

A Descriptive Study To Assess The Knowledge And Practice Regarding Care Of Preterm Babies Among Mothers At Nicu In Selected Hospital

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Abstract:

Background: A descriptive study was undertaken to assess the knowledge and practice regarding care of preterm babies among mothers at NICU in selected Hospital, Andhra Pradesh. With the objectives to assess the level of knowledge and practice regarding care of preterm babies among mothers. To associate the knowledge and practice scores of mothers with their selected socio demographic variables.

Methods: A descriptive study design with survey approach was applied and selected 30 mothers of preterm babies by using a convenient sampling technique and a structured interview schedule was prepared to assess the knowledge and practice levels of mothers of preterm babies.

Results And Conclusion: The findings shows that majority of the mothers 15(50%) had moderately adequate knowledge, 3(10%) had adequate knowledge, 12(40%) had inadequate knowledge and majority of the mothers 19(63.3%) had fair practice, 7(23.4%) had fair practice, 4(13.3%) had poor practice. There is a significant association between the knowledge of Mothers regarding care of preterm babies with their educational status, There is no significant association between the knowledge of the mothers of preterm babies and selected dependent variables. There is no significant association between the practice of the mothers of preterm babies and selected dependent variables

Interpretation And Conclusion: The study concludes that knowledge and practice on care of preterm babies was effective in enhancing the knowledge and practice among mothers of preterm babies. But in this study mothers of preterm babies knowledge and practice was not sufficient to provide best care for their babies which indicates there is need for educating mothers of preterm babies regarding their care.

Keywords: Knowledge, practice, mothers of preterm babies.

I. INTRODUCTION

Postnatal health of an infant largely depends on the gestational age at the time of birth. A normal gestation lasts 40 weeks or 280 days. If delivery occurs before 37 weeks gestation, the baby is considered preterm baby. The period of gestation is one of the most important predictors of an infant's subsequent health and survival. In humans, preterm birth refers to the birth of a baby at less than 37 weeks of gestational age.

The shorter the term of pregnancy, the greater the risks of mortality and morbidity for the baby primarily due to the related preterm birth. Preterm babies have an increased risk of death in the first year of life (infant mortality), with most of that occurring in the first month of life (neonatal mortality). The degree of Preterm determines the risk of complications. Babies who are born at only slightly less than 37 weeks gestation are likely to have feeding problem, where as babies born between 28 weeks to 37 weeks of gestation are likely to have more serious problems which may influence their long-term outcome. Almost all premature babies require special

care and attention after birth in NICU as well as after discharge till they gain certain weight. After discharge from NICU, the mother has to take special care of baby which includes many aspects like exclusive breast feeding, kangaroo mother care, thermoregulation for prevention of hypothermia, infection control, immunization, follow up care and other treat.

II. NEED FOR THE STUDY

The percentage of preterm deliveries has risen steadily over the last 2 decades. Most of this increase has been among children born at 32 to 36 weeks gestation. According to World Health Organization (WHO) data and statistics of 2010, infant mortality rate(i.e. probability of dying up to one year of age per 1000 live births) in India is still 48. Preterm delivery is one of the most important causes of serious illness among newborn infants. The incidence of preterm deliveries according to data found in neonatal vital statistic report September 2010 compares the percentage of premature delivery with gestational age. 71.2% of all preterm delivery occurs between 34-37 weeks of gestation. Only 16% of preterm delivery occurs before 31st week. Rest 12.7% of preterm deliveries occurs between 32-33 weeks.

Mothers who have their baby prematurely are often scared and nervous. It is true that preterm newborns face an increased chance of having one or more complications. The risk of complications increases the earlier the baby is born. Any complication that a preterm newborn experiences will be treated in the Neonatal Intensive Care Unit (NICU).

Many mothers think that preterm birth of the baby is their own mistake due to lack of care taken during pregnancy. They start comparing their baby features with the other term babies and they find difficult and sometimes impossible to imagine their babies like other normal babies. So by making the mothers eligible to provide special care to preterm babies by giving them knowledge about the same, makes them feel very happy for doing something for their own baby.

Many mothers waits outside the NICU with many questions on their worried faces about the present condition and care their babies require by them after discharge. After discharge these preterm babies are getting many problems like, feeding problems, infectious conditions, hypothermia and other health problems. This may happen due to the lack of knowledge among mothers about special care and attention to be given to preterm babies by them. So after the discharge from the NICU, the mothers are not able to continue to give same care at home. This leads to death or some disabilities among their babies which may last for many years or sometimes life long with them.

ASSUMPTIONS

- ✓ Mothers may have some knowledge and practice regarding care of preterm babies.
- ✓ Developing and distributing an information booklet may provide knowledge to mothers regarding care of preterm babies.

Limitations: The study is limited to

- ✓ Mothers of preterm babies admitted in NICU at selected hospital.
- ✓ The period of 1 month.
- ✓ The 30 sample.

III. MATERIAL AND METHODS

With non experimental descriptive design and survey approach the study was conducted outside the NICU, at selected Hospital, Andhra Pradesh. A convenient sampling technique was used to select the sample 30 mothers admitted their premature infants in NICU and a structured interview schedule was prepared to assess the Knowledge and practice of mothers regarding care of preterm babies.

