hindu	86	86.00
	Islam	4	4.00
	Christian	6	6.00
	Others	4	4.00
	Total	100	100.00
	Illiterate	9	9.00

Education of mother	Primary education	24	24.00
	Secondary education	7	
	Intermediate	26	26.00
	Graduate	24	24.00
	Post graduate	8	8.00
	Professional	2	2.00
	Total	100	100.00
Education of husband	Illiterate	9	9.00
	Primary education	8	8.00
	Secondary education	7	7.00
	Intermediate	27	27.00
	Graduate	37	37.00
	Post graduate	11	11.00
	Professional	1	1.00
	Total	100	100.00

Occupation of mother	Home maker	69	69.00
	Coolie/daily wage	12	12.00
	Private employee	9	9.00
	Govt. employee	6	6.00
	Others	4	4.00
	Total	100	100.00
Occupation of husband	Coolie/daily wage	26	26.00
	Private employee	52	52.00
	Govt. employee	14	14.00
	Others	8	8.00
	Total	100	100.00
Type of family	Nuclear	34	34.00
	Joint	63	63.00
	Extended	3	3.00
	Total	100	100.00
Total family income/ per month in rupees	5000-10000	30	30.00
	10001-15000	21	21.00
	15001-20000	26	26.00
	>20000	23	23.00
	Total	100	100.00
Duration of marital life in years	< 1	28	28.00
	1-2	34	34.00
	3-4	25	25.00
	>4	13	13.00
	Total	100	100.00
	Television	52	52.00

Exposure to mass media	Health worker	17	17.00
	Internet	17	17.00
	Magazines/ News papers	14	14.00
	Total	100	100.00

Consanguinity	Yes	32	32.00
	No	68	68.00
	Total	100	100.00
Weight of the mother in kgs	≤40	6	6.00
	41-50	16	16.00
	51-60	38	38.00
	>60	40	40.00
	Total	100	100.00
Habit	Watching TV	48	48.00
	Reading books	38	38.00
	Others	14	14.00
	Total	100	100.00
Presence of medical illness	Yes	26	26.00
	No	74	74.00
	Total	100	100.00
Area of living	Rural	47	47.00
	Urban	48	48.00
	Urban slum	5	5.00
	Total	100	100.00

Overall Knowledge of Primi antenatal mothers on child birth preparedness, Frequency, Percentage, Mean, Standard deviation

S.NO	Level of knowledge	Frequency	Percentage	Mean	SD
1	Inadequate	8	8.00	23.75	1.67
2	Moderate	70	70.00	31.07	2.65
3	Adequate	22	22.00	40.45	2.54
	Total	100	100.00		

Discussion:

There was significant association between the knowledge and demographic variables such as age in years, religion, education of mother, education of husband, occupation of the mother, occupation of the husband, type of family, total family income/month in rupees, duration of marital life in years, exposure to mass media, consanguinity, area of living at 0.01 level of significance and weight of the mother in kg's significant at 0.05 level of significance. There was no significant association found between habits and presence of medical illness with knowledge. Item analysis also done for my study.

Conclusions:

It was concluded that knowledge regarding child birth preparedness among primi-antenatal mothers was inadequate so there is need to educate the antenatal mothers about child birth preparedness intensive enlightenment of population by trained personnel is recommended. Information booklet provided for my study.

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