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Effectiveness of planned teaching program on knowledge of minor disorders of newborn among postnatal mothers in selected hospital

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Abstract

Background: The knowledge on minor disorders of newborn is very much essential for the mothers. Our study is to assess knowledge on minor disorders of newborn among the postnatal mothers in Selected hospital at chengalpet district. The objectives were to assess the pretest knowledge of postnatal mothers regarding selected minor disorders of newborn and the effectiveness of planned teaching programme on selected minor disorders of newborn among postnatal mothers and determine the association between pretest and post test knowledge scores on selected minor disorders of newborn with their selected demographic variables.

Materials and Methods: Purposive sampling technique is used to select 50 samples of primi postnatal mothers. The data were collected by self administered questionnaire. The collected data was tabulated and analyzed.

Results: Descriptive and inferential statistics methods were used. The study shows that 68% of postnatal mothers had inadequate knowledge, 30% of postnatal mothers had moderate knowledge, 2% of postnatal mothers had adequate knowledge in pretest. And in post-test, 0% of postnatal mothers had inadequate knowledge, 30% of postnatal mothers had moderate knowledge and 70% of postnatal mothers had adequate knowledge.

Discussion: There was no significant association between the knowledge and demographic variables like an age, education, occupation, residence, mode of delivery, age of child, birthweight of baby, complication.

Keywords: Planned teaching program, knowledge, minor disorders of newborn

Introduction

The birth of a child is significant event in any family. A child is a God gift which has a lot of potentials within. The health of growing child is always a matter of great concern. Because a healthy child can become Healthy citizen in future. After birth of child the health depends upon the health care practice adopted by the family especially by mothers ^[1]. Newborns are the blessing for today and promise for the days to come. The newborns health comprises physical, mental, and social Wellbeing ^[2]. Neonatal period is the phase of life with greatest risk of mortality. Neonates may develop some physical or physiological problems after birth and they can be easily treated and bears no significance ^[3]. The minor disorders are most common among newborns Neglecting the minor health problem is one of the factors contributing to the new born mortality rate ^[3]. Early diagnosis and management of the serious problems help to overcome life long disability and to reduce neonatal morbidity and mortality. Nurses are responsible to manage the minor problems and to detect the serious problems for early and prompt management along with appropriate nursing interventions and support to the mother ^[4]. Vomiting is frequently a source of some worry in the first week or two. Possetting of a mouthful milk soon after is a normal course. The vomiting of bile is always a sign of danger. Commonly vomiting is due to improper feeding techniques ^[5]. Unhygienic feeding practices overfeeding, bottle feeding and serious underfeeding also can cause diarrhea in the neonates. The serious neonatal diarrhea may also occur in septicemia, necrotizing enterocolitis ^[6]. Jaundice becomes visible on second and third day. Usually peaking between the second and fourth day and decreasing between 5th and 7th days of life.

It is believed to be the result of increased bilirubin production from the break down of foetal RBCs. Treatment is not necessary, but some children may need phototherapy [7]. Common and not usually serious, thrush is a type of yeast infection that typically appears as white or yellow irregularly shaped patches or sores that coat your baby's mouth. Thrush often appears on the gums, tongue, roof of the mouth and/or insides of the cheeks. Thrush in babies is often caused by a yeast or fungus called *Candida albicans* [8]. Caput succedaneum is swelling of the scalp in a newborn. It is most often brought on by pressure from the uterus or vaginal wall during a head-first (vertex) delivery. A caput succedaneum is more likely to form during a long or hard delivery. It is more common after the membranes have broken. This is because the fluid in the amniotic sac is no longer providing a cushion for the baby's head. Vacuum extraction done during a difficult birth can also increase the chances of a caput succedaneum [9]. Sticky eyes without purulent discharge is common during first two-three days after birth. The eyelids are swollen and stuck together with redness of eyes [5]. Cradle cap is the oily, yellow, scaly crusts babies often get on their scalps and sometimes on their torsos and in their body folds. It happens if your baby's skin makes too much oil (sebum), probably because mum's hormones are still circulating in your baby's blood after birth. This extra oil interferes with the natural shedding of skin on your baby's scalp and creates a build-up of dead skin over the scalp. Cradle cap might also happen if your baby's immune system overreacts to the presence of yeast on their scalp. This overreaction causes inflammation. Cradle cap isn't contagious, dangerous or serious [10]. Umbilical sepsis is the infection of umbilical cord mainly due to aseptic techniques followed at birth. The periumbilical tissue becomes swollen and moist with redness, foul smelling discharge, delayed falling off umbilical cord [5].

