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IMPACT OF VIDEO AIDED TEACHING ON HOME CARE MANAGEMENT OF PRETERM NEW-BORNS AMONG MOMS IN SELECTED PANIPAT HOSPITALS - A QUASI EXPERIMENTAL APPROACH

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Abstract:

Background of the study: Premature babies, or those born very early, sometimes have complex medical issues. Generally, complications associated with premature birth differ. The premature infant is more susceptible to problems. Depending on the level of care required, the infant may likely require a longer hospital stay in a hospital's specialised nursery unit. A preterm birth poses several difficulties for the mother; consequently, it is important to be aware of her efforts and understanding regarding premature infants. The purpose of the study was to evaluate the efficacy of Video Assisted Teaching on preterm infants' home care management knowledge among mothers in selected Panipat hospitals." **Aims and Objectives**: The study's objective was to evaluate the efficiency of video-assisted instruction in managing preterm infants' at-home care. **Methodology:** The quantitative research approach was used for this study, and the research design chosen for the current study was a quasi-experimental design. The study's settings were Hospital and Rainbow Hospital. The current study included 60 preterm baby mothers as participants. Out of 60 samples, 30 mothers from Rainbow Hospital were chosen for the experimental group and 30 mothers from Magnus Hospital for the control group. The sampling technique used was a non-probability sampling technique that was convenient. A self-structured questionnaire about home care management of pre-term babies was used to collect data. A pilot study was carried out at Dr Prem Hospital in Panipat to assess the tool's and research methods' feasibility. Data was collected from 15.05.2022 to 15.06.2022. During data collection, 35 - 40 minutes were spent collecting data. For 30 minutes, a video-assisted teaching programme on preterm baby home care management was presented. All subjects in both groups were given a pre-test on day one and a post-test on day seven. Data collected were analysed using descriptive and inferential statistics. **Results:** The post - test mean and standard deviation self - esteem score in the experimental group was 24.43 + 2.22. At the time of the post-test, the mean and standard deviation scores in the control group were 6.67 + 2.52. The average difference was 17.86. For the degree of freedom 58, the obtained independent 't' test score was 20.429. It was statistically significant when the 'p' value was less than 0.001. **Conclusion:** The conclusion of the present study is that mothers have

insufficient awareness of premature baby health. The mother's education, the child's birth order, the mother's age at childbirth, and her socioeconomic level are associated with her knowledge.
Keywords: Effectiveness, Knowledge, Mother Knowledge, Home Care of Premature baby

Introduction:

A new-born infant is a beautiful and priceless gift to the mother. The birth of a healthy infant is regarded as one of nature's most precious gifts, not only to his parents and family, but also to the community, nation, and the globe. The period between birth and 28 days is known as the neonatal period, and infants at this time are referred to as neonates or newborns. At birth, the infant undergoes many changes and must adopt several physiological systems for survival.[1]

The birth of a child is one of life's greatest joys. To reduce mortality and morbidity, the mother should care for the new-born more.[2] The global NMR is around 3.3 million. India, Nigeria, Pakistan, China, and the DRC account for over half of new-born deaths, according to WHO. In underdeveloped countries, 28% of newborn deaths occur. India has the highest infant mortality rate in the world, at 0.75 million out of 26 million. Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan, Andhra Pradesh, and Telangana account for 56%.[3] India had 27.70 IMR per 1,000 live births in 2015, according to World Bank. Telangana and Andhra Pradesh have the highest Neonatal Mortality Rate (NMR) in South India—25 and 29 infants die per 1,000 live births, respectively. The NMR is below 10 in Kerala, 10–15 in Haryana, and 15–20 in Karnataka per 1,000 live births.[4]

According to the WHO, preterm birth with low birth weight (35%), birth asphyxia (20%), sepsis (15%), pneumonia (6%), congenital malformations (9%), and other causes such as diarrhoea (5%) are major contributors to morbidity and mortality in new-born survivors. As a result, the WHO emphasised that basic care such as warmth, EBM, and infection prevention are required to prevent neonatal mortality and morbidity.[5]

