



International Journal of Obstetrics and Gynaecological Nursing

E-ISSN: 2664-2301
P-ISSN: 2664-2298
IJOGN 2020; 2(1): 26-32
Received: 19-11-2019
Accepted: 24-12-2019

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A study to assess the effectiveness of planned teaching on knowledge and practices of postnatal exercises among postnatal mothers in selected maternity hospitals of Mumbai

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Abstract

The pre-experimental study with 50 postnatal mothers with normal 2nd and 3rd day of delivery through Purposive Sampling Technique with one group of pre-test and post-test design was used. Data was collected by means of Semi-structured questionnaire, schedule which was divided into two parts (1.Socio-demographic data and 2.Knowledge and practices regarding effect of planned teaching of postnatal exercises.) The reliability of the tool was established by split-half method. The Karl-Pearson's co-efficient of co-relation, $r = 0.8097$, the content validity of the tool was established by 12 experts in the field of Obstetrics and Gynaecology Nursing. The data was analysed by using Descriptive and Inferential Statistical in terms of mean, frequency distribution, percentage 't' test and Chi-Square Test. It was proved that there was an increase in the knowledge and practices of postnatal exercises among postnatal mothers. After implementing planned teaching programme, thus this planned teaching programme was observed effective in postnatal mothers.

Keywords: Postnatal mother, Postnatal exercises, Effectiveness, Knowledge.

Introduction

Childbirth can be a moment of supreme beauty and joy which a nurse is privileged to share with the mother, and these feelings are born out of confidence and commitment between mother, nurse and the family. Out of the members of health team; nurse spends the maximum time with postnatal mother. Due to the awareness in society about health, the institutional deliveries have increased tremendously since, last two decades in all over the world as well as in India. Because of the inadequate infra structure facilities in the hospitals, nursing/maternity homes; the trend of early discharge from the hospital came into existence. Postnatal mothers and their neonate receive care only for two to three days in the hospital and rest of the postnatal care has to be continued by the mother at home. Mothers coming to the hospital have various opportunities to acquire knowledge, like, planned /incidental teachings whenever needed during and after an antenatal and postnatal period from nurses and doctors. Because of the increase in hospital deliveries, the nurse patient ratio was not adequately maintained. In postnatal wards, nurse had to look after the mothers as well as their neonates. During this short hospitalization period, she had to provide them information /instructions about postnatal care. Postnatal period is an important period during which proper care is very essential to maintain the health of mother, and to prevent early and late postnatal complications for mother, e.g. venous thrombosis, urinary incontinence, back pain, fecal incontinence, depression, etc. Every mother needs to have correct and adequate knowledge about the postnatal care in relation to importance of postnatal exercise complication, type of exercises and how to perform. The present study tried to highlight the effectiveness of planned teachings on knowledge and practices of postnatal exercises to know the areas of physiological changes during pregnancy, concept of postpartum care, postnatal complications as well as, to know the postnatal exercises and how to perform, what precautions have to take before and after postnatal exercise.

Need of the study

In antenatal period changes in the reproductive tract i.e. uterus enlargement during pregnancy, involves stretching of marked hypertrophy of existing muscle cells; increase in

