PSYCHOLOGICAL IMPACT OF MOTHERHOOD ON THE CARE OF NEWBORN AMONG THE POSTNATAL MOTHER ADMITTED IN SELECTED HOSPITAL OF GOALPARA, ASSAM: A DESCRIPTIVE STUDY

Psychological Impact of Motherhood on the Care of Newborn Among the Postnatal Mother

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ABSTRACT

Background: The postpartum period is a critical time for both mothers and infants. Maternal care during this phase plays a vital role in supporting the health and overall well-being of both the mother and her child.

Objectives of the study: To assess the psychological impact of motherhood among postnatal mother, to assess the care of a newborn among the postnatal mother who are admitted in selected hospital of Goalpara, Assam.

Methods & materials: A descriptive research design using purposive sampling technique to select 100 postnatal mother on the basis of inclusion criteria. GAD-7 Anxiety Scale, Perceived Stress scale (standardized) and Self structured newborn care practice checklist tools were used.

Result: With regard to anxiety, 60% of mothers had severe anxiety, 25% had moderate anxiety, 11% had mild anxiety, and only 4% experienced minimal anxiety. Similarly, more than half of the mothers (58%) reported severe stress, 40% had moderate stress, and 2% had mild stress. In relation to newborn care practices, 64% of mothers practiced unsafe newborn care, while only 36% practiced safe newborn care.

Conclusion: This study showed that the postnatal mother experienced severe anxiety, severe stress and unsafe newborn care practices. Therefore, it is recommended that early identification of anxiety and stress, strengthening family support systems specially spouse support, providing mental health counselling, and implementing educational interventions during antenatal and postnatal periods are essential to promote maternal well- being and ensure safe newborn care practices. Addressing maternal psychological health should be considered a priority component of postnatal care services.

KEYWORDS

Psychological impact, Postnatal Motherhood, Newborn care, Maternal mental health.

INTRODUCTION

The postpartum period is a critical time for both mothers and infants. Maternal care during this phase plays a vital role in supporting the health and overall well-being of both the mother and her child. It not only addresses their physical needs but also

nurtures emotional stability and psychological resilience, helping ensure a positive experience and healthy outcomes for both. Maternal care encompasses various aspects, such as providing a nurturing and supportive environment, establishing healthy routines, promoting breastfeeding, and addressing the mother's mental health needs.[1]

Motherhood is a life-changing experience that brings immense joy along with its share of challenges, shaping a woman's life in deep and meaningful ways. Amid the joyous moments and new beginnings, it is essential to acknowledge the less-discussed aspects of motherhood, particularly those related to mental health. This review explores an important aspect of motherhood—postpartum mood disorders—emphasizing their significance and underscoring the urgent need to prioritize and address mental health during this crucial stage of a woman's life.[2]

The transition to motherhood is marked by hormonal fluctuations, sleep deprivation, and adjustments to a new role, potentially impacting a woman's mental well-being. Postpartum mood disorders, including postpartum depression (PPD), anxiety disorders, and even rare but severe cases of postpartum psychosis, can cast a shadow over what is meant to be a joyous time. The significance of this topic lies in the potential long-term consequences of untreated postpartum mood disorders, affecting not only the mother but also her family unit.[2]

Maternal mental health is not just an individual concern but has far-reaching implications for the child's emotional, cognitive, and social development. Research has established the interplay between a mother's mental well-being and her ability to provide responsive caregiving. Unaddressed postpartum mood disorders can disrupt the formation of a secure mother-child attachment and hinder the child's emotional regulation and overall mental health. Furthermore, the effects of maternal mental health reverberate through the family, influencing partner relationships, sibling dynamics, and the overall family environment.[2]

The journey into motherhood is a profound life transition that brings with it a myriad of emotional and psychological challenges. Postpartum depression (PPD), anxiety, and stress are not discrete entities but rather interwoven components of a complex mental health landscape. Globally, the prevalence of postpartum depression exhibits a significant degree of variation, with an approximate 14% of new mothers being affected within the first year after childbirth. In China, however, recent research indicates that the prevalence of postpartum depression is around 21.4%, which is noticeably higher than the global average. Anxiety disorders are also common, with rates comparable to or slightly higher than those of depression. The combination of hormonal changes, sleep deprivation, and the pressures of new motherhood can contribute to the onset of these conditions. The close relationship between these conditions suggests that the experience of PPD is often accompanied by feelings of anxiety and stress, leading to a high incidence of comorbidity. This triad of mental health issues is so closely linked that it can be challenging to delineate one from the others in the postpartum period. The co-occurrence of these conditions complicates diagnosis and treatment, as the symptoms of one can mask or exacerbate the others, creating a cyclical pattern of distress. This intricate interplay underscores the need for a comprehensive approach to understanding and addressing postpartum mental health.[3]

Combating maternal mental health has gained importance and significance across the globe because it is a global public health issue. The World Health Organization reports that approximately 10% of pregnant women and 13% of new mothers experience an emotional condition. Mothers, irrespective of their employment or marital status, often serve as the primary caregivers for their infants, playing a central role in their early care and development. Therefore, any factor that affects a woman impacts her child,

resulting in an impact on public health. About 20% of females are likely to experience a mental health disorder either during their pregnancy or within the initial year following childbirth.[4]

