



AN EXPLORATORY STUDY TO ASSESS LEVEL OF BIRTH PREPAREDNESS AMONG PRIMIGRAVIDA WOMEN AT NAHAN HOSPITAL, DISTRICT SIRMOUR, HP

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ABSTRACT

Pregnancy itself is a most crucial and joyful part of life. Most of the couples want to do the best things they can do for the benefit of their child. Every mother must understand the importance of birth preparedness during antenatal period itself so that she can take good care of her baby later. Aim of the study is to explore level of birth preparedness among Primigravida women and to assess the level of birth preparedness. This study adopted descriptive exploratory design and is conducted at selected government district hospital Nahan Total of 100 subjects were taken for this study of reproductive age group (18-45 years) with a convenient sampling technique, A structured questionnaire was used to collect data regarding birth preparedness among Primigravida women. Data analysis was done by descriptive and inferential statistics. The result showed that among total respondents majority of them had moderate awareness 55% and least of them 4% had low level of awareness about birth preparedness. 86% of the respondents were aware of the word birth preparedness and there is a significant relationship between knowledge scores and variables of social, personal and health. so we have concluded with the findings of present study that the personal profile of patient was not much associated with awareness of birth preparedness. Awareness was significantly associated with area and sources of information along with age Therefore proper prevention programs are needed to be developed, to make the Primigravida women more aware as it will modify the behavior of patients to learn more about birth preparedness.

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INTRODUCTION

Chapter III

Background of the Study

Pregnancy itself is the most crucial and joyful part of a woman's life. Most of them want to do the best things for their child According to Pruett (2009) each antenatal woman must understand the importance of childbirth preparation and the fathers have significant influences on the development of the infant's relationship, directly and indirectly. The greatest direct influence is through supporting, protecting and facilitating the maternal infant. Evidences now suggest an increased involvement of the father and this involvement in the early years contributes to the growth and development of child. The close relationship between the father and infant does not threaten maternal and infant attachment. Thus the father is a significant component in the long term development of the infant.^[1] According to IOSR (International Organization of Scientific Research) journal of humanity and social sciences (2015), childbirth education classes were developed for

meeting women's pain reduction needs during labor and delivery. Early contributors, such as Dick Read and Lamaze, formed the basis of childbirth education classes in addition to pain management, to help women cope with childbirth through active participation. Childbirth education emphasizes on making childbirth a more rewarding experience for the mother, her mate and her entire family. As per World Health Organization, maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is positive experience and expresses normal physiological state, too many women suffers during this phase from morbidity and mortality. Every pregnancy is associated with certain risk to life and health of mother and child. In developing countries, complications during pregnancy and childbirth are a leading cause of death and disability among women in reproductive age group.^[2]

Need For the Study

Preparedness also helps pregnant women to acquire skills and confidence needed to make birth a positive experience, as it dissolves fears and makes pregnancy a time to remember. Now a days even in maternity hospitals, more emphasis is given to birth preparedness. Few institutes have arrangement for classes on maternity issues e.g. exercises, diet, nutrition, birth process,

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how to look after the baby, breast feeding techniques and its benefits. During my clinical posting, I interacted with the postnatal mothers at KNH Hospital, Shimla. As a researcher, I felt that the postnatal mothers are having lack of knowledge related to baby care and self-care after the delivery because they are not exposed to any kind of information related to baby care and self-care, so I felt there should be a health-talk sessions for the antenatal mother's regarding birth preparedness the situation motivated me as a researcher to do a study on birth preparedness among Primigravida woman.

Statement of the Problem

An Exploratory study to assess level of Birth Preparedness among Primigravida women at Nahan Hospital, District Sirmour, HP

Aim

To explore the level of birth preparedness among Primigravida women

Objectives

1. To assess the level of birth preparedness among Primigravida women in their third trimester for safe birth.
2. To associate level of birth preparedness with personal, social and health variables.

Perational Definition

Assess: It refers to evaluate the awareness of pregnant women about the birth preparedness.