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The size of the uterine muscle cells. There is an increase in fibrous tissue and elastic. Changes in the abdominal wall, diastasis recti may occur as muscles (rectus) separate. Average weight gain 11 to 12 kg in pregnancy. Women may experience temporary or permanent distortion or trauma, to the pelvic floor and urethral anatomy as a result of child birth. After menopause, women experience decrease in estrogen levels, causing atrophy of pelvic floor structures and decreased urethral resistance. Pelvic floor injury during childbirth leads to incontinence. Postmenopausal women may experience incontinence when bladder pressure surpasses urethral resistance such as during coughing, sneezing laughing, and exercising. Persons with alterations in urinary elimination have been a priority of nursing practice. Hospital deliveries are increasing these days. One of the selected government obstetrics and gynecology hospitals in Mumbai showed that, in one year 2,068 deliveries were conducted. According to Newman (2002) more than 17 million Americans in community settings experience urinary incontinence or overactive bladder. The prevalence of urinary incontinence in persons younger than 30 years is from 14-40% in women, men 4-15%. In 30-60 years group 30% men, women 2-12% and older than 65 years prevalence in women is 12-49%, men 7-22%. In post natal period, involution of pelvic structures broad ligament and round ligament, recover from stretching and laxation. Pelvic floor and pelvic fascia involutes from the stretching effect during parturition. To reduce the risk of blood clots particular leg movements and breathing exercises will help a lot. Obstetrical injury to the bladder may be due to, In traumatic, Instrumental delivery such as destructive operations or forceps delivery; especially with Kielland; and abdominal operation such as hysterectomy for rupture uterus or Caesarean section, specially a repeat one. Child birth trauma causes damage of the pelvic floor and pubocervical fascia. Laceration of the Vulval skin posteriorly and the para-uteral tear on the inner aspects of the labia minora are the common sites. Para-uteral tear may be associated with brisk hemorrhage. Minor injuries is quite common during first birth, gross birth canal injury is invariably a result of mismanaged second stage of labour. In Sloughing fistula, prolonged compression effect on the bladder between the head and symphysis pubis in obstructed labour, causes Vesico vaginal fistula. This type of direct traumatic fistula usually follows soon after delivery. Rectal injury other than, that involved along with complete perineal tear is rare in obstetric. This is because, of the middle third of the rectum is protected by the curved sacral hollow and the upper third is protected by the peritoneal lining. Prolonged compression of the rectum by the head in mid pelvic contraction with a flat sacrum predisposes to ischaemic necrosis of the anterior rectal wall and results in recto-vaginal fistula. Study done in Loyola University Medical Center, to identify risk factors associated for anal sphincter tear during vaginal delivery shows, 797 primiparous women, 407 with a recognized anal sphincter tear and 390 without. Based on univariable analysis, a woman with a sphincter tear was more likely to be older, to be white, to have longer gestation or prolonged second stage of labor, to have a larger infant (birth weight/head circumference), or an infant who was in occiput posterior position, or to have an episiotomy or operative delivery. Logistic regression found, forceps delivery and episiotomy were strongly associated with a sphincter tear. The combination of forceps and episiotomy was markedly

associated with sphincter tear. A study on anal incontinence after childbirth which included 949 pregnant women who gave birth in 5 hospitals in 1995/96 in the province of Quebec. It concluded that, anal incontinence is associated with forceps delivery and anal sphincter laceration. Anal sphincter laceration is strongly predicted by first vaginal birth, median episiotomy, and forceps or vacuum delivery but not by birth weight or length of the second stage of labour. A study conducted in American College of Obstetricians and Gynecologists (ACOG) provides advocate for new mothers, to gradually return to exercise when they are 'physically and medically safe'. The ACOG asserts that, exercise should be individualized, as every individual is different. As an outcome of the Jenkins's study, it has been produced having general postnatal exercises and their benefits, barriers perceived by the first-time mothers. The present study provides examples of the strategies that, mothers employed to overcome the most common barriers. In a study done by Armstrong, *et al.*, (2002) ^[1], the purpose of the research project was to examine the effect of exercise, social support and depression on postnatal women who reported experiencing Postnatal Depression (PND), it was hypothesized that, the pram walking group would improve their feelings of depression and fitness levels compared to the social support group, but both groups would improve their perceived levels of social support. The result showed that, mothers in the pram walking intervention group improved their fitness levels and reduced their levels of depressive symptomatology, significantly more than the social support group. These results are encouraging and suggest that, a pram walking intervention has the potential to improve depressive symptomatology and fitness levels for women who reported experiencing postnatal depression. A study conducted by Pauline Chiarelli, (2002) mainly aims to test the effectiveness of a physiotherapist delivered intervention to prevent urinary incontinence among women three months after giving birth. Both continence and adherence to the programme were measured at three months after delivery in women who had forceps or ventouse deliveries or babies weighing 4000 g or more. The intervention promoting urinary continence reduced the prevalence of urinary incontinence after giving birth, particularly its severity, and promoted the performance of pelvic floor exercises at adequate levels. Janet L. *et al.*, conducted survey where result shows that, 87% of telephone surveyed mothers used a pram for incidental activities, whilst 47% used the pram specifically for exercise. Factors preventing mothers exercising more included poor weather, lack of time, and poor quality paths. Ninety- two percent of mother's believed that pram walking would increase mental well being, and 87% felt that it would help to reduced postnatal depression. The purpose of the study done by was to evaluate the effect of post-natal pelvic floor muscle exercise. While a statistically significant change in pelvic floor muscle strength was found in both the TG (Training group) and the CG. (Control group) the improvement for the TG was significantly greater. It was concluded that a specially devised pelvic floor muscle strength training programme can add significantly to physical recovery after childbirth. Traditionally, post natal mother did not give so much importance to post natal exercise but now, the trend is changed. The Mayo Clinic suggests that, mothers that exercised regularly before and during pregnancy, had normal pregnancy and delivery. They may start exercising a