Mental health problems like depression and anxiety after giving birth are related to reduced emotional involvement, neglect, and jealousy, which impact the care of the infant. Mental health conditions such as depression and anxiety during pregnancy are associated with insufficient prenatal care, as well as adverse outcomes like low birth weight and preterm delivery. The majority of mental health conditions go untreated while many symptoms, like sleeplessness or easy irritation, are inherent to motherhood

and can go neglected. Women's mental well-being may suffer throughout pregnancy and the initial year after giving birth. Mothers with mental health conditions are more at risk due to social and cultural issues, especially in developing countries. Factors such

as poverty, excessive stress, domestic or gender-based violence, unplanned pregnancy, adolescent pregnancy, situations of emergencies and conflicts, emergencies, and a lack of social support are some of the factors that have been related to this illness.[4]

Newborn babies are extremely vulnerable to their environment and the level of care they receive. Infants are also highly sensitive to their mothers' mental well-being, which can significantly influence their emotional and developmental outcomes. Therefore, infants are prone to being influenced by the presence of mental disorders in their mothers. When a mother experiences long-lasting or severe mental illness, as well as affect important aspects of infant care such as breastfeeding.[4]

The postpartum period is one of the most critical and sensitive phases in a woman's life. After childbirth, women undergo significant physical and emotional changes while also adapting to the responsibilities of caring for a newborn, marking the beginning of a deeply transformative phase in their lives. This period involves both physical and emotional restructuring.[5]

As mothers recover physically, they often encounter emotional challenges, including hormonal changes, fatigue, and anxiety. These factors can heighten the risk of postpartum depression, making it one of the most prevalent complications during this period. Symptoms may include loss of interest in daily activities, low mood, sleep disturbances, irritability, feelings of inadequacy, and even suicidal ideation.[5]

Social support plays a vital role in alleviating both physical and emotional burdens during the postpartum period. Adequate support helps mothers better care for themselves and their newborns, reduces the risk of depression, anxiety, and stress, and promotes overall maternal and infant health outcomes[5]

NEED OF THE STUDY

The transition to parenthood is a potentially vulnerable time for mothers' mental health and approximately 9–21% of women. During this period, many women experience symptoms of depression and/or anxiety. In addition, a larger proportion may face subclinical levels of these conditions, along with increased stress, low self-esteem, and a reduced sense of confidence. Women's emotional wellbeing is more at risk if they have little social support, a low income, are single parents or have a poor relationship with their partner. Peer support can comprise emotional, affirmational, informational and practical support; evidence of its impact on emotional wellbeing during pregnancy and afterwards is mixed. Having children or being childless is associated with differences in women's psychological wellbeing during the reproductive age period.[6]

Postnatal anxiety disorders are common and have important outcomes for mothers and their children. The global prevalence of postnatal anxiety in women is high (20.7%) during the first 12 months after childbirth.' The prevalence is higher in low and middle-income countries (LMICS) (24%) compared with high-income countries (HICs). Symptoms of postnatal anxiety include excessive worry and fear, largely related to fear of parenting, child health, maternal or partner well-being, leading to avoidant behaviours. Postnatal anxiety has a serious impact on the health of mothers such as frequent changes in mood, irritability, difficulty in decision-making and impaired social functioning, difficulties in breast feeding and an impact on early child development.[7]

Anxiety is the most predominant mental health disorder affecting 25% of the global population. Generalized anxiety disorder (GAD) afflicts 6.8 million adults or 3.1% of the United States population. Less than half, 43.2%, of those individuals are undergoing treatment. Women are twice as likely to be affected than men. Women in the perinatal and postpartum period appear particularly vulnerable to anxiety disorders, affecting between 11% and 21% of women in the US.[7]

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excessive worry and fear, largely related to fear of parenting, child health, maternal or partner well-being, leading to avoidant behaviours. Postnatal anxiety has a serious impact on the health of mothers such as frequent changes in mood, irritability, difficulty in decision-making and impaired social functioning, difficulties in breast feeding and an impact on early child development.[7]

Postpartum anxiety is even more prevalent than postpartum depression but is often underdiagnosed by clinicians and patients because it is challenging to differentiate between normal pregnancy and postpartum symptoms and those that cause significant impairment. One study found the incidence of postnatal anxiety was 17.1%, surpassing the incidence of postpartum depression at 4.8%. Symptoms of tension, fatigue, irritability, changes in concentration, and insomnia are all hallmarks of GAD.5 The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) does not specifically address GAD during the postpartum period, and as a result, the disease is often underdiagnosed or treated.[8]

WORLD:

Maria O et.al (2025), conducted a cross sectional study on Prevalence and associated factors of anxiety in postpartum women in Spain. Postpartum anxiety affects nearly one in four women and can have considerable implications for the well-being of both mothers and their newborns, with significant implications for both mothers and newborns. The main aim was to identify factors associated with postpartum anxiety and to assess its prevalence. A total of 820 women had participated. The result shown that 36.1%

