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"A Study To Assess The Effectiveness Of Planned Teaching Programme On Prevention Of Pregnancy Induced Hypertension Among Antenatal (2nd Trimester) Mothers At Govt. Maternity Hospital, Tirupathi"

[1]Dr. K.LAVANYA KUMARI, [2]Mrs.NIRANJANI K, [3]Mrs T KEERTHI
[1]PRINCIPAL, [2]ASSISTANT PROFESSOR, [3]NURSING TUTOR
[1]VAGHDEVI COLLEGE OF NURSIN,
[2]VAGHDEVI COLLEGE OF NURSING ,
[3]VAGHDEVI COLLEGE OF NURSING

Abstract: A Quasi-Experimental design was used to assess the effectiveness of planned teaching programme on prevention of pregnancy induced hypertension among antenatal (2nd trimester) mothers at govt. maternity hospital, Tirupathi. A total of 50 antenatal (2nd trimester) mothers were selected by non-probability convenient Sampling technique. Data collection was done by using self-structured questionnaire on knowledge. Data was analysed with the help of descriptive and inferential statistics. There is no statistically significant association with socio-demographic variables and post-test knowledge among antenatal (2nd trimester) mothers of significant at $p<0.01$There is no statistically significant association with socio-demographic variables and post-test knowledge among antenatal (2nd trimester) mothers of significant at $p<0.05$

The study concluded that among Antenatal (2nd trimester) mothers had moderate knowledge at pre-test after providing planned teaching interventions the knowledge improved to adequate on prevention of pregnancy induced hypertension among antenatal (2nd trimester) mothers.

- **Key words: Pregnancy Induced Hypertension (PIH):** This refers to high blood pressure that develops during pregnancy.
- **Antenatal Mothers:** These are women who are currently pregnant.
- **Planned Teaching Programme:** This refers to a structured educational intervention.
- **Prevention:** The focus is on preventing PIH.

- **Effectiveness:** The study aims to evaluate how well the teaching program works.
- **Second Trimester:** The specific stage of pregnancy being studied.
- **Govt. Maternity Hospital, Tirupati:** The location where the study is being conducted.

BACKGROUND OF THE STUDY

Introduction

Pregnancy is a long and special journey for women. This can be a happy and rewarding part of a woman's life. When mothers become pregnant, we hope that pregnancy and childbirth will not be difficult and will only bring happiness. Pregnancy can be the best of times, and sometimes it can be the worst of times. It's time to start this life. Pregnancy can be carefully planned or unexpected, and a woman's life will never be the same again.

Although most women do not experience any problems during pregnancy, some women are unlucky to encounter problems related to pregnancy and birth. Parents and children, a large group in India, are highly vulnerable to many challenges, making them a unique group. These risks are common to all communities and all environments. But in developing countries, access to specialized care enables mothers to overcome most risks. One risk is high blood pressure from pregnancy. Many pregnant women with high blood pressure give birth to healthy babies without serious complications. High blood pressure is dangerous for mother and foetus. Women with preeclampsia are more likely to experience complications during pregnancy than women with high blood pressure, and in the most severe cases, mothers may develop eclampsia or preeclampsia

Hypertensive disorders of pregnancy can cause life-threatening problems during and after birth and may lead to the early onset of heart disease. Therefore, postpartum evaluation and management of cardiovascular risk are important for hypertensive patients with uncertain pregnancy. Team coordination and multidisciplinary collaboration are required to ensure the transition of quality care to lifelong cardiovascular disease prevention strategies. Treatment begins. Antihypertensive treatment of hypertensive disorders in pregnancy should focus on the use of medications that are safe and effective for this population. Treating high blood pressure, preventing seizures, and delivering on time are the mainstays of treatment for women with preeclampsia

Need of the study:

Worldwide, 10 % of all pregnancies are complicated by hypertension, with preeclampsia and eclampsia being the major causes of maternal and prenatal morbidity and mortality. It is also estimated that pregnancy induced hypertension (PIH), one of the hypertensive disorders of pregnancy, affects about 5 – 8 % of all pregnant women worldwide. Pregnancy induced hypertension (PIH) is defined as BP ≥ 140/90 mmHg, taken after a period of rest on two occasions or ≥160/110 mmHg on one occasion in a previously normotensive woman. Pre-eclampsia affects 5-7 % of all pregnancies. It is broadly defined by hypertension and proteinuria.

Eclampsia includes pre-eclampsia with the presence of convulsions not attributable to other neurologic disease.