Special care must be given to new-borns with low birth weights. The optimum setting for these new-borns is a special care unit with the tools and resources needed to provide optimal care. The preparation of nurseries for the specific care of low weight infants and the deputation of nurses for specialised training in this area still require a significant amount of planning and labour. If professional nursing care is provided, it is necessary to have adequate facilities and skilled employees. From conception until maturity, development is a continuous process that is closely tied to central nervous system maturity. Although each child develops in the same order, each child develops at a different rate.[6] A developmental milestone refers to a child's anticipated growth and development in comparison to norms. Every parent is interested in learning whether their child is growing normally, particularly if the pregnancy was precious, if there had been a miscarriage or stillbirth, or if the child appeared to have a mental or physical disability. Important data from developmental assessments can be used to choose the intervention techniques.[7]

15 million kids are born annually, yet survival rates vary greatly. In high-income countries, 1.2 million babies were born, and the complexity of neonatal intensive care over the last quarter of the 20th century has modified survival rates at lower gestational ages. Almost half of preterm babies are born at home or in facilities without adequate new-born care.[8] Prematurity can cause protracted neonatal intensive care unit stays and difficulties for mother and child.[9] Preterm babies' post-discharge requirements should be assessed at home. Preterm neonates are more likely than full-term babies to develop jaundice, temperature imbalance, hypoglycaemia, failure to thrive, and respiratory issues. So, moms in home care should follow up with thermoregulation, skin-to-skin care, dietary needs, environmental hygiene, visitor restriction, and hand hygiene. Preterm new-borns can die quickly without this vital treatment.[10] So, postnatal mothers

should learn about preterm baby home care. “When it comes to premise every day counts, it's not a countdown,” the study assesses postnatal mothers' understanding of preterm baby home care.

Objectives of the Study:

1. To assess the level of knowledge on home care management of preterm babies before video assisted teaching in experimental and control group.

2. To determine the effectiveness of video assisted teaching on home care management of preterm babies in experimental group.

3. To find out the association between the level of post-test knowledge scores on homecare management of preterm babies with selected demographic variables between experimental group

Hypotheses:

H_1 - There is significant difference in the post test level of knowledge on home care management of mothers with preterm babies between experimental & control group.

H_2 - There is significance association between post-test level of knowledge in experimental and control group with the selected demographic variables.

Methodology:

The current study's research methodology was quantitative in nature. This study used a quasi-experimental design as its research design. The researcher chose Magnus and Rainbow Hospitals for this investigation. This centre is 10 km from Ved Nursing College in Panipat. These 2 hospitals were chosen based on subject availability and management cooperation. This study included 60 preterm mothers. 30 mothers from Rainbow Hospital and 30 from Magnus Hospital were the experimental and control groups, respectively. This study uses convenient non-probability sampling. The data collecting instrument comprised of two sections: *Part I: Demographic information on the preterm infant and mother Part II: Self-structured questionnaire about preterm infant home care management* The researcher received authorization from Rainbow Hospital and Magnus Hospital in Panipat after receiving approval from Ved Nursing College's ethical committee. May 9–June 9, 2022, was the major study. To ensure collaboration, all study subjects were told of the study's goals and gave verbal agreement. Rainbow Hospital and Magnus Hospital pre-term mothers were chosen for the experimental and control groups, respectively. Five mothers were sampled daily. Data collection took 35–40 minutes per mother. The mother's laptop ran a 30-minute video-assisted instruction programme. The video-assisted instruction curriculum was seen by mothers on comfortable seats. On the 7^{th} day post-test was taken. Both groups received preterm baby home care leaflets after the post-test. Discussion was 20 minutes. All preterm mothers participated and cooperated. Based on the objectives, data were collected, tabulated, and analysed using statistical methods. The data was analysed using descriptive and inferential statistics. The statistical analysis was conducted in the following manner: The sample demographic variables were described using frequency and percentage distributions. To assess the effectiveness of a video teaching programme, a paired t' test and an independent t' test were used. The Chi - square test was used to examine the relationship between pre-term baby mothers' knowledge and demographic variables.

Results:

The data was analysed in accordance with the study's objectives and hypothesis. After all of the data was transferred to the master coding sheet, the analysis was compiled. The data was analysed, tabulated, and interpreted using descriptive and inferential statistics.

Table – I: Frequency and Percentage Distribution of Subjects Based on Demographic Variables in Experimental and Control Groups.

