Practices Regarding Child Birth and Basic Newborn Care among Urban - Slum Population

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Abstract: Background: Present study was conducted to assess practices regarding child birth and basic newborn care among urban slum population. Material and Methods: The mothers of newborns residing in urban slum near a tertiary care centre, Ahmadabad, were interviewed using a pre-designed questionnaire. Total 100 mothers were interviewed. Results: Out of total deliveries, 80% deliveries were institutional. Among home deliveries 86% were conducted by trained Dais; in 93% cases umbilical cord application was done with cow dung (70%) and rest by kumkum, hing and other substances. Out of total, 84% babies were given pre lacteal feed in form of honey (36%), jaggery water (32%), and colostrum was given to only 14% of newborns. Kajal application was done in all newborns in my study. 98% of newborns were given routine immunization. 87% of mothers believed that bottle feeding should be given to their babies. Conclusion: Traditional and unacceptable methods of newborn care are still persisting significantly in slum areas. Early initiation of breast feeding and Kangaroo mother care practices are far away from reality in an urban slum, which needs to be given more emphasis by health education and awareness.

Key words: Breast feeding, Pre lacteal feed Kangaroo mother care

1. Introduction

India is striving hard to achieve Millennium Development Goals (MDG) 2015, in maternal and child health through National Rural Health Mission (NRHM) programmes. The result has shown remarkable reduction in Infant Mortality Rate (IMR) [1] during last few years, but Neonatal Mortality Rate (NMR) is proportionately not declining. Further, along with industrial development in India, there is a paradoxical shift of population from rural villages to cities and leading to increase in number of slums. Most of the urban slum populations are unskilled workers with poor education and low socio-economic status.

2. Objective

- To assess basic newborn care practices in urban slum area
- To assess practices regarding child birth and reason for delivery at home

2.1 Material and Methods

It was Cross sectional study in an urban slums near a teaching institute at Ahmadabad. An orally expressed consent was taken from participating mothers. Total of 100 mothers who had recently given birth over past 3 months were randomly selected from urban slum. A structured questionnaire was sent out, which was to be filled and returned. Illiterate mothers were asked to answer the questions orally and were filled in by volunteers.

2.2 Results

Mode of delivery
- Home delivered – 20%
- Institutional delivered – 80%

Delivery was
- Planned -92%
- Unplanned-8%

Delivery was conducted by
- Trained dai/ANM -86%
- Untrained dai-14%

Reason for planned Home delivery,
- Tradition -76%
- Ease and convenience-1%
- Preference of family members-23%

In case of Home delivery, umbilical cord was cut by,
- New/boiled blade-83%
- Old/Unboiled blade-17%

Umbilical cord application done,
- Yes-93%
- No-07%

Umbilical cord application was done with,
- Oil-1%
- Turmeric-8%
- Hing-10%
- Cowdung-70%
- Kumkum-11%

1st feed to baby was,
- Colostrum-2%
- Breast milk-14%
- Prelacteal feed-84%
Colostrum was given
- Yes-14%
- No-86%

Feeding was started,
- Within 2 hr-1%
- 24 hr-73%
- 2 day or more-26%

Type of prelacteal feed,
- Ghee/oil-01%
- Honey -36%
- Sugar-11%
- Jaggery water-32%
- Animal milk-20%

Kajal application to baby,
- Yes-98%
- No-02%

Clothes was used to wrap Baby,
- Old unwashed cloth-29%
- Old washed cloth-22%
- New washed cloth-48%
- None-1%

Awareness about KMC,
- Yes-02
- No-98%

Awareness about birth weight of baby,
- Yes-63%
- No-37%

Baby was delivered at,
- Private-38%
- Government-62%

Baby was given vaccine ,
- Yes-98%
- No-02%

Number of layers of clothing your Child wear in Winter,
- Correct answer-4%

Number of layers of clothing your Child wear in Summer,
- Correct answer-5%
  Bottle feed should be given ,
  - Yes-87%
  - No-13%

How long you will give breast feeding,
- Correct answer – 2%

First bathe to your child,
- Soon after birth-86%
- Within first week-12%
- Within first month-1%
- Don’t know-1%

3. Discussion

In my study 80% babies were delivered at institution and 20% at Home. Among Home deliveries 86% were conducted by trained Dais and 14% by untrained Dais. In 76% cases reason for Home delivery was tradition and in 23% due to pressure from family members, reason for unplanned Home delivery was precipitated labour. Among Home deliveries, umbilical cord was cut by new/sterilized blade 83% while in 17% cases old/nonsterilized blade was used. In 93% cases of Home delivery, umbilical cord application was done with cowdung(70%), rest by kumkum, hing and other substances. Out of all newborns 84% were given prelacteal feed as first feed to baby in form of Honey (36%), Jaggery water (32%). The colostrum was given only to 14% of newborns. Majority of mothers (73%) had started feeding to their babies after 2 hours of life and 26% had started after 2 days. Kajal applications was done in all newborns of my study. Only 2% of mothers were aware of KMC, 63% were aware of Birth weight of their babies. Among Institutional deliveries 86% delivered at Government Institute. 98% of all newborns were given routine immunization suggestive of good immunization coverage. 87% of mothers believed that Bottle feeding should be given to their babies and only 2% of mothers knew that breast feeding should be given for 6 months.

4. Conclusion

Traditional and acceptable methods of new born care still persisting significantly in slum areas. Early initiation of breast feeding and KMC practices are far from reality in an urban slum, which needs to be given more emphasis by health education and awareness. Studies in India have also shown a decline in breast feeding trends in urban areas [2], [3].

5. Future Scope

It is important to provide appropriate health education and utilize every opportunity of contact with the mother to counsel them regarding the appropriate practices of child birth and basic Newborn care.

References


Author Profile

Dr Manisha J. Khunt had passed MBBS from B. J. Medical College, Ahmadabad, Gujarat. Presently she is doing MD in pediatrics from Civil Hospital, Ahmadabad, Gujarat, India