(296) experienced mild anxiety, 8.5% (70) moderate anxiety, and 2.7% (22) severe anxiety. Key risk factors for anxiety included higher EPDS scores (adjusted odds ratio, AOR=1.68; 95% CI: 1.55–1.81), smoking (AOR=1.97; 95% CI: 1.01–3.82), a history of mental health issues (AOR=1.77; 95% CI: 1.13–2.79), and challenges related to the baby's health (AOR=2.70; 95% CI: 1.34–5.47). Additionally, a high-risk score on the WAST was linked to increased anxiety (AOR=1.53; 95% CI: 1.01–2.31). Conversely, protective factors included a positive mother–baby bonding score (AOR=0.90; 95% CI: 0.85–0.96) and a monthly income of 1000–1999 € (AOR=0.55; 95% CI: 0.31–0.95). For moderate to severe anxiety, a high EPDS score remained a notable risk factor (AOR=1.35; 95% CI: 1.26–1.44), while positive bonding (AOR=0.92; 95% CI: 0.85–0.98), higher income (>2000 €) (AOR=0.35; 95% CI: 0.15– 0.80), and favorable treatment by healthcare providers significantly reduced anxiety risk (AOR=0.21; 95% CI: 0.07–0.70). The study concluded that the prevalence of anxiety in women after childbirth is high. Depression, poor bonding, and economic status are factors that influence the onset of postpartum anxiety.[9]

Worldwide, the prevalence of stress among postnatal mothers, including conditions like postpartum depression and anxiety is significant, with estimates ranging from 10% to 20% or even higher.[10]

INDIA:

Vatsla D et.al (2023), conducted a cross sectional study on Prevalence of postpartum depression & anxiety among women in rural India: Risk factors & psychosocial correlates in the rural community of India. This cross-sectional study involved 680 postpartum women from a rural community in northern India. Screening for postpartum depression and anxiety was done using Edinburg Postnatal Depression Scale and State and Trait Anxiety Inventory. A diagnostic assessment of women who screened positive was conducted using the Mini-International Neuropsychiatric Interview (MINI). In addition, a comprehensive psychosocial

evaluation was performed, covering factors such as social support, mother–infant bonding, functional status, parental stress, exposure to interpersonal violence, and marital satisfaction. The result shows that the overall prevalence of PPD/A/both in community women was 5.6 per cent, with a specific prevalence of 2.2 per cent for PPD, 0.74 per cent for PPA and 2.8 per cent for both disorders. Comparative analysis revealed that women with postpartum depression, anxiety, or both experienced significantly higher parenting stress, poorer lifestyle patterns over the previous two weeks, and reduced support from their partners, parents-in-law, and natal family, along with lower marital satisfaction, high intimate partner violence, poor bonding

with infants and higher infant-focussed anxiety. On multivariable logistic regression analysis, higher education, marital satisfaction, support from partners and in-laws were associated with reducing the risk of postpartum depression/anxiety/both. The study concludes that rural Indian women experience postpartum depression/anxiety/both which causes stress and impacts their functionality, bonding with the infant and relationship with their spouse and parents. Higher education, marital satisfaction and higher support from partners and in-laws reduce the risk of developing PPD/A/both.[11]

Rachel M et.al (2017), conducted a descriptive study on perceived postpartum stress and coping strategies among postnatal mothers at aims, Kochi. The aim was to identify the perceived postpartum stress among postnatal mothers, identify coping strategies adopted by postnatal mothers, find out correlation between the level of perceived postpartum stress and the study further explored coping strategies among postnatal mothers and investigated the association between the level of perceived postpartum stress and selected demographic variables. A total of 100 postnatal mothers were participated. 63% of the postnatal mothers had mild stress, 33% had moderate stress, and only 4% had severe stress. Majority of the mothers were used problem-focused engagement as a coping strategy. There was a positive correlation found between the level of perceived postpartum stress and coping strategies such as emotion-focused engagement and emotion-focused disengagement. There was significant association found between the level of perceived postpartum stress and demographic variables such as age, education, length of marriage, status of pregnancy, method of baby feeding, pregnancy events, intrapartum events, birth weight of baby, child birth experience, status of newborn, and postpartum events. The study concluded that high proportion and severity of postpartum stress observed among this study group proves that postpartum stress is common and cannot be ignored.[12]

Since the number of studies evaluating psychological impact of motherhood on the care of newborn among postnatal mother is very limited in India. The investigator felt the need to investigate more on anxiety and stress of gravida 1 and gravida 2 of postnatal mother. The investigator during the period of clinical experience in maternity ward have encounter the mothers with anxiety and stress. It has come to the knowledge of the investigator that some of the women have difficulty in newborn care during the 1st week of postpartum especially the gravida 1 and gravida 2 mother because of the stress and anxiety. And it lead to the newborns to face a range of health issues and also it interrupt the bonding between the newborn and mother. So, the investigator is eager to investigate the psychological impact of motherhood on the care of newborn among postnatal mother. The investigator also desire to investigate on what are the things that the gravida 1 and gravida 2 is most worried about during the 1st week of postpartum. Therefore, the investigator aims to assess the psychological impact of the postnatal mother, to assess the care of newborn among the postnatal mother, to findout co-relation on the psychological impact with the care of newborn among postnatal mother as well as to find out association between psychological impact of the postnatal mother, and to find out association between the care of a newborn among postnatal mother.

