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## **A study to assess the knowledge of postnatal mothers regarding self-care after childbirth in Bharati hospital and research centre, Pune**

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### **Abstract**

A study was undertaken to assess the knowledge of postnatal mothers regarding self-care after childbirth in Bharati Hospital and Research Centre, Pune.

The objectives of the study were to determine the existing knowledge of postnatal mothers regarding self-care after childbirth and to associate the findings with the selected demographic variables.

Quantitative approach was chosen for the research study. The research design used for the study was exploratory survey design. The study consists of 100 samples which were selected by non probability convenient sampling. The study was conducted in Bharati Hospital and Research Centre, Pune. The data was collected by administering structured questionnaire to 100 participants under study. The questionnaire consists of two parts. Section-A which deals with demographic data of participant and Section- B which consist of questions related to knowledge regarding self-care after childbirth.

The validity of the tool was done by 5 experts from various fields of Medicine and Nursing i.e., Obstetrics and Gynecology Nursing, Medical and Surgical Nursing and Pediatric Nursing. The reliability of questionnaire was established by the method of test retest method and was found to be 0.99.

In these study it is found that most postnatal mothers were having good knowledge but still there are postnatal mothers whose knowledge level are average and poor. It shows that postpartum care is still limited and it requires greater attention commitment from health professional. There is no significant association between the selected demographic variables and the knowledge of the postnatal mothers regarding self-care after childbirth i.e., age, education, number of children and income of the family.

Recommendations were made based on the findings of the study. Researcher recommends that a similar study can be replicated in different setting to strengthen the findings, the same study can be replicated on a larger sample for each group for the generalization of the findings, a comparative study can be done between the knowledge of primi mothers and multi mothers regarding the knowledge of postnatal mothers of self-care after childbirth and a comparative study between urban and rural residing postnatal mothers regarding the knowledge of self-care after childbirth.

**Keywords:** Knowledge, Postnatal mothers, Self-care after childbirth

### **1. Introduction**

Mothers and children represent more than half of the total population in our country. Delivery of a new baby is one of the happiest times in women's life. But also presents both physical and emotional changes. Postnatal period begins immediately after the childbirth and extends for about 6 weeks. Effective postnatal period is an important phase in the mother's life. Postnatal care is one of the most important maternal health care for not only prevention of impairment and disabilities, but also reduction of maternal mortality<sup>[1]</sup>.

Women should be offered information to enable them to promote their own and there baby's health and well being and to recognize and respond to problems. At the first postnatal contact, women should be advised of the signs and symptoms, and appropriate action for potentially life threatening conditions. All maternity care for providers should encourage breast feeding. At each postnatal contact women should be asked about their emotional wellbeing, what family and social support they have and their usual coping strategies for dealing with day to day matters. Women and their families or partners should be encouraged to tell their health care professional about any changes in mood, emotional state and behavior<sup>[2]</sup>.

Current models of postnatal care originate from the beginning of 20<sup>th</sup> century, when they were established in response to concerns about the contemporary high maternal mortality rate. The timing and content of care have altered since then, despite a dramatic reduction in mortality rates which occurred around the middle of 20<sup>th</sup> century. Postnatal care provision crosses acute and primary health care sectors, with the majority of care taking place in the women’s home. Care is likely to include routine clinical examination and observation of the women and health baby, routine infants screening to detect potential disorders, support for infant feeding and ongoing provision of information and support. Postnatal care is usually concluded by a 6 to 8 week postnatal examination, which marks the end of the women’s maternity care [3].

Postpartum period is the period of adjustment after child birth when anatomical and physiological changes of consumption are reversed to an almost pre pregnancy level. The postpartum period starts about an hour after the delivery of the placenta and includes the following six weeks. Care during post natal period involves the care of both the mother and her newborn after delivery. Post natal care emphasizes the importance of support for new mother in the post natal period in caring of their infants. Thus, better post natal care influences the maternal confidence in infant care practices especially during first 6 weeks [4].

Several studies in both high and low income countries have identified the importance of the postpartum period for acute short-term, long-term, and chronic morbidity. Moreover, up to two thirds of maternal deaths occur after delivery.

Therefore, the World Health Organization suggests that health care should be provided at 6 hours, 6 days, 6 weeks, and 6 months post delivery, in order to ensure women's physical and mental health and well-being. Despite this recommendation, seven out of ten women do not receive any postpartum care, based on Demographic and Health Surveys conducted in 30 low income countries between 1999 and 2004. Low utilization of postnatal care has been related to women's lack of knowledge about its importance, their lack of perceived need (especially if they are feeling well), their low level of education, poverty, lack of access to health care facilities that provide postnatal care, lack of appointments or recommendations from health care providers to obtain postnatal care, poor attitudes of the health care providers, or women's tendency to give priority to the health needs of their infants rather than their own [5].

**2. Methodology**

A non experimental study enrolling the 100 postnatal mothers of primi and multi gravida mothers was conducted during the month of 10<sup>th</sup> August 2016 to 12<sup>th</sup> October 2016 from one setting. An exploratory survey design was used to evaluate the knowledge of postnatal mothers regarding self-care after childbirth. The samples were selected by using non probability convenience sampling method. The collected data were analyzed by using descriptive and inferential statistics.