few days after delivery or whenever they feel ready. Hence, providing information about postnatal exercises is essential to prevent the post natal complications in early stage. It is very important to know for every mother about early and late post natal complications like urinary incontinence, faecal incontinence, post natal depression, prolapse uterus, pelvic floor muscles trauma, low back pain, stress, fatigue, constipation, deep venous thrombosis. The researcher worked in the specialty maternity hospital, in post natal ward for 5 years as a staff nurse, observed that after normal delivery a mother was routinely discharged after the third day to fifth day of delivery. Sometimes, if the mother and baby were in good condition, they were even discharged on the second day of delivery. Most of postnatal care was continued at home by the mother or by her family. Postnatal care activities were carried out by the mother with the knowledge she gained during her hospital stay. Post natal mothers are always busy in care of the newborn which is a physically exhausting task. Most new mothers find that, they do not have the same energy level that, they had before their baby was born. In the first few months, the mother's night sleep is disturbed and this adds to the exhaustion. The pressure of taking care of a newborn and managing the house leaves the mother, mentally and physically drained, resulting in ignorance about the post natal exercises and its importance and complications. Nurses are busy with their routine work and thus have little time for caring and teaching the mothers. Though, planned teaching is not carried out, incidental teaching and advices are given. Based on the above findings, the researcher was inquisitive to a plan teaching, on post natal exercises that will increase knowledge and practices in postnatal mothers. So the topic was chosen for her research.

According to the studies, postnatal mothers suffer from early postnatal complications (backache, leg cramps, deep venous thrombosis, ankle oedema, fatigue, constipation and stress). If women are given adequate knowledge about exercises during postnatal period they can practice these exercises in postnatal period and reduced the complications like urinary incontinence, low back pain, fecal incontinence, post natal depression, prolapsed uterus enhancing positive health and wellbeing for mother and the baby. Hence the investigator felt the need to take up this study.

Statement of the problem

"A study to assess the effectiveness of planned teaching on knowledge and practices of postnatal exercises among postnatal mothers in selected maternity hospitals of Mumbai".

Objectives of the study

- 1) To assess knowledge of postnatal mothers regarding post natal exercises before and after planned teaching.
- 2) To find out the effect of planned teaching on knowledge and practices of selected postnatal exercises among postnatal mothers.
- 3) To find the relationship between the knowledge and practices of postnatal mothers and selected variables e. g. education, age, parity.

Operational definitions

Assess

In this study, assess means gathering information for evaluation of knowledge of postnatal mothers about

postnatal exercises.

Effect

In this study, effect means to change in the score between pre and post test whether positive or neutral after giving health education.

Planned Teaching

In this study, planned teaching refers to the set of information and meaningful interaction on postnatal exercises, concept of postpartum, type of exercises, benefits, and precautions to be taken before and after exercises etc.

Knowledge

In this study, knowledge refers to information gained through planned teaching in relation to post natal exercises in respect to its meaning. Importance and effect on prevention of complications are evaluated by the researcher with the help of tools.

Practice

In this study, the practice means performance of the post natal exercises, by postnatal mothers evaluated by observational check list.

Postnatal Exercises

In this study, the postnatal exercises are those which are important during postnatal period to regain muscle tone to prevent postnatal complications. Exercises are abdominal deep breathing, pelvic rock, pelvic floor, lower limb.

Post natal mother

In this study, post natal mothers are the ones in postnatal ward of selected hospital, who have delivered normally or with instrumental delivery e.g. forceps, vacuum.

Selected hospital

In this study, the meaning of selected maternity hospital refers to one of the government hospitals in Mumbai.

Hypothesis

Ho-There is no difference in the knowledge scores regarding selected post natal exercises in postnatal mothers before and after planned teaching.

Hi-There is a difference in the pretest and post test knowledge scores regarding selected postnatal exercises in postnatal mothers before and after planned teaching.