Pregnancy induced hypertension prevalence was 19.4 %. Women with pregnancy induced hypertension were three times more likely to deliver a low-birth-weight baby (OR 3.00, p = 0.0115), 4.3 times more likely to have still birth (OR 4.34, p = 0.0517) and four times more likely to have a baby with low Apgar score at 5 minutes (OR 4.47, p = 0.0155) compared to women without pregnancy induced hypertension. There was no statistically significant difference in delivery before 37 weeks gestation between women with pregnancy induced hypertension and those without (OR 1.70, p = 0.1251). 12,5 % of the women delivered by caesarean section. Methyldopa was the drug of choice for management of pregnancy induced hypertension. Less than half of the health workers had sufficient knowledge on definition or management of pregnancy induced hypertension. Delay in seeking care and shortage of resources were the major reported challenges in the proper management of pregnancy induced hypertension.

Research Problem

"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON PREVENTION OF PREGNANCY INDUCED HYPERTENSION AMONG ANTENATAL (2ND TRIMESTER) MOTHERS AT GOVT. MATERNITY HOSPITAL, TIRUPATHI".

Aim of the study:

The aim of the present study is to prevention of pregnancy induced hypertension among 2nd trimester antenatal mothers.

OBJECTIVES OF THE STUDY:

- To assess the pretest knowledge regarding Pregnancy induced hypertension among antenatal (2nd trimester) mothers at government maternity hospital, Tirupati.
- To determine the effectiveness of planned teaching programme on Pregnancy induced hypertension among antenatal (2nd trimester) mothers at government maternity hospital, Tirupati.
- To know the post-test knowledge on Pregnancy induced hypertension among antenatal (2nd trimester) mothers at government maternity hospital, Tirupati.
- To evaluate association between level of knowledge score on Pregnancy induced hypertension with selected socio demographic variables among antenatal (2nd trimester) mothers at government maternity hospital, Tirupati.

HYPOTHESIS:

All the hypothesis were tested at the level of P. less than 0.05 significance

- **H1:** There is significance difference in knowledge from pre and post test scores.

- **H2:** there is significance difference in association between pre and post-test level of scores with selected socio demographic variables.

DELIMITATIONS:

- The study limited antenatal mother's 2nd trimester only
- Antenatal mother's 2nd trimester who are available at the time of study

RESEARCH METHODOLOGY

RESEARCH DESIGN - The research design selected for the present study was Descriptive design to achieve the objectives of the study.

SETTING OF THE STUDY - The study was conducted at GOVT Maternity Hospital, which is located at Tirupati.

POPULATION- The population of the study comprised of Antenatal (2nd trimester) mothers, Tirupati.

SAMPLE SIZE - The sample comprised of 50 Antenatal (2nd trimester) mothers

SAMPLING TECHNIQUE: Non-Probability Purposive Sampling Technique was adopted

INCLUSIVE CRITERIA

The study includes the

- ✓ Antenatal (2nd trimester) Mother who understand and read the English &Telugu
- ✓ Antenatal (2nd trimester) Mother who are willing to participate in the study at Govt Maternity Hospital, Tirupathi.

EXCLUSIVE CRITERIA

- ✓ Mothers who don't understand & read the English &Telugu
- ✓ Antenatal mothers who in (1st& 3rd trimesters)

DEPENDENT VARIABLE: The Dependent Variable are in this study is Pregnancy induced Hypertension.

INDEPENDENT VARIABLES: The independent variables are in this study is knowledge.

DEVELOPMENT AND DESCRIPTION TOOL

- The section consists of 20 multiple choice questions. Each question had one correct answer. Each correct response awarded one score according to the pre determining key sheet.
- 0 score was awarded to wrong response, total for score for all 20 items was 20 marks.

SECTION-I

This section consists of 10 questions regarding socio demographic variables.

SECTION -II

This section consists of 20 knowledge questions regarding pregnancy induced hypertension among antenatal (2nd trimester) mothers.

DATA ANALYSIS AND INTERPRETATION

Table 1: Deals with the distribution frequency and percentage distribution of socio–demographic variables regarding prevention of pregnancy induced hypertension among antenatal mothers.

