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Effectiveness of postnatal care bundle therapy on health status and adjustment among postnatal mothers in Narayana medical college hospital, Nellore

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Abstract
Background: Childbirth is one of the major events in a woman's life, which demands a lot of adjustment and changes in her lifestyle. Proper breastfeeding, positive reframing, ventilating the feelings, seeking other's support, practice of relaxation techniques, adequate healthy food, exercise, rest, prayer, use of time to take care of herself as well as baby and enjoying with the baby are the positive coping strategies need to overcome the postpartum stress.
Objectives: 1. To Assess The Health Status And Adjustment Among Postnatal Mothers. 2. To Determine The Effectiveness Of Postnatal Care Bundle Therapy On Health Status And Adjustment Among Postnatal Mothers. To Associate The Effectiveness Of Postnatal Care Bundle Therapy On Health Status And Adjustment Among Postnatal Mothers With Their Selected Socio-Demographic Variables.
Methods: 60 postnatal mothers were selected by using non-equivalent control group pretest-posttest design with purposive sampling technique**.**
Results: Regard to level of stress 4(4%) of them had mild stress, 74(74%) of them had moderate stress and 22(22%) of them had severe stress during menstrual cycle.

Keywords: Postnatal care bundle therapy, health status, adjustment, postnatal mothers

Introduction
"*The movement a child is born, the mother is also born. She never existed before. A mother is something absolutely new" - Rajneesh*
Childbirth is one of the major events in a woman's life, which demands a lot of adjustment and changes in her lifestyle. Proper breastfeeding, positive reframing, ventilating the feelings, seeking other's support, practice of relaxation techniques, adequate healthy food, exercise, rest, prayer, use of time to take care of herself as well as baby and enjoying with the baby are the positive coping strategies need to overcome the postpartum stress [3]
A study was conducted to indicate that some of the postpartum practices are potentially harmful for women's health. Study design was a randomized controlled trail conducted in urban and rural area of Hubei between August 2003 and June 2004. A total of 302 women who attended the antenatal clinic during the third trimester with an uncomplicated pregnancy were recruited. Outcome measures were nutrition and health knowledge, dietary behavior during the postpartum period. The result shows that women in the intervention group exhibited significantly greater improvement in overall dietary behaviors such as consumption of fruits, vegetables, soybean and soybean products as well as nutrition and health knowledge than those in control groups. The study shows health and nutrition education intervention enable the women take away some of the unhealthy traditional postpartum practices [1].

Need for the study
According to Statistics by country for childbirth in India, the morbidity of primi mothers after childbirth is estimated as, 70% of Indian primi mothers have sleep disturbances, 70-80% experience baby blues, 76-82% [5]. New mothers have emotional disturbances and 10-20% of women with baby blue develop postpartum depression [6].

Postpartum mood episodes with psychotic features appear to occur in 1/500 deliveries and more common in primi parous women. 14.6% postpartum mothers have urinary incontinence, 59% of mothers have postpartum depression in 6-8 weeks postpartum [7].

Postnatal care bundle therapy is helpful for improving health status and adjustment among postnatal mothers. Postnatal care bundle therapy includes skin to skin contact, independently position self for feeding in vaginal and caesarean mothers, breast feeding, mother responds to infant cues, postnatal exercises, episiotomy care and postnatal diet [8].

An experimental study was conducted to evaluate the effectiveness of pelvic floor muscles training for prevention and treatment of urinary and fecal incontinence among 6181 postnatal women in New Zealand. Results revealed that, about 20% reduction in the severity of urinary incontinence who received pelvic floor muscle training than who did not. Fecal continence was also reduced, i.e. about half (48%) in women who received pelvic floor muscle training. The researcher concluded that pelvic floor muscle training is an appropriate treatment for women with persistent postpartum urinary and fecal incontinence.a [10].

Statement of the problem

A study to assess the effectiveness of postnatal care bundle therapy on health status and adjustment among postnatal mothers in Narayana Medical College Hospital, Nellore

Objectives

1. To Assess The Health Status And Adjustment Among Postnatal Mothers.
2. To Determine The Effectiveness Of Postnatal Care Bundle Therapy On Health Status And Adjustment Among Postnatal Mothers.
3. To Associate The Effectiveness Of Postnatal Care Bundle Therapy On Health Status And Adjustment Among Postnatal Mothers With Their Selected Socio-Demographic Variables.

Hypotheses

Null Hypothese

- H_{01}- There is no statistically significant difference on health status and adjustment after implementation of postnatal care bundle therapy.
- H_{02}- There is no statistically significant association between postnatal care bundle therapy on health status and adjustment among postnatal mothers with their selected socio-demographic variables.

Delimitations

The study is delimited to;

1. Postnatal mothers admitted in NMCH only.
2. A sample size of 60 postnatal mothers only.

Materials and Methods

Research Approach: Quantitative Research Approach

Research Design: The research design adopted for this study was non-equivalent control group pretest-posttest design.

