

A Study to Assess the Effectiveness of Video Assisted Teaching Programme on Breast Complication among Postnatal Mothers at SMVMCH, Puducherry

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Abstract: *Breast infection is a serious and painful complication of the puerperium. The organism causing breast infections are often passed between baby and mother. Therefore, preventive education is vital. The main aim of the study is to assess the effectiveness of video assisted teaching programme on breast complication among postnatal mothers at SMVMCH, Puducherry. Quantitative research approach and pre - experimental one group pre - test and post - test design was adopted for this present study. The study sample comprises of 30 Postnatal mothers at Sri Manakula Vinayagar Medical College and Hospital and Convenient sampling technique was used for the present study. The questionnaire consists of two parts i. e demographic data and knowledge questions on breast complication. The findings reveal that the calculated paired 't' test value of $t = -9.602$ shows statistically highly significant difference between Comparison of the Pre - test and post - test of the level of knowledge on breast complication among postnatal mothers respectively.*

Keywords: Video assisted Teaching Programme, breast complication, postnatal mothers, puerperium, breast infection

1. Introduction

WHO fed me from her gentle breast, and hushed me is her arms to rest, any on my cheek sweet kisses purest? - My mother.

Breast infection is a serious and painful complication of the puerperium. The organism causing breast infections are often passed between baby and mother. Therefore, preventive education is vital. The midwife may consider it appropriate to interweave discussion related to postnatal maternal diet and fluid intake into this part of the assessment. Breast engorgement is a common breast complication is puerperium. It is due to exaggerated normal venous and lymphatic engorgement of the breast which proceeds lactation unrestricted initiation of breastfeeding as early as possible is the best. Breast engorgement is an accumulation of increased amount of blood and other body fluids as well as milk. Mastitis is an infection of the breast tissue, it is caused by organisms acquired from the infants nasopharyngeal or umbilical areas, which harbours colonies of the staphylococci or streptococci that develop within a few days of birth. Cracked nipple or sore nipples are due to aggressive sucking by the baby particularly if the nipple is not well filled within the infant's mouth. If the cracking is severe, the baby should not be emptied manually or by using a breast pump. Plugged milk ducts are a common problem, on countered during the nursing period this happens when one of the milk ducts becomes obstructed causing a backup of the milk the woman usually notices, a sore, reddened lump in one area of her breast. Breast abscess, the infection usually enters through a break in the skin. It is usually confined to one quadrant of the breast the most common organism identified is staphylococcus aureus, mostly from the infant's nose or throat. Flat or retracted nipple is commonly met in primigravidae. It is usually acquired

babies are able to attach to the breast correctly and are able to suck adequately.

WHO the Canadian paediatric society (2013), and the American academy of paediatrics (2012). They are suggesting that the infant should be breastfed exclusively until six months of life. They continue until two years, even beyond along with other foods. Breast engorgement is an accumulation of milk in the breast leads to edema and swelling. It occurs in the mammary glands due to expansion and pressure exerted by the synthesis and storage of breast milk. The incidence 1: 8000, and in India, it is 1: 6500 Signs and symptoms occur most commonly between days three and five, with more than two thirds of women with tenderness on day five but some as late as day 9 - 10. Majority experience moderate symptoms. More time spent in breast feeding during 48 hours after birth correlates with less engorgement. The 20% post - natal mothers especially primigravida mothers are affected with breast engorgement from 0 - 4 days of postnatal period.

Objectives

- 1) To assess the level of knowledge regarding breast complication among the postnatal mothers.
- 2) To evaluate the effectiveness of video assisted teaching on breast complication
- 3) To associate the level of the knowledge on breast complication among post - natal mothers with their selected demographic variables.

2. Materials and Methods

Research approach - Quantitative research approach was used for the study.

Research design - pre - experimental one group pre - test and post - test design was selected for this study.

Setting: The study was conducted at postnatal ward at Sri Manakula Vinayagar Medical College &Hospital.

Population: All Postnatal mothers

Sample: postnatal mothers

Sample size: 30 postnatal mothers

Sample technique: Convenientsampling technique

Sample criteria:

Inclusion criteria:

- Age group 18 - 45years.
- Postnatal mothers who are present at the time of data collection.
- Postnatal mothers will able to understand and speak tamil and English.
- Postnatal mothers who are willing to participate in this study.