Birth preparedness: It is a measure which prepare mother physically, emotionally, financially and psychologically. Birth means to bring forth or give rise to and prepare mean to produce.

Primigravida women: A women who is pregnant for the first time.

Assumption

Primigravida women may have less knowledge on birth preparedness.

Hypothesis

- H0: There is no significant association between level of awareness and selected variable
 H1: There is significant association between level of awareness and selected variables.

Delimitations

1. Selected women were taken for the conduct of study to assess there knowledge on Birth Preparedness.
2. Study is delimited to Primigravida women in their Antenatal Period.
3. Study is conducted only in Nahan Government Hospital.

Conceptual Framework

The model was given by Rosenstock's and Becker's Health Belief Model that was intended to predict which individual would or would not use preventive measures.

Becker (1974) modified Rosenstock health belief model to include individual perceptions, modifying factors and variables likely to affect initiating care. Rosenstock

assumed that good health is objective common to all people, Becker added —positive health motivationl it includes

- Individual Perception: it includes Perceived susceptibility, Perceived seriousness, Perceived threats.in my study it includes the awareness of Primigravida mothers about the birth preparedness, their lifestyle behaviors will also increase perceived susceptibility, the seriousness of disease will reduces the risk of complications. In terms of perceived threats Miscarriage Still birth, any other complication during antenatal period, PPH, Infection, Shock.
- Modifying Factors: it generally includes the Demographic Variables and Psychological Health factors of person Age in years, Education, Occupation, Income, Type of family, Religion, Sources of information, Any other known person pregnant, Category of health personnel, Antenatal visits, Wish of unborn child
- Likelihood of Action: it includes Perceived benefits and barriers example, Nutritious diet, Immunizations, Proper weight Monitoring,. Barriers may Include Lifestyle changes, Poor Socio Economic Status.

Individual perception modifying factors likelihood of action

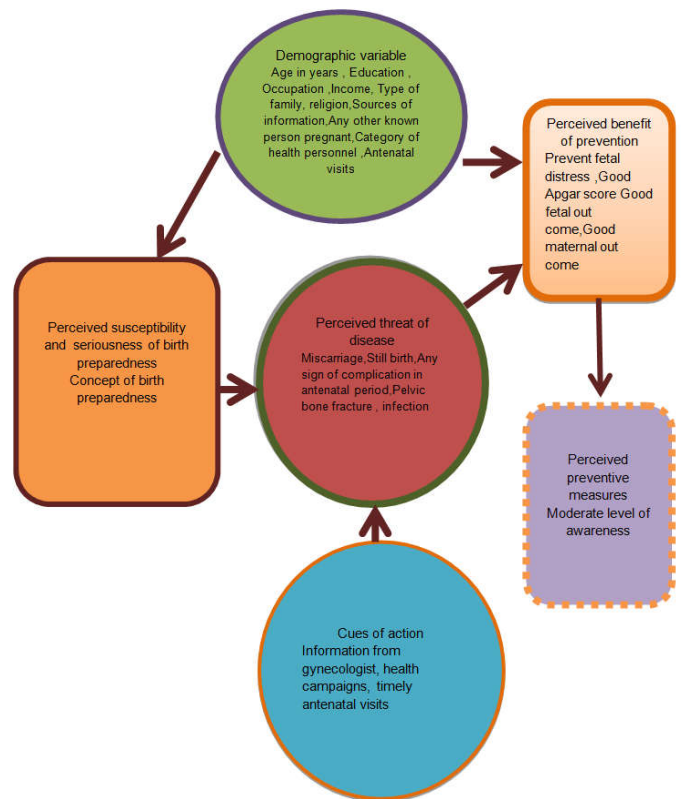


Figure 1: Modified Rosenstock's & Becker's health belief Model

Chapter II

REVIEW OF LITERATURE

Review of literature is a systematic identification, location, selection and summary of written material that contains information on research problems. Literature review is based on the extensive survey of books, journals, audio visual aids and international nursing indices. It provides books for future investigations, justifies the need for study of scientific knowledge in a profession discipline from which valid and

pertinent theories may be developed. The investigator followed these steps in the review of related research and nonresearch literature to broaden the understanding and to gain an insight into the selected problem, under study. Various books, journals, printed sources and electronic sources were utilized for this purpose and the review of literature for present study was organized under the following heads

Section Wise Classification of Review of Literature

Section I: literature related to birth preparedness and its complications.