Group	Pre-test	Intervention	Post Test
Experimental	O_1	X	O_2
Control	O_1	-	O_2

Setting of the study

The study was conducted in postnatal ward, Narayana Medical College Hospital, Nellore

Population

Target Population: All Postnatal mothers who delivered by normal or lower segment caesarian section.

Accessible Population: All Postnatal mothers admitted in Narayana Medical College Hospital, Nellore.

Sample Size

60 postnatal mothers in postnatal ward and gynecological ward, Narayana Medical College Hospital, Nellore.

Sampling Technique

The subjects are selected by using non-probability purposive sampling technique.

Criteria for Sample Selection

Inclusion Criteria: Postnatal Mothers

- Who underwent normal vaginal delivery or lower segment caesarian section.
- Who were willing to participate in the study?
- Who could understand Telugu or English?

Exclusion Criteria: Postnatal Mothers

- Who were not willing to participate in the study.
- Postnatal mothers with high risk conditions.

Variables

Independent Variable: Postnatal Care Bundle Therapy

Dependent Variables -Health status and Adjustment among postnatal mothers.

Demographic Variables: Age in years, parity, educational qualification, mode of delivery, gender of the baby, mother's occupation, family income per month, area of living, and type of family.

Extraneous Variables – Drugs and rest.

Description of the tool

The investigator developed an observational checklist.

Part-I: It Deals With Socio Demographic Variables

Part-II: Consists of observation checklists to assess health status.

It consists of 50 items.

Scoring Key

YES--1

NO—0

Score Interpretation

Score	Health status
0-16	Poor health
17-32	Average health
33-50	Good health

Part-II-B: Consists of vital signs to assess health status.
It includes temperature, pulse, respiration and blood pressure.

Part-III: Consists of checklist to assess adjustment.
It consists of 26 items.

Scoring Key
Yes--1
No--0

Score Interpretation

Score	Interpretation
0-8	No Risk for Depression
9-16	Low Risk for Depression
17-25	High Risk for Depression

Part- IV: Intervention Protocol
1. Skin to skin contacts
2. Mother independently positions self for feeding
3. Mother responds to infant cues
4. Breast feeding
5. Episiotomy care
6. Postnatal exercises
7. Postnatal diet

Results & Discussion

Table 1: Frequency and percentage distribution of health status among postnatal mothers in experimental and control group. (N=60)

S. No	Health status	Experimental Group (N=30)				Control Group (N=30)			
		Pre Test		Post Test		Pre Test		Post Test	
		F	%	F	%	F	%	F	%
1.	Poor	20	67	-	-	13	43	13	43
2.	Satisfactory	10	33	4	13	17	57	17	57
3.	Good	-	-	26	87	-	-	-	-
	Total	30	100	30	100	30	100	30	100

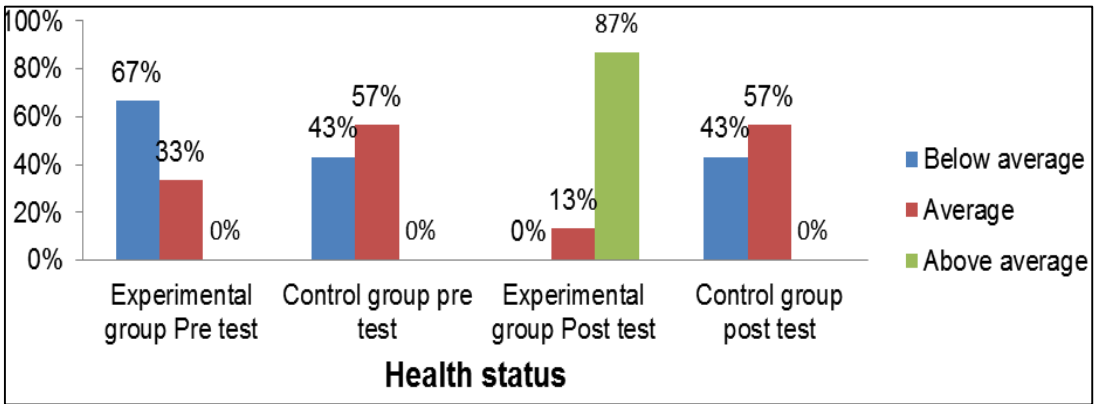

Fig 1: Percentage distribution based on health status among postnatal mothers in experimental group and control group

Table 2: Frequency and percentage distribution of level of adjustment among postnatal mothers in experimental and control group. (N=60)

S. No	Level of adjustment	Experimental Group (N=30)				Control Group (N=30)			
		Pre test		Post test		Pre test		Post test	
		F	%	F	%	F	%	F	%
1.	No risk for depression	-	-	25	83	-	-	-	-
2.	Low risk for depression	14	47	5	17	17	57	17	57
3.	High risk for depression	16	53	-	-	13	43	13	43
	Total	30	100	30	100	30	100	30	100