CRITERIA FOR SAMPLE SELECTION

Inclusive criteria: The study sample includes

- ✓ Mothers of preterm babies.
- ✓ Mothers who can able to speak and understand Telugu or English languages.
- ✓ Mothers who are willing to participate in the study.
- ✓ Who are available at the time of data collection.

Exclusive criteria: The study sample excludes

- ✓ Mothers who are not having preterm babies and not admitted in NICU in selected Hospital, Andhra Pradesh

The content validity of the tool was established on the basis of opinion of experts from nursing department and pediatric medicine. Their suggestions were incorporated in tool and the approved tool was used for data collection. Pilot study was conducted on 10th percentile of sample and the obtained data was analyzed to find out the reliability of the tool was done by split half method for knowledge the reliability(r) value is= 0.97, which denotes the tool is reliable, applicable, feasibility and practicability in all aspects to conduct the main study. Ethical clearance to conduct the present study was obtained from Research Ethical Committee. Participants were informed about the study and consent was obtained from individual participants. The data was analyzed by using descriptive and inferential statistics.

Descriptive statistics: Frequency and percentage distribution, mean, standard deviation was used to assess the knowledge and practice scores.

Inferential statistics: chi square was used to find out the association of knowledge and practice scores with their selected socio demographic variables.

MAJOR FINDINGS

Regarding knowledge levels of mothers 15(50%) were having moderately adequate knowledge, 3(10%) were having adequate knowledge, 12(40%) were having inadequate knowledge.

Regarding practice levels of mothers 4(13.3%) were having poor practice, 19(63.3%) were having fair practice, 7(23.4%) were having good practice.

There is a significant association between knowledge scores of mothers with their selected socio-demographic variables such as educational status as chi-square value 35.25 (chi-square table value = 15.51)

There is no significant association between practice scores of mothers with their socio-demographic variables such as age of the mother calculated value 2.04 (Chi square table value =9.49), religion calculated value 2.964 (chi square table value =9.49), type of family calculated value 2.73 (chi square table value =5.99), educational status calculated value 8.905 (Chi square table value=15.51) occupation calculated value 5.375(Chi square table value=12.59), family income calculated value 0.163 (Chi square table value=9.49), parity of the mother calculated value 2.32 (Chi square table value=12.59), family income per month calculated value 0.55 (Chi square table value=5.99), gestational age of the preterm baby calculated value 0.455 (Chi square table value=5.99), weight of the baby calculated value 5.738 (Chi square table value = 9.49), any history of high risk pregnancy calculated value 2.604 (Chi square table value = 5.99), source of information calculated value 10.41 (Chi square table value = 12.59).

IV. DISCUSSION

The study concluded that majority of the mothers 15(50%) were having moderately adequate knowledge, 3(10%) were having adequate knowledge, 12(40%) were having inadequate knowledge. The study concluded that majority of the mothers 4(13.3%) were having poor practice, 19(63.3%) were having fair practice, 7(23.4%) were having good practice.

V. CONCLUSION

The study concludes that knowledge and practice on care of preterm babies was effective in enhancing the knowledge and practice among mothers of preterm babies. But in this study mothers of preterm babies knowledge and practice was not sufficient to provide best care for their babies which indicates there is need for educating mothers of preterm babies regarding their care.

VI. NURSING IMPLICATIONS

The investigator has drawn the following implications from the studies which are the vital concern for nursing education, nursing practice, nursing administration and nursing research.

VII. NURSING PRACTICE

The nurse should be equipped with knowledge on care of preterm babies. She can educate, inform and communicate with primary health care providers regarding care of preterm babies and help them to provide health education which promote physical and psychological health of the individuals.

NURSING EDUCATION: The nurse educator can emphasize the importance of care of preterm babies. She can teach the nursing students regarding care of preterm babies

and can educate on conducting workshops, seminars and also educate the mothers regarding care of preterm babies.

NURSING ADMINISTRATION: Collaborate with governing bodies in formulating policies to employ specially qualified nurse in pediatric unit to supervise the teaching programme, conduct in-service education programmes on care of preterm babies and provide opportunity for nurse to attend training programmes on care of preterm babies. Recommendations can be given to the government about allocating the funds to provide means for administration of teaching programme using audio-visual aids in different settings.

VIII. NURSING RESEARCH

There is a need to provide care to the preterm babies among mothers having preterm babies. Therefore nurse researcher should conduct studies related to care of preterm babies fill the gaps in knowledge and practice levels related to care of preterm babies

IX. RECOMMENDATIONS:

- ✓ Similar study can be replicated on a larger samples for wider generalization mainly in the community.
- ✓ A similar study can be conducted by using pretest with an instruction module.
- ✓ Manuals, information booklets may be developed in other area regarding care of preterm babies.

CONFLICT OF INTEREST: None
FINANCIAL GRANTS OR SOURCE OF FUNDING: Self
ETHICAL CLEARANCE: Ethical clearance to conduct the present study was obtained from Research Ethical Committee. Participants were informed about the study and consent was obtained from individual participants.

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