Assumptions

The study will have following assumption:-

- 1) Post natal mothers may have some knowledge regarding exercises.
- 2) Factual information given to postnatal mothers may enhance their knowledge.
- 3) Levels of knowledge differ from individual to individual.

Delimitations

- 1) This study is limited only to selected maternity hospitals of Mumbai.
- 2) This study is limited only to hospitalized post natal mothers.

Conceptual framework

Modified Conceptual Framework based on General System

Theory (by Von Ludwig Bertalamffy's) as shown in the figure below.

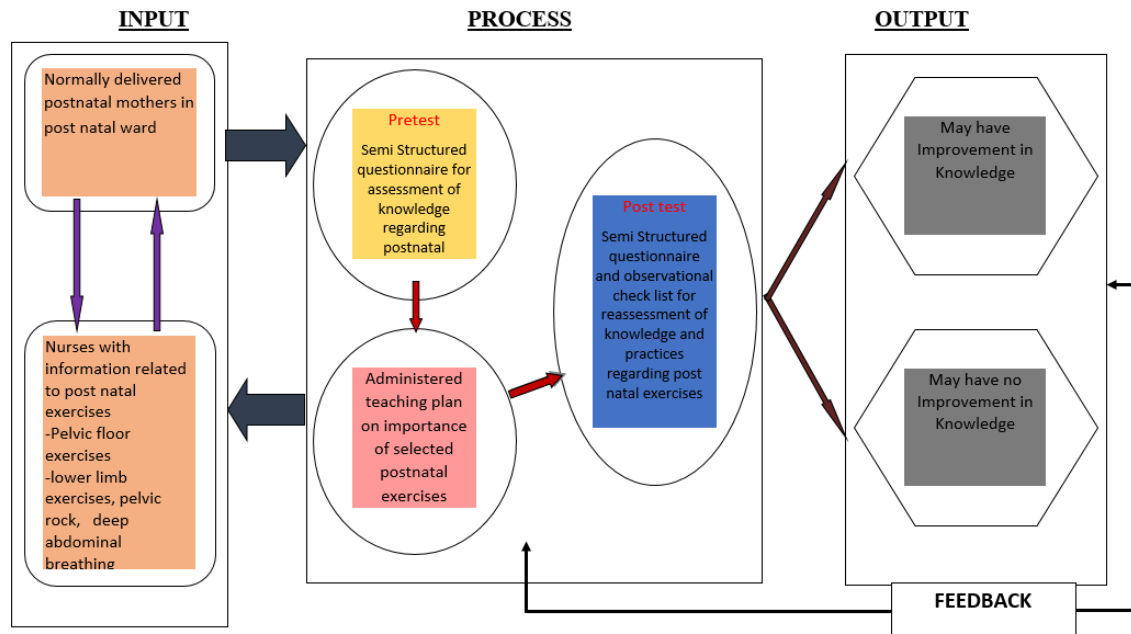


Fig 1: Conceptual frame work of planned teaching on postnatal exercises

Research methodology

Research approach

This study is exploratory and descriptive in nature. Such approach was adopted in this study.

Research design

Pre experimental one group pre test post test was used for the study.

Setting of the study

The study was conducted in one of States Government Hospital in Mumbai. The sample size consisted of 50 postnatal mothers, who fulfilled the laid down criteria for sample selection.

Population

The population of the study were post natal mothers.

Sample and sample size

50 post natal mothers

Sampling technique

Sampling Technique used for this study was non-probability convenient sampling.

Variables of the study

Dependent variable

In this study, the dependent variable is knowledge of postnatal mothers regarding postnatal exercises.

Independent variable

In this study, the independent variable is planned health teaching on postnatal exercises.

Extraneous variables

Age, education, religion, occupation, diet, type of family, income, history of previous delivery and present delivery.

Results

The data was presented under the following headings.

Findings of the study revealed that out of 50 subjects:

The significant data was analysed based on the objectives laid down for the study.

Section I: Demographic Data

Age

The age of mothers ranged from below 25 years to 36 years. Majority of the mothers were in the age group of below 25 years i.e. 23 (46percent). 21 mothers (42percent) were in the age group of 26-30 years, five mothers (10percent) were in the age group of 31-35 years and only two mothers were in the age group of more than 36 years.

