

AN INTERVENTIONAL STUDY TO EVALUATE THE EFFECTIVENESS OF A NURSE LED EDUCATIONAL INTERVENTION ON KNOWLEDGE REGARDING CHILDBIRTH PREPAREDNESS AMONG PRIMIGRAVIDA MOTHER IN SELECTED HOSPITAL OF DISTRICT FATEHGARH SAHIB, PUNJAB.

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ABSTRACT: Statement of the problem: An interventional study to evaluate the effectiveness of a nurse led educational intervention on knowledge regarding childbirth preparedness among prim gravida mother in selected hospital, of district Fatehgarh Sahib, Punjab. **METHODOLOGY:** Quasi-experimental pre-test post-test group design was used to assess the effectiveness of a nurse led educational intervention on knowledge regarding childbirth preparedness among prim gravida mothers at selected hospital of Distt Fatehgarh Sahib Punjab. 160 prim gravida mothers (80 in each experimental & control group) of Civil Hospital, Khanna, Punjab, were selected by using purposive sampling method. Research instruments also called research tool are the devices used to collected data. Self-structured interview questionnaire tool was used to collect the data from the sample. The tool facilities the observation and measurement of variables.

RESULTS:The study findings revealed that overall knowledge score in the experimental group and the control group interprets poor knowledge score in pre-test among the experimental group and the control group, which increased to average in post-test among the study group and remained same i.e poor in the control group. Comparison of overall knowledge score in the experimental group and the control group, identifies no significant difference in pretest knowledge score among the experimental group and the control group but shows a significant difference in the post-test knowledge score between the experimental group and the control group as P

IndexTerms - Component, formatting, style, styling, insert.

INTRODUCTION “The first pregnancy is a long sea journey to a country where you don’t know the language, where land is in sight for such a long time that after a while, it’s just the horizon- and then one day birds wheel over that dark shape and it’s suddenly close, and all you can do is hope like hell that you’ve had the right shots.” Emily Perkins Soma, Nelson, Tolppanen, & Mebazaa, (2020) Pregnancy is a normal physiological process. Pregnant women go through significant physiological changes during this time in order to nourish and host the developing foetus and prepare for labour. Pregnancy is a critical period that includes the antenatal, natal, and postnatal periods, all of which increase the needs of pregnant women in different ways. The most important goal of any pregnancy is a healthy newborn, and nurses play a significant role in assisting the pregnant woman, her husband, and her family to achieve this goal (Oats, Abraham, & Llewellyn, 2020). Zahra A, Maryam N et. all 2020 Childbirth is a natural and universal phenomenon. During this period one feels immense joy coupled with excitement. The feeling of carrying a

little soul within one is truly magnificent. The physiological transition from pregnancy to motherhood heralds an enormous change in each woman physically and psychologically. It is the time when every system in the body is affected and influences major changes in a woman's life.² It needs continuous monitoring, early detection of difficulties and prompt treatment. The joy and happiness of childbirth are said to outweigh the discomforts of labour. Every minute, a woman dies in pregnancy or labour. According to the Millennium Development Goals (MDGs) and the International Conference on Population and Development (ICPD), "complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the

NEED FOR THE STUDY

Kakaire O, Kaye D K (2021) when a woman dies during pregnancy or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, which may not be related to any accident or incidental causes, but may be aggravated by pregnancy or its management can be defined as maternal death. According to UNICEF all over the world every year around 8 million women are suffering from complications related to pregnancy and with these complications more than half a million women are dying. According to statistics in 2011, India accounts for 50,648 maternal deaths around 19% of the global burden (2,73,500). Maternal mortality can be defined as death caused due to complications from pregnancy or childbirth. As we know MDG goal 5 is to improve maternal health and the target is to reduce MMR by three quarters between 1990 and 2015. Chinchpure S, Desphande A et. all (2021) Maximum of these maternal deaths can be prevented with the help of manifested, efficacious, and inexpensive actions. Medical, social, psychological & financial causes are few causes which bring about these deaths. Apart from these causes, there are other pertinent socio-cultural factors which hold up care-seeking during emergencies. The identified delays are as follows (a) identifying the problems threatening life of baby and mother (b) deciding to approach health care facility (c) identifying and arriving at the health facility, and (d) receiving appropriate and good medical attention at the health facility