S.NO	SOCIO DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE DISTRIBUTION (%)
1	**Age of the Mother**		
	17-20 Yrs	11	22
	21-23 Yrs	20	40
	24-26 Yrs	14	28
	27-30 Yrs	5	10
	TOTAL	50	100
2	**Religion**		
	Hindu	37	74
	Muslim	4	8
	Christian	9	18
	Sikh	0	0
	TOTAL	50	100
3	**Educational status**		
	Illiterate	1	2
	Primary Education	21	42
	Secondary Education	10	20
	Degree	18	36
	TOTAL	50	100
4	**Occupation**		
	House Wife	36	72
	Private Employee	9	18
	Govt. Employee	1	2
	Business	4	8
	TOTAL	50	100

5	**Socio economic status**		
	Upper Class	0	0
	Middle Class	46	92
	Lower Class	4	8
	Poor	0	0
	TOTAL	50	100
6	**Place of living**		
	Rural	32	64
	Urban	10	20
	Sub Urban	5	10
	Slum	3	6
	TOTAL	50	100
7	**Number of previous children‟s**		
	One	13	26
	Two	13	26
	More than Two	9	18
	None	15	30
	TOTAL	50	100
8	**Dietary pattern**		
	Vegetarian	0	0
	Non-Vegetarian	2	4
	Mixed	48	96
	TOTAL	50	100
9	**Type of family**		
	Nuclear Family	41	82
	Joint Family	9	18
	Extended Family	0	0
	Separate Family	0	0
	TOTAL	50	100
10	**Knowledge gained?**		
	TV and Radio	27	54
	Newspaper	7	14
	Health Professional	2	4
	Others	14	28
	TOTAL	50	100

The above table shows that out of 50 antenatal (2nd trimester) mothers 20 (40%) belongs to age 21 – 23 years and 14 (28%) had 24 – 26 years and 11(22%) had 17– 20 years and 5 (10%) had 27 – 30 years.

Related to religion of mothers majority were 37 (74%) had Hindu and 9 (18%) had Christian and

4 (8%) had Muslim and 0 (0%) had Sikh.

Related to educational status of mothers majority were 21 (42%) had above primaryeducation and 18(36%)had degree and 10(20%) had secondary education and 1(2%)had illiterate.

Related to occupation of mothers majority were 36(72%)had house wife and 9(18%)had private employee and 4(8%) had business and 1(2%) had government employee.

Related to socio economic status of mothers majority were 46 (92%) had middle class and 4 (8%) had low class and 0 (0%) had poor and 0 (0%) had upper.

Related to place of living of mothers majority were 32(64%) had rural,10 (20%) had urban, 5 (10%) had sub urban, 3 (6%) had others.

Related to number of previous children's of mothers majority were 15(20%) had none and 13(26%) had one and 13(26%) had two and 9(18%) had more than two.

Related to dietary pattern of mothers majority were 48 (96%) had mixed, 2 (4%) had Non veg, 0 (0%) had veg.

Related to type of family of mothers majority were 41(82%) had nuclear family and 9(18%) had joint family and 0(0%) had extended family and 0(0%) had separated family .

Regarding knowledge gain of mothers majority 27 (54%) had tv and radio and 14(28%) had others and 7 (14%) had newspaper and 2 (4%) had health professionals.

Table: 2 Association of Pre-test level of knowledge scores regarding of pregnancy induced hypertension among antenatal (2nd trimester) mothers with selected demographic variables at govt. maternity hospital, Tirupathi".

Pre Test Knowledge								
		Inadequate		Moderate		Adequate		Chi Square
		F	%	F	%	F	%	
Age of the Mother	17-20 Yrs	8	25.8	3	15.8	0	0	4.964 p=0.174 d.f=3
	21-23 Yrs	10	32.3	10	52.6	0	0	
	24-26 Yrs	8	25.8	6	31.6	0	0	
	27-30 Yrs	5	16.1	0	0	0	0	
	TOTAL	**31**	**100**	**19**	**100**	**0**	**0**	
Religion	Hindu	23	74.2	14	73.7	0	0	0.446 p=0.8 d.f=3
	Muslim	3	9.7	1	5.3	0	0	
	Christian	5	16.1	4	21.1	0	0	
	Sikh	0	0	0	0	0	0	
	TOTAL	**31**	**100**	**19**	**100**	**0**	**0**	
Educational Status	Illiterate	0	0	1	5.3	0	0	1.849 p=0.604 d.f=3
	Primary Education	14	45.2	7	36.8	0	0	
	Secondary Education	6	19.4	4	21.1	0	0	
	Degree	11	35.5	7	36.8	0	0	
	TOTAL	**31**	**100.1**	**19**	**100**	**0**	**0**	
Occupation	House Wife	22	71	14	73.7	0	0	0.953 p=0.813 d.f=3
	Private Employee	6	19.4	3	15.8	0	0	
	Govt. Employee	1	3.2	0	0	0	0	
	Business	2	6.5	2	10.5	0	0	
	TOTAL	**31**	**100.1**	**19**	**100**	**0**	**0**	
Socio Economic Status	Upper Class	0	0	0	0	0	0	0.312 p=0.577 d.f=1
	Middle Class	28	90.3	18	94.7	0	0	
	Lower Class	3	9.7	1	5.3	0	0	
	Poor	0	0	0	0	0	0	
	TOTAL	**31**	**100**	**19**	**100**	**0**	**0**	
Place of Living	Rural	22	71	10	52.6	0	0	2.709 p=0.439 d.f=3
	Urban	6	19.4	4	21.1	0	0	
	Sub Urban	2	6.5	3	15.8	0	0	
	Slum	1	3.2	2	10.5	0	0	
	TOTAL	**31**	**100.1**	**19**	**100**	**0**	**0**	
Number of Previous Children	One	12	38.7	1	5.3	0	0	7.091 p=0.069 d.f=3
	Two	6	19.4	7	36.8	0	0	
	More than Two	5	16.1	4	21.1	0	0	
	None	8	25.8	7	36.8	0	0	