Education

Majority of the mothers 41 (82percent) had undergone some level of education, out of which maximum mothers were educated upto primary and secondary level i.e. 16 (32percent). Only 9 mothers (18percent) were educated up to graduation and above levels. 9 mothers (18percent) were illiterate.

Family Income

With respect to monthly income 8(16percent) and 23 (6percent) mothers belonged to the income of Rs. 2000/- to Rs.4000/- per month and, up to Rs.2000/- per month respectively. There were 6 mothers (12percent) whose monthly income ranged from Rs. 6000/- and above per month.

Occupation

Majority of mothers was housewives, i.e. 32 (64percent), That may be because mothers were not well educated. Only 18 mothers (36percent) were employed.

Religion

Maximum mothers, i.e. 30(60percent), belonged to the Hindu religion. 20(40percent) mothers were from Muslim religion.

Diet

Maximum mothers, i.e. 38 (76percent), were taking vegetarian diet and 12(24percent) mothers were taking mixed type of diet.

Type of family

Joint family was more prevalent among the total mothers. Majority of the mothers were from joint family i.e. 45 (90percent), only 5 (10percent) mothers who belonged to nuclear family.

Obstetrical data**A) History of previous delivery**

This section deals with the distribution of the mothers with regard to obstetric data.

Parity

Maximum mothers, i.e. 23(46percent) were primiparous, where as, Para one 4(8percent), Para two 16(32percent) and only Para three 7(14percent).

Nature of previous delivery

Most of the mothers, i.e. 23(46percent), were delivered normally, and only 2 (4percent) mothers needed instrumental delivery (forceps and vacuum delivery)also 2(4percent) had caesarean section.

Information

Maximum mothers, i.e. 44(88percent) had not received information regarding postnatal or antenatal exercises and only 6 (12percent) received information regarding antenatal/postnatal exercises.

B) History of present delivery**Day of Delivery**

Most of the mothers, i.e. 25(50percent) 1st day delivery, 21 (42percent) mothers was 2nd day delivery and very less i.e. 4(8percent) mother was 3rd day of delivery.

Nature of present delivery

Most of the mothers, that is 40(80percent), were delivered normally and only 10 (20percent) mothers needed instrumental delivery (forceps and vacuum delivery).

Section II

Deals with the analysis and interpretation of the data related to the existing knowledge and knowledge deficit of postnatal mothers about postnatal exercises.

Part I

Deals with the Knowledge related to postnatal care.

1 A. Knowledge related to physiological changes in pregnancy

Some observations were noted in regard to physiological changes occurring during pregnancy, it was observed that 48 samples were aware of the changes taking place in the body during pregnancy and 20 percent were aware about total

weight gained in normal pregnancy and, 27percent knew which part of the body is stretched during pregnancy.

In the post test taken after teaching, a remarkable improvement in the knowledge was observed i.e. 84, 100 and 90 percent respectively.

1 B. Knowledge related to concept of postpartum care**Postnatal period-**

- It was observed that there was 76 percent of knowledge regarding duration of postnatal period in pre test and 100 percent in post test.
- It was observed that only 108 percent were aware about activities that should be avoided at least for 6 weeks i.e. lifting heavy weight, sewing work on the machine; going out of the house in pre test, but in post test 99 percent mothers said it is to be avoided. A remarkable increase was observed.
- It was noticed that regarding meaning of puerperium 2 percent were aware in pre test, while in post test 98 percent. It was observed that only 6 percent of the samples were aware of the correct answers of the aspects of postnatal care in pre test and 21 percent in post test. Pre test results showed 27 percent and 83 percent in post test, regarding effects of aspect on postnatal care.

1 C. Knowledge related to postnatal complications.

Postnatal complications- It was observed that 11 percent of the samples knew, about the complications which occur during postnatal period in pre test. Post test results showed that 115 percent of the samples are aware of it. 2 percent samples said, they were not aware about the complications of leg during postnatal period in pre test, while 90 percent said they knew in post test.

It was observed that 4 percent sample answered correctly about knowledge regarding low back pain during postnatal period. Post test results showed 88 percent ignorance.

Part II

Deals with knowledge related to postnatal exercises.

II A. Knowledge related to importance of postnatal exercises

It was found that majority 0.6 percent of the samples were aware about benefits of postnatal exercises during pre test. Post test results showed 33 percent rise.

