

AN EXPLORATORY STUDY ON BIRTH PREPAREDNESS AMONG PRIMIGRAVIDA AND MULTIGRAVIDA WOMEN AT SELECTED HOSPITALS OF INDORE, MADHYA PRADESH, INDIA

Ms. Ranu Patle * | Varsha Hariharan** | Soney Toppo***

*M.Sc. (N) Scholar, Choithram College of Nursing, Indore, Madhya Pradesh, India.

**Associate Professor, Choithram College of Nursing, Indore, Madhya Pradesh, India.

***Professor, Choithram College of Nursing, Indore, Madhya Pradesh, India.

DOI: <http://doi.org/10.47211/idcij.2022.v09i02.018>

ABSTRACT

Birth preparedness, is a process of preparing for pregnancy complications emergency obstetric care and delivery care in terms of saving money, transportation and blood arrangement. Utilization of birth preparedness kits, community involvement in counselling and physiological support to child bearing, save women from maternal deaths occurred during labour pain, delivery and within the 24 hours of the post-partum and other inter-correlated sign of danger. This exploratory study was conducted to explore birth preparedness among primigravida and multigravida women at selected hospitals of Indore. The population consisted of primigravida and multigravida women of their third trimester of pregnancy, visited Obstetrical and Gynecological OPD of Choithram Hospital and Research Centre and District Hospital Indore. A sample size of 120 (60 primigravida+60 multigravida) were selected using purposive sampling technique. Data was collected using structured open-ended Questionnaire. Data was collected after which an informational card regarding "Preparing for my baby" was distributed to the samples.

Key words: Birth preparedness, Primigravida women, Multigravida women.

ABOUT AUTHOR:



Ranu Patle, M.Sc. (N) Scholar, Choithram College of Nursing, Indore, Madhya Pradesh, India.

INTRODUCTION

Pregnancy and child birth are highly significant periods for women, both physically and psychologically. Uncertainly associated with labour and birth is a stressful situation for some women and their partners. To allay the stress of uncertainty and achieve a sense of control, some women choose to develop a birth plan prior to labour and birth. Preparing for childbirth is one of the most exciting times for a woman; however, it may also be a time of fear and anxiety for a mom-to-be. During this transitional period as a woman may start preparing for the special new addition to her family, she may also have to come to terms with the many adjustments that will have to be made. Staying organized, positive, relaxed and planning properly can help make the child birth process easier.

The maternal mortality ratio (MMR) – number of women dying due to maternal causes per 1, 00, 000 live births – has come down to 212 (2007-09) from 254 in 2004-06. The MDG target for India is to bring down maternal deaths to 109 by 2015. To more down the mortality and mortality rate of mother and infant there is a need for adequate knowledge regarding birth preparedness. The researcher found that the number of mothers are lacking in knowledge regarding antenatal, intra natal and postnatal care at home.

OBJECTIVES

1. To assess birth preparedness among primigravida women of private and government Hospital.
2. To evaluate birth preparedness among multigravida women of private and government Hospital.
3. To develop a card on “**Preparing for my baby**” for pregnant women.

ASSUMPTIONS

1. The extent of birth preparedness among multigravida women is higher than primigravida women.
2. The extent of birth preparedness among primigravida women of two settings is different.
3. The extent of birth preparedness among multigravida women of two settings is different.

METHODOLOGY

Research approach: Quantitative research approach was adopted.

Research design: Exploratory research design was implemented.

Setting of the study: The research was conducted among 60 primi gravida and 60 multigravida women from Choithram hospital and research Centre and District hospital Indore.

Sampling technique: Non-probability purposive sampling technique was used for the study.

Description of the tool: Tool comprised five sections-

SECTION I: Socio-demographic profile of subjects.

SECTION II: Variables related to general information.

SECTION III: Variables related to antenatal care.

SECTION IV: Variables related to postnatal care.

SECTION V: Variables related to newborn care.

Ethical consideration: Required ethical permission were obtained from principal, management, and study participants.

Validity and reliability: Content validity and reliability was established after consultation with experts and modifications were made on the basis of recommendations and suggestion of experts.

Method of data collection: Self structured open-ended questionnaire was used to collect data and birth preparedness cards were distributed among participants to improve the knowledge on antenatal, intranatal and postnatal mother and baby care.

FINDINGS

1. In private setting, more than half i.e. (53.33%) primigravida women were in the age group 25-29 years whereas in govt. setting majority (90%) were in the age group below 25 years.
2. More than half i.e. (53.33%) multigravida women of private setting were in the age group 25-29 years. Whereas in govt. setting (56.67%) were in the age group of below 25 years.
3. In private setting, c(46.67%) primigravida women were graduates, while in govt. setting (40%) were secondary passed.
4. Among multigravida women, (40%) women of private setting were graduates and above, while in govt. setting (43.33%) multigravida women had primary education .
5. Regarding socio-economic status of primigravida and multigravida women of private and govt. setting majority i.e. (66.66%) Out of 60 (30 primigravida+30 multigravida) women of private setting came under upper middle class whereas in govt. setting (56.66%) out of 60 (30 primigravida+30 multigravida) women came under upper lower class.
6. In primigravida women of private setting (96.67%) wanted normal delivery. While in government setting (90%) primigravida women wanted normal delivery.

