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Knowledge of antenatal mothers regarding low birth weight babies in mass center, Tirupati

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Abstract

Introduction: In the present era of science and technology where quality is of supreme priority, quality of life can only be accredited by decreased morbidity and mortality rate of newborn. According to UNICEF report dying in month of life at an average global rate of 18 deaths per 1,000 live births. India makes it 12th worst among the 52 lower-middle-income countries and as per the WHO report in 2017, 23.7 deaths per thousand live.

Objectives: To assess the knowledge of antenatal mothers regarding low birth weight baby. To find out association between knowledge score of antenatal mothers regarding low birth babies with their selected demographic variables.

Methodology: A descriptive research design was adopted for hundred antenatal mothers who were selected by using non probability convenient sampling at Mass Center, Tirupati, in order to assess the knowledge of antenatal mothers regarding low birth weight babies by using structure questionnaire. The tool was validated by experts and modification were made according to expert's suggestions.

Results: In the assessment among 100 antenatal mothers, 48 (48%) had inadequate knowledge, 34 (34%) had moderate knowledge, 18 (18%) have adequate knowledge on low birth weight babies.

Conclusion: The findings of the study revealed that knowledge of antenatal mothers regarding low birth baby weight babies was 48(48%) had inadequate knowledge, 34 (34%) had moderate knowledge and 18 (18%) had adequate knowledge.

Incidence: In 2015, 20.5 million new born, an estimated 14.6 per cent of all babies born globally that year, suffered from low birthweight. These babies were more likely to die during their first month of life and those who survived face lifelong consequences including a higher risk of stunted growth, lower IQ, and adult-onset chronic conditions such as obesity and diabetes. To grow a healthy baby, mothers need good nutrition and rest, adequate antenatal care, and a clean environment. Together, these ingredients for a healthy pregnancy can help to prevent, identify and treat the conditions that cause low birthweight and thus foster achievement of the World Health Assembly (WHA) nutrition target to reduce low birthweight by 30 per cent between 2012 and 2025.

Keywords: Knowledge of antenatal mothers low birth weight babies science and technology

Introduction

The average infant weighs approximately seven pounds (about 3,200 grams) at birth. In contrast, a baby has "low birth weight" if she weighs less than five pounds, eight ounces (2,500 grams), and the baby is categorized as "very low birth weight" if she weighs less than three pounds, five ounces (1,500). Low birth weight is associated with prematurity, and approximately two-thirds of low birth weight babies were born before 37 weeks of gestation. The earlier a baby is born, the more under weight she is likely to be. In addition, a baby may be born after a full term pregnancy, but as a result of fetal growth restriction have low birth weight. Such babies are described as "small for gestational age" or "small for date"^[1].

Low birth weight is a risk factor for a variety of adverse health outcomes, particularly among babies with every low birth weight. Such babies face many of the health problems associated with premature birth. Generally, low birth weight babies are more likely than normal weight infants to experience complications during and directly following birth, including infection, difficulty in feeding, and neurologic problems³. Some specific conditions that are more likely to occur in low birth weight babies include respiratory distress syndrome, bleeding, patent ductus arteriosus (a heart condition), necrotizing enterocolitis (an intestinal condition) and retinopathy of prematurity (an eye condition). Low birth weight babies often require intensive medical care after birth. Further more, low birth weight newborn may have an increased risk of some chronic diseases later in life,

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including high blood pressure, diabetes, and heart disease [2]. Low birth weight is closely associated with fetal and perinatal mortality and morbidity inhibited growth and cognitive development, and chronic diseases later in life. At the population level, the proportion of babies with a low birth weight is an indicator of a multifaceted public health problem that includes long term maternal malnutrition, ill health, hard work and poor health care in pregnancy [3].

Birth weight is the first weight of a live or still born baby which should preferably be taken within the first hour of life. low birth weight (LBW) is a term used to describe babies who are born weighing less than 2500 grams (5 pounds, 80 ounces). In contrast, the average new born weighs about 7 pounds babies with a birth weight less than 1500 grams (up to and including 1499 grams) are considered as very low birth weight (VLBW) babies and babies with a birth weight of less than 1000 gram considered as extremely low birth weight (ELBW) babies. Low birth weight babies are broadly of two clinical types, first are those born before 37 weeks (pre term), because birth weight is a function of gestation, a preterm baby is expected to have less in weight. secondary category of LBW infants include those babies who have intrauterine growth retardation (IUGR). These babies are under nourished (or small) for a given gestation (dates). There are, therefore called small for gestational age (SGA) or small for dates (SFD) babies. over 80 percentage of all neonatal mortality in both the developed and developing countries occur among the low birth weight babies [4].