Objectives of the Study

To assess the pretest knowledge of postnatal mothers

regarding selected minor disorders of newborn.

To assess the effectiveness of planned teaching programme on selected minor disorders of newborn among postnatal mothers.

To determine the association between pretest and post-test knowledge scores on selected minor disorders of newborn with their selected demographic variables.

Methodology

Keeping in mind the objectives of the study the Pre-experimental one group pre-test & post-test research design was used as it lays the base for future rigorous research. Purposive sampling technique was used to select 50 postnatal mothers in selected hospital at chengalpet district. The tool was developed and used for data collection contained socio-demographic data (8 variables), and self structured knowledge questionnaire (30 items) to assess the knowledge of postnatal mothers regarding minor disorders of newborn. After the collection of data, master data sheet was formed to take thing forward for result and analysis.

Results

Out of 50 postnatal mothers, 68% of postnatal mothers had inadequate knowledge, 30% of postnatal mothers had moderate knowledge, 2% of postnatal mothers had adequate knowledge in pretest. And in post-test, 0% of postnatal mothers had inadequate knowledge, 30% of postnatal mothers had moderate knowledge and 70% of postnatal mothers had adequate knowledge. Over all pretest mean score was 1.34% whereas in post test mean score was 2.70% revealing the difference of 95.96% shows the effectiveness of planned teaching program. Paired 't' test was calculated to assess the difference between pre-test (p value -0.231, 0.040, 0.890, 0.009, 0.714, 0.879, 0.422, 0.164) and post test (p value-0.848, 0.257, 0.726, 0.218, 0.304, 0.123, 0.138, 0.823) knowledge with their socio demographic variable regarding minor disorders of newborn among postnatal mothers. The finding shows no significant difference for the demographic variables.

Table 1: Under the frequency and percentage distribution we have drawn tabular column of various demographic variables.

	Variables	Frequency	Percentage	Mean	Standard Deviation
Age	18-23	9	18%	2.00	0.606
	24-28	32	64%		
	Above 29	9	18%		
Education	Primary school	8	16%	2.40	0.756
	Higher secondary	14	28%		
	Graduation	28	56%		
Occupation	House wife	26	52%	1.90	1.111
	Self employee	10	20%		
	Professional	7	14%		
	Daily wages	7	14%		
Residence	Rural	29	58%	1.64	0.827
	Urban	10	20%		
	Semi urban	11	22%		
Mode of delivery	Normal vaginal delivery	32	64%	1.36	0.485
	LSCS	18	36%		
Age of child	0-3 days	10	20%	1.80	0.404
	4-7 days	40	80%		
Birth weight	Below 2.4kg	9	18%	2.50	0.953
	2.5kg -2.9kg	14	28%		
	3kg - 3.4kg	20	40%		
	Above 3.5 kg	7	14%		
Complication	No	39	78%	1.22	0.418
	Yes	11	22%		

The above table 1, shows that the age from 24-28years mothers represents the high percentage distribution (64%),the graduated mothers has high percentage (56%), most of the mothers are house wife (52%), the majority of mothers are comes from rural area (58%), Majority of the

mothers had a normal vaginal delivery (64%), age of the baby 4-7 days has high percentage (80%), Most of the baby’s weight from 3 kg to 3.4kg (40%), majority of the baby don’t have any complications (78%).

Table 2: We have drawn a tabular column pre test and post test frequency.

	Pre Test		Post test	
	Frequency	Percentage	Frequency	Percentage
Inadequate Knowledge	34	68%	0	0
Moderate Knowledge	15	30%	15	30%
Adequate Knowledge	1	2%	35	70%
Mean	1.34		2.70	
Standard Deviation	0.519		0.463	
‘t’ Value	15.236			

From the above table 2, the majority of Mothers have inadequate knowledge (68%) in pretest. In post-test the majority of mothers have adequate knowledge (70%)

Table 3: Association of demographic variables with level of knowledge in pre test.