(N = 60)

S. No	Demographic Variables		Exp		Con	
			f	%	f	%
1	Mother's Age (Years)	21 – 30	9	30.0	10	33.3
		31 – 35	15	50.0	15	50.0
		36 and above	6	20.0	5	16.7
2	Educational Status	Primary	2	6.7	1	3.3
		Secondary	1	3.3	4	13.3
		Senior secondary	18	60.0	7	23.3
		Diploma / Degree	9	30.0	7	23.3
		Professionals	1	3.3	11	36.7
3	Mother's Occupation	Semi professionals	2	6.7	1	3.3
		Skilled worker	1	3.3	5	16.7
		Semi-skilled worker	6	20.0	4	13.3
		Clerk / Shop Owner	9	30.0	7	23.3
		Un skilled worker	3	10.0	10	33.3
		Unemployed	8	26.7	3	10.0
4	Family Income (Rupees)	2092 – 6213	1	3.3	1	3.3
		6214 – 10,356	1	3.3	3	10.0
		10.357 – 15.535	5	16.7	6	20.0
		13,536 -20,714	17	56.7	10	33.3
		20,715 – 41,429	2	6.7	5	16.7
		41,430 and above	4	13.3	5	16.7

5	Type of Family	Joint Family	11	36.7	16	53.3
		Nuclear Family	19	63.3	14	46.7
6	Place of Residence	Rural	13	43.3	14	46.7
		Urban	17	56.7	16	53.3
7	Previous knowledge of mothers about home care management of preterm babies	Yes	5	16.7	6	20.0
		No	25	83.3	24	80.0
8	Number of babies do you have	One	8	26.7	8	26.7
		Two	10	33.3	11	36.7
		More Than 2	3	10.0	4	13.3
		None	9	30.0	7	23.3

Table – I shows the Frequency and Percentage Distribution of Subjects Based on Demographic Variables in Experimental and Control Groups.

15 participants each (50%) were 31–35 years old in the experimental and control groups. 18 (60%) of the experimental group's mothers had completed senior secondary school. The majority of the control group's mothers (36.7%) had diploma or degree education. In the experimental group, nine mothers, or 30%, were clerks or shop owners. In the control group, the jobs of most of the mothers show that most of them (33.3% of them) were clerks or shop owners. When it came to family income (in rupees), most of the people in the experimental group (17, or 56.7%) had a family income between 13,536 and 20,714 rupees. When it came to family income (in Rs), most of the people in the control group (10, or 56.3%) had a family income between Rs 13,536 and Rs 20,714. According to the kind of family of the individuals in the experimental group, the majority of 19 (63.3%) were from nuclear households. The majority of participants in the control group (53.3%) were from joint families, as revealed by their family structure. The majority of subjects in the experimental group, 17, resided in urban areas, while the majority of subjects in the control group, 16, resided in urban areas. In the experimental group, the majority of mothers (83.3%) had no prior information regarding the management of preterm infants' care at home. Eighty percent of moms in the control group had no prior information regarding the management of preterm infants' care at home. Regarding the number of children possessed by the experimental group's subjects, it is evident that the majority (33.3%) had two children. In terms of the number of children possessed by subjects in the control group, the majority (11) (36.7%) had two children.