**3. Results**

**Table 1:** Frequency and percentage distribution of the postnatal mothers according to their demographic variables. N=100

Sr. No.	Characteristics	Frequency	Percentage
1.	<b>Age</b>		
	a) 18-22 years	18	18%
	b) 23-27 years	62	62%
	c) 28-32 years	20	20%
2.	<b>Education</b>		
	a) Illiterate	08	08%
	b) Primary	36	36%
	c) Secondary	42	42%
	d) Graduate	08	08%
3.	<b>Number of children</b>		
	a) 01	41	41%
	b) 02	54	54%
4.	<b>Income</b>		
	a) Upto Rs.10,000	53	53%
	b) Rs.10,001-Rs.20,000	47	47%
	c) Rs.20,001 & above	00	00%

The data given in table-1 shows that majority (62%) of the mothers were in the age group of 23-27 years. Majority of the samples (42%) were educated upto secondary level.

Majority of the samples (54%) were having two number of children. And majority of the families (53%) monthly income ranged upto Rs.10, 000.

**Table 2:** Showing overall knowledge score of postnatal mothers regarding self-care after childbirth, N=100

Marks obtained	Number of samples	Percentage
0-5 (poor knowledge)	07	7%
6-10 (Average knowledge)	23	23%
11-16 (Good knowledge)	70	70%

The data represents in table-2 shows that majority of postnatal mothers (70%) lies between 11-16 score which was good knowledge, majority of postnatal mothers (23%)

lies between 6-10 score which was considered as average knowledge and majority of postnatal mothers (7%) lies between 0-5 score which was considered as poor knowledge.

**Table 3:** Mean and standard deviation of the knowledge of postnatal mothers regarding self-care after childbirth, N=100

Total no. of postnatal mothers.	Mean	Standard deviation
Good	13.4	0.97467
Average	8.17	0.8081
Poor	4.42	0.2390

The data represents in table-3 shows that the mean and the standard deviation of the total score according to the categories in good knowledge the mean of the total score is 13.4 and the standard deviation is 0.97467. In average knowledge the mean is 8.17 and standard deviation is

0.8081. And in poor knowledge the mean is 4.42 and the standard deviation is 0.2390. This shows that majority of the postnatal mothers are having good knowledge regarding self-care after childbirth.

**Table 4:** Association of the postnatal mothers regarding self-care with selected demographic variables, N= 100

Demographic variables	Chi-square (X <sup>2</sup> )	P- Value	Table value
1.Age	9.827	0.132	12.592
2.Education	11.605	0.170	15.507
3.Number of children	2.631	0.621	9.488
4. Income	5.119	0.275	9.488

The data presented in table-4 shows that the  $\chi^2$  value of the selected demographic variables are smaller than t-value which shows that there is no association between the selected demographic variables and knowledge of postnatal mothers regarding self-care after childbirth.

**4. Discussion**

“Knowledge of postnatal care among postnatal mothers” was done by Sandhya Timilsina (B.sc Nursing Schoolar, School of Health and Allied Sciences, Pokhara University, Lekhnath 33700), Nepal Rojana Dhakal (Lecturer, School of Health and Allied Sciences, Pokhara University, Lekhnath 33700, Nepal) in December 2015 at Nepal. The study conclude that participants had average knowledge on postnatal care. The study shows that the most knowledgeable area was danger sign of mother and newborn and the least knowledgeable area was family planning. Awareness programmes are required to improve knowledge on the different aspects of postnatal care. Further studies can be conducted to make more clear views and to plan for future on reproductive rights and to utilize the reproductive health services by people.

“Assessment of Mothers knowledge regarding postpartum self-care in National Ribat University Hospital” was done by Layla Adam Ali Adam in August 2013. The study concluded that women’s knowledge regarding self care during postpartum were inadequate for the reduction of postpartum complication. The study recommended continuous education of women about postpartum self care and learning facilities e.g. books, pamphlets and journals should be available in hospitals.

The above studies shows that the postnatal mothers should improved their knowledge regarding selfcare after childbirth. In these two studies the maximum postnatal mothers have good knowledge regarding selfcare after childbirth. Our study conclude that postpartum care is still limited and it requires greater attention commitment from health professional. Most postpartum women want self-care information, a need that is not completely meet by prenatal or postpartum education. Postpartum follow up programmes with a strong educational component and special targeting of high risk women may enable healthcare givers to better address this need.

**5. Conclusion**

On the basis of findings of the present study the following conclusion can be drawn most postnatal mothers were having good knowledge but still there are postnatal mothers whose knowledge level are average and poor. It shows that postpartum care is still limited and it requires greater attention commitment from health professional. Most postpartum women want self-care information, a need that is not completely meet by prenatal or postpartum education. Postpartum follow up programmes with a strong educational component and special targeting of high risk women may enable healthcare givers to better address this need.

**6. Recommendation**

- A Similar study can be replicated in different setting to strengthen the findings.
- The same study can be replicated on a larger sample for each group for the generalization of the findings.
- A comparative study can be done between the knowledge of primi mothers and multi mothers regarding the knowledge of postnatal mothers of self-care after childbirth.
- A comparative study between urban and rural residing postnatal mothers regarding the knowledge of self-care after childbirth.

**7. References**

1. WHO. WHO Recommendation on postnatal care of the mother and newborn. WHO Retrieved 22, 2014.
2. Women should be offered information Postnatal care; NICE Quality Standards, 2013.
3. www.ncbi.nlm.gov/PMHCOO15540/.
4. Freeman MP, Wright R, Watchman M, Wahl RA, Sis DJ, Fraleigh L *et al.* Postpartum depression assessments at well-baby visits; screening feasibility, prevalence, and risk factors. J womens help (Larchlt). 2005; 14:929-935.
5. John NK. Mbilu Essentials of obstructs and Gynecology for clinical officers and Midwives-I.