Variables		Level of Knowledge			Chi Square	‘P’ value
		Inadequate	Moderate	Adequate		
		No.	No.	No.		
Age	18-23	6	3	0	5.604	0.231 NS
	24-28	19	12	1		
	Above 29	9	0	0		
Education	Primary school	8	0	0	10.042	0.040 S
	Higher secondary	12	2	0		
	Graduation	14	13	1		
Occupation	House wife	17	8	1	2.298	0.890 NS
	Self employee	6	4	0		
	Professional	5	2	0		
	Daily wages	6	1	0		
Residence	Rural	21	8	0	13.619	0.009 S
	Urban	9	0	1		
	Semi urban	4	7	0		
Mode of delivery	Normal vaginal delivery	22	9	1	674	0.714 NS
	LSCS	12	6	0		
Age of child	0-3 days	7	3	0	0.257	0.879 NS
	4-7 days	27	12	1		
Birth weight	Below 2.4kg	6	2	1	6.013	0.422 NS
	2.5kg -2.9kg	9	5	0		
	3kg - 3.4kg	13	7	0		
	Above 3.5 kg	6	1	0		
Complication	No	27	12	0	3.620	0.164 NS
	Yes	7	3	1		

The finding shows that there is association between demographic variable and postnatal mothers had no significant association with pretest level of knowledge. (S-

Significant, NS- Non-significant) ‘p’ value <0.05 = significant

Table 4: Association of demographic variables with level of knowledge in post test.

Variables		Level of Knowledge		Chi Square	‘P’ value
		Moderate	Adequate		
		No.	No.		
Age	18-23	3	6	0.331	0.848 NS
	24-28	10	22		
	Above 29	2	7		
Education	Primary school	4	4	2.721	0.257 NS
	Higher secondary	5	9		
	Graduation	6	22		
Occupation	House wife	8	18	1.313	0.726 NS
	Self employee	4	6		
	Professional	1	6		
	Daily wages	2	5		
Residence	Rural	10	19	3.044	0.218 NS
	Urban	4	6		
	Semi urban	1	10		
Mode of delivery	Normal vaginal delivery	8	24	1.058	0.304 NS
	LSCS	7	11		
Age of child	0-3 days	1	9	2.381	0.123 NS
	4-7 days	14	26		
Birth weight	Below 2.4kg	4	5	5.506	0.138 NS
	2.5kg -2.9kg	4	10		
	3kg - 3.4kg	3	17		
	Above 3.5 kg	4	3		
Complication	No	12	27	0.050	0.823 NS
	Yes	3	8		

The table 4 shows the p value and weather it is a significant or not significant. The finding shows that there was association between a demographic variable and postnatal mothers had no

significant association with post test level of knowledge. (NS-Non-significant, S-significant) ‘p’ value <0.05 = significant