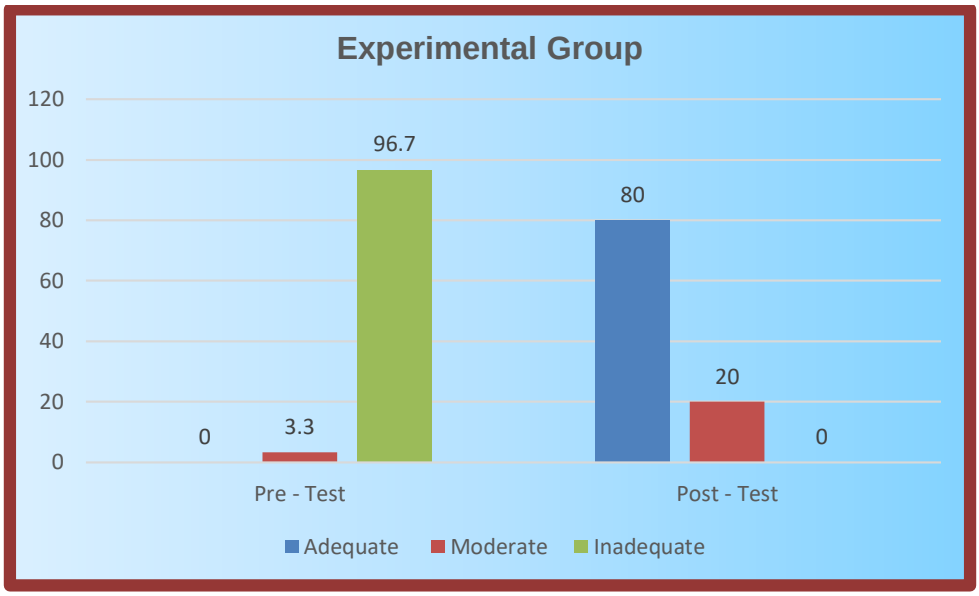

Figure – 1: Percentage Distribution of Samples in Experimental Group According to Level of Knowledge Regarding Home – Care Management of Pre-Term Babies

Figure - I depicts the frequency and percentage distribution of subjects in the experimental group based on their level of knowledge. During the pre-test in the experimental group, the majority of the subjects (29,67%) had insufficient knowledge, with only one subject (1,3%) having moderate knowledge. None of them had sufficient knowledge. At the time of the post-test, the majority of subjects in the experimental group (24 (80%) had adequate knowledge, while 6 (20%) had moderate knowledge. None of the subjects had insufficient knowledge.

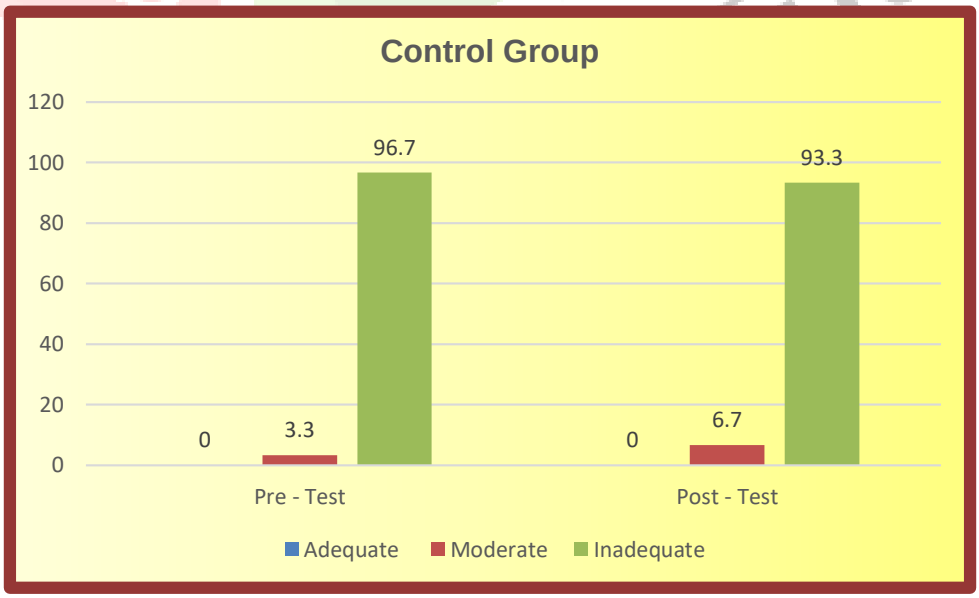

Figure – 2: Percentage Distribution of Samples in Control Group According to Level of Knowledge Regarding Home – Care Management of Pre-Term Babies

Figure - 2 depicts the Frequency and Percentage Distribution of Control Group Subjects Based on Their Level of Knowledge. During the pre-test, the majority of subjects in the control group 29 (96.7%) had inadequate knowledge, while only one subject 1 (3.3%) had moderate knowledge. None of them possessed sufficient knowledge. At the time of the post-test, the majority of subjects in the control group (28, or

93.3%) had inadequate knowledge, while only two (6.7%) had moderate knowledge. None of the subjects possessed sufficient knowledge.

