

A Descriptive Study to Assess the Level of Knowledge on Birth Preparedness among Primi-gravida Mothers

Padmapriya. D¹, Swetha. M²

¹Clinical Instructor, Department of Obstetrics & Gynecological Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai-602105, India.

²UG Student, Saveetha College of Nursing, SIMATS, Thandalam, Chennai-602105, India.

Email: priyadheenadayalan@gmail.com

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Abstract

Background: Birth preparedness incorporates the system of planning for an ordinary birth and looking forward to the actions needed in case of an emergency.

Aim: The present aim was to assess the existing level of knowledge on birth preparedness among primigravida mothers who attended antenatal clinic at Saveetha Medical College and Hospital.

Materials and Methods: A quantitative approach with descriptive research design was adopted for the present study. 60 primigravida mothers (n=60) were recruited by using the non-probability purposive sampling technique. A self-structured questionnaire method was used to collect both demographic data and the existing level of knowledge on birth preparedness during pregnancy among primigravida mothers.

Results: Among 60 study participants, the mean score on existing level of knowledge on birth preparedness among primigravida mothers was found to be 13.08 with standard deviation 4.22. Hence the findings of current study concluded that, primi-gravida mothers had an average level of knowledge on birth preparedness during their pregnancy period.

Keywords: Birth preparedness, Knowledge, Primi-Gravida Mothers, Pregnancy, Non-probability purposive sampling technique.

1. INTRODUCTION

Antenatal care acts as an element of public health care as well as prevention programs in the majority of nations. [1]. A systemic and continuous monitoring during antenatal period promotes overall satisfaction for the mother [2]. Every pregnancy is a precious moment for every mother who wants to give safe birth and a healthy child. [3] 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. If you ask, you need to postpone it significantly. [4] Deliveries attended by a professional health care member play a vital role in declining the maternal and neonatal mortality. [5] WHO estimates that 300 million women in developing countries suffer from short- to long-term illnesses caused by pregnancy and child birth. There are several reasons for this, one of which is inadequate or lack of childbirth and emergency care. [6] Rather than focusing on childbirth preparation and complication planning, high-income countries focus primarily on women's psychological and physical well-being, while low- and middle-income countries focus on childbirth preparation and potential. You need to focus on complications. [7] In developing countries, millions of women pregnancy related adverse effects and life threatening conditions due to inadequate observation during antenatal period which provides evidence of inadequate and poor antenatal care. [8] Early commencement of the Safe Maternal Initiative, ANC was considered crucial for the detection and treatment of high-risk pregnancies as a means of raise in pregnancy outcomes, [9] it was inadequate to predict a decline in mortality. [10] Appropriate ANC during prenatal period enhances the women reduce complications and promotes wider platform for a healthy pregnancy and elevates the benefits of fetal and maternal health. [11] Care for pregnant women is called antenatal care. Antenatal care is the continuous observation and monitoring which provides the key factor to identify fluctuations including nutritional status, prevention of anemia, and treating of sexually transmitted diseases. [12] Early planning for childbirth is the course of care during the antenatal and postnatal period that is essential to prevent maternal and child mortality. [13] Antenatal Care refers to the care provided to the mother before the birth of new-born and its components of antenatal care, it includes health teaching, comforting, health check-

up, and remedial treatment thus promoting the well-being of the mother as well as the fetus. Perinatal health service improves 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 [14] 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. [15].It encourages pregnant women and their families to actively prepare and make decisions for childbirth. This is due to the fact that all pregnant women are at risk of sudden and unpredictable life-threatening complications, which can result in death to themselves or child.[16, 17] Prenatal care is the best way to reduce maternal mortality and provide pregnant women with quality information about childbirth and related issues. The greatest and most important benefit of antenatal care is to care for the health of women and their infants and to show new risk signals and further treatment requirements by advanced medical professionals.[18] 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. [19] Birth- preparedness involves coaching of pregnant women and their families by promoting the decision making process for the safe delivery. [20] As well as for birth preparedness, a possible blood donors and an answerable people (if there is an occurrence of cries) should be recognized. [21] Therefore, the main motive and aim of the present study was to assess the existing level of knowledge on birth preparedness among primi-gravida mothers and to determine the association between the existing levels of knowledge on birth preparedness among primi-gravida mothers with their selected demographic variables.

2. METHODS AND MATERIALS

2.1. Study Design

For the present study, a quantitative approach with descriptive research design was adopted to assess the level of knowledge on birth preparedness among primi-gravida mothers who attended the antenatal clinic at Saveetha Medical College and Hospital. After obtaining ethical clearance from the Institutional Ethical Committee (IEC) of Saveetha Institute of Medical And Technical Sciences and formal permission from the department head of Obstetrics and Gynaecology Unit, the study was conducted.

