

A Study on the Knowledge and Practice regarding Prevention of Postpartum Complications among Post Natal Mothers with a View to Provide a Need based Teaching in Selected Hospital of Dehradun, Uttarakhand

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Abstract: *Pregnancy is the vital event in the women's life. It requires singularly attention from the time of conception to the post natal period. Complications in early post natal periods may lead many issues. These problems not only lead to various short term and long term, but also cause mortality.*¹ **Method:** *A Descriptive study was conducted on 120 post natal mothers by convenient sampling technique. Determination of this study was informed and written approval was taken from the applicants. Data were collected by administering tools and need based teaching was provided. Tool was organized through investigator.* **Result:** *This study outcome revealed that the overall mean knowledge score and practice score was 22.77 ± 4.60 And 15.55 ± 1.54 . Most (50.83%) of post delivered women had good knowledge and majority (91.66%) of post natal mothers had good practice regarding prevention of postpartum complications.* **Conclusion:** *From the study findings it could be calculated that post delivered women had good knowledge and good practice about prevention of postpartum complications. On the basis of knowledge and practice of post delivered women, need based teaching provided regarding prevention of postpartum problems.*

Keywords: knowledge, practice, post natal mothers, prevention of postpartum complications, need based teaching

1. Introduction

Pregnancy is the fundamental occasion in the women's life. It requires independent consideration from the season of origination to the postpartum period. Pregnancy can be unique in relation to lady to lady, and not withstanding for a similar mother starting with one pregnancy then onto the next. A few manifestations of pregnancy keep going for half a month or months, while different inconveniences are transitory or don't influence all ladies. For a pregnant lady, feeling another life creating inside her body is a breaking background, despite the fact that she may not generally feel her best at certain focuses on route.¹

The world health organization portrays the post-partum period as the most basic but almost dismissed stage in the lives of mothers and infants, most death happen during the postnatal period. It is nevertheless important that all postnatal women still have access to, and appropriately receive, postpartum care. Therefore the health assistant must be capable to identify signs of some degree of postpartum difficulties that require further investigation and discuss the future management of these with the woman.^{1,2}

2. Literature Review

Post natal complications add to a great deal of maternal grimness. These intricacies not just prompt different present moment and long haul, yet additionally purpose mortality. Around 6,00,000 ladies pass on, worldwide because of pregnancy-related entanglements, and 99% of these passing

happen in creating nations. Additionally, over half of these cases have been accounted for during the post delivered difficulties.³ As per WHO, maternal dismalness is unsatisfactory high. In 2010, 2,87,000 ladies passed on during and following pregnancy and labor. Somewhere in the range of 1990 and 2015, maternal mortality overall dropped by around 44 %. (WHO) 3 every day in 2015, around 830 ladies kicked the bucket because of complexities of pregnancy and labor.¹

3. Problem Statement

A study on the knowledge and practice regarding prevention of postpartum complications among post natal mothers with a view to provide a need based teaching in selected hospital of Dehradun, Uttarakhand.

4. Objectives

- To assess the level of knowledge of post natal mothers regarding prevention of postpartum complications.
- To assess the practice of post natal mothers regarding prevention of postpartum complications.
- To find the correlation between knowledge score and practice score of post natal mothers regarding prevention of postpartum complications.
- To find association between level of knowledge with their selected demographic variables.
- To find association between level of practice with their selected demographic variables.

5. Material and method

In the present study quantitative approach was used. Convenient sampling method was used to recruit 120 post delivered women from Himalayan hospital Dehradun, Uttarakhand. Data were collected by using structured knowledge questionnaire; self-reported practice check list and demographic details were obtained using baseline data. On the day of data collection need based teaching programme was provided to the participants. Tools were structured knowledge questionnaire that contains total 32 questions related to prevention of post-partum complications. Each question had four alternatives among which only one was correct response. The scoring was done as right answer will get one mark (1) and wrong answer got zero (0) mark. Where subject were asked for right response and researcher put tick mark (✓) against the answer given by subjects. The maximum score was 32. Self-reported practice check list consist of 20 items connected to the preparation of post delivered ladies regarding prevention of postpartum complications. These practices were responsible for the early recovery and prevention of infection. Each correct response had one point in which yes consist as 1 and no consist 0 mark.