OBJECTIVES OF THE STUDY

1. To assess the psychological impact of motherhood among postnatal mother who are admitted in selected hospital of Goalpara, Assam.

2. To assess the care of a newborn among the postnatal mother who are admitted in selected hospital of Goalpara, Assam.
3. To find out the correlation between psychological impact of motherhood and care of a newborn among the postnatal mother who are admitted in selected hospital of Goalpara, Assam.

4. To find out the association between the psychological impact of motherhood of the postnatal mother who are admitted in selected hospital of Goalpara, Assam with their selected demographic variables.

5. To find out the association between the care of a newborn among the postnatal mother who are admitted in selected hospital of Goalpara, Assam with their selected demographic variables.

SCOPE OF THE STUDY

The finding of the study will reveal

1. The study findings will be helpful for the staff nurses to identify their problems of the gravid 1 and gravid 2 postnatal mother related on the care of newborn.
2. The study findings can help the gravid 1 and 2 postnatal mother to get proper care related with the problems they are facing psychologically so that they can get support from their family members on the care of the newborn.

DELIMITATIONS

This study is delimited to the postnatal mother who have delivered by normal vaginal delivery and are admitted in postnatal ward in a selected hospital of Goalpara, Assam.

HYPOTHESIS

H_1- There is a significant correlation between psychological impact of motherhood with the care of a newborn among the postnatal mother who are admitted in selected hospital Goalpara, Assam.

H_2- There is a significant association between psychological impact of motherhood with selected demographic variables who are admitted in selected hospital of Goalpara, Assam.

H_3- There is a significant association between the care of a newborn among the postnatal mother who are admitted in selected hospital of Goalpara, Assam with their selected demographic variables.

3.1 Population and sample

In this study population consists of Postnatal mother (100). In this study accessible population refers to Gravida 1 and 2 postnatal mother who have delivered a live newborn through normal spontaneous vaginal delivery and are admitted in postnatal ward in selected hospital of Goalpara, Assam and who fulfill the inclusion criteria. Using Cochran's formula: $\mathbf{N = Z^2pq/e^2}$

A non- probability purposive sampling technique where the researcher based on the knowledge and expertise of the subject selects or handpicks the elements of the study that are thought to represent the phenomenon being studied.

3.2 Data and sources of data

To ensure the tool validity, problem statement, objective of the study, operational definition, demographic data, structured checklist for newborn care practices point and scoring key was given as follows:

The tool were validated by 7 experts:

- 3 Nursing experts in the field of Psychiatric Nursing
- 4 Nursing experts in the field of Obstetric and Gynecological nursing.

The experts were requested to provide their valuable suggestion in the remarks for the relevancy, clarity and appropriateness. Based on the suggestion given by the experts, necessary modification and correction were made after consulting with the guide.

Changes made in socio-demographic

11. Gestational age at delivery

a) Term delivery

b) Pre-term delivery

c) Post-term delivery

12. Birth weight of the baby

a) Low birth weight baby

b) Very low birth weight baby

c) Extremely low birth weight baby

d) Normal birth weight baby

13. Gender of the baby

a) Male

b) Female

For the present study, reliability of the tool was done by using interrater method for Self structured checklist for newborn care practices and Cronbach's α method for GAD 7 anxiety scale (standardized) and Perceived stress scale(standardized). The reliability of the structured checklist for newborn care practices was found 0.95 by using interrater method. GAD 7 anxiety scale was was found 0.80 and perceived stress scale was found 0.79. So, it was found to be statistically reliable to proceed with the main study.

The data collection process was scheduled from 11/08/2025 to 09/09/2025. A formal written application was obtained from the Directorate of Health Services, Hengrabari, Assam. After that the letter was forwarded to the office of the Joint Director of Health Services, Goalpara, Assam. After taking permission from the Joint Director of Health Services, Goalpara, the investigator have taken permission from the Medical Superintendent of 200 bedded Goalpara Civil Hospital. With obtained permission, the investigator enquired about working hours and days and the Nursing Superintended was informed regarding the study and the period of data collection.

3.3 Theoretical Framework

In the context of the present study, the Rosenstock Modified Health Belief Model was used as the investigator aimed to assess Psychological Impact of Motherhood on the Care of Newborn Among the Postnatal Mother Admitted in Selected Hospital of Goalpara, Assam. The health believe model is a psychological model that attempts to explain and predicts health behaviour.

The Health Belief Model is based on the determinants of health-related behaviors, focusing on how individuals' perceptions influence their actions toward health:

- Cognitive perceptual factors
- Modifying factors
- Assessment
- Probable outcome
- Likelihood of action

A. Cognitive perceptual factors:

A cognitive perceptual factor is defined as primary motivational mechanism for the activities related to health.

In this study, it refers to psychological impact of motherhood on the care of newborn among postnatal mother by using standardized tool and structured checklist for newborn care practices.

B. Modifying factors:

Modifying factors include demographic variables, biological characteristics interpersonal influences, situational factors and behavioural factors.

