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Research Article

EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING OBSTETRIC CHOLESTASIS AMONG ANTENATAL MOTHERS

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Background of the study: Motherhood is a beautiful and joyous experience to a woman. The health of mother during pregnancy is important to give birth to a healthy baby. The best and most precious gift the mother can give the baby is the gift of health. Antenatal care is globally accepted and commonly understood to have a beneficial impact on pregnancy outcome, either through the detecting and treatment of complications or by contributing to the reduction of modifiable maternal risk factors. In UK the prevalence is 0.6-0.7% with up to 39-41% of women with obstetric cholestasis being Indian or Pakistani origin. Higher prevalence is also observed in Scandinavia (2%) and Chile (4%). The condition may occur more frequently in those >35 years of age (25% of cases). **Aim**: effectiveness of planned teaching programme on knowledge regarding obstetric cholestasis among antenatal mothers.
Method: This was pre experimental study with 50 subjects, selected through purposive sampling technique. One group pre test post test without control group design was used. Data was collected by means of a self administered structured closed ended knowledge questionnaire. Data was analyzed by using descriptive and inferential statistics in terms of arithmetic mean, frequency distribution, mean percentage, Karl Pearson's co-efficient correlation formula, *'t'* test and chi-square test.
Results: In pre-test, out of 50 subjects 74% of subjects had average knowledge followed by 26% of subjects with poor knowledge. No one had excellent, good and poor knowledge regarding obstetric cholestasis. However after PTP (post test) 56% of subjects were found with good knowledge followed by 44% of subjects with excellent knowledge, and no subjects remained in category of average, poor and very poor knowledge regarding obstetric cholestasis. The overall findings reveal that the post-test knowledge score (23.02±2.41) with mean percentage 71.94% of total score was more compared to the pre-test knowledge score (12.98±2.28) with mean percentage 40.56% of total score. Hence it indicates that the PTP was effective in enhancing the knowledge of antenatal mothers. Paired 't' test was used to determine the effectiveness of PTP. The calculated't' value (39.88) was much higher than table 't' value (1.645). Thus hypothesis: $\mathbf{H_1}$ -There will be a significant difference between the pretest knowledge and post test knowledge scores of antenatal mothers regarding Obstetric Cholestasis at 5% level of significance is accepted. Findings revealed the presence of significant difference between pre-test and post-test knowledge scores, hence the planned teaching program is proved to be effective. Chi-square test was used to find the association between socio-demographic variables and post test knowledge scores. There is no significant association found between post test knowledge scores and socio-demographic variables: age, gestational age, religion, family monthly income, number of pregnancy and sources of information regarding obstetric cholestasis. A significance association was found between post test knowledge and socio-demographic variables: education status, occupation status, place of residence regarding obstetric cholestasis. **Conclusion:** The study proved that planned teaching program on knowledge regarding obstetric cholestasis among antenatal mothers was scientific, logical and cost effective strategy.

INTRODUCTION

Pregnancy is most happy event for any women. There is joy and celebration and it is when a women receives good wishes, made to feel very important and is provided with individual attention. Pregnant women feel special as she is over protected and treated like a queen with all care. So a pregnant women need to be highly cautious towards her health as to best support to health of her future child, because the growing fetus depends entirely on its mother's healthy body for all needs[1].

The liver has many jobs, helping to process fats and proteins from digested food; making proteins that are essential for blood to clot; processing some medicine; helping to remove

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poisons and toxins from the body. The liver also makes bile. This is a greenish-yellow fluid which contains bile acids, bile pigments and waste products, such as bilirubin. Liver cells pass bile into bile ducts inside the liver. The bile flows down these ducts into larger and larger ducts, eventually leading to the common bile ducts[2].

Itching in pregnancy can be normal, but for some women it is the presenting symptom of an underlying condition that can cause maternal illness and in severe cases, may result in a stillbirth. This is an uncommon condition of pregnancy[3].

Cholestasis means there is a reduced flow of bile into ducts in the liver. Some bile then leaks out into the bloodstream, in particular the bile salts. These circulate in the bloodstream and can cause symptoms like severe generalised itching (all over the body) recent research have identified lisophosphatidic acid (LPA) as a mediator of potential itch[4].

The risk factors of OC include past history of OC, family history of OC, multiple pregnancy, presence of gall stones and Hepatitis-B[4]. The exact cause is not known. OC happens as a result of the way mother's body uses bile, a liquid produced in her liver. Bile helps to break down food, in particular fats, in her gut. Normally, bile flows down a tube (the bile duct) into her intestines. If she has OC, less bile flows into her intestines. That means bile acids (also sometimes referred to as bile salts) start to build up in her body[5].