	TOTAL	**31**	**100**	**19**	**100**	**0**	**0**	
Dietary Pattern	Vegetarian	0	0	0	0	0	0	3.399 p=0.065 d.f=1
	Non-Vegetarian	0	0	2	10.5	0	0	
	Mixed	31	100	1	89.5	0	0	
				7				
	TOTAL	**31**	**100**	**19**	**100**	**0**	**0**	
Type of Family	Nuclear Family	25	80.6	16	84.2	0	0	0.101 p=0.75 d.f=1
	Joint Family	6	19.4	3	15.8	0	0	
	Extended Family	0	0	0	0	0	0	
	Separate Family	0	0	0	0	0	0	
	TOTAL	**31**	**100**	**19**	**100**	**0**	**0**	
Knowledge Gained	TV and Radio	16	51.6	11	57.9	0	0	0.807 p=0.848 d.f=3
	Newspaper	4	12.9	3	15.8	0	0	
	Health Professional	1	3.2	1	5.3	0	0	
	Others	10	32.3	4	21.1	0	0	
	TOTAL	**31**	**100**	**19**	**100.1**	**0**	**0**	

INTERPRETATION

Significant – $p<0.01$**

Significant – $p<0.05$* NS –

Not significant

There is no statistically significant association with socio-demographic variables and pre-test knowledge among antenatal (2nd trimester) mothers of significant at $p<0.01$

There is no statistically significant association with socio-demographic variables and pre-test knowledge among antenatal (2nd trimester) mothers of significant at $p<0.05$

Table: 3 Association of Post-test level of knowledge scores regarding of pregnancy induced hypertension among antenatal (2nd trimester) mothers with selected demographic variables at govt. maternity hospital, Tirupathi".

Post Test Knowledge								
		Inadequate		**Moderate**		**Adequate**		**Chi Square**
		F	**%**	**F**	**%**	**F**	**%**	
	17-20 Yrs	0	0	6	50	5	13	

Age of the Mother	21-23 Yrs	0	0	4	33.3	16	42	8.105 p=0.044 d.f=3
	24-26 Yrs	0	0	2	16.7	12	32	
	27-30 Yrs	0	0	0	0	5	13	
	TOTAL	**0**	**0**	**12**	**100**	**38**	**100**	
Religion	Hindu	0	0	8	66.7	29	76.3	3.44 p=0.179 d.f=2
	Muslim	0	0	0	0	4	10.5	
	Christian	0	0	4	33.3	5	13.2	
	Sikh	0	0	0	0	0	0	
	TOTAL	**0**	**0**	**12**	**100**	**38**	**100**	
Educational Status	Illiterate	0	0	0	0	1	2.6	2.459 p=0.483 d.f=3
	Primary Education	0	0	3	25	18	47.4	
	Secondary Education	0	0	3	25	7	18.4	
	Degree	0	0	6	50	12	31.6	
	TOTAL	**0**	**0**	**12**	**100**	**38**	**100**	
Occupation	House Wife	0	0	8	66.7	28	73.7	1.876 p=0.598 d.f=3
	Private Employee	0	0	2	16.7	7	18.4	
	Govt. Employee	0	0	0	0	1	2.6	
	Business	0	0	2	16.7	2	5.3	
	TOTAL	**0**	**0**	**12**	**100.1**	**38**	**100**	
Socio Economic Status	Upper Class	0	0	0	0	0	0	0.002 p=0.961 d.f=1
	Middle Class	0	0	11	91.7	35	92.1	
	Lower Class	0	0	1	8.3	3	7.9	
	Poor	0	0	0	0	0	0	
	TOTAL	**0**	**0**	**12**	**100**	**38**	**100**	
	Rural	0	0	9	75	23	60.5	2.108 p=0.55 d.f=3
	Urban	0	0	2	16.7	8	21.1	
Place of Living	Sub Urban	0	0	0	0	5	13.2	
	Slum	0	0	1	8.3	2	5.3	
	TOTAL	**0**	0	**12**	**100**	**38**	**100.1**	
Number of Previous Children	One	0	0	3	25	10	26.3	0.086 p=0.993 d.f=3
	Two	0	0	3	25	10	26.3	
	More than Two	0	0	2	16.7	7	18.4	
	None	0	0	4	33.3	11	28.9	
	TOTAL	**0**	0	**12**	**100**	**38**	**99.9**	
Dietary Pattern	Vegetarian	0	0	0	0	0	0	0.772 p=0.380 d.f=1
	Non-Vegetarian	0	0	1	8.3	1	2.6	
	Mixed	0	0	11	91.7	37	97.4	
	TOTAL	**0**	0	**12**	**100**	**38**	**100**	
Type of Family	Nuclear Family	0	0	10	83.3	31	81.6	0.19 p=0.890
	Joint Family	0	0	2	16.7	7	18.4	
	Extended Family	0	0	0	0	0	0	
	Separate Family	0	0	0	0	0	0	