In this study, modifying factors include demographics variables of the gravida 1 and gravida 2 postnatal mother such as age in years, Education of mother, Occupation of mother, occupation of husband, Income per month, Religion ,Type of family, Residence, Duration of marriage, Gestational age at delivery, Birth weight of the baby, Gender of the baby ,Are you getting family support, Any family history of mental illness , Have you face any kind of abuse, Whether the pregnancy is planned or unplanned

,Were you prepared for the birth of your child, Do you suffer from any kind of medical condition during pregnancy.

C. Assessment:

It refers to the process of evaluating or judging the amount, value, or worth of something, or the decision that results from that evaluation.

In this study, assessment means to assess the psychological impact of motherhood on the care of newborn among postnatal mother admitted in selected hospital of Goalpara, Assam. By using GAD 7 anxiety and Perceived stress scale.

D. Probable outcome:

Likely to exist, happen or to be true, possible results of an experiment supported by evidence strong enough to establish presumption.

In this study, it refers to identifying anxiety, stress among the gravida 1 and gravida 2 postnatal mother and the care of newborn.

E. Likelihood of action:

It refers to the probability that an individual will adopt a recommended preventive health behaviour or action.

In this study, it refers to likelihood of taking recommended action by given verbal psychological support to the mother and by given health education on the care of newborn.

RESEARCH METHODOLOGY

Research approach: Quantitative research approach

Research design: Descriptive survey research design

Variables: The variables included in the present study were as follows: -

- **Research variables**: In this study, psychological impact of motherhood on the care of newborn among postnatal mother Admitted in Selected Hospital of Goalpara, Assam were the research variables.
- **Demographic variables:** Age, education of mother, occupation of the husband, occupation of the mother, postnatal mother income per month, religion , type of family, residence, duration of marriage, gestational age at delivery, birth weight of the baby, gender of the baby, are you getting family support, any family history of mental illness, have you face any kind of abuse, whether the pregnancy is planned or unplanned, were you prepared for the birth of your child, do you suffer from,

any kind of medical condition during pregnancy.

Setting of the study: The present study was conducted in 200 bedded Civil Hospital, Goalpara, Assam.

Population: In this study population consists of Postnatal mother.

Target population: In this study target population refers to Gravida 1 and 2 Postnatal mother who has delivered 1 & 2 alive baby through normal vaginal and are admitted in postnatal ward of selected hospital Goalpara, Assam.

Accessible population: In this study accessible population refers to Gravida 1 and 2 postnatal mother who have delivered a live newborn through normal spontaneous vaginal delivery and are admitted in postnatal ward in selected hospital of Goalpara, Assam and who fulfill the inclusion criteria.

Sample size: the sample size consisted of 100 postnatal mother.

Sampling technique: the sampling technique was non probability purposive sampling technique.

TOOLS AND TECHNIQUES

Tools:

- Socio-demographic data of the postnatal mother
- GAD-7 Anxiety Scale
- Perceived stress scale
- Self structured checklist for Newborn care practices **Technique:** The self-reporting technique **DATA**

ANALYSIS

The data collected were analyzed using descriptive and inferential statistical measures and presented in the form tables and of graphs

Results and discussion SECTION I: Demographic data

Age (in year) : Majority i.e. 57 (57.0%) Postnatal Mother belongs to the age group of 19-21 years of age. **Education:** Majority i.e.76 (76.0%) Postnatal Mother have educational qualification of primary school level. **Occupation of husband:** Majority i.e. 48 (48.0%) Postnatal mother husband occupation were daily wage labour. **Occupation of mother:** Majority i.e. 75 (75.0%) Postnatal Mother were housewife.

Postnatal mother income per month: Majority i.e. 75 (75.0%) Postnatal Mother family income per month <10702.

Religion: Majority i.e. 59 (59.0%) Postnatal Mother belongs to Hindu religion. **Type of family:** Majority i.e. 53 (53.0%) Postnatal Mother belongs to joint family. **Residence:** Majority i.e. 85 (85.0%) Postnatal Mother reside in rural area.

Duration of marriage: Majority i.e. 51 (51.0%) Postnatal Mother duration of marriage were ≤2 years.
Gestational age at delivery: Majority i.e. 91 (91.0%) Postnatal Mother were term delivery.

Birth weight of the baby: Majority i.e. 77 (77.0%) Postnatal Mother were having Normal birth weight baby.

Gender of the baby: Majority i.e. 53 (53.0%) Postnatal Mother were having female baby.

Are you getting family support: Majority i.e. 58 (58.0%) Postnatal Mother were not getting family support.

Any family history of mental illness: Majority i.e. 74 (74.0%) Postnatal Mother were not having family history of mental illness.

Have you face any kind of abuse: Majority i.e. 60 (60.0%) Postnatal Mother does not face any kind of abuse.

Weather the pregnancy is planned or unplanned: Majority i.e. 63 (63.0%) Postnatal mother present pregnancy was planned.

Were you prepared for the birth of your child: Majority i.e. 63 (63.0%) Postnatal mother were prepared for birth of the child.