6. Analysis and interpretation

Section A: Description of demographic profile of learning participants.

Table 1: Frequency & percentage distribution of profile of the post natal mothers, n=120

S.NO.	Demographic variables	Frequency (f)	Percentage %
1	Age (in years)		
	19 - 26	60	50%
	27 – 33	54	45%
	34 - 40	6	5%
2	Education-		
	No formal education	4	3.33%
	Primary	4	3.33%
	Secondary	51	42.51%
	Above secondary	61	50.83%
3	Religion –		
	Hindu	104	86.66%
	Muslim	12	10.01%
	Sikh	4	3.33%
	others	-	-
4	Occupation-		
	Home maker	114	95%
	Self-employee	-	-
	Gov. job	-	-
	Private job	6	5%
5	Monthly income in Rs.		
	5000- 20000	95	79.17%
	20001- 35000	20	16.67%
	35001 – 50000	5	4.16%
6	Area of residence		
	Rural	51	42.50%
	Urban	63	52.50%
	Semi urban	6	5%
7	Types of family		
	Nuclear	67	55.84%
	Joint	53	44.16%

8	Extended family	-	-
	Dietary pattern –		
	Veg	47	39.17%
9	Non veg	73	60.83%
	Duration of marriage		
	8 months - 7 year	95	79.17%
	8 – 16 year	21	17.50%
10	17 – 25 year	4	3.33%
	Type of delivery –		
	Normal vaginal delivery	70	58.34%
	Cesarean section	50	41.66%
11	Instrumental delivery	-	-
	Parity		
	Primi Para	51	42.50%
	Multi Para	64	53.34%
12	Grand multipara	5	4.16%
	No. Of children		
	1	52	43.34%
	2	51	42.50%
13	3	13	10.83%
	>4	4	3.33%
14 (a)	Post natal day		
	2 nd	61	50.84%
	3 rd	59	49.16%
	Previous information about prevention of postpartum problems-		
(b)	Yes	6	5%
	no	114	95%
	Source of Information - (n=6)		
(b)	Health workers	1	16.67%
	Mass Media	3	50.00%
	Peer Group	2	33.33%

Data presented in table no -1 illustrates demographic variables of applicants. Half of the study applicants 50% were between 19-26 years of age group. Most of the applicants 50.83% were having above secondary education. Majority of the applicants were Hindu 86.66%. more than half of the participants were home maker 95%. Most of the participants 79.17% had monthly family income between 5000-20,000 rs. Most of the participants 52.5% were residing in rural area. Most of the participants 55.84% were from nuclear family. Most of the participants 60.83% were non vegetarian. Most of the participants 79.17% were married for 8 months to 7 years. Most of the participants 58.34% has undergone normal vaginal delivery. Most (53.34%) of the mothers were multipara. Most of the participants (43.34%) was having 1 child. half of (50.83%) participants were having 2nd day and (49.16) were having 3rd day. Majority (95%) of study participants were not having previous knowledge and only (5%) were got the knowledge from health workers, mass media and peer group.

Section B: Analysis established on the objectives of the study

Table 2: Mean, SD Range, Median and Mean percentage of level of knowledge regarding prevention of post-partum complications-

Knowledge Score	Maximum Score	Obtained Score	Median	Mean ±SD	Mean (%)
	32	9-31	23	22.77 ± 4.60	71.15%

Table no 2-Data existing in table no 2 indicate, description of knowledge scores regarding prevention of Post - partum

complications. Maximum score 32. Lowest gained score was 9 and the highest range of score was 31. The mean value was 22.77 ± 4.60 . Mean % for knowledge score was 71.15%.

