

# Role of Mothers Care in Neonatal Growth and Development Primi-Parous vs Multi-Parous

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**Abstract:** ***Aim:** To assess the newborn care knowledge and practices among primi-parous and multi-parous mothers. **Methods and Materials:** A comparative study conducted in a SBMCH, Chennai. A total of 200 mothers, of which, 100 primi-parous, 100 multi-parous mothers accompanying their children in pediatric op were interviewed. **Results:** Compared to primi-parous, multi-parous mothers have good knowledge in the areas that were interviewed about the neonatal care. Mother's educational, occupational and socioeconomic status also plays a role in neonatal care. **Conclusion:** Health education during the third trimester can improve the mothers' knowledge regarding newborn care practices such exclusive breastfeeding, stoppage of discarding of colostrums cord care etc. Mothers who conceive for the second time would have gained knowledge in the above mentioned fields to prevent the mistakes that occurred in the first pregnancy.*

**Keywords:** New born care/ neonatal care, primi-parous, multi-parous, postnatal period

## 1. Introduction

0.75 Million newborns die before they reach one month of age every year in India. Neonatal care is the core to the wellbeing of the newborn. Many factors play a role in the growth and development the newborn. Though neonatal deaths have been decreasing over the past few years in India, there are still many deaths simply due to the lack of knowledge in mothers in neonatal care.

Socio-demographic factors such as education SE status age of the mother and whether the mother is working or not seem to have an affect over the child's health and growth both mentally and physically and development. Other cultural factors such as pre-lacteal feeds or application of coconut oil or mustard oil etc over the cord stump or home delivery have proved to be important factors towards decreased neonatal health care. Home deliveries are still common few remote areas and villages where healthcare facilities haven't yet developed much and groups who are socioeconomically low as well as mothers who less educated. Home deliveries by midwives without the medical required to conduct a safe delivery have played a pivotal role in the deaths of many neonates in India. Age of the mother is another factor for the safe pregnancy and safe delivery of the child. Working mothers have showed reluctance towards breastfeeding due to the lack of time. Room-in with the baby is also decreased hence affecting the child mental development. Mothers care is very important for the sound development of the child.

Antenatal visits hold its own in the neonatal well being. The care of the mother during pregnancy is very important for the sound development of the baby and delivery of the baby. Breast feeding is very important part of neonatal health and immunity. Breast milk has all the core nutrients required

for the baby's healthy growth and development. It provides all the antibodies required for the child to stay immune from infection. Colostrum shouldn't be expressed it should be fed the child. About 60% of children are denied of the first immunization by discarding the colostrum. Colostrum is high in carbohydrates, high in protein, high in antibodies, and low in fat (as human newborns may find fat difficult to digest). Colostrum contains large numbers of antibodies called "secretory immunoglobulin" (IgA) that help protect the mucous membranes in the throat, lungs, and intestines of the infant.

Few groups of people especially in the lower socio-economic group or those that don't have primary education haven't given their babies the vaccines. This makes the babies susceptible to infections.

This study was undertaken to compare new born care between primi-parous mothers vs. multi-parous mothers. The study aimed to identify which of the two group of mother's does neonatal care better. It also aimed to identify the constraints faced by mothers regarding neonatal care. This information will be useful for doctors to education young mothers and for designing interventional programs.

### Objective

To assess the newborn care knowledge and practices among primi-parous and multi-parous mothers. To improve the new born care for their healthy adulthood.

## 2. Methodology

Study design: A comparative study

Study area: Sree Balaji medical college and hospital in Chennai, Tamil Nadu, India.

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A total of 200 mothers, of which, 100 were primiparous, 100 multi-parous mothers accompanying their children in pediatric op were interviewed, through a structured questionnaire.

Areas of inquiry include

- A) Sociodemographic - 1) education 2) SE status 3) Age 4) Mother's occupation
- B) Practices - 1) institutional delivery 2) antenatal care visit 3) prelactal feed 4) colostrums discarded 5) exclusive breastfeeding 6) rooming in 7) cord care 8) vaccines.

**Inclusion criteria:**

This study includes primiparous mothers and mothers who are conceiving for the second time of any age group.

**Exclusion criteria:**

- Nulliparous women
- Mothers with a twin pregnancy.

**Limitations**

The study is not based on actual observations so it may be subject to recall bias. Only mothers of surviving infants were interviewed, hence, there may be a bias as to what were the practices of mothers whose babies had died. Since all the participants were using the health care facility so there may be bias as to what are the practices of those mothers who do not use health care facilities.

**Questionnaire**

**Forum:**

- Name:
- Age:
- Occupation:
- Family income:
- SE status:
- Mother's occupation:

**Questionnaire:**

- a) Institutional or home delivery:
- b) Knowledge about pre-lacteal feeds:
- c) Did you discard colostrums:
- d) Knowledge about the importance of exclusive breast feeding:

- e) was room-in done:
- f) was coconut oil or turmeric powder or mustard oil or putrefied butter applied on the cord stump:
- g) Importance of vaccination:

**3. Results**

The information collected by mothers (both primiparous and multiparous) were categorized and tabulated. The categories include age of mothers, their socioeconomic status and mother's place of delivery and postnatal period; that further includes a) mode of delivery, b) pre lacteal feeds, c) colostrums discarding, d) exclusive breast feeding, e) rooming in, f) cord care, g) vaccination.