7. Regarding the reason for selection of any of normal delivery or caesarean section (16.67%) primigravida women of private setting gave reasons that "It does not cause further complications". While (23.33%) primigravida women of government setting gave reasons that "It is good for body and health".
8. In private setting (30%) multigravida women gave reasons for selection of normal delivery that "It does not cause further complications". While (26.67%) multigravida women of government setting gave reasons that "It is good for body and health".
9. Regarding the registration of pregnancy all primigravida and multigravida women of private and govt. setting registered themselves to hospital.
10. Regarding tetanus immunization, (96.67%) women of private setting and (80%) primigravida women of govt. setting received two doses of TT immunization.
11. Majority i.e.(93.33%) multigravida women of private setting and (83.33%) multigravida women of govt. setting received two doses of TT immunization.
12. Regarding iron, folic acid and calcium tablets all (100%) primigravida and multigravida women of private setting took iron, folic acid and calcium tablets. Whereas (86.67%) primigravida of govt. setting took iron, folic acid and calcium tablets.
13. Among multigravida women, majority i.e. (70%) of private setting and (80%) of govt. setting did not do any antenatal exercises.
14. Primigravida women of govt. setting (86.67%) and (66.67%) primigravida women of private setting as they did not know about any antenatal danger signs.
15. Majority i.e. (80%) multigravida women of private setting and (83.33%) multigravida women of govt. setting did not know any antenatal danger signs.
16. Majority i.e. (83.33%) Out of 30 primigravida women of private setting did not know any post-natal danger signs and in govt. setting all (100%) didn't knew any postnatal danger sign.
17. Out of 30 multigravida women of private setting majority i.e. (86.67%) did not know any post-natal danger signs While in govt. setting (93.33%) out of 30 multigravida women did not know any postnatal danger signs.
18. In private setting, majority i.e. (83.33%) primigravida women and all (100%) primigravida women of govt. setting did not know even single postnatal exercise. Majority i.e. 27 (90%) multigravida women of private setting and all 30(100%) multigravida women of govt. setting did not know even single postnatal exercise.
19. Regarding signs of latching majority i.e. (96.67%) primigravida women of private setting did not know the sign of latching whereas all (100%) primigravida women of govt. setting did not know the sign of latching. And All 60 (30+30) multigravida women of private and govt. setting did not know the sign of latching.
20. Regarding exclusive breastfeeding majority i.e. (93.33%) primigravida women of private setting and all (100%) primigravida women of govt. setting and (100%) multigravida women of private setting knew the meaning of exclusive breastfeeding. Whereas in govt. setting (90%) multigravida women knew the meaning of exclusive breastfeeding.
21. When asked about importance of colostrum, (26.67%) primigravida women of private setting said "It is nutritious and good for baby's health." While (20%) primi gravida women of govt. setting said "It is nutritious and good for baby's health."
22. Among multigravida women of private setting (16.67%) did not know the importance of colostrum whereas (6.67%) women of govt. setting did not know the importance of colostrums.
23. (66.67%) primigravida women of private setting and all primigravida women of govt. setting did not know any new born warning signs.
24. And Majority i.e. (86.67%) multigravida women of private setting and 27 (90%) multigravida women of govt. setting did not know any new born danger signs.

LIMITATIONS

1. The samples in the study were recruited from selected hospitals instead of a large-scale community sample.
2. Because of self-structured open-ended questionnaire, scoring was not possible and researcher could not found any association, correlation and significance.

CONCLUSION

After detail analysis, this study leads to following conclusion It was evident that the level of education positively influenced birth preparedness among women of any setting. Findings revealed that education and counselling on different aspects of birth preparedness. Respondent's knowledge of danger signs in pregnancy was poor. Many respondents admitted they did not know about birth preparedness at all and that they had no plans in case of emergencies.

So it can be concluded that there is a need for education and counseling on birth preparedness for pregnant women and for which a card was prepared by the researcher which was useful to provide important information regarding these to pregnant women. The main objective was to educate the pregnant women about birth preparation and reducing postnatal complications.

REFERENCES

1. Pedro Hidalgo- Lopezosa. (2013), Are birth plans associated with improved maternal or neonatal outcomes? MCN: The American journal of maternal /child health nursing, 38(3), 151-155.
2. Francine H Nicolas, Sharon, and Humenics S. (2008). Text book of childbirth education-practice, Research and theory. 5th ed. Philadelphia: W B Saunders company publications.
3. Nawal Mail D, Goli S. (2013). Birth Preparedness and Its Effect on Place of Delivery and Post-Natal Check-Ups in Nepal. Retrieved from: <http://www.biomedcentral.com/1471-2393/14/282>.
4. Impressive drop in maternal, infant mortality rates; Mortality rate of girls is higher than boys indicating a "worrisome trend" for government. (2011). Elsevier Journals. Retrieved from: <http://www.thehindu.com/news/national/impressive-drop-in-maternal-infant-mortality-rates/article2208208.ece>.
5. WHO, Standards for Maternal and Neonatal Care; Birth and emergency preparedness in antenatal care (online pdf), (2006). Retrieved from: www.who.int/making_pregnancy_safer/publications/en. [Accessed on May 2015]
6. JHPIEGO. Maternal and neonatal health. Monitoring birth preparedness and complication readiness, tools and indicators for maternal and newborn health. Johns Hopkins, Bloomberg school of Public Health, Center for communication programs, Family Care International, (2004). Retrieved from: http://pdf.dec.org/pdf_docs/PNADA619.pdf.
7. Ari A. (2015). Effectiveness of counseling on knowledge of micro birth planning among pregnant women in the selected block of south 24 Parganas, W.B. (M.Sc. dissertation, college of nursing medical college and hospital Kolkata)
8. Polit DF and Hungler BP. (2005). Nursing research, Principles and method. 6th edition, Philadelphia: Lippincott publication.
9. Wood G and Haber J. (2002). Nursing research and methods and critical appraisal and utilization. 5th edition. Philadelphia: Mosby.
10. Alemseged F., et al. (2012). Knowledge about obstetric danger signs among pregnant women. Retrieved from: <file:///C:/Documents%20and%20Settings/abc/My%20Documents/Downloads/69428-145761-1-PB.pdf>. [Accessed on May 2015]