Table – II: Comparison of pre-test and post – test knowledge score of subjects in experimental and control group using paired‘t’ test

(N=60)

Experimental Group	Mean	Mean %	Mean Difference	Standard Deviation	Paired ‘t’ test	‘P’ Value
Experimental Group						
Pre-Test	24.43	30	17.86	2.22	23.550	0.001*
Post-Test	6.57	12		4.04	(df = 29)	Significant
Control Group						
Pre-Test	6.93	11.00	0.26	2.288	0.984	0.333^{NS}
Post-Test	6.67	12.00		2.523	(df = 29)	

Table – II shows the Comparison of pre-test and post – test knowledge score of subjects in experimental and control group using paired ‘t’ test The pre-test mean and standard deviation knowledge score in the experimental group were 24.43 $\pm$ 2.22. The mean and standard deviation scores during the post-test were 6.57 $\pm$ 4.04. The average difference was 17.86. For the degree of freedom 29, the obtained paired 't' test score was 23.550. The 'p' value was less than 0.001, indicating that it was statistically significant. The control group's pre-test mean and standard deviation knowledge score was 6.93 $\pm$ 2.288. The mean and standard deviation scores during the post-test were 6.67 $\pm$ 2.523. The average difference was 0.26. For the degree of freedom 29, the obtained paired’t’ test score was 0.984. It was statistically insignificant at a 'p' value of less than 0.001.

Table – III: Comparison of post – test knowledge score of subjects in experimental and control group using independent ‘t’ test

(N = 60)

Post-Test	Mean	Mean %	Mean Difference	Standard Deviation	Paired ‘t’ test	‘P’ Value
Experimental Group	24.43	30	17.76	2.22	20.429 (df = 58)	0.001* Significant
Control Group	6.67	12		2.52		

Table III shows a comparison of pre-test and post-test knowledge levels among subjects in the experimental and control groups using an independent 't' test.

The post-test mean and standard deviation knowledge score in the experimental group was 24.43 $\pm$ 2.22. At the time of the post-test, the mean and standard deviation scores in the control group were 6.67 $\pm$ 2.52. The

average difference was 17.86. For the degree of freedom 58, the obtained independent 't' test score was 20.429. It was statistically significant when the 'p' value was less than 0.001.
As a result, we can conclude that there was a significant difference in knowledge levels between subjects in the experimental and control groups.

Table – IV: Level of association between post-test knowledge and demographic variables in experimental group

(n = 30)

S. No	Demographic Variables		Post – Test Knowledge		χ2 Value	'P' value
			Adequate	Moderate		
1	**Mother's Age (Years)**	21 – 30	1	9	2.679	0.262
		31 – 35	0	15	(df = 2)	Not Significant
		36 and above	1	4		
2	**Educational Status**	No formal education	1	0	15.390	
		Primary	0	4	(df = 4)	0.004*
		Secondary	0	7		Significant
		Senior secondary	0	7		
		Diploma / Degree	1	10		
3	**Mother's Occupation**	Professionals	1	0	17.946	
		Semi professionals	0	5	(df = 5)	0,003*
		Skilled worker	1	3		Significant
		Semi-skilled worker	0	7		
		Clerk / Shop Owner	0	10		
		Un skilled worker	0	3		
4	**Family Income (Rupees)**	2092 – 6213	0	1	3.750	0.585

		6214 – 10,356	0	3	(df = 5)	Not Significant
		10.357 – 15.535	1	5		
		13,536 -20,714	0	10		
		20,715 – 41,429	0	5		
		41,430 and above	1	4		
5	**Type of Family**	Joint Family	1	15	0.010	0.724
		Nuclear Family	1	13	(df = 1)	Not Significant
6	**Place of Residence**	Rural	0	14	1.875	0.276
		Urban	2	14	(df = 1)	Not Significant
7	**Previous knowledge of mothers about home care management of preterm babies**	Yes	1	5	1.205	0.366
		No	1	23	(df = 1)	Not Significant
8	**Number of babies do you have**	One	0	8	1.614	0.656
		Two	1	10	(df = 3)	Not Significant
		More Than 2	0	4		
		None	1	6		

The association between the post-test Knowledge level and the demographic characteristics of the samples in the Control Group is shown in Table IV.

It is evident from the above table that the demographic variables educational status ($\chi 2 = 17.946$, df = 4 and 'p value < 0.004) and mother's occupation ($\chi 2 = 15.390$, df = 5 and 'p value < than 0.003) have a significant association with post-test knowledge.

Discussion:

All the findings of the present study were supported by the following studies.