Do you suffer from any kind of medical condition during pregnancy: Majority i.e. 96 (96.0%) were not suffered from any kind of medical condition during pregnancy.

SECTION II TABLES AND FIGURES

TABLE I

FREQUENCY AND PERCENTAGE DISTRIBUTION ON LEVEL OF PSYCHOLOGICAL IMPACT (ANXIETY) AMONG POSTNATAL MOTHER.

n=100

Level of Anxiety	**Frequency (f)**	**Percentage (%)**	**Mean**	**Sd**	**Range Of Score**	**Total score**
Minimal anxiety (0 – 4)	4	4%	25	±21.57	2-42	42
Mild anxiety (5 – 9)	11	11%				
Moderate anxiety (10 – 14)	25	25%				
Severe anxiety (15 – 21)	60	60%				

The table I portrays the frequency and percentage distribution of level of psychological impact (Anxiety) among postnatal mother.

It shows that 60(60%) experienced severe anxiety, 25(25%) had moderate anxiety, 11(11%) had mild anxiety and 4(4%) experienced only minimal anxiety. The results are shown in bar diagram in figure 1.

n=100

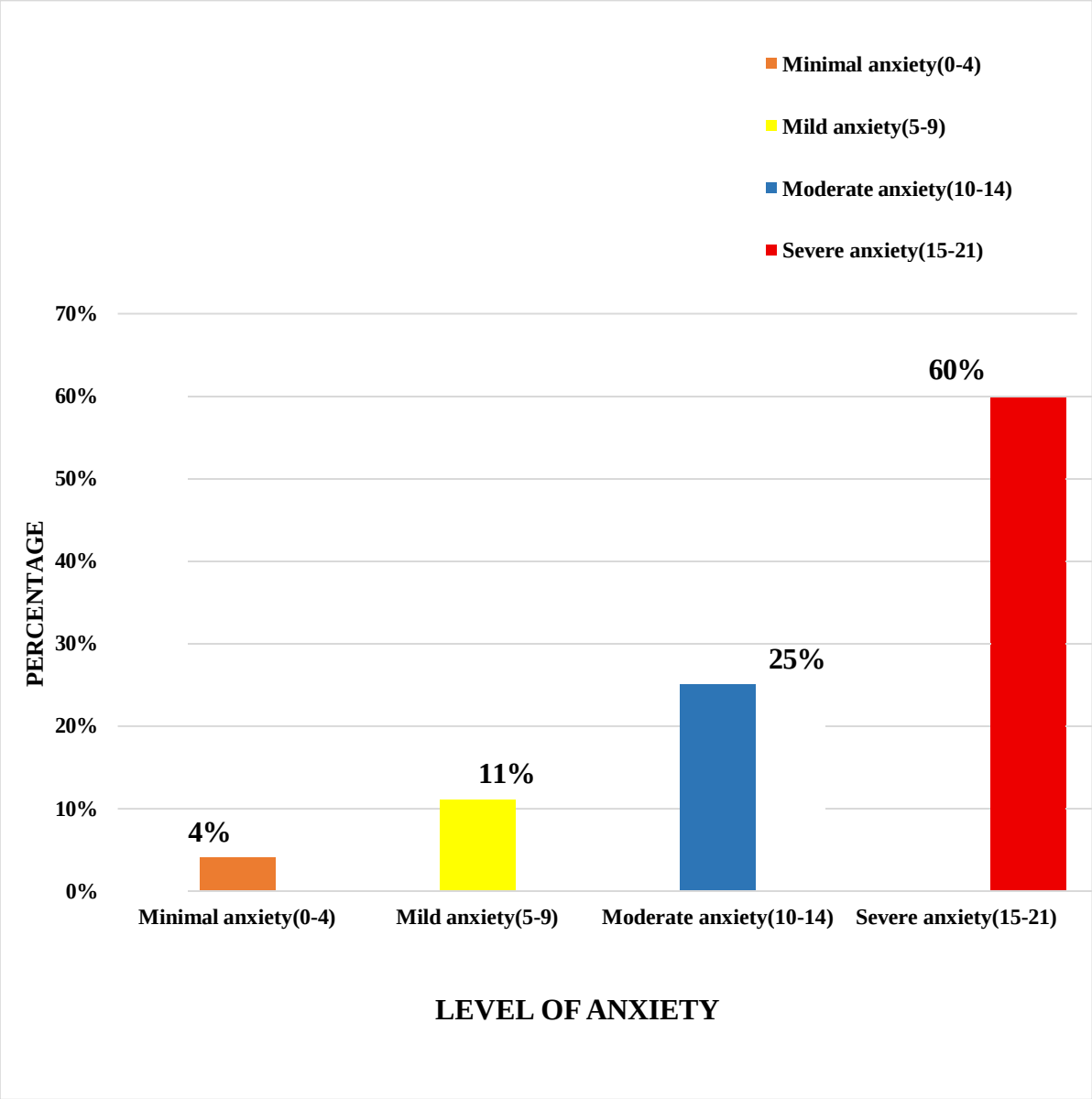

FIGURE 1: BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF LEVEL OF PSYCHOLOGICAL IMPACT (ANXIETY) AMONG POSTNATAL MOTHER

SECTION III TABLE II

FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVEL OF PSYCHOLOGICAL IMPACT (STRESS) AMONG POSTNATAL MOTHER

n=100

LEVEL OF STRESS	FREQUENCY (f)	PERCENTAGE (%)	MEAN	SD	RANGE OF SCORE	TOTAL SCORE
Low stress (0 – 13)	2	2%				

Moderate stress (14 – 26)	40	40%	27.26	±7.17	8-37	40
Severe stress (27 – 40)	58	58%				

The table II illustrates the frequency and percentage distribution of level of psychological impact (Stress) among postnatal mother.

