

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURE TEACHING PROGRAMME ON KNOWLEDGE REGARDING BIRTH PREPAREDNESS AND ASSOCIATED FACTORS AMONG PRIMI GRAVIDA MOTHERS IN SMCH THANDALAM CHENNAI

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Abstract

Introduction: Pregnancy is superb experience introduced by the nature for a women and special event of happiness, expectancy, excitement, anxiety and fear. So now days in maternity hospitals more importance is given to birth preparedness¹. Pregnancy is state of carrying a developing fetus within body. The word "Pregnant" is derived from Latin word „Pre" means before, „(g) natus" means birth, so the pregnant means before giving birth 2. Every pregnancy is a precious moment for every mother who wants to give safe birth and a healthy child 3. 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 6. It encourages pregnant women and their families to actively prepare and make decisions for childbirth. **Methodology:** A Quasi experimental research design with convenient sampling technique was adopted to conduct a study among 30 primi gravida mothers. Data was gathered by using structured questionnaires. Confidentiality was maintained throughout the procedure. Collected data were analysed by using descriptive and inferential statistics. **Result:** The result shows that in the pretest 24(80%) had inadequate knowledge and 6(20%) had moderately adequate knowledge and in the post test 21(70%) had adequate knowledge and 9(30%) had moderately adequate knowledge on birth preparedness among associated factors among primi gravida mothers... **Conclusion:** The study findings concluded that there was a significant difference in the level of knowledge regarding birth preparedness and its associated factors after administration of the Nurse-Led Birth Preparedness Package. Thus, the study findings revealed that this intervention was effective in improving the level of knowledge, enhancing the childbirth knowledge among primigravida women. Hence, the study recommends the utilisation of the Nurse-Led Birth Preparedness Package for primigravida women in various settings.

Keywords: Primi Gravida Mothers, Birth Preparedness.

INTRODUCTION

Pregnancy is superb experience introduced by the nature for a women and special event of happiness, expectancy, excitement, anxiety and fear. So now days in maternity hospitals more importance is given to birth preparedness¹. Pregnancy is state of carrying a developing fetus within body. The word "Pregnant" is derived from Latin word „Pre" means before, „(g) natus" means birth, so the pregnant means before

giving birth ². Every pregnancy is a precious moment for every mother who wants to give safe birth and a healthy child ³.

Birth preparedness and complication readiness (BP and CR) is a strategy that has been globally endorsed as an essential component of safe motherhood programs to reduce delays for care to promote the timely use of skilled maternal and neonatal care, especially during childbirth, based on the theory that preparing for childbirth and being ready for complications reduces delays in obtaining this care.

Moreover, it helps to ensure that women can reach professional delivery care when labour begins. In addition, complication readiness can help to reduce the delays that occur when women experience obstetric complications, such as recognizing the complication and deciding to seek care, reaching a facility where skilled care is available and receiving care from qualified providers at the facility (**JHPIEGO, 2009**).

The foremost challenging issue during the pregnancy period is maternal death. Lack of information on the initiation of the plan and the use of professional obstetricians, and inadequate training for rapid intervention in obstetric complications are well-documented incidental elements and professional care ⁴.

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 ⁷. Birth-preparedness involves coaching of pregnant women and their families by promoting the decision making process for the safe delivery ⁸. As well as for birth preparedness, a possible blood donors and an answerable people (if there is an occurrence of crises) should be recognized⁹.

Birth preparation includes the strategy of preparing for routine deliveries and anticipating the steps that will need to be taken in the event of an emergency. It can be determined by the mother's awareness of danger signs and readiness to take action during both emergency and routine obstetric care.

Deliveries attended by skilled health personnel are one of the most important interventions to reduce maternal and child mortality (**Millennium Development Goal Report, Ethiopia, 2014**). Rather than focusing on birth preparedness and complication readiness planning, in high-income countries, the focus is primarily on women's psychological and physical comfort but in low-income and middle-income countries, there is a need of emphasis on birth preparation and potential complications (**Maternal and Neonatal Health (MNH) program, 2001**).