Section II: Literature related to mortality and morbidity

Section III: Literature related to breast-feeding

Section IV: Literature related to maternity care in community

Section I: Literature related to Birth Preparedness and Complications

Togo SM & Kolou M (2015) suggested that in non-immune women in the first trimester of pregnancy, Rubella Virus (RV) infection can lead to congenital rubella syndrome (CRS). Objective of the study is to assess the rate of immunization against Rubella Virus among pregnant women. Serum samples obtained from 232 pregnant women were tested for rubella-specific IgG antibodies using a commercial ELISA kit. Overall, result have shown the Seroprevalence of rubella-specific IgG antibodies was 85% (192/226 The rates of immunization increased with age and gravidity but differences were not statistically significant.[3]

RCOG Royal College of Obstetric and Gynaecology (2011) article reveals that

Maternal collapse is a rare but life-threatening event with a wide-ranging etiology. The purpose of this guideline is to discuss the identification of women at increased risk of maternal collapse and the different causes of maternal collapse, to delineate the initial and continuing management of maternal collapse and to review maternal and neonatal outcomes. It covers both hospital and community settings, and includes all gestations and the postpartum period. A recent publication from Dublin showed a severe maternal morbidity rate of 3.2/1000 (320/100 000) births. In the last triennium in the UK the maternal mortality rate was 14/100 000 births but again not all maternal deaths are preceded by maternal collapse. The RCOG, the Royal College of Midwives recommend that all staff undergo annual training in obstetric emergencies, and this is now included in the NHS Litigation Authority. Life support training reduces morbidity and mortality.[4]

Section II: Literature related to Mortality and Morbidity

Debajani Nayak, (2015) suggested in study to determine the effectiveness of structured teaching programmed on pregnancy induced hypertension among primigravida mothers attending antenatal clinic (ANC) in IMS & SUM hospital, Bhubaneswar, Odisha, India. A pre experimental study was conducted over period of one month in the department of Obstetrics & Gynecology in the above hospital. A total of 50 pregnant women with Pregnancy Induced Hypertension (PIH) were enrolled in the study. The pretest and posttest structured Performa was prepared & they were interviewed to collect necessary information such as background data and knowledge regarding PIH. The mean of posttest (27.25) knowledge was found to be significantly higher than the pretest (13.96)

knowledge score with a mean difference of 13.29 as evident from t' value of 2.035 for df, 49 at <0.05 level of significance. Pregnancy induced hypertension is a common medical problem associated with pregnancy. Its incidence and related mortality are high due to lack of adequate antenatal care. Maternal and perinatal outcomes were found to be better in women who attended regular ANC. Educating Primigravida will help create awareness among the public[5]

Section III: Literature related to Breast Feeding

Kumar A (2015) conducted a cross sectional study to find out the awareness and attitude among the Primigravida females regarding breastfeeding and immunization. among 186 Primigravida who came to the hospital for delivery and antenatal check-up during March 2014 in three associated teaching hospitals of Kasturba Medical College, Mangalore, which is situated in coastal South India. Approval was obtained from the Institutional Ethics Committee (IEC) of KMC (Manipal University), Mangalore, India. A pre tested, semi structured questionnaire was used as the data collecting tool. Majority (n=163, 87.6%) were Hindus followed by Muslims (n=16, 3.2%). Nearly half of the participants (n=92, 49.5%) were in the 21-25 y age group, 54.8% participants were not aware of correct position of baby during feeding and 10.8% (n=20) believed that immunization should be stopped if it showed side effects. The results from this study showed that many participants had lacunae in knowledge and attitude and adequate health education should be given to the pregnant women.[6]