It indicated that 58(58%) had severe stress, 40(40%) had moderate stress and 2(2%) experienced only low stress. The results are shown in the bar diagram in figure 2.

n=100

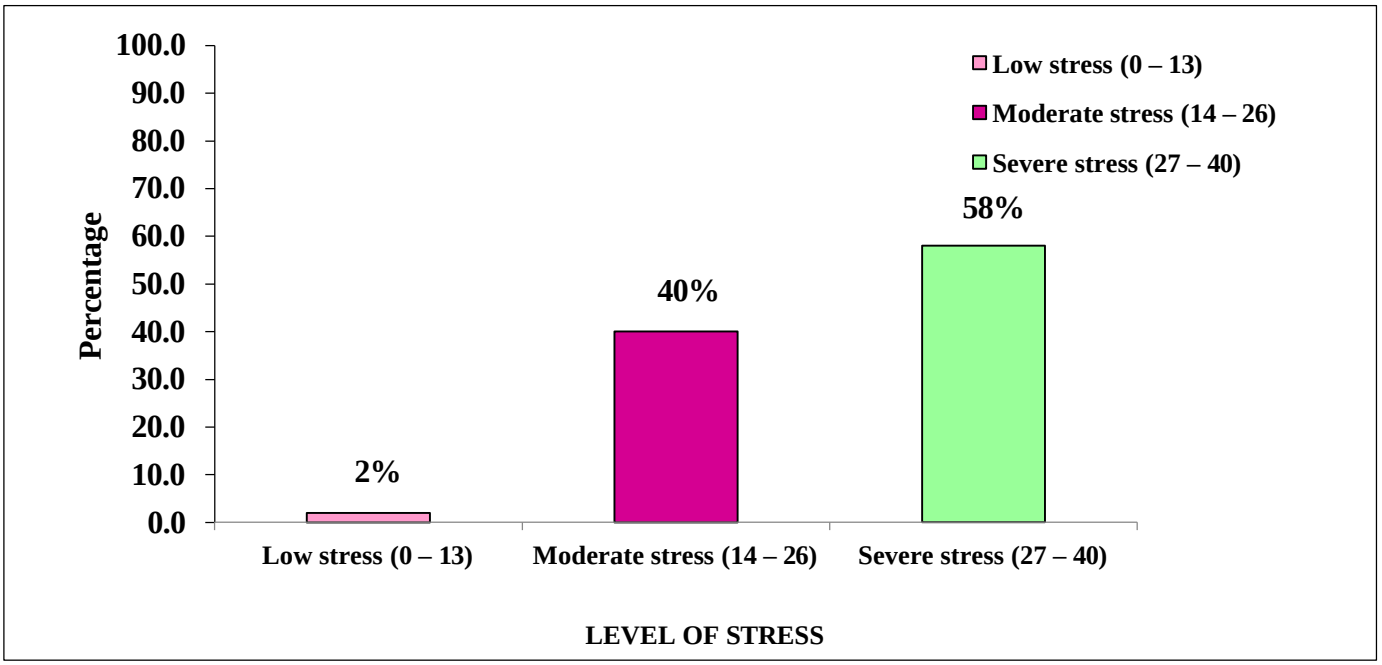

FIGURE 2: BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF LEVEL OF PSYCHOLOGICAL IMPACT (STRESS) AMONG POSTNATAL MOTHER

SECTION IV TABLE III

FREQUENCY AND PERCENTAGE DISTRIBUTION ON THE CARE OF NEW BORN AMONG POSTNATAL MOTHER

n=100

CARE OF NEW BORN	FREQUENCY (f)	PERCENTAGE (%)
Unsafe practice (0 – 7)	64	64%
Safe practice (8– 20)	36	36%

The table III depicts the frequency and percentage distribution of care of new born among postnatal mother.