Table 3: Mean, SD Range, Median and Mean percentage of level of practice regarding prevention of postpartum complications, $n=120$

Practice Score	Maximum Score	Obtained Score	Median	Mean \pm SD	Mean (%)
	20	9-19	16	15.55 ± 1.54	77.75%

Table no 3: Data accessible in Table no 6 displays that in level of practice scores regarding prevention of postpartum problems. Maximum score was 20. The lowest range of obtained score was 9 and the highest range of value was 19. The mean value was 15.55 ± 1.54 . Mean % for knowledge value was 77.75%, $n=120$

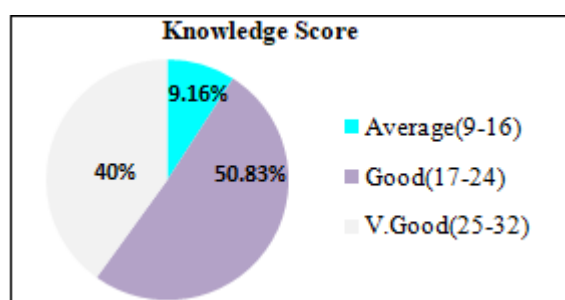


Figure 1: Illustrate that most (50.83%) of post delivered ladies had good knowledge, (40%) of them had very good knowledge and only (9.16%) were having average knowledge regarding prevention of postpartum complications.

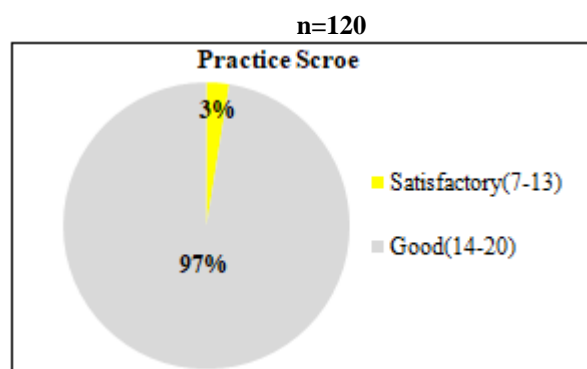


Figure no-2: illustrate that majority (91.66%) post delivered ladies had good level of practice, only (8.33%) of them having satisfactory level of practices regarding prevention of postpartum complications.

Section- C: Correlation between knowledge score and practice score of post natal women regarding prevention of postpartum complications.

Table 4: Correlation between knowledge score and practice score of post natal mothers about prevention of postpartum complications, $n=120$

	Mean \pm SD	r- value	p -value
Knowledge	22.77 ± 4.60	0.124	1.77
Practice	15.55 ± 1.54		

Table no -4 Describe that there were no correlation among knowledge and practice score with the calculate value $r = 0.124$ at p value of 1.77. Hence it can be interpreted that the null hypothesis (H_0) was accepted and the research hypothesis (H_1) was rejected.

Section-D Association among level of knowledge with particular demographic profile of post natal women

Table 5: Association among level of knowledge with nominated demographic profile of post natal women

S. NO	Demographic Data	Below median <23	At and above median ≥23	Chi square	P value
1	Age-			0.001	0.97
	19-30 yr	51	46		
	31-40 yr	12	11		
2	Education-				0.03*
	No formal education	4	0		
	Educated	49	67		
3	Religion-			1.52	0.21
	Hindu	44	59		
	Others	10	7		
4	Occupation			0.02 #	0.86
	Unemployed	52	62		
	Employed	2	4		
5	Monthly income in Rs.			2.05 #	0.15
	5000 – 25,000	60	47		
	25001 – 50,000	4	9		
6	Living area			3.51	0.06
	Rural	28	23		
	urban	26	43		
7	Type of family			0.65	0.41
	Nuclear	28	28		
	joint	26	26		
8	Dietary pattern			0.65	0.41
	Veg	19	28		
	Non veg	35	38		
9	Duration of marriage			\$	0.00*
	8 months – 10 years	53	56		
	11 – 25 years	11	0		
10	Type of delivery			0.09	0.7
	Normal	35	41		
	Caesarean Section	19	25		
11	Parity			1.19	0.27
	Primi Para	20	31		
	Multi para	34	35		
12	No of children			0.5	0.477
	1-2	45	58		
	More than 2	9	8		
13	Post natal day			0.02	0.86
	2	27	34		
	3	27	32		
14	Previous information			1.79 #	0.17
	Yes	5	1		
	no	53	61		