Birth preparedness is a method used to encourage the prompt application of skilled maternal and neonatal care, particularly during childbirth. Theoretically, getting ready for labor shortens wait times for receiving this care. Factors causing a delay in receiving expert obstetric care are extensively documented and include inadequate planning for quick response in the event of obstetric problems.

Trends of maternal death showed Ethiopia is one of the five countries which have contributed to more than 50% of the world's maternal death with 412 mothers per 100,000 live births in 2014. Most maternal deaths occur during delivery and postpartum period. The high maternal and neonatal mortality in the low – income and middle –income countries are due to three delays: delay in health seeking-behavior (delaying to seek medical care), delay in reaching a health facility and delay in getting the proper treatment.

The possible causes of delays are logistic and financial constraints and lack of knowledge about maternal and neonatal health issues (**Trends in Maternal Health in Ethiopia, 2012**). Therefore, the essential maternal and neonatal mortality reduction measures like; Emergency obstetric care, skilled birth attendant, postnatal care and arranging transportation in case of an emergency will reduce these delays.

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. Birth preparedness is also considered as an intervention for preventive behavior and programmatic approach to other socio-economic and cultural barriers, which limit the requisite to avail the health facility especially the referral pathways, skilled medical practitioner, and adequate equipment and infrastructure, and other requisite over the course of delivery as well as child care. Utilization of birth preparedness kits, community involvement in counseling and physiological support to child bearing, save women from maternal deaths occurred during labor pain, delivery, and within the 24 h of the postpartum and due to the inter-correlated signs of danger (**World Bank Data Team., 2012**).

OBJECTIVES

- 1) To assess the pretest and post-test level of knowledge on birth preparedness and associated factors among primi gravida mothers.
- 2) To assess the effectiveness of structured teaching programme on knowledge regarding birth preparedness and associated factors among primi gravida mothers.
- 3) To associate the post test level of knowledge on birth preparedness and associated factors among primi gravida mothers with their selected demographic variables.

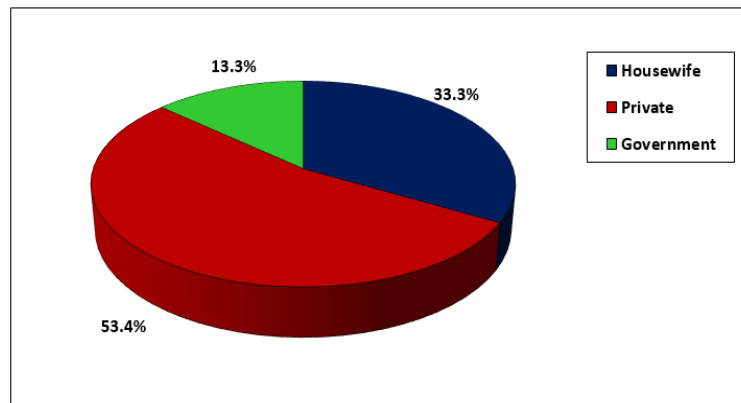
METHODS AND MATERIALS

A quasi experimental research design is used to assess the effectiveness of structured teaching programme on knowledge regarding birth preparedness and associated factors among primi gravida mothers in SMCH, Thandalam, Chennai. After obtaining permission various department and people, the investigator selected 30 samples by using non probability convenient sampling technique.

The samples who met the inclusion criteria were selected. The investigator introduced and explained the purposes of the study to the samples and obtained the written informed consent. The tool consists of three sections like demographic variables, questionnaire methods and pre test post test methods. The data collection was done in the hospital. The time taken for each client is 20 minutes. The objective of the study was explained to the mothers in antenatal ward.

Adequate privacy was provided. During the 1st visit, the researcher introduced himself and explained the purpose of the study and confirmed the willingness of the mother to participate in the study by getting consent from them as per the inclusion criteria. The demographic data was collected by structure questionnaire level assessed. On the day two assess the knowledge of birth preparedness. The collected data were coded and entered in Excel for further data analysis. Descriptive statistics and inferential statistics were used for data analysis.