Incidence of low birth weight in our country is very high. High risk mother should be identified Early during the course of pregnancy and referred for

confinement to an appropriate health care facility. nurse has to offer support and comfort to the mother and reassure her of her capacities. The management of low birth weight babies includes hospital management and home management which include care at birth, thermal protection, fluid and feeds, kangaroo mother care, infection control and appropriate management of specific complications [5].

Methodology

A descriptive research design was adopted for this study, which include the sample size of 100 pregnant women, sample selected by nonprobability convenient sampling technique, data was collected by pre tested structured interview schedule, the time taken for the completion was 40-45 minutes for each subject, section I : it include the demographic variables which include age, religion, education, occupation, family income, type of family, number of children and the area which they belongs to and section II: it includes Knowledge questionnaire related items i.e, general information, Consequences of low birth weight babies. scoring pattern is each correct answer carry one mark, multiple responses carry one mark for each response.

Results

Majority of pregnant mothers (56%) are in age group of 21-25 years, educational status of the antenatal mothers were illiterate 50 (50%), (36%) up to secondary school, 14(14%) were higher secondary. 50% belongs to Hindu, 36% Muslims, Christian 14%, living (56%) in nuclear family and living in urban slum area (60%), 28% belongs to rural, 12% belongs to urban, majority of them are house wives.

Table 1: level of knowledge of antenatal mothers on various aspects of low birth weight babies.

S. No.	Components of low birth weight babies	In adequate		Moderate		Adequate	
		N	%	N	%	N	%
1.	Meaning	10	10	85	85	05	05
2.	Causes	90	90	05	05	05	05
3.	Risk factors	76	76	16	16	08	08
4.	Management	68	68	15	15	17	17
5.	Home management	55	55	25	25	20	20
6.	Prevention	50	50	35	35	15	15

Table 1: it shows Majority (10%) of pregnant mothers had inadequate knowledge, 85% had moderate knowledge, (05%) had adequate knowledge about meaning of low birth weight baby.

with regard to causes, 90% of the antenatal mother have inadequate knowledge, 05% of the antenatal mothers have moderate knowledge, 05% of the antenatal mothers have adequate knowledge

with regards to risk factors, 76% of the antenatal mothers have adequate knowledge, 16% of the antenatal mothers have moderate knowledge, 08% of the antenatal mothers have adequate knowledge. considering the management of

the low birth weight babies, 68% of the antenatal mothers have inadequate knowledge and 15% of the antenatal mothers have moderate knowledge, 17% of the antenatal mothers have adequate knowledge. pertaining to the home management of low birth weight babies, 55% of the antenatal mothers have adequate knowledge, 25% of the antenatal mothers have moderate knowledge, 20% of the antenatal mothers have adequate knowledge. related to prevention of low birth weight babies 50% of the antenatal mothers have inadequate knowledge, 35% of the antenatal mothers have moderate knowledge, 15% of the antenatal mothers have adequate knowledge

Table 2: Level of knowledge

Subject	Level of knowledge					
	Inadequate		Moderate		Adequate	
	N	%	N	%	N	%
Antenatal mothers knowledge regarding low birth weight babies	48	48	34	34	18	18

Table 2: descript that regarding knowledge level on low birth weight babies, out of 100 antenatal mothers 48 (48%)

antenatal mothers had inadequate knowledge, 34 (34%)
antenatal mothers had moderate knowledge, 18 (18%)
antenatal mothers had adequate knowledge.\

Discussion

In the present study, it was found that majority of pregnant women 48 (48%) had inadequate knowledge, (34%) of them had moderate knowledge, where as 18 (18%) of them had adequate knowledge. similarly Nkansah amanlera et al. (2010) was conducted a study to assess the knowledge of the mother on low birth weight and stated that all the mothers had inadequate knowledge on low birth weight. sample size is 50 (N=50) which revealed an 42(84%) had no knowledge,16% had knowledge on some aspects and (74%) had no clue on its causes.

The association between adequate knowledge of pregnant women and age ($X^2=21.4184$), education ($X^2=15.507$), occupation ($X^2=31.5$), family income ($X^2=38.29$), source of knowledge ($X^2=27.81$)

Conclusion

Findings of the study showed that inadequate knowledge regarding low birth weight babies and had adequate knowledge of low level. This findings suggested health education and awareness programs were needed to bring awareness among antenatal mothers. so nurses need to encourage life style modifications by organizing health education program on prevention of low birth weight babies to bring down morbidity and disability and bring out fruitful community.

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