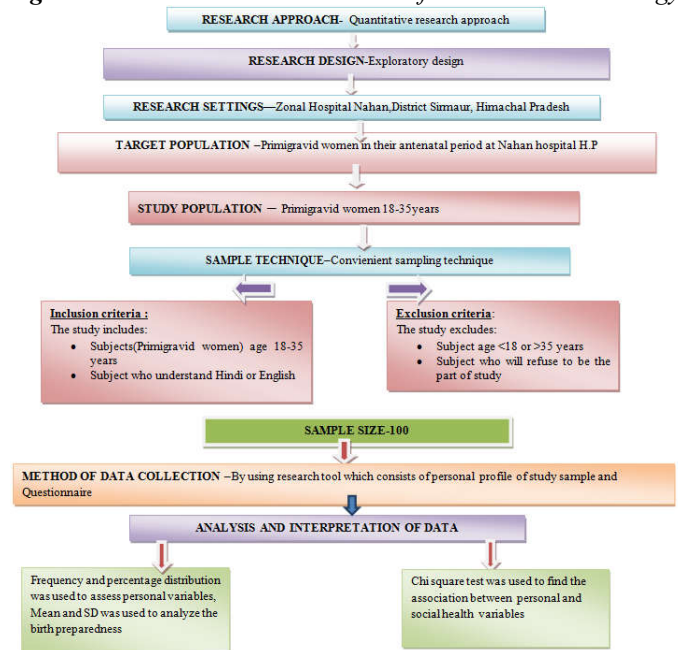
Section IV: Literature related to Maternity Care in Community

Gogoi M & Sayeed U (2015) revealed a study based on a tertiary hospital of Mumbai in 2015. A quantitative study was carried out in a tertiary-care hospital to examine the level of birth preparedness and experience of obstetric health complications among women, from lower socio-economic strata of Mumbai. Total eight components of birth-preparedness was considered in the study and a woman that satisfied at least three of the components was considered as well prepared 'A statistically significant positive correlation was found between birth-preparedness and any complication during pregnancy.[7]

Chapter III

Research Methodology

Figure No 2 Schematic Presentation of Research Methodology



Chapter IV

RESULTS AND DISCUSSION

This chapter provides a detailed description of the results obtained from the analysis of observations. The gathered data were first coded and summarized in a master sheet and then analyzed by using statistical package for social sciences (SPSS). The variables are described as simple percentages, means, and standard deviation as appropriate, depending on the nature of the variables. It starts with the profile of the patient data followed by the response for each section of the questionnaire. Level of awareness was tested by using the chi square test to see whether there is any association between profile characteristics, and health variables of birth preparedness. The chapter is divided into two parts which includes the following

Data Analysis and Interpretation

Discussion

Data Analysis and Interpretation

In the present study, both descriptive and inferential statistics has been used to organize, interpret, and communicate numeric information.

Sr. No	Variables	category	F	%
1	Age	18-22 years	27	27.0
		23-27years	51	51.0
		28-32years	21	21.0
		33-37years	1	1.0
		Mean±SD 24.8± 3.08		
2	Education	No formal education	4	4.0
		primary upto 5 th	38	38.0
		secondary upto 12 th	55	55.0
		college education and above	3	3.0
3	Occupation	Unemployed	13	13.0
		government employee	15	15.0
		self employed	35	35.0
		private employed	37	37.0
4	Income	less than 10,000	17	17.0
		10,000-15,000	38	38.0
		15,000-20,000	42	42.0
		more than 20,000	3	3.0
5	Type of family	Nuclear family	72	72.0
		Joint family	28	28.0
6	Religion	Hindu	85	85.0
		Muslim	13	13.0
		Sikh	2	2.0
7	Residing area	Rural	41	41.0
		Urban	59	59.0
		mass media	17	17.0
8	Sources of information	health education campaigns	19	19.0
		from parents/ relatives	56	56.0
		health personals	8	8.0
		in Neighborhood	7	7.0
9	Any other known person pregnant	in family	45	45.0
		in friends	48	48.0
		Doctor	70	70.0
10	Category of person	Nurse	9	9.0
		Antenatal card	21	21.0
		1st visit	13	13.0
		2nd visit	45	45.0
11	Antenatal visits	3rd visit	39	39.0
		4th visit	3	3.0
		36-40 weeks	100	100
12	Gestational Age	Male	16	16.0
		Female	25	25.0
13	Wish of unborn child	any of them	59	59.0