DISCUSSION AND RESULT



Percentage distribution of occupation of the primi gravida mother

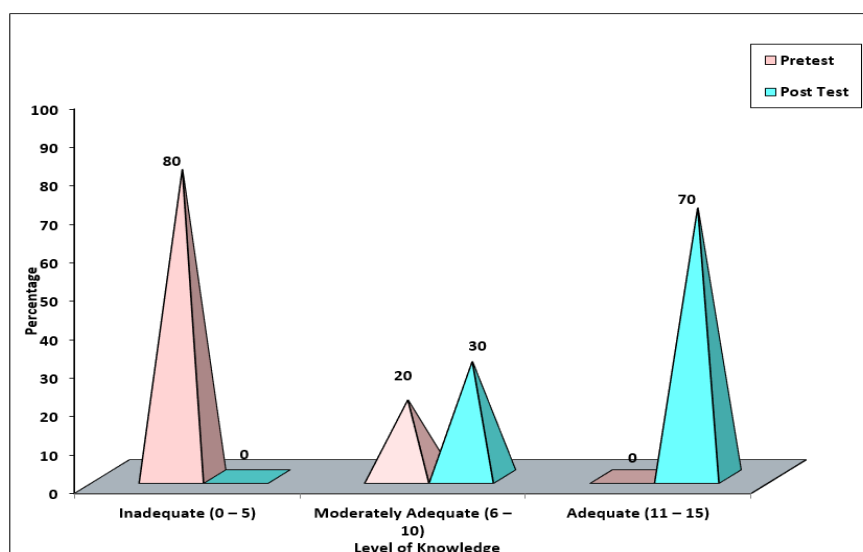
SECTION B: Assessment Of Level Of Knowledge On Birth Preparedness Among Associated Factors Among Primı Gravida Mothers

Table 1: Frequency and percentage distribution of pretest and post test level of knowledge on birth preparedness among associated factors among primi gravida mothers

N = 30

Level of Knowledge	Knowledge			
	Pretest		Post Test	
	F	%	F	%
Inadequate (0 – 5)	24	80.0	0	0
Moderately Adequate (6 – 10)	6	20.0	9	30.0
Adequate (11 – 15)	0	0	21	70.0

The above table 1 shows that in the pretest 24(80%) had inadequate knowledge and 6(20%) had moderately adequate knowledge and in the post test 21(70%) had adequate knowledge and 9(30%) had moderately adequate knowledge on birth preparedness among associated factors among primi gravida mothers.



Percentage distribution of pretest and post test level of knowledge on birth preparedness among associated factors among primi gravida mothers

SECTION C: Effectiveness of Structured Teaching Programme on Knowledge Regarding Birth Preparedness And Associated Factors Among Primi Gravida Mothers

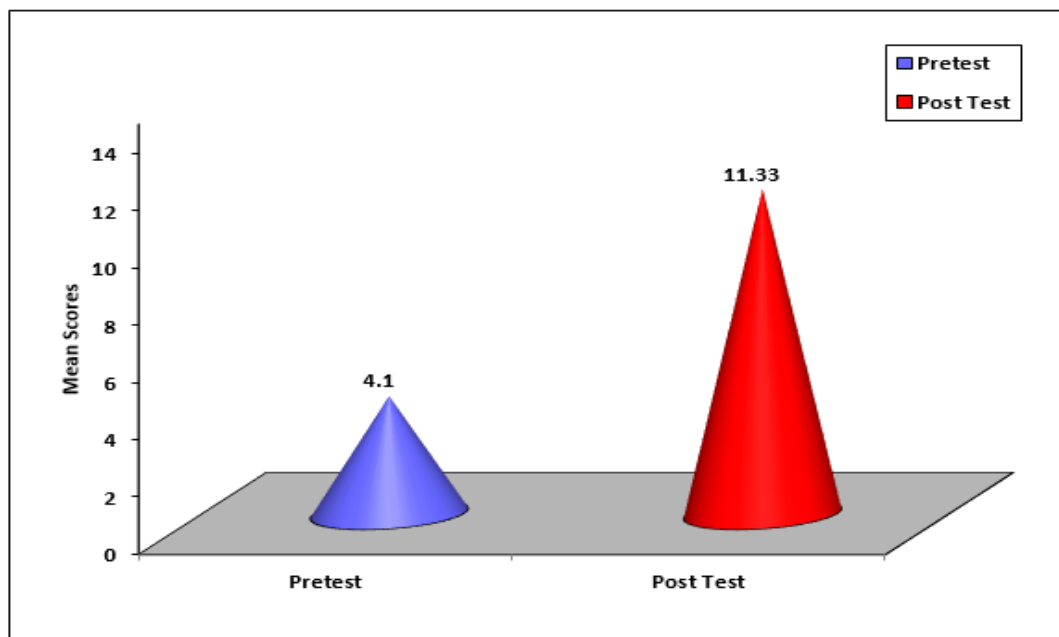
Table 2: Effectiveness of Structured Teaching Programme on knowledge regarding birth preparedness among associated factors among primi gravida mothers

