

Effectiveness of Planned Teaching Programme Regarding birth Preparedness among Antenatal Mothers in terms of Knowledge in Selected Hospital of Delhi Hospital: A Quasi Experimental Study

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Abstract: A study to evaluate the effectiveness of planned teaching programme regarding birth preparedness for labor among Antenatal Mothers In Terms Of Knowledge In selected hospital of Delhi. Research approach adopted for the study was quasi-experimental approach with pre-test post-test design. The sample consists of the 60 antenatal mothers attending antenatal OPD. The tools used for the study were structured knowledge interview schedule. The internal consistency method by using Kuder Richardson-20 was used to establish reliability of Structured Knowledge interview schedule. The final study was conducted at Dada Dev Saran Matrav and Bal Chikitsalaya, Delhi. The data obtained were organized and analysed using both descriptive statistics. The Findings revealed that mean of pre-test scores of the study group is 8.6 with standard deviation 2.473. The mean of post test knowledge score is 13.75 with standard deviation 1.823. The mean post-test knowledge scores were higher than their mean pre-test knowledge scores. The planned teaching programme on birth preparedness for labor of antenatal mothers was found to be effective in enhancing the knowledge of antenatal mothers.

Keywords: Planned teaching programme, Knowledge, birth preparedness, and antenatal mothers

1. Introduction

In a woman's life, pregnancy is regarded as a normal phenomenon. However, around 40% of pregnancies are said to be high risk, which could lead to adverse maternal and fetal outcomes. pregnancy, delivery or post delivery. The World Health Organization has reported that almost 830 women die daily as a result of complications during antenatal period and childbirth. High risk pregnancy is defined as pregnancy in which mother & fetus has a significantly increased chance of death or disability before & after delivery.

Pregnancy is the period during which a woman carries a developing fetus, normally in the uterus. Pregnancy lasts for approximately 266 days, from conception until the baby is born or 280 days from the first of the last menstrual period.

Maternal deaths are thought to occur due to three delays: delay in deciding to seek appropriate care; delay in reaching an appropriate health facility; and delay in receiving adequate emergency care once at a facility these delays may be reduced if pregnant women are prepared for birth and complications.

Donnay f (2002) stated that every year approximately 6,00,000 women died of pregnancy related causes- 98% of these deaths occur in developing countries. Of all the health statistics monitored by WHO, the largest gap between rich and poor nations is seen in maternal mortality level. Over 90% of maternal deaths occur in Asia and sub Saharan Africa, with India alone accounting for 25% of such death worldwide, while six other countries Bangladesh, Ethiopia,

Indonesia, Nepal, Nigeria and Pakistan account for a further 30%.

Frank Anderson (2001) analysed that maternal mortality in developing countries continued as an unchecked epidemic, despite 15 years of advocacy and intervention. In 1986 when worldwide attention was focused on this topic, the safe motherhood initiative was born. At that time it was estimated that 5,00,000 women died each year from pregnancy related causes

2. Objectives

The objectives of the study were to (1) develop a teaching programme on Birth preparedness for antenatal mothers. (2) assess and evaluate the knowledge of antenatal mothers regarding birth preparedness before and after administration of planned teaching programme (3) evaluate the effectiveness of planned teaching programme

Operational definitions

- a) **Evaluate:** It refers to the extent to which planned teaching programme on birth preparedness has achieved the desirable outcomes in terms of gain in knowledge
- b) **Effectiveness:** It denotes enhancement of knowledge on birth preparedness for labor after administration of planned teaching programme.
- c) **Planned Teaching Programme:** It refers to systemic well organized instructions designed to enhance the knowledge of antenatal mothers on birth preparedness for labor.

It consists of planned teaching programme, flash cards and power point presentation on the birth preparedness for labor.

- d) **Knowledge:** It refers to the ability of antenatal mothers to respond to the knowledge items will be given in knowledge interview schedule before and after administration of planned teaching programme on birth preparedness as evident from knowledge scores of structured knowledge interview schedule interpreted as poor (0-6), fair (7-12) and good (13-20) knowledge level.
- e) **Birth Preparedness:** it is the advance planning and prepare for the delivery. This includes importance of birth preparedness, preparing mother (emotionally, mentally and physically), premonitory signs of labor, 1st, 2nd, and 3rd stage of labor, diet, exercises and position during different stages of labor.
- f) **Antenatal Mothers:** It refers to pregnant women between 24-39 weeks of gestation were attending OPD of selected hospitals for antenatal care.

3. Methodology

Research approach adopted for the study was quasi-experimental approach with pre-test post-test design. The population comprises of antenatal mothers (24-39 Weeks POG) of selected hospital of Delhi. The sample consists of the 60 antenatal mothers (24-39 Weeks POG) of Dada Dev saran matri and bal chikitsalaya. The independent variable in the study was Planned teaching programme on birth preparedness for labor and dependent variable were knowledge scores of the antenatal mothers. The tools used for the study were structured knowledge interview schedule. The sample consisted of 60 antenatal mothers. The data obtained were organized and analysed using descriptive statistics.

4. Results

The findings of the study revealed that, the mean post-test knowledge (8.6) were higher than their mean pre-test knowledge (13.75). The Planned teaching programme on Birth preparedness for labor was found to be effective in enhancing the knowledge of antenatal mothers.

5. Conclusion

On the basis of the finding conclusions were drawn-

- 1) The present study identified deficit knowledge on birth preparedness for labor among antenatal mothers.
- 2) Education was necessary for improving the knowledge of the antenatal mothers .
- 3) The Planned teaching programme was effective in improving the knowledge of antenatal mothers on birth preparedness for labor.

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