Descriptive statistics have been used to describe and synthesize data. Frequency and percentage distribution have been used to estimate parameters. Inferential statistics have been used to make inferences about the population. Chi square test is used to find out association between two variables. In current study data analysis is described in 3 sections.

Section A: Frequency and percentage distribution of profile of the patient.

Section B: Assessment of level of birth preparedness among Primigravida women

Section C: To study the association of the level of birth preparedness with the profile variables.

Section A: Frequency and percentage distribution of profile of the patient

This section depicts about the profile of the patients which was divided into personal and clinical profile respectively. The personal profile includes age, sex, education and unhealthy habits

Section B: Assessment of level of birth preparedness among Primigravida women (Table 4.1.2) N=100

Sr. No.	Knowledge questionnaire on birth preparedness	Aware		Not aware	
		f	%	F	%
1	what do you understand by the word birth preparedness	86	86	14	14
2	why do you think to prepare yourself for birth	49	49	51	51
3	Have you decided to which setting you will go for delivery	79	79	21	21
4	what do you understand by the word birth preparedness	86	86	14	14
5	when breast feeding should be started	73	73	27	27
6	what is the importance of breast milk according to you	24	24	76	76
7	How long you can continue with breast feeding	60	60	40	40
8	How frequently you will change nappy	59	59	41	41
9	which type of clothes you will use for your baby	52	52	48	48
10	what all things you will use to keep your baby dry	24	24	76	76
11	what all things you should carry with you to hospital at the time of delivery	58	58	42	42
12	what you think that you should give any other food before breast milk	40	40	60	60
13	what are the positions you know for breast feeding	49	49	51	51
14	At birth which immunization you will administer the baby	17	17	83	83
15	why immunization is necessary	36	36	64	64
16	How many iron and folic acid tablets you have taken	6	6	94	94
17	How many TT immunizations were done for you	83	83	17	17
18	what all danger signs you perceive during your antenatal period	56	56	44	44
19	which exercise you will prefer more in antenatal period	26	26	74	74
20	At which month you perceive vomiting during pregnancy	48	48	52	52
21	which complication leads to deficiency of iron and folic acid	48	48	52	52
22	which complication may arise after delivery of baby	28	28	72	72
23	According to you how many days mother should take rest after delivery	12	12	88	88
24	At which month you perceive vomiting during pregnancy	48	48	52	52

Table No 4.1.2 shows detailed explanation about awareness of Birth Preparedness among Primigravida Mothers. Participants answered a total of 25 close ended multiple choice questions about birth preparedness out of total 100 subjects 86% of the respondents were aware of the word birth preparedness, 51%

of the subjects were not aware about the preparation of birth preparedness, 79% of the respondents decided about the hospital setting for delivery, 73% of the subjects were aware of initiation of breast feeding and 49% of the subjects were knowing about the techniques of breast feeding, 52% of the subjects were knowing of benefits of cotton clothes for baby, 85% of the subjects choose baby oil for massaging, 54% of the subjects prefer good diet during delivery, 58% of the subjects were aware of the articles to be taken to hospital for delivery, 83% of the subjects were aware of TT immunizations during pregnancy and 36% knows about importance of immunizations 48% of the subjects were having perception of vomiting during pregnancy.

Section C: To study the association of the level of birth preparedness with the profile variables.