Distribution of Samples

The experimental and control groups had 15 volunteers (50%) aged 31–35. 18 (60%) experimental mothers had finished senior secondary school. 36.7% of control group moms had degrees. Nine mothers (30%) were shopkeepers or clerks. Most control group mothers (33.3%) were clerks or shop proprietors. The experimental group (17, or 56.7%) had family incomes between 13,536 and 20,714 rupees. The control group (10, or 56.3%) had family incomes between Rs 13,536 and Rs 20,714. The experimental group had

19 nuclear families (63.3%). The control group had 53.3 percent combined families. Most of the experimental group (17) lived in cities, while most of the control group (16) lived in suburbs. The experimental group's mothers (83.3%) were unfamiliar with preterm newborn care at home. Eighty percent of control group mothers had no home preterm newborn care experience. 33.33% of the experimental group's subjects had two children. 11 (36.7%) control group participants had two children.

Abdullah C.S. (2019) conducted a quantitative, descriptive, cross-sectional study at Rapareen Pediatric Teaching Hospital in Erbil, Iraq, to measure mothers' awareness of preterm newborn home care management. 130 mothers were interviewed. 70 (53.8%) respondents were 25–33 years old, 101 (77.7%) were housewives, and 3 (2.3%) were private employees. 43.1% of mothers were illiterate and 1.5% were postgraduates. Urban 43.8% of mothers. 69.2% were nuclear families. More than half (63.1%) had enough income for everyday necessities, while 12.3% had more than enough. 46.2 percent of mothers have a C\S.[11]

Distribution of knowledge score according to mother's education

In this study, Only one subject (1,3%) in the experimental group had moderate understanding during the pre-test. None knew enough. At the post-test, 24 (80%) of the experimental group had adequate knowledge, whereas 6 (20%) had moderate knowledge. No one lacked knowledge. In the pre-test, 29 (96.7%) of the control group had inadequate knowledge, while 1 (3.3%) had moderate knowledge. None knew enough. At the post-test, 28 control group subjects (93.3%) had inadequate knowledge, whereas two (6.7%) had moderate knowledge. None were knowledgeable.

Sharmin Majumder et al. (2018) assessed postnatal mothers' knowledge and attitudes towards neonatal care practises in a tertiary care hospital in Bangladesh. Mothers appeared to have good knowledge and attitudes regarding thermoregulation, early breast-feeding initiation, the importance of providing colostrum to the newborn, exclusive breast-feeding (EBF) up to six months of age, and immunisation at birth. This study, however, discovered a knowledge gap in lead care, eye care, first bathing, and hygiene practises. Overall, only a small proportion of respondents (37%) and (47.3%) had a positive attitude towards newborn care.[12]

Effectiveness of Video-assisted teaching programme

In the current study, The experimental group's post-test knowledge mean and standard deviation were 24.43 $\pm$ 2.22. The mean and standard deviation scores in the control group at the time of the post-test were 6.67 $\pm$ 2.52. The average disparity was 17.86. The obtained independent 't' test score for degree of freedom 58 was 20.429. When the 'p' value was less than 0.001, it was considered statistically significant.

Srinivasan Saranya (2019) conducted research using a pre-experimental (one group pretest-posttest only) design. The purpose of the study was to determine the efficacy of a planned teaching programme on the home care management of preterm babies among postnatal mothers. The pretest knowledge score was 8.45, and the posttest knowledge score was 16.42, which was higher than the pretest score. The standard deviation of the pretest knowledge score was 2.824, and the standard deviation of the posttest knowledge score was 1.425. The paired "t" value obtained was 21.892, and it was highly significant at the p 0.001 level. It was concluded that the planned teaching programme for postnatal mothers on home care management of preterm babies was highly effective**.** [13]

Association between Level of Mothers Knowledge and Socio-Demographic Variables

In this study, it was interpreted that that the demographic variables educational status ($\chi 2 = 17.946$, df = 4 and 'p value < 0.004) and mother's occupation ($\chi 2 = 15.390$, df = 5 and 'p value < than 0.003) have a significant association with post-test knowledge.