Significant at $df_1 = 3.841$, at $p < 0.05$, \$ fisher exact and # yates correction

Table no 5- The data despite that association of level of knowledge with nominated demographic profiles. There were statically significant association found with the level of knowledge and education and duration of marriage and all other demographic profiles such as oldness, religion, living area, nutritive habit, job, periodic salary, type of household, parity, type of delivery, no of children, post natal day, and

previous knowledge about prevention of postpartum problems have no significant association with the level of knowledge. Hence it could be influenced that there was an impact of education and duration of marriage on the knowledge among post natal mothers. Hence it can be interpreted that the null hypothesis (H_0) was partially acknowledged and the research hypothesis (H_1) was rejected.

Table 6: Association among level of practice of post delivered ladies regarding prevention of postpartum complications with the selected demographic variables.

n=120

S. NO.	Demographic Data	Below median <16	At and above median≥16	Chi square	P value
1	Age-				
	19-30 yr	81	17	0.34	0.55
	31-40 yr	17	5		
2	Education-				
	No formal education	4	0	\$	0.01*
	Educated	39	77		
3	Religion-				
	Hindu	38	66	0.16	0.68
	Others	5	11		
4	Occupation				
	Unemployed	41	73	0.017 #	0.89
	Employed	2	4		
5	Monthly income				
	5000 – 25,000	87	20	0.085 #	0.77
	25001 – 50,000	11	2		
6	Living area				
	Rural	18	32	0.01	0.89
	urban	26	44		
7	Type of family				
	Nuclear	24	43	0	1
	joint	19	34		
8	Dietary pattern				
	Veg	16	31	0.03	0.86
	Non veg	26	47		
9	Duration of marriage				
	8 months – 10 year	90	19	0.15 #	0.69
	11 – 25 year	8	3		
10	Type of delivery				
	Normal	16	60	19.69	0.00*
	Caesarean section	27	17		
11	Parity				
	Primi	16	35	0.76	0.38
	Multi para	27	42		
12	No of children				
	1-2	35	68	1.08	0.29
	More than 2	8	9		
13	Post natal day				
	2	21	40	0.1	0.74
	3	22	37		
14	Previous info				
	Yes	0	6	\$	0.08
	no	43	71		

Significant at $df_1 = 3.841$, at $p < 0.05$, \$ fisher exact and # yates correction

Table no 6-The data despite that association of level of practice with nominated baseline data. There were statically significant association found with level of knowledge and

education and type of delivery and all other baseline data such as Oldness, religion, living area, nutritional habit, occupation, periodic income, , parity, duration of marriage, no of children, post natal day, and previous knowledge about prevention of postpartum problems have no significant association with the level of practice. Hence it could be influenced that there was an impact of education and type of delivery on the practice among post natal mothers. Hence it can be interpreted that the null hypothesis (H_0) was partially accepted and the research hypothesis (H_1) was rejected.

7. Discussion

The study findings illustrate that most (50.83%) of the postnatal mothers had good knowledge and majority (91.66%) of postnatal mothers had good practice regarding prevention of post-partum complications. There were weak correlation between knowledge and practice score of post delivered ladies about prevention of post-partum complications. In association, education and duration of marriage were having significant association with the knowledge score at the level $p < 0.05$. Education and type of delivery were having significant association with the practice score at the level $p < 0.05$.

8. Conclusion

Based on finding of the study, the researcher observed that there were good knowledge and practice of post natal mothers regarding prevention of postpartum complications and need based teaching were emphasized on the lacking areas or quarries raised by post natal mothers. The interventional programme regarding prevention of postpartum complications can be planned to minimize the complications and to improve the maternal health among post delivered ladies.

9. Future Scope

The Student nurse posted in the obstetric wards & community area can educate the post natal mothers regarding minor elements of postpartum complications and its prevention.

10. Acknowledgement

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