Some experts think OC is caused by the hormones oestrogen and progesterone. Pregnant women's body may be sensitive to high levels of these hormones, and this may affect on pregnant women's liver function. There may also be a genetic link. Hormonal and genetic factors may be responsible[2].

Hormonal factors:- During pregnancy, there is an increase in oestrogen and progesterone hormones. These can affect the liver in a way which slows down the rate of bile passing out along the tiny bile ducts. Some pregnant women may be more sensitive to the hormonal effects[2].

Genetic factors:- Obstetric cholestasis seems to run in some families (although it may skip some generations). One theory is that women who develop obstetric cholestasis may inherit a slight problem with the way bile is made and passes down the bile ducts[2].

Environmental factors:- More women are diagnosed with OC during the winter months-although the reason for this is not clear but may suggest that there is an environmental trigger for the condition, such as a reduced exposure to sunlight or a change in diet. Incidence for the condition reduced in South America (specifically Chile) when selenium was added to diet of the general population supporting the inclusion of environmental factor[6].

The main symptom is severe generalised itching (all over your body) usually without a rash, most commonly in the last four months of pregnancy. Some women get itching and a severe rash. For some women with OC, the itching is non-stop or unbearable, and can be worse at night & can keep her awake. Sometimes the itching is more pronounced on the palms of her hands and the soles of her feet. Other symptoms include dark urine, jaundice (yellowing of the skin and whites of the eyes), and pale bowel movements (poo)[7].

Obstetric cholestasis can be managed by wearing loose cloths which may help prevent itching, because loose cloths are less likely to rub against the skin. Mothers may also want to avoid synthetic materials and go for natural ones, such as cotton instead[7].

Medical management includes application of creams such as calamine lotion, diprobase, balneum plus, and aqueous cream with menthol are safe to use in pregnancy and provide some relief from itching. Tips to do this include lowering the thermostat in house; keeping women's body uncovered at night; taking cool showers and baths; soaking feet and hands in iced water. These measures may give some temporary relief, particularly before going to bed when the itch may ease enough to allow mother to fall asleep[2].

Oral Vitamin K supplement is also sometime prescribed to women as it is thought to prevent the risk of PPH which has been connected with this condition. Some women are prescribed Chlorpheniramine (Piriton) because of its sedative effect and may help the women to sleep. Mother may be advised to have antenatal check-up often than usual to monitor the progress of baby carefully. Women may have a blood test every two weeks, to check women's liver function. Until recently it was thought that there was an increased risk of stillbirth with obstetric cholestasis[8].

Objectives of the Study

1. To assess the level of knowledge regarding obstetric cholestasis among antenatal mothers.
2. To determine the effectiveness of planned teaching programme on knowledge regarding obstetric cholestasis among antenatal mothers.
3. To find out the association between the level of post-test knowledge scores about obstetric cholestasis among antenatal mothers with their selected extraneous variables.

Hypothesis

H_1: There is a significant difference between pre test and post test knowledge scores of antenatal mothers regarding obstetric cholestasis.

H_2: There is a significant association between post test knowledge level of antenatal mothers on knowledge regarding obstetric cholestasis with selected socio-demographic variables.

Variables

Dependent Variable

In the present study, it refers to the knowledge of antenatal mothers regarding obstetric cholestasis.

Independent Variable

In this study it refers to the planned teaching programme which is developed by researcher on knowledge of antenatal mothers regarding obstetric cholestasis.

Socio-demographic Variables

In this study socio-demographic variables refer to the selected variables of antenatal mothers such as age, gestational age, educational status, occupation, place of residence, religion, family monthly income, gravida and sources of information regarding obstetric cholestasis.

MATERIALS AND METHODS

The researcher's objective was to determine the knowledge regarding management of obstetric cholestasis among antenatal mothers and evaluate the effectiveness of PTP by collecting the data by using Pre test and post test, So evaluative research approach and pre experimental research design with one group pre-test and post test design without control group was found to be appropriate. Target population was Antenatal mothers residing in Bagalkot. Accessible population was Antenatal mothers who are attendening Antenatal clinic at HSK Hospital Bagalkot.

At the time of data collection there were 50 antenatal mothers who are attendening Antenatal clinic at HSK Hospital Bagalkot. The sample was selected by using convenient sampling technique.