2.2. Subjects

A total of 60 primi-gravida mothers who attended the antenatal clinic regularly (n=60) and primi-gravida mothers who fulfil's and meets the inclusion criteria were recruited as the study participants for the present study by using non probability purposive sampling technique. The inclusion criteria for the study participants were primi-gravida mothers between the age group of 20-35 years, who are willing to participate and able to read, write, and understand Tamil and English. Antenatal mothers who are critically ill, history of psychiatric disorders, and noncooperative were excluded from the study. The purpose and benefits of the study was explained clearly in depth by the investigator to each of the study participants and a written informed consent was obtained from them before collecting the data.

2.3. Statistical Analysis

The demographic data and the existing level of knowledge was collected by using a self-structured questionnaire and the collected data were documented , tabulated in microsoft office excel and was analyzed by using descriptive and inferential statistics.

3. RESULTS AND DISCUSSION

3.1. Demographic Characteristics

Among the 60 study participants, with regard to age, 23(38.4%) were in the age group of 26-29 years. With regard to educational qualification, 19(31.7%) belonged to secondary school, 30(50%) were housewives. With regard to the monthly income,

23(38.3%) had a monthly income of 5001 – 10000, with regard to the type of family, 31(51.7%) belonged to nuclear families and 32(53.3%) were residing in urban areas. Furthermore, table 1 shows the age distribution of primigravida mothers using 60 study participants.

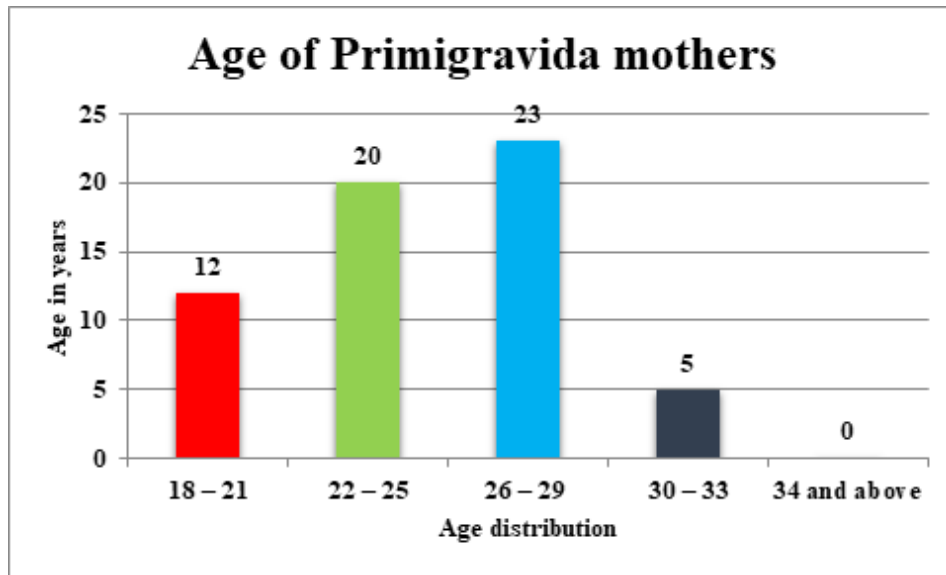


Figure 1, Age Distribution Of Primi Gravida Mothers

3.2. Existing Level of Knowledge On Birth Preparedness Among Primi- Gravida Mothers

The existing level of knowledge on birth preparedness among antenatal mothers revealed that 40(66.7%) had moderately average knowledge, 15(25%) had poor knowledge, and 5(8.3%) had good knowledge, respectively [Table 1 and Figure 1].

Table 1 Frequency and Percentage Distribution of Demographic Variables of Primigravida Mothers

| EXISTING LEVEL OF KNOWLEDGE | FREQUENCY (F) | PERCENTAGE (%) |
|-----------------------------|------------------|-------------------|
| Inadequate (0-10) | 15 | 25.0 |
| Moderately adequate (11-20) | 40 | 66.7 |
| Adequate (21-30) | 5 | 8.3 |