Dr. T. Priyadharsini et al, (2021) conducted a study to assess the knowledge of mothers regarding home care management of preterm babies" in selected hospital Perinthalmanna. The result revealed that 56% of the mothers had average knowledge in infection control, 63.3% of them had average knowledge in general knowledge, and 53.3% of the mothers had average knowledge in skin care, only 42.7% of the mothers had poor knowledge in thermoregulation and 48.48% of the mothers had poor knowledge in nutritional needs. There is a significant association between age of the mother, educational status, number of children, family pattern and income except residence.[14]

Conclusion:

A mother's knowledge and skills in areas including nutrition (breastfeeding), immunisation, skin home care management, personal cleanliness, and management of common health concerns in preterm newborns is essential. These babies are those born before 32 weeks of gestation, with the exception of severely preterm infants. This study concludes that most mothers of preterm newborns had insufficient information about home care management of preterm babies before the video assisted training programme, and that most mothers had learned adequate knowledge as shown by the post-test results.

Source of Funding – Self

Ethical Permission – Obtained from Research Ethical Committee of Ved Nursing College – Panipat.

Conflict of Interest - Not a single possible or actual conflict of interest exists.

References:

1. Meharban Sing.Care of the newborn.6th edition sagar publications, New Delhi, 2004,146-193.
2. Huckleberry. Nursing care of infants and children.7th edition, Elsevier Publications, New Delhi, 2003,362-368.s
3. WHO. Kangaroo mother care:A practical guide,Geneva;2003.
4. Charpak N, Ruizm JG, Zupan J, Cattaneo A, Figueroa Z, et al. Kangaroo mother care: 25 years after. Acta paediatr. 2005; 94:514-522.
5. WHO Kangaroo mother care: A practical guide, Geneva, Switzerlan, 2003.
6. Lawn JE, Mwansa K, Barros FC, Horta BL, Causena S. Kangaroo mother care to prevent neonatal death due to pretern birth complications. International J Epidemiol. 2010; 39:1144-1154.
7. UNICEF. World Data Atlas. https://knoema.com /atlas/Nigeria/Neonatal-mortality-rate, 2017.
8. Solomon N, Rosant C. Knowledge and attitudes of nursing staff and mothers towards kangaroo mother care services in Mlawi. MCHIP, 2012.
9. Geetha S, Hemavalthy V. Effectiveness of Kangaroo mother care among the mothers of hospitalized newborn, 2015.
10. Abdullah CS, Hassan SS. Mothers' Awareness Regarding Home Care Management of a Preterm Baby at the Rapareen Pediatric Teaching Hospital in Erbil City. Erbil j. nurs. midwifery [Internet]. 2019 Nov. 30 [cited 2023 Apr. 2];2(2):163-79. Available from: https://ejnm.hmu.edu.krd/index.php/ejnm/article/view/107
11. Abanto Sugaray Liliana Liliveth, Vinces Llontop Marilyn Lisbeth, Gálvez Díaz Norma del Carmen. Conocimiento de las madres sobre los cuidados domiciliarios del recién nacido pre término en Lambayeque - Perú 2016. Gac Med Bol [Internet]. 2017 Dec [cited 2023 Apr 02] ; 40(2): 27-30. Available from: http://www.scielo.org.bo/scielo.php?script=sci_arttext&pid=S1012-29662017000200006&lng=en.
12. Majumder, S., Najnin, Z., Ahmed, S. and Bhuiyan, S.U. (2018), "Knowledge and attitude of essential newborn care among postnatal mothers in Bangladesh", *Journal of Health Research*, Vol. 32 No. 6, pp. 440-448. https://doi.org/10.1108/JHR-05-2018-0015

13. Saranya S. Effectiveness of Planned Teaching Program on the Home Care Management of Preterm Babies among Postnatal Mothers of Hospitalized Preterm Babies in the Institute of Child Health, Egmore, Tamil Nadu. Pon J Nurs 2019;12(3):60–62.

14. T. Priyadharsini, Sowmiya Varghese, Jancy T.P, Anila Varghese, Abisha.O, Aleena Jose, Alfiya Shaji, Anu Paul, Anvar Sadath, Adhira Chandran, Bini Abraham, Fathimathu Risna Mol. A Descriptive Study to assess the knowledge of mothers regarding the home care Management of preterm babies in selected Hospital Perinthalmanna. Int. J. Nur. Edu. and Research. 2021; 9(2):175-178. doi: 10.5958/2454-2660.2021.00042.9