The data was collected using a self administered structured closed ended knowledge questionnaire prepared by the researcher. The tool consisted two parts. Part – I: Items to assess Socio-demographic information of the subjects. Part – II: Structured knowledge questionnaires regarding obstetric cholestasis among antenatal mothers.

The tool was validated by seven experts: 7 from the department of OBG nursing faculty. The tool was modified according to the suggestions of the experts. The reliability of the tool was established by using spearman's brown prophecy formula (r = 0.94).

Data Analysis

The description of socio-demographic factors and analysis of results was done by using descriptive and inferential statistics.

RESULTS

In this study Majority 36% of the subjects belongs to age group of 28-33 years. 34% have the gestational age of 3-6 months & another 34% have the gestational age of 6-9 months. 40% of the subjects had primary education. 54% of the subjects were housewives. 60% of subjects were living in rural area. 48% of subjects had an income between Rs 5000/--10000/-62% of subjects were Hindu, 26% were Muslims, and remaining 12% of subjects were Christian. 60% of subjects had multigravida and above pregnancy and remaining 40% of subjects had primigravida, 40% of subjects had no source of information.

Percentage wise distribution of study subjects according to levels of knowledge in pre test and post test.

n=50

Level of knowledge	Pre-test (O_1)		Post-test (O_2)	
	No.of respondents	Percentage	No.of respondents	Percentage
Excellent	00	00	22	44
Good	00	00	28	56
Average	37	74	00	00
Poor	13	26	00	00
Very poor	00	00	00	00
Total	50	100	50	100

Knowledge wise comparison of study subjects in pre test and post test reveals the following results. In pre-test, out of 50 subjects, the highest percentage (74%) of mothers had average knowledge where as lowest percentage (26%) of mothers were with poor knowledge and no one had got excellent knowledge, good knowledge and very poor knowledge. Hence it reveals that majority (74%) of mothers had average knowledge regarding obstetric cholestasis. However after PTP (post test) the higher percentage (56%) of mothers with good knowledge followed by the lower percentage (44%) of mothers had excellent knowledge, and no subjects had average, poor and very poor knowledge regarding obstetric cholestasis. Hence it reveals that the majority (56%) of mothers were with good knowledge after attending planned teaching programme.

Significant difference between the pretest knowledge and post test knowledge scores of antenatal mothers.

Test	Mean	Mean Diff.	Std. Error	SD Diff	Paired t-value	Table Value
Pre-test (O_1)	12.98	10.04	0.25	1.83	39.88	1.645
Post-test(O_2)	23.02					

As the calculated t value (39.88) was much higher than table 't' value (1.645) the hypothesis: H_1 -there will be significant difference between the pre-test knowledge and post test knowledge scores of antenatal mothers regarding obstetric cholestasis at 5% level of significance is accepted. Findings revealing the presence of significant difference between pre-test and post-test knowledge scores, hence the planned teaching program is proved to be effective.

Implications

Implications are suggestions on the research topic connected with some other areas. Communicating the findings of research to others is usual link in the research process. The accumulation of new scientific knowledge is essential to guide nursing practice, nursing education, nursing administration, and nursing research.

Nursing Practice

- From the present study it was found that PTP was very effective teaching method. The investigator as a nurse felt the need that nurses should act as key persons to educate antenatal mothers so that they could learn regarding Obstetric cholestasis.
- Nurses can adopt Video assisted teaching module to educate other health professionals regarding Obstetric cholestasis.

Recommendations

Based on the findings, the following recommendations are proposed for future research.

- A similar study can be replicated on large scale for the purpose of generalization.
- An experimental study can be done with control group.
- A similar study can be conducted in other parts of Bagalkot district and other states to validate and generalize the findings.
- A comparative study may be conducted between urban and rural settings.
- Video assisted teaching module, Self instruction module, manuals and information booklets may be developed in areas where studies would be conducted.

- A study can be carried out to evaluate the efficiency of various teaching strategies like VATM, SIM, pamphlets, leaflets and STP on obstetric cholestasis.

CONCLUSION

In pregnancies complicated by obstetric cholestasis a protocol inclusive of search for meconium and elective delivery at 37 weeks in addition to standard monitoring of fetal wellbeing, can significantly reduced the still birth rate without increasing the caesarean delivery rate. The condition which will affect the health of the mother and baby. So that antenatal mother should aware of the obstetric cholestasis.

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