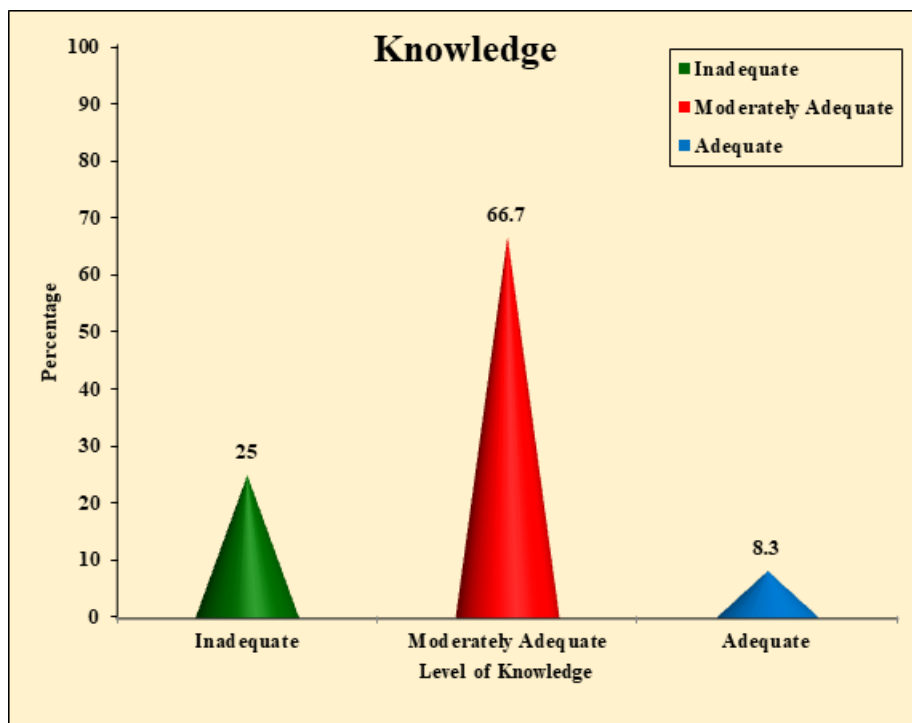


Figure 2, Percentage distribution of level of knowledge on birth preparedness among PrimiGravida Mothers

The present study findings are supported by Ayelech Kindanermariam Mulugeta, Berhanu Word of a Guru (2015) conducted a study to assess the level of knowledge on birth preparedness among antenatal mothers. The study results concluded that, out of 60 samples in the descriptive group of primi-gravida women, 32 (32%) were knowledgeable, 64 (64%) were moderately knowledgeable, and 4 (4%) were poorly knowledgeable.

This finding was supported by Mrs. Santoshi Shrestha (2009-2010) conducting a study among 100 primi gravid mothers who were selected by using non – probability purposive sampling technique with an aim to assess the level of knowledge on birth preparedness at the selected hospital and the outcome of the study results revealed that the majority 51(51%) had moderately adequate knowledge, 45(45%) had inadequate knowledge and remaining 4(4%) had adequate knowledge.

Hence, it was concluded that, there is a need to educate all pregnant women to have a knowledge on birth preparedness to enjoy her parenthood by providing pamphlets and additional information booklets for better understanding of birth preparedness during their pregnancy period.

3.3. Existing Level Of Knowledge Score On Birth Preparedness Among Primigravida Mothers

Table 2 Assessment of Knowledge Score on Birth Preparedness among Primigravida Mothers

| EXISTING LEVEL OF KNOWLEDGE | MEAN |
|-----------------------------|-------|
| Minimum Score | 7.0 |
| Maximum Score | 25.0 |
| Mean | 13.08 |
| Standard Deviation | 4.22 |

For the present study, the mean score on the level of knowledge on birth preparedness among primi-gravida mothers was 13.08 with standard deviation 4.22 with a minimum score of 7.0 and maximum score of 25.0.

3.4. Association Of Level Of Knowledge On Birth Preparedness Among PrimiGravida Mothers With Their Selected Demographic Variables

None of the demographic variables had shown a statistically significant association with the level of knowledge on birth preparedness among primi-gravida mothers who attended the antenatal clinic.

4. CONCLUSION

Thus, findings of the present study revealed that, the existing level of knowledge on birth preparedness among primi-gravida was average and there is a need to increase the level of knowledge for all antenatal mothers and their family members by creating an awareness on childbirth care during their entire pregnancy period concentrating more on various aspects of childbirth preparation and complete postnatal care. Community education should be imparted among all antenatal mothers by preparing and enhancing them to develop the ability towards improvement in preparation for their childbirth. As a midwife, we have to promote and prioritize all antenatal women's with low socio-economic gradients to optimize the quality of information during the prenatal visits and the impact of future interventions. A proposed timeline to improve women's pregnancy outcomes and baby readiness through the distribution of pamphlets and awareness raising through the implementation of health education programs.

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Conflict of Interest

Author's declare no conflict of interest.

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Clinical Practice Section

There is no implication for this study.

Author Contribution

Padmapriya D has performed the methodology, conceptualization, Writing, and Editing.

Swetha M has performed the collection of data.

Ethics Approval

There is no Helsinki Declaration has been followed for involving human subjects in this study.

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