Exclusion criteria:

- Postnatal mothers who Are not willing to participate in this study.
- Postnatal mothers who are not known to read tamil and English.
- Postnatal mothers who not present at the time of data collection.

Description of the tool:

The tool used for this study is a standardized tool and the tool consist of 2 sections namely,

Part 1: This section consists of age, religion, occupation, education status, area of living, type of family and family income.

Part II: This section consists of 30 knowledge questionnaires on breast complication. Each correct answer as given a score of 1 and each wrong answer was given a score of 0. The total possible score of the self - administered questionnaire was 30. The question was prepared in English and Tamil.

The knowledge level of respondent was categorized as follows;

- Inadequate knowledge - below 50%
- Moderately adequate knowledge - 50 - 75%
- Adequate knowledge - above 75%

3. Discussion and Results

Table 1: Frequency and percentage wise distribution of Pre - test and post - test of the level of knowledge on breast complication among postnatal mothers. (N = 30)

Level of knowledge	Pre - test			Post test		
	N	%	Mean SD	N	%	Mean SD
Inadequate knowledge	12	40	15.1 8.236	0	0	27.4 3.297
Moderate Knowledge	9	30		4	13.3	
Adequate Knowledge	9	30		26	86.7	
Total	30	100		30	100	

Table-1: Frequency and percentage wise distribution ofPre - test and post - test of thelevel of knowledge on breast complication among postnatal mothers.

In pre - test, Majority of the postnatal mothers12 (40%) had inadequate level of knowledge, 9 (30%) had moderate level of knowledge and 9 (30%) had adequate level of knowledge. The mean and standard deviation of thelevel of knowledge on breast complication among postnatal mothersin pre - test is (15.1+8.236).

In post - test, Majority of the postnatal mothers26 (86.7%) had adequate level of knowledge and 4 (13.3%) had moderate level of knowledge. The mean and standard deviation of thelevel of knowledge on breast complication among postnatalmothersin post - test is (27.4+3.297).

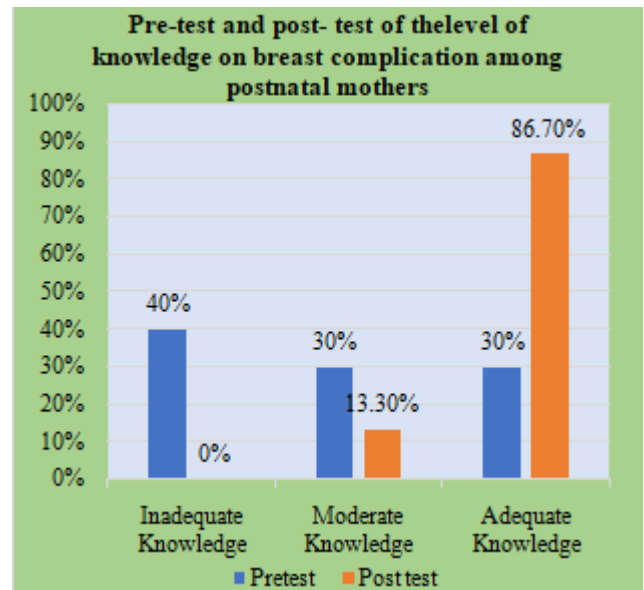


Figure 1: Percentage wise distribution of Pre - test and post - test of the level of knowledge on breast complication among postnatal mothers.

Table 2: Comparison of the Pre - test and post - test of the level of knowledge on breast complication among postnatal mothers (N=30)

S. No.	Level of knowledge	Mean	SD	't' Value	'p' Value
1.	Pre test	15.13	8.236	- 9.602	0.001**
	Post test	27.40	3.297		

Table - 2 shows that, the mean score of effectiveness in the pre - test was 15.13 ± 8.236 and the mean score in the post - test was 27.40 ± 3.297 respectively. The calculated paired 't' test value of $t = - 9.602$ shows statistically highly significant difference between Comparison of the Pre - test and post -

test of the level of knowledge on breast complication among postnatal mothers respectively.

That the demographic variables type of family had shown statistically significant association with the post level of knowledge on breast complication among postnatal mothers with chi - square value of ($\chi^2=6.923$, d. f=1) $p<0.05$ level. The other demographic variables had not shown statistically significant association with the post level of knowledge on breast complication among postnatal mothers respectively.

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