	TOTAL	**0**	0	**12**	**100**	**38**	**100**	d.f=1
	TV and Radio	0	0	4	33.3	23	60.5	
	Newspaper	0	0	2	16.7	5	13.2	
Knowledge Gained	Health Professional	0	0	1	8.3	1	2.6	3.124
	Others	0	0	5	41.7	9	23.7	p=0.373
	TOTAL	**0**	0	**12**	**100**	**38**	**100**	d.f=3

INTERPRETATION

Significant – p<0.01**

Significant – p<0.05* NS –

Not significant

There is no statistically significant association with socio-demographic variablesand post-test knowledge among antenatal (2nd trimester)mothers of significant at p<0.01

There is no statistically significant association with socio-demographic variablesand post-test knowledge among antenatal (2nd trimester)mothers of significant at p<0.05

NURSING IMPLICATIONS

In order to improve the efficiency of antenatal (2nd trimester) mothers to prevent the pregnancy induced hypertension, there is a need of structured teaching programme. The findings of the study have implications in nursing service, nursing education, nursing administration and nursing research

Nursing education:

- Nursing curriculum plays an important role in the preparation of future nurses, who will play an important role in the preventive and promotive aspects of maternal and child health.
- Every midwifery student should be given opportunities during her training to plan and conduct health education for mothers on PIH, pre-eclampsia and its prevention and management.
- The nursing curriculum should incorporate activities like preparation of booklets, handouts, charts, flipcharts, models and teaching materials etc. The curriculum should give importance to health education.

Nursing practice:

Several implications can be drawn from the present study for nursing practice.

- Educational programmes with effective teaching strategies motivate people to follow

healthy practices in their day to day lives.

- The gap between existing and expected level of knowledge of PIH antenatal mothers regarding PTP indicates that there is much scope for improving patient teaching activities in a hospital setting.
- Patient education is a process assisting people to learn and incorporate health related behaviour into everyday life. It is necessary for good nursing care.

Nursing research:

- There is a need for extended and intensive nursing research in the area of mother's education especially to high-risk clients like mother's with PIH, to develop better methods in teaching, better practice in nursing care and effective teaching material.
- The emphasis on research and clinical studies is needed to improve the quality of nursing care. Nurses need to engage in multi-disciplinary research, so that it will help to improve the knowledge and by applying the research findings, many health problems can be solved.
- The research should be conducted to identify the health needs of the people. Meaningful and relevant information can thus be provided based on their felt needs.

Nursing administration:

- There should be a hospital policy to provide health education or written information for all inpatients as well as out patients of the hospital.
- They should develop a central education cell, where all the health education materials, guides, leaflets, pamphlets are available for catering to the public.
- In spite of advancement in science and technology in India people suffer from various health problems due to unhealthy practices.

CONCLUSION

- The study concluded that among antenatal (2nd trimester) mothers had moderate knowledge at pretest after providing planned teaching interventions the knowledge improved to moderately adequate regarding prevention of pregnancy induced hypertension among antenatal mothers at government maternity hospital, Tirupati.

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