**Table 1:** Distribution of Age based on Parity in Study Population

Age In Years	PRIMI-PAROUS (N = 100) (50%)	MULTI-PAROUS (N = 100) (50%)
BELOW 20	19	6
20-25	30	20
25-30	21	38
30-35	20	22
MORE THAN 35	10	14

**Socioeconomic status** according to Modified kuppusamy classification

Total score	Socioeconomic class
26-29	Upper class
16-25	Upper middle
11-15	Lower middle
5-10	Upper lower
Below 5	Lower

**Modified kuppusamy** classification according to education, occupation and per capita income:

Education of head of family	Score	Occupation of head of family	Score	Total per capita family income per month (as given originally in 1976)	Score
Professional degree	7	Professional	10	2000 and above	12
Graduate	6	Semi profession	6	RS 1000-1999	10
Intermediate/diploma	5	Clerical/shop/farm	5	RS 750-999	6
High school	4	Skilled worker	4	RS 500-749	4
Middle school	3	Semiskilled worker	3	300-499	3
Primary school	2	Unskilled worker	2	RS 101-299	2
Illiterate	1	Unemployed	1	Less than RS 100	1

**Table 2:** Distribution based on the Socio-Economic Status among Primi-Parous Mothers:

SE Status	Upper Class (N = 18)	Upper Middle Class (N = 46)	Lower Middle Class (N = 15)	Upper Lower Class (N = 15)	Lower Class (N = 6)
Institutional delivery	18 (100%)	46 (100%)	15 (100%)	15 (100%)	4 (66%)
home delivery	0	0	0	0	2 (34%)
k/a pre-lacteal feeds (whether to be given or not)	4 (22%)	32 (70%)	10 (67%)	9 (60%)	2 (34%)
Colostrum discardation	9 (50%)	18 (39%)	8 (53%)	4 (27%)	3 (50%)
k/a exclusive breast feeding importance	12 (67%)	38 (83%)	8 (53%)	12 (80%)	3 (50%)
was room-in done	10 (56%)	35 (76%)	15 (100%)	15 (100%)	4 (66%)
was coconut oil or turmeric powder or mustard oil or putrefied butter applied on the cord stump	3 (17%)	15 (33%)	12 (80%)	11 (73%)	5 (83%)
k/a Importance of vaccination	18 (100%)	44 (96%)	8 (53%)	6 (40%)	3 (50%)

k/a – knowledge about

**Table 3:** Distribution Based on Socio-Economic Status among Multi-Parous Mothers:

SE STATUS	Upper Class (N = 13)	Upper Middle Class (N = 38)	Lower Middle Class (N = 22)	Upper Lower Class (N = 18)	Lower Class (N = 9)
Institutional delivery	13 (100%)	38 (100%)	22 (100%)	18 (100%)	7 (78%)
home delivery	0	0	0	0	2 (22%)
k/a pre-lacteal feeds	4 (31%)	30 (79%)	19 (86%)	15 (83%)	3 (33%)
Colostrum discardation	3 (23%)	8 (21%)	9 (41%)	9 (50%)	1 (11%)
k/a exclusive breast feeding importance	11 (85%)	35 (92%)	16 (73%)	16 (89%)	5 (56%)
was room-in done	10 (77%)	32 (84%)	18 (82%)	18 (100%)	9 (100%)
was coconut oil or turmeric powder or mustard oil or putrefied butter applied on the cord stump	4 (31%)	24 (63%)	13 (59%)	14 (78%)	8 (89%)
k/a Importance of vaccination	13 (100%)	36 (95%)	18 (82%)	14 (78%)	4 (44%)

k/a – knowledge about

#### 4. Discussion

In view of the results, it shows that primi-parous mothers have increased tendency to make mistakes in case of neonatal care compared to multi-parous mothers. Education, socio-economic status and age of the mother does matter in case of multi-parous mothers, as they may not be fordable or too old or young to provide adequate care for the child.

Age of the mother plays a pivotal role in the wellbeing of neonates as younger and older age groups.

Importance of breastfeeding are well known in multi-parous mother than primi-parous mothers Primi-parous mothers show reluctance towards breastfeeding because either the mother might be working or that the mother has no primary education. But then multi-parous might show reluctance because of increased tiredness due to short time gap between pregnancies or anemia which isn't a major factor in case of primi-parous mothers. Colostrums disposal is majorly seen in primi-parous mothers as they don't have enough knowledge on the importance of colostrums. Colostrums is important as it forms the base of neonatal immunity. Importance of vaccination is known good among both primi-parous and multi-parous mothers.

#### 5. Conclusion

Knowledge regarding newborn care was poor in primi-gravida and primi-parous mothers compared to multiparous mothers. Harmful practices regarding newborn care were prevalent among primi-gravida and primi-parous mothers.

Health education during the third trimester can improve the mothers' knowledge regarding newborn care practices such exclusive breastfeeding, stoppage of discarding of colostrums cord care etcin primi-gravida mothers and education of primi-parous mothers can be done at least to prevent similar mistakes done in future pregnancies. Multiparous mothers on the other hand don't require such attention as they learn from their previous pregnancies. Mothers who conceive for the second time will need to be educated in the above mentioned fields to prevent the mistakes that occurred in the first pregnancy.

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