86 percent samples' believed that exercises keep healthy and fit in life during pre test whereas, 100 percent believed in post test score.

Regarding necessity of postnatal exercises 62 percent mothers thought exercises are required in postnatal period in pre test, while in post test score was i.e. 100 percent. Even though 100 percent sample knew when to start doing the postnatal exercises after delivery post score was also 100 percent.

II B. Knowledge related to various types of exercise knowledge related to postnatal exercise

It was found that 5 percent of the samples were aware about starting exercises in postnatal period in pre test, while 90 percent in post test. During pre test 12 percent were aware about the positions to be used for pelvic floor exercises, 5 percent knew the benefits of pelvic floor postnatal exercises, 14 percent knew the importance of abdominal breathing

exercises, 20 percent had the knowledge related about taking deep breath, while doing breathing exercises, 11 percent knew the benefits of lower limb exercises, and 14 percent were aware about importance of pelvic rock exercises.

During the post test taken after teaching, remarkable improvement in the knowledge was observed in the figures i.e. 100, 79, 98, 84, 75 and 70 percent.

During pre test, 14 percent performed exercises regularly with a frequency of 40 percent, 26 percent following the exact time to do exercises, and 30 percent followed the exact duration. Also 70 percent used abdominal binder, 80 percent massaged the whole body with oil and 31 percent had varied reasons for non performance of the exercises regularly.

Similarly, during post test, 18 percent performed exercises regularly with a frequency of 98 percent like yoga, walking, pranayam; 94 percent following the exact time to do exercises, and 98 percent followed the exact duration. Also 86 percent used abdominal binder, 90 percent massaged the whole body with oil and 32 percent had varied reasons for non performance of the exercises regularly.

II C. Knowledge and practices related to postnatal exercises

During pre test, 14 percent performed exercises regularly with a frequency of 40 percent, 26 percent following the exact time to do exercises, and 30 percent followed the exact duration. Also 70 percent used abdominal binder, 80 percent massaged the whole body with oil and 31 percent had varied reasons for non performance of the exercises regularly.

Similarly, during post test, 18 percent performed exercises regularly with a frequency of 98 percent like yoga, walking, pranayam; 94 percent following the exact time to do exercises, and 98 percent followed the exact duration. Also 86 percent used abdominal binder, 90 percent massaged the whole body with oil and 32 percent had varied reasons for non performance of the exercises regularly.

II D. Knowledge related to precaution to be taken before and after the postnatal exercises

In pre test 62 percent knew safe places for postnatal exercises while 100 percent knew in post test. 84 percent were aware about emptying bladder before exercise in pre test, wherein 100 percent knew in post test. Knowledge of exercising after meals was known to 70 percent in pre test and 72 percent in post test. Necessity to empty bowel before exercise was known to 44 percent and 76 percent in post test., Necessity to consult a doctor or nurse before exercising was felt by 58 percent and 92 percent post test., Need to give breast feeding before exercising was familiar in 86 percent in pre test, and 100 percent in post test. Regarding prevention of dehydration by drinking fluids only 16 percent were aware in pre test and 96 percent in post test. 22 percent had the knowledge to stop the exercises and consult with doctor in pre test and 31 percent in post test. Also 26 percent knew about resting after completion of exercises for 10 minutes in pre test and 98 in post test.

Comparison of the knowledge and practices scores between pre test and post test from

Section-I [1A-1C] and section –II [IIA-IIID]

As post-test mean is significantly higher than pretest mean

the planned teaching is effective. In all the areas the table value for 't' with 49 degree of freedom at 0.01 level is 2.4. The calculated value of 't' in part IA is 26.05, part IB is 18.57, part IC is 35.41, and part IIA 24.00, part IIB 43.12, part IIC 14.30, part IID is 11.50. The total 1A-1C and IIA to IID is 172.96 which is greater than table value. Therefore, H₀ is rejected and H₁ is accepted.

Section III

Deals with the analysis and interpretation of observed self practices of postnatal mothers regarding postnatal exercises.

Comparison between two observational checklists of postnatal exercises

The data reveals that, regarding demonstration of postnatal exercises in first observation mean score 20.24 percent mother showed corrected practices whereas, in second observation 26.8 percent mothers showed correct practices. This shows that, most of the postnatal mothers knew about correct demonstration of postnatal exercises. They can perform independently after discharge at home.