N=30

Variables	Knowledge		Mean Difference score	Paired 't' test & p-value
	Mean	S.D		
Pretest	4.10	1.53	7.23	t = 17.341 p=0.0001, S***
Post Test	11.33	2.00		

***p<0.001, S – Significant

The table 2 depicts that the pretest mean score of knowledge was 4.10±1.53 and post test mean score was 11.33±2.0. The mean difference score was 7.23. The calculated paired 't' test value of t = 17.341 was statistically significant at p<0.001 level. This clearly shows that after the administration of structured teaching programme on knowledge regarding birth preparedness and associated factors had significantly improved the knowledge of primi gravida mothers.



Effectiveness of Structured Teaching Programme on knowledge regarding birth preparedness among associated factors among primi gravida mother

SECTION D: Association of Post Test Level of Knowledge on Birth Preparedness And Associated Factors Among Primi Gravida Mothers With Selected Demographic Variables

Table 3: Association of post test level of knowledge on birth preparedness and associated factors among primi gravida mothers with selected demographic variables

N = 30

Demographic Variables	Frequency	Chi-Square Test & p-value
		Knowledge
Age in years		
21 – 25	11	$\chi^2=3.203$ d.f=3 p=0.361 N.S
26 – 30	15	
31 – 35	2	
>35	2	
Education		
Illiterate	4	$\chi^2=1.712$ d.f=3 p=0.634 N.S
Primary	2	
Secondary	4	
Higher secondary	13	
Graduate and above	7	
Occupation		
Housewife	10	$\chi^2=6.667$ d.f=2 p=0.036 S*
Private	16	
Government	4	
Religion		
Hindu	23	$\chi^2=1.584$ d.f=2 p=0.453 N.S
Muslim	4	
Christian	3	
Others	-	
Type of family		
Joint family	9	$\chi^2=0.370$ d.f=1 p=0.543 N.S
Nuclear family	21	
Gestational age		
<12 weeks	13	$\chi^2=0.782$ d.f=1 p=0.376 N.S
12 – 24 weeks	17	

*p<0.05, S – Significant, N.S – Not Significant

The table 5 shows that the demographic variable occupation ($\chi^2=6.667$, $p=0.036$) had shown statistically significant association with post test level of knowledge on birth preparedness and associated factors among primi gravida mothers at p<0.05 level and the other demographic variables had not shown statistically significant association with post test level of knowledge on birth preparedness and associated factors among primi gravida mothers.

CONCLUSION

The study findings concluded that there was a significant difference in the level of knowledge regarding birth preparedness and its associated factors after administration of the Nurse-Led Birth Preparedness Package. Thus, the study findings revealed that this intervention was effective in improving the level of knowledge, enhancing the childbirth knowledge among primigravida women. Hence, the study recommends the utilisation of the Nurse-Led Birth Preparedness Package for primigravida women in various settings.

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

Conflicts of interest: Nil

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