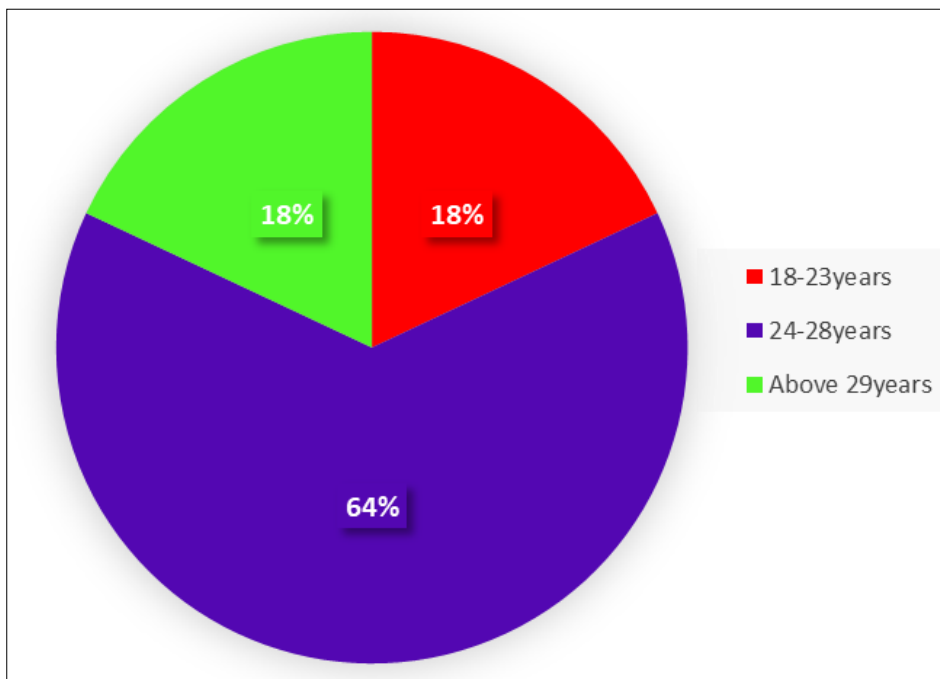


Fig 1: Age frequency

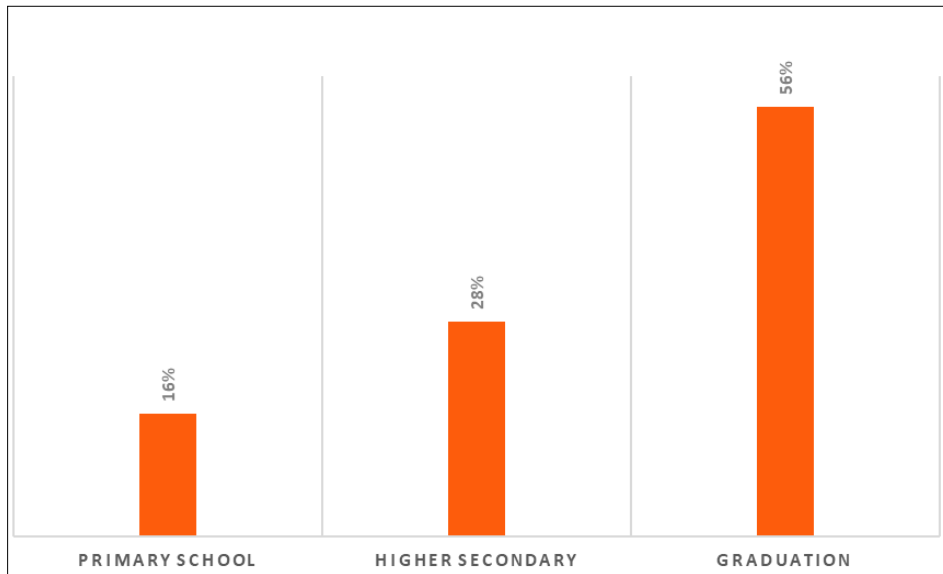


Fig 2: Education frequency

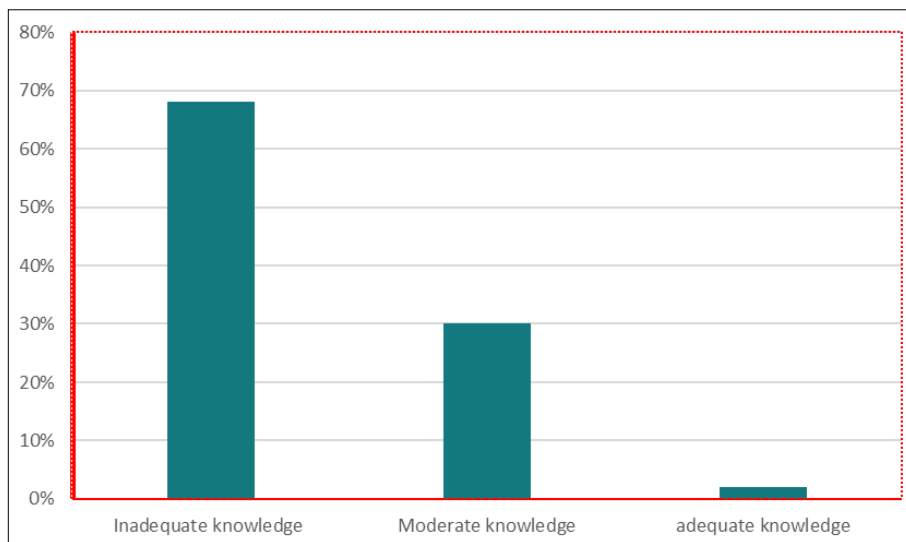


Fig 3: Pretest frequency

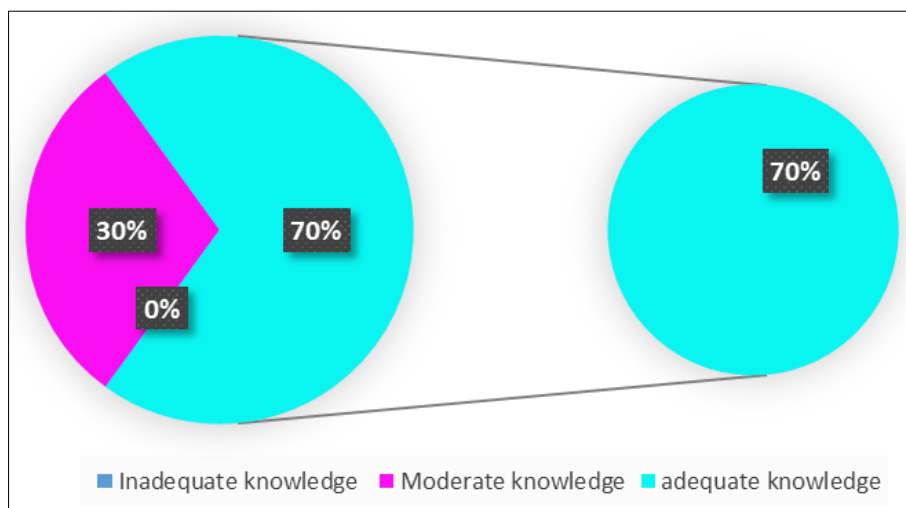


Fig 4: Post-test frequency

Discussion

The present study sought to assess the effectiveness of planned teaching program on knowledge regarding minor disorders of newborns among postnatal mothers. The

findings provide valuable insights into the impact of planned teaching program enhancing the postnatal mothers understanding of common minor disorders of newborn. The findings of the present study supported by pre experimental

one group pre and post test conducted by P. Seshamalini. significant and non-significant difference was founded between the total knowledge score of pre and post-test. It reveals the effectiveness of planned teaching programme and it is similar with present study.

Conclusion

This chapter discusses the findings of the study derived from the statistical analysis and its pertinence to the objectives set for the study. This study intends to assess the effectiveness of planned teaching program on knowledge regarding minor disorders of newborn among postnatal mothers. In order to achieve the objective of the study, pre-experimental one group pre & post test research design is used. Data was collected from postnatal mothers. Data was gathered and analyzed by using descriptive and inferential statistics. This study's findings will provide valuable insights into the impact of knowledge dissemination on postnatal mothers the understanding of minor disorders in newborns. Improved awareness may also reduce unnecessary visits to health care facilities for minor issues, thus optimizing health care resources. The results of this study shows that 68% of postnatal mothers had inadequate knowledge, 30% of postnatal mothers had moderate knowledge, 2% of postnatal mothers had adequate knowledge in pretest. And in post-test, 0% of postnatal mothers had inadequate knowledge, 30% of postnatal mothers had moderate knowledge and 70% of postnatal mothers had adequate knowledge. There was no significant association between the knowledge and demographic variables like ia age, education, occupation, residence, mode of delivery, age of child, birthweight of baby and any complication is occur.

Ethical Consideration

Obstetrical and gynaecological Nursing Departmental clearance was obtained.

Human Ethical committee clearance was obtained.

Prior permission from the head of the institution was obtained.

Informed consent was obtained from the participants.

Confidentiality was maintained.

Conflict of Interest

Not available

Financial Support

Not available

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