STATEMENT OF THE PROBLEM An interventional study to evaluate the effectiveness of a nurse led educational intervention on knowledge regarding childbirth preparedness among primigravida mother in selected hospital, of district Fatehgarh Sahib, Punjab. **17 OBJECTIVES OF THE STUDY** → To assess and compare knowledge of primigravida mother on various elements of birth preparedness in experimental & control group. → To evaluate effectiveness of an educational intervention program on birth preparedness in experimental & control group. → To find out the association between knowledge regarding childbirth preparedness among primigravida mother with their socio demographic variables in experimental & control group. **OPERATIONAL DEFINITION** Effectiveness: In this the study it refers to determine the extent to which the educational intervention program achieved to produce strong intended change in knowledge and practices regarding birth preparedness. Educational intervention program: In this the study, it refers to provide information on knowledge and practices regarding advanced planning and preparation for labor with a verbal, written and visual material used for teaching. Outcome of delivery: In this the study, it refers to result of educational intervention on knowledge, reported practices, labor and delivery process. Birth Preparedness: In this the study, birth preparedness means mothers readiness in: - - - Preparing effective plan for delivery in identifying places for birth, transportation, birth companion. Dealing with emergencies (if any) identifying danger signs, arrangement of blood, approaching health care facility in right time. Being Knowledgeable about the labor process and care during it. **ASSUMPTION:** Primigravida women 18 • May have some knowledge regarding birth preparedness. • May be practicing on various elements of birth preparedness. • Attending educational intervention program may increase the knowledge and practices regarding birth preparedness. **HYPOTHESIS:** • H1: There is difference in the knowledge regarding birth preparedness before and after the intervention in experimental & control group at 0.05 level of significance. **DELIMITATIONS:** • The study is conducted in a selected hospital only. • Limited to primigravida women attending antenatal OPD of selected urban health care center • Primigravida women who are above 27 weeks of pregnancy.

RESEARCH METHODOLOGY

The methodology section outline the plan and method that how the study is conducted. This includes Universe of the study, sample of the study, Data and Sources of Data, study's variables and analytical framework. The details are as follows;

POPULATION A population is the pool of individuals from which a statistical sample is drawn for a study. The population of this study was primigravida mothers admitted in Civil hospital fatehgarh. Target Population According to Polit and Beck (2011) “Target population it is the aggregate of cases about which the researcher would like to generate”. In the present the study primigravida mothers is the target population. Accessible Population Sharma Suresh K (2011) accessible population is the aggregate of cases that confirm to designate criteria and are also accessible as subjects for the study. The accessible population for the present the study consists of primigravida mothers above 28 weeks of pregnancy admitted in Civil Hospital fatehgarh

SAMPLE & SAMPLING TECHNIQUE **SAMPLE** Sample is a sub set of population elements. An element is the most basic unit about which information is collected; in nursing research elements are usually human. In this study Sample constitutes primigravida mothers admitted in Civil Hospital fatehgarh. **SAMPLE SIZE** According to Burns Nancy and Grove Susan K (2012) “Samples is a subset of the population that is selected for a the study” Sample is used in research when it is not feasible to the study the whole population from which it is drawn. Sampling makes it possible to accept a generalization to the intended population based on careful observation of variables, within a relatively small proportion of population. In this study Sample size comprises of 160 primigravida mothers (80 in each experimental and control group)