Variable	Awareness			Sig.
	Calculated value χ^2	Df	Tabulated value $\chi^2(0.05)$	
Age	37.32	6	12.59	.000*
Education	6.144	6	12.59	.105
Occupation	23.78	6	12.59	.000*
Income	1.899	6	12.59	.594
Type of family	7.581	2	5.99	.006
Religion	1.194	6	12.59	.550
Area	.006	2	5.99	.939
Sources	32.83	6	12.59	.000*
Any other	9.619	6	12.59	.008
EDD	21.32	6	12.59	.000*
Antenatal Visits	1.410	6	12.59	.703
Gestational age		Constant		
Expected Gender	29.13	2	5.99	.000*

Chapter V

Summary, Findings of the Study, Nursing Implications, Recommendations, Limitation of

STUDY AND CONCLUSION

Summary

This chapter deals with a brief description of the major findings and their implications in nursing practice, nursing education, nursing research and nursing administration.

Limitations of the study are also discussed in this chapter. It is concluded with recommendations for future research.

The primary aim of the study was to explore the level of birth preparedness among Primigravida women.

Objectives of the Study

1. To assess the level of birth preparedness of Primigravida women in their third trimester for safe birth.
2. To associate level of birth preparedness with personal, social and health variables.

Hypothesis

H0: There is no significant association between level of awareness and selected variables.

H₁: Their will be a significant awareness on birth preparedness among Primigravida women.

Assumption

Primigravida women may have less knowledge on birth preparedness.

Findings of the Study

Present study shows that among total respondents most of them had moderate awareness (55%) and least of them had low level of knowledge of birth preparedness 4%. 86% of the respondents were aware of the word birth preparedness, 79% of the respondents were aware of the setting of delivery as it should be conducted in hospital and 73% of the subjects were aware of breast feeding initiation and 24% with its importance respectively. Similarly 59% of the respondents were known about when to change nappy to prevent fever related complications and 85% of the respondents have chosen baby oil for massaging the baby. 58% of the respondents were knowing of things to be taken to hospital, 36% of the subjects have a thought of importance of immunization, 48% of the respondents perceive danger signs during antenatal period.

Limitations of the Study

- The area was very limited for the sample collection.
- The sample size was very small to generalize the findings.

Nursing Implications

The findings of the study have implications in different branches of nursing practice: nursing education, nursing research and nursing administration.

Nursing Practice

The nurses working in the various health settings can make awareness regarding the birth preparedness and measures to reduce its complications. The investigators realized that the birth preparedness is the most important among Primigravida mother to care of her baby. So it is necessary to assess the level of knowledge in Primigravida women for birth preparedness. The gap in awareness of patients regarding birth preparedness indicates poor care of baby which may leads to further complications therefore nursing personnel working in the hospital should be equipped with adequate knowledge and skills. Nurse administrators should provide facilities in terms of personnel, time and health assessment material to carry out assessment of patients.

Nursing Education

In service education can be conducted for health care providers on birth preparedness and its complications. The study implies that health personnel have to be properly trained regarding protocols and other interventions to reduce complications.

Nursing curriculum should be such that it prepares the prospective nursing students to assist the client in aspects of health care the basic education of birth preparedness should be provided and evaluated and to evaluate repeatedly to see if such education has any impact on attitudes of people or nurses and if it is beneficial for patients.

Nursing Research

Further studies can be done on different components of birth preparedness and their impact on mothers and their quality of life. In addition, it would be of interest to investigate a more thorough documentation that could facilitate the co-operation between nurses and Gynecologists for the benefit of patients. Further studies can be warranted regarding experiences of patients with birth preparedness and effect on baby. The emphasis on research and clinical status is to improve the

quality of nursing care. Nurses need to engage in multidisciplinary research so that by applying it, to many antenatal mothers, they can prevent further risks of future life. Adequate allocation, funds and training should be provided to the nurses for conducting research.