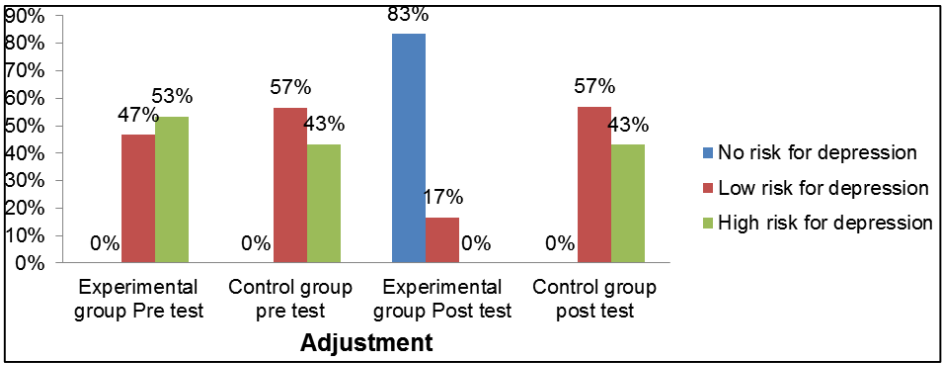

Fig 2: Percentage distribution based on adjustment among postnatal mothers in experimental group and control group.

Table 3: Effectiveness of postnatal care bundle therapy based on health status among postnatal mothers in experimental group. (N=60)

Health status	Mean	Standard deviation	Pairedt' test
Pre test	32.03	3.56	C= 16.37 T= 2.76 P <0.05 S*
Post test	42.27	3.97	

Tab-3: indicates that in pretest the mean health status is 32.03 with standard deviation of 3.56, whereas in posttest mean health status is 42.27 with standard deviation of 3.97. The calculated value is 16.37, and the table value is 2.76. The calculated value is greater than the table value at P<0.05 level of significance. So the null hypothesis is accepted.

Table 4: Effectiveness of postnatal care bundle therapy based on health status among postnatal mothers in experimental and control group. (N=60)

Health status	Mean	Standard deviation (SD)	Independent 't' test
Experimental group	42.27	3.97	C= 33.74 T= 2.76 P <0.05 S*
Control group	23.57	2.79	

Table-4: Indicates that health status in experimental group, the posttest mean health status is 42.27 with standard deviation of 3.97, whereas in control group, the posttest mean health status is 23.57 with standard deviation of 2.79. The calculated value is 33.74, and the table value is 2.76. The calculated value is greater than the table value at P<0.05 level of significance. So the null hypothesis is accepted.

Table.No-5: Effectiveness of postnatal care bundle therapy based on adjustment among postnatal mothers in experimental group. (N=60)

Adjustment	Mean	Standard deviation (SD)	Paired 't' test
Pre test	6.23	1.20	C= 3.80 T= 2.76 P <0.05 S*
Post test	10.03	1.87	

Table-5**:** Indicates that in pretest mean adjustment is 6.23 with standard deviation of 1.20, in posttest mean adjustment is 10.03 with standard deviation of 1.87. The calculated value is 3.80, and the table value is 2.76. The calculated value is greater than the table value at P<0.05 level of significance. So the null hypothesis is accepted.

Major findings of the study

- The health status, in experimental group, among 30 postnatal mothers follows, in pretest, 20 (67%) had poor health and 10 (33%) had satisfactory and posttest, 4 (13%) had satisfactory and 26 (87%) had good health. In control group, among 30 postnatal mothers follows, in pretest 13 (43%) had poor health, 17 (57%) had satisfactory and posttest, 13 (43%) had poor health and 17 (57%) had satisfactory.
- Postnatal adjustment, in experimental group, among 30 postnatal mothers follows, in pretest 14 (47%) had low risk for depression and 16 (53%) had high risk for depression and posttest, 25 (83%) had no risk for depression and 5 (17%) had low risk for depression. In control group, among 30 postnatal mothers follows, in pretest 17 (57%) had low risk for depression and 13 (43%) had high risk for depression and posttest, 17 (57%) had low risk for depression and 13 (43%) had high risk for depression.
- The pretest the mean health status was 32.03 with standard deviation of 3.56, whereas in posttest mean health status is 42.27 with standard deviation of 3.97. The calculated value is 16.37, and the table value is 2.76. The calculated value is greater than the table value at P<0.05 level of significance. So the null hypothesis is accepted.
- The pretest mean adjustment is 6.23 with standard deviation of 1.20, in posttest mean adjustment is 10.03 with standard deviation of 1.87. The calculated value is 3.80, and the table value is 2.76. The calculated value is greater than the table value at P<0.05 level of significance. So the null hypothesis is accepted.
- Regarding association, among all the demographic variables, only parity and mode of delivery had significant association with level of health and adjstment at P<0.05 level.

Conclusion

The study reveals that there is significance in improvement of health status and adjustment among postnatal mothers in experimental group as compared to the control group. This shows that the postnatal care bundle therapy is very effective in improvement of health status and adjustment and cost effective in the enhancement of postnatal mother's wellbeing.

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