SAMPLING TECHNIQUE According to Polit and Hungler (2015) “Sampling refers to the process of selecting population to represent the entire population. In this study, a simple random technique was used; participants fulfilling the criteria were identified then with the help of lottery method participants were allocated as the experimental group and the control group. **CRITERIA FOR SAMPLE SELECTION** Inclusion criteria → Registered primigravida mothers → Primigravida mothers those who are able to speak in English or Punjabi. Exclusion criteria → Primigravida mothers who are critically ill. → Primigravida mothers who are not willing to participate. → Primigravida mothers who are attending antenatal classes. **DESCRIPTION OF THE TOOL** Structured interview schedule consists of the following sections: Section-I: It consists of demographic variables Section II: This section includes structured knowledge questionnaire on knowledge regarding childbirth preparedness. **VALIDITY AND RELIABILITY OF THE TOOL** Validity Validity of tool was established in consultation with guide and 4 nursing experts in the field of obstetric & gynecological nursing. The tool was modified according to the suggestions and recommendations of expert if needed

Reliability The reliability of the structured knowledge questionnaire was assessed by test rest method to assess the stability Where Cronbach’s alpha was used. The value was found to be reliable($r=0.93$) Internal consistency was assessed by using split half technique where Spearman Brown prophecy was used to assess the reliability of structured knowledge questionnaire. The value was found to be reliable ($r=0.88$). Hence the structured knowledge questionnaire was found to be reliable. **PILOT STUDY** The pilot study was conducted in Gurtirath Nursing Home, Amloh, Fatehgarh Sahib, Punjab after obtaining informed consent. Subjects who were fulfilling the inclusion criteria were selected by using purposive sampling technique in which 2-3 samples were taken per day. The pilot study was conducted among 16 primi mothers (8 sample in each experimental & control group). Demographic variables were collected and the knowledge of primi mothers was assessed by using a structured interview schedule. Immediately after the pre- test individual nurse led intervention was given for five primi mothers for 45 minutes and its effectiveness was assessed on the seventh day by using the same structured knowledge questionnaire and the findings of the pilot study showed that mean post-test knowledge score (16.2) was higher than the mean pre-test knowledge score (8.6). Knowledge pretest and post-test ‘t’ value was 16.8. It was found that the tool was feasible and practicable for conducting the main study. **DATA COLLECTION PROCEDURE** The data collection was done in Civil Hospital Fatehgarh. The data was collected for the period of 5 weeks from 160 samples. Before conducting the study written permission was obtained from Senior medical officer and nursing superintendent. After obtaining permission from the Senior medical officer, primi mothers were informed about the objectives of the study. The samples were interviewed accordingly those who met the inclusion criteria by using purposive sampling technique. On the first day pretest was conducted using demographic variables, structured questionnaire to assess the knowledge of primi mothers and on the same day structured teaching program was given to 2-3 mothers individually for 45 minutes. On the seventh day post-test was done using the same structured questionnaire and to assess the knowledge of primi mothers regarding childbirth preparedness. The data were analyzed using statistical measurements. **SCORING:** 1. Positive

questions: right answers score allotted is 1 (yes) 2. Positive questions: wrong answers score allotted is 0 (no) 3. Negative questions: right answers score allotted is 1 (no) 4. Negative questions: wrong answers score allotted is 0 (yes) **PLAN FOR DATA ANALYSIS** The analysis of data means to make the raw data meaningful or to draw some results from the data after proper statistical or analytical treatment. For the present the study both descriptive and inferential statistics were applied. Data analysis was done keeping in mind the objectives and hypothesis of the study. Data was collected tabulated and presented in form of tables, graphs and figures. Various test like Mean, Median, frequency distribution, Mann Whitney U Test, ANNOVA and linear regression test were applied. **ETHICAL CONSIDERATION** The proposed study was conducted after the approval of Dissertation Committee of Desh Bhagat University, Faculty of nursing. The written permission was obtained from the chief medical officer, Civil hospital, fatehgarh, Punjab. Oral consent of each subject was obtained before starting the data collection. Assurance was given to them that confidentiality will be maintained **SUMMARY** This chapter deal with the description of the research approach, research design, variables, research setting, sample size, sampling technique, development of tool and 37 teaching/ learning module, data collection techniques and tool, pilot study and plan for data analysis. This study was conducted in the purposively conducted hospital. Tool which was found to be valid and reliable was used for the study.



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