Nursing Administration

The administrative departments of nursing at the institutional, local, state and national levels should focus their attention to aware the public regarding birth preparedness as it is very important for both baby and mother. Necessary administrative support should be provided to conduct various programs on enhancement of knowledge about birth preparedness. The Nurse administrator should plan for the budget and utilize the resources for training of staff, health education of patients and providing regular education, training and follow up for rural and urban population of Primigravida mothers.

Recommendations

In the light of the above findings and personal experience of the investigator the following recommendations are offered.

1. The study can be replicated on larger samples with different demographic variables; thereby findings can be generalized for a larger population.
2. This study can be replicated on control and experimental group.
3. A Self-instructional module can be prepared to enhance the knowledge, attitude and practice of birth preparedness among Primigravida women.
4. A comparative study can be done between effectiveness of self-instructional module versus planned teaching programme.
5. The study can be done in the community area.
6. A similar study can be conducted to compare the knowledge and practice level of Primigravida women about birth preparedness.
7. A similar comparative study can be conducted to find the prevalence of Primigravida women about birth preparedness in urban and rural.
8. Health education must focus mainly on increasing awareness of the people regarding the importance of health of mother and of baby as well. Special focus must be done on antenatal visits of Primigravida women, her weight gain and consumption of iron and folic acid tablets.
9. A management plan for birth preparedness should be developed by the Ministry of Health and which clearly delegates lines of authority for policy decisions and for communication and coordination

CONCLUSION

The result of this study showed that the personal profile of patient were not much associated with awareness of birth preparedness. Awareness is higher in patients who belong to urban area. Awareness was significantly associated with area and sources of information along with age. Hence patients who have moderate awareness regarding birth preparedness were residing in good area with every facility available. Therefore proper prevention program need to be developed to make the Primigravida women more aware which then will modify the behavior of patients to learn more about birth preparedness.

References

1. David P, Urassa AB, Pemba, Fatima M. Birth preparedness and complication readiness among women in Mpwawa district Tanzania. *Journal of Health Research* [Internet]. 2012 [Accessed 2015 January]; 125(14). Available from: <http://www.bioline.org.br>
2. Mutreja S, Kumar A. Knowledge and Practice of Birth Preparedness among Tribal Women in Sukma District of Chhattisgarh, India. *IQSR journal of humanity and social sciences* [Internet]. 2015 [accessed 2015 Nov 13]; 20(1):66-71 available from <http://iosrjournals.org/iosr-jhss/papers/Vol20-issue3>
3. Mounerou S, Maléwé K, Dagnra AY, Sami N, Koffi A, Mireille DP. —Seroprevalence of Rubella IgG Antibody among Pregnant Women. *American Journal of Infectious Diseases and Microbiology* [Internet]. 2015 [Accessed 2016 Jan 12]; 3(4): 134-136. Available online at <http://pubs.sciepub.com/ajidm/3/4/3>
4. Royal College of Obstetricians and Gynaecologists RCOG Maternal Collapse in Pregnancy and the Puerperium Green-top Guideline No. 56 Jan 2011 available from <https://www.rcog.org.uk/globalassets/documents/guidelines/gtg56.pdf>
5. Nayak D, Cloud Publications *International Journal of Advanced Nursing Science and Practice* 2015, Volume 2, Issue 1, pp. 49-53 Med-253 ISSN: 2320 – 0278 <http://medical.cloud-journals.com/index.php/IJANSP/article/view/Med-253>
6. Avinash Kumar, B. Unnikrishnan, Rekha T., Prasanna Mithra, Nithin Kumar, Vaman Kulkarni, Ramesh Holla, Darshan B.B. Awareness and Attitude Regarding Breastfeeding and Immunization Practices Among Primigravida Attending a Tertiary Care Hospital in Southern India) *Journal of Clinical and Diagnostic Research*. 2015 Mar, Vol-9(3): LC01-LC05 available from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413086/>
7. Gogoi M and Sayeed Unisha. Birth preparedness and obstetric health complications *International Journal of Development Research* [Internet] July 2015 [Accessed 2015 Dec]; 5(7): 4980-4986, Available online at <http://www.journalijdr.com>.

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