Comparison between knowledge score and practice score

Through 't' test, knowledge score is 85.27 percent whereas practice score is 95.71 percent.

Hence we conclude that, practice scores after planned teaching increase on larger side than knowledge scores.

Section IV: chi- square tests for knowledge relationship between selected demographic variables and knowledge scores of sample

1] Relationship between age versus knowledge score

Test for independence of age and knowledge score.

We set, H₀: Scores of the respondents do not depend on age.

H₁: Scores of the respondents are dependent on age.

From the table calculated value of Chi-Square test statistic is 8.285

$X^2_{cal} = 8.285$. From Chi-square tables, $X^2_{9,0.05} = 16.92$

As $X^2_{cal} = 8.285 < X^2_{9,0.05} = 16.92$, we accept H₀.

Knowledge scores of the post natal mothers respondents are independent of age.

2] Relationship between education versus knowledge score

Test for independence of education and knowledge score.

We set H₀: Scores of the respondents do not depend on education.

H₁: Scores of the respondents are dependent on education.

For the table calculated value of the Chi-Square Test statistic is 10.18.

$X^2_{cal} = 10.1$. From Chi-Square tables, $X^2_{9,0.05} = 16.92$

As $X^2_{cal} = 9.31 < X^2_{9,0.05} = 16.92$, we accept H₀

Scores of the respondents are independent of age.

3] Relationship between parity versus knowledge score

Test for independence parity and scores.

We set H₀: Scores of the respondents do not depend on parity.

H₁: Scores of the respondents are dependent on parity. Calculated value of chi-square test statistic is 12.77

$X^2_{cal} = 12.77$. From Chi-Square tables, $X^2_{9,0.05} = 16.92$

As $X^2_{cal} = 12.77 < X^2_{9,0.05} = 16.92$, we accept H₀.

Scores of the respondents are independent of parity.

4] Relationship between days of delivery versus knowledge score

Test for independence days of delivery and knowledge scores.

We set H_0 : Scores of the respondents do not depend on days of delivery

H_1 : Scores of the respondents are dependent on days of delivery

Calculated value of chi-square test statistic is 12.87.

$X^2_{cal} = 12.87$. From Chi-Square tables, $X^2_{6, 0.05} = 12.59$

As $X^2_{cal} = 12.77 > X^2_{6, 0.05} = 12.59$, we reject H_0 .

Knowledge scores of the respondents are dependent on days of delivery.

Conclusion

Comparison between two observational checklists

The data reveals that regarding demonstration of postnatal exercises in first observation mean score 20.24 percent mothers showed corrected practices whereas, in second observation 26.8 percent mothers showed correct practices. This shows that most of the postnatal mothers knew about correct demonstration of postnatal exercises that can independently performed after discharge at home.

Conclusion

The various findings of the study have shown that most of the samples were unaware of the postnatal exercises. Poor knowledge was observed about the concept of postpartum care, postnatal complication and type of importance of postnatal exercises.

This study revealed that there was significant difference in knowledge regarding before and after planned teaching. It was evident that planned teaching significantly improves the knowledge regarding postnatal exercises among postnatal mothers. This emphasized that planned teaching plays an important and beneficial role in reducing postnatal complications. Hence, nurses must take an attempt to provide health education to such types of patients that reduce the early and late postnatal complications.

It was noticed that the samples had deficit knowledge in certain areas in the postnatal exercises like advantages of postnatal exercises. The samples were eager to get more information regarding prevention of urinary incontinence, some samples were also eager to give post test to find their own knowledge. Thus, this planned teaching programme was found to be effective in increasing the knowledge of the patients to reduce the postnatal complications and keep mother fit in life.

Suggestions for the improvement of study

From the findings of the present study, it is suggested that, it is better if regular teaching program is organized in postnatal ward/antenatal clinic to teach mothers, particularly with regard to the postnatal exercises.

Recommendations

1. A similar study can be done on a larger sample.
2. A similar comparative study can be done in private and public hospitals.
3. An information booklet can be prepared as a teaching aid for the mothers and families regarding postnatal care.
4. Using the control group design, a similar study can be done and then knowledge difference of two groups can be prepared.

5. A similar study can be done by taking rural and urban area.
6. A study can be done to find out the satisfaction of the patients with regard to the planned teaching.
7. A study can be undertaken to find out the mothers views or opinions to the information and care received from the hospital.

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