

A Study to Assess the Effectiveness of Planned Teaching Program on Knowledge Regarding Danger Signs of Newborn Illness among Mothers of Newborn at Selected Hospitals in Indore City M. P

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Abstract: *Newborn danger signs refer to the presence of clinical signs that would indicate a high risk of neonatal morbidity and mortality and the need for early therapeutic intervention. Which includes, cough, difficult/fast breathing, lethargy, loss of consciousness, convulsion, fever, hypothermia, poor feeding or unable to suckle, persistent vomiting, diarrhea, yellow palms or soles or eyes, eye discharge/redness, and discharge or pus from the umbilicus. A quantitative evaluative approach was used for the study, the size of population included in the study were 60 mothers of newborn. The study was conducted on 60 mothers of new - born in SAIMS hospital at Indore. The knowledge gain (mean± Standard Deviation) Pre - test and Post test score was 7.48±1.71 & 15.16±2.40 (Mean ± Standard Deviation) while in knowledge regarding Danger sign of newborn illness at SAIMS hospital Indore (M. P.).*

Keywords: Newborn danger signs, Neonatal morbidity, Therapeutic intervention, Clinical signs, Knowledge gain

1. Introduction

Danger signs in the neonatal period (0–28 days) are non - specific and that indicates severe illness. Neonatal Danger Signs are signs used in integrated management of neonatal and child illness (IMNCI) by practitioners to identify children who need medical care.1 Newborn danger signs refer to the presence of clinical signs that would indicate a high risk of neonatal morbidity and mortality and the need for early therapeutic intervention. Which includes, cough, difficult/fast breathing, lethargy, loss of consciousness, convulsion, fever, hypothermia, poor feeding or unable to suckle, persistent vomiting, diarrhea, yellow palms or soles or eyes, eye discharge/redness, and discharge or pus from the umbilicus.

2. Review of Literature

Rashidul Azad, Sk Masum Billah et. al (2023) In this study Mother's care - seeking behavior for neonatal danger signs from qualified providers in rural Bangladesh: A generalized structural equation modeling and mediation analysis. In this study was a cross - sectional baseline household survey conducted in 14 districts of Bangladesh 17, 251 recently delivered women with a live birth outcome in the preceding 15months. We Half of the mothers (50.8%) reported a neonatal illness and among them, only36.5% mothers of sick neonates sought care from qualified providers. Our mediation analysis showed that maternal. Health utilization factors, i. e., 4+antenatal care visits from a qualified provider facility delivery (and postnatal care from a qualified provider (showed the highest total effect over other factors domains, and therefore, were the most important modifiable predictors for qualified neonatal care - seeking. A two - stage stratified cluster sampling process to select the samples from 14 districts. We investigated the inter -

relationship of maternal. The inter - relationship and highest summative effect of ANC, facility delivery, and PNC on newborn care - seeking suggested the maternal care continuum altogether from ANC to facility delivery and PNC to improve care - seeking for the sick newborn.

3. Methodology

A quantitative evaluative approach was used for the study, the size of population included in the study were 60 mothers of newborn. They were chosen by is a process of selecting a portion of the population to obtain data. The study was conducted on 60 mothers of new - born in SAIMS hospital at Indore. They were given a self - structured knowledge questionnaire for evaluating their response to assess the effectiveness of structured teaching programme on knowledge regarding danger sign of newborn illness.

4. Result

The existing knowledge regarding Danger sign of newborn among mothers of newborn was shown by **pretest score** and it is observed that most of the newborn mothers **04** (6.66%) **were poor (0 - 05)** knowledge, some mothers **52** (86.66%) **were average (06 - 10)**, some mothers **04** (6.66%) **were good (11 - 15)**, some mothers 00 (00%) were excellent (16 - 20) and **post test score** was observed that the mothers were 00 (00%) were poor (0 - 05) knowledge, mothers **0** (00%) **were average (06 - 10)**, 29 mothers (48.33%) **were good** (11 - 15), some mothers 31 (51.66%) were excellent (16 - 20).

5. Conclusion

The Participant were given a self - structured knowledge

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questionnaire of 20 questions for assessing the knowledge and skills other than the demographic variable such as Age, gravida, occupational status, educational status, religion nutritional status.

The score were observed by the investigator.

The knowledge gain (mean± Standard Deviation) pre - test score was **7.48±1.71** (Mean ± Standard Deviation) while in knowledge regarding Danger sign of newborn illness at SAIMS hospital Indore (M. P.). Hence, it is confirmed from the tables of section - II that there is an in significant difference in mean of test scores which partially fulfill the first and second objective of the present study.

The knowledge in (mean± Standard Deviation) post **test score was 15.16±2.40** while in knowledge regarding Danger sign of newborn illness at SAIMS hospital, Indore (M. P.). Hence, it is confirmed from the tables of section - II that there is a significant difference in mean of test scores which partially fulfill the first second objective of the present study.

6. Recommendation

On the basis of the findings of the study, following recommendation have been suggested that

- 1) The similar study may be replicated on large sample there by findings can be generalized for newborn Mother.
- 2) A similar study may be repeated with experimental and control group for more generalization of finding in hospital.
- 3) Similar kind of study can be under taken in different setting.
- 4) Studies may be conducted to evaluate the effectiveness of information booklet.

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