It shows that 64(64%) practiced unsafe new born care and 36(36%) practiced safe new born care. The results are shown in bar diagram in figure 3.

n=100

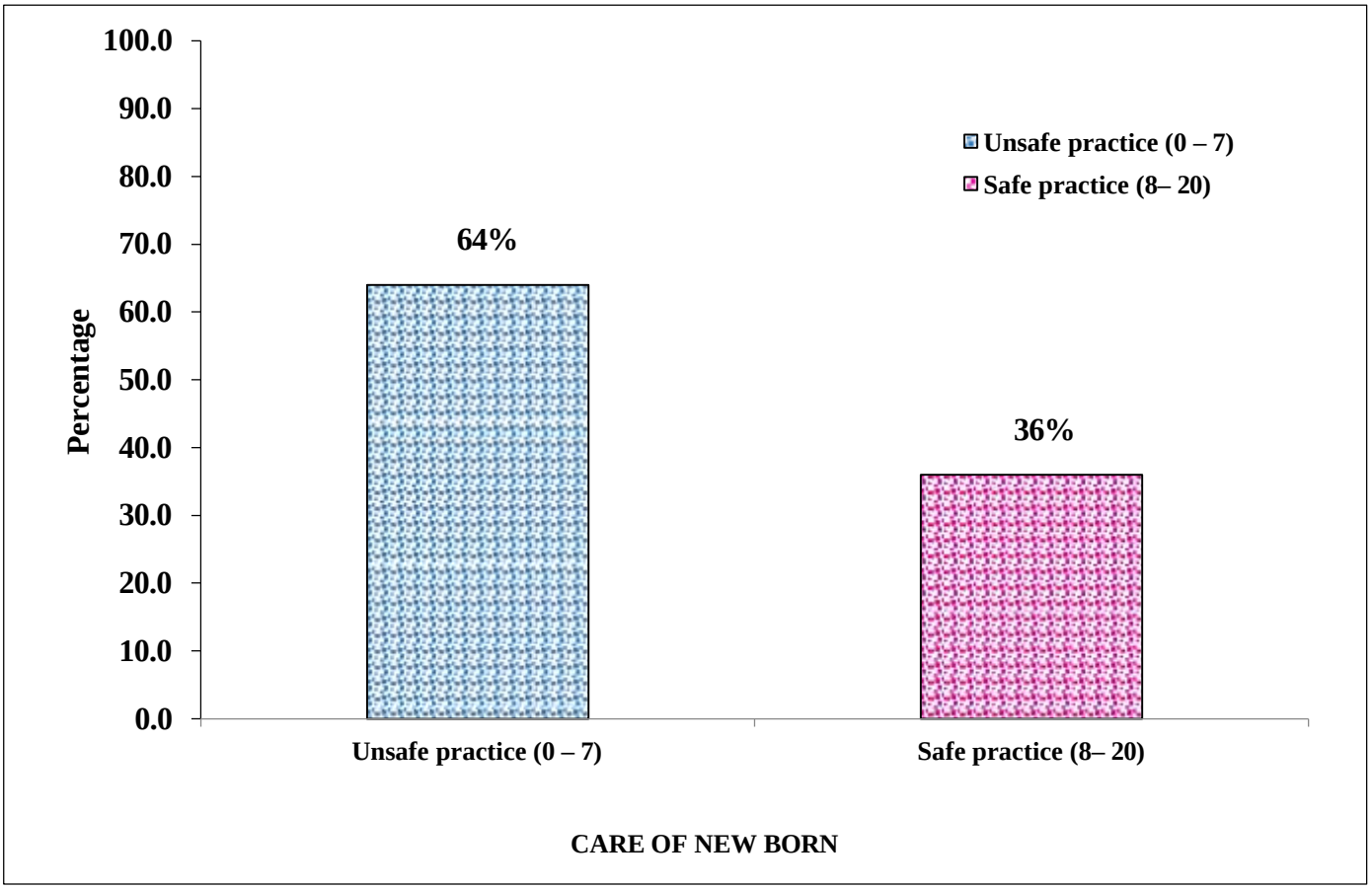

FIGURE 3: BAR DIAGRAM SHOWING PERCENTAGE DISTRIBUTION OF CARE OF NEW BORN AMONG POSTNATAL MOTHER

SECTION V TABLE IV

CORRELATION BETWEEN PSYCHOLOGICAL IMPACT AND CARE OF NEW BORN AMONG POSTNATAL MOTHER.

H_1- There is a significant correlation between psychological impact of motherhood with the care of a newborn among the postnatal mother who are admitted in selected hospital Goalpara, Assam.

H_{01}- There is no significant correlation on the psychological impact with the care of a newborn among the postnatal mother who are admitted in selected hospital of Goalpara, Assam.

n=100

Variables	Mean	S.D	Karl Pearson's Correlation "r" & p-value
Anxiety	15.54	±5.77	**r = -0.733**
Care of newborn	7.71	±3.35	**p=0.0001, S***
Stress	27.26	±7.17	**r = -0.778**
Care of newborn	7.71	±3.35	**p=0.0001, S***

*p<0.05, S – Significant

The table IV portrays the correlation between psychological impact and care of new born among postnatal mother using Karl Pearson's Correlation Coefficient.

The table denotes that the mean score of anxiety was 15.54±5.77, mean score of stress was 27.26±7.17 and the mean score of care of newborn was 7.71±3.35. The calculated Karl Pearson's Correlation value between anxiety & care of newborn and stress & care of newborn r = -0.733 and r = -0.778 shows a strong negative correlation between psychological impact and care of newborn statistically significant at p<0.05 level. Hence research hypothesis (H_1) is accepted and null hypothesis (H_{01}) is rejected. which clearly infers that although the postnatal mothers are facing psychological anxiety and stress, though some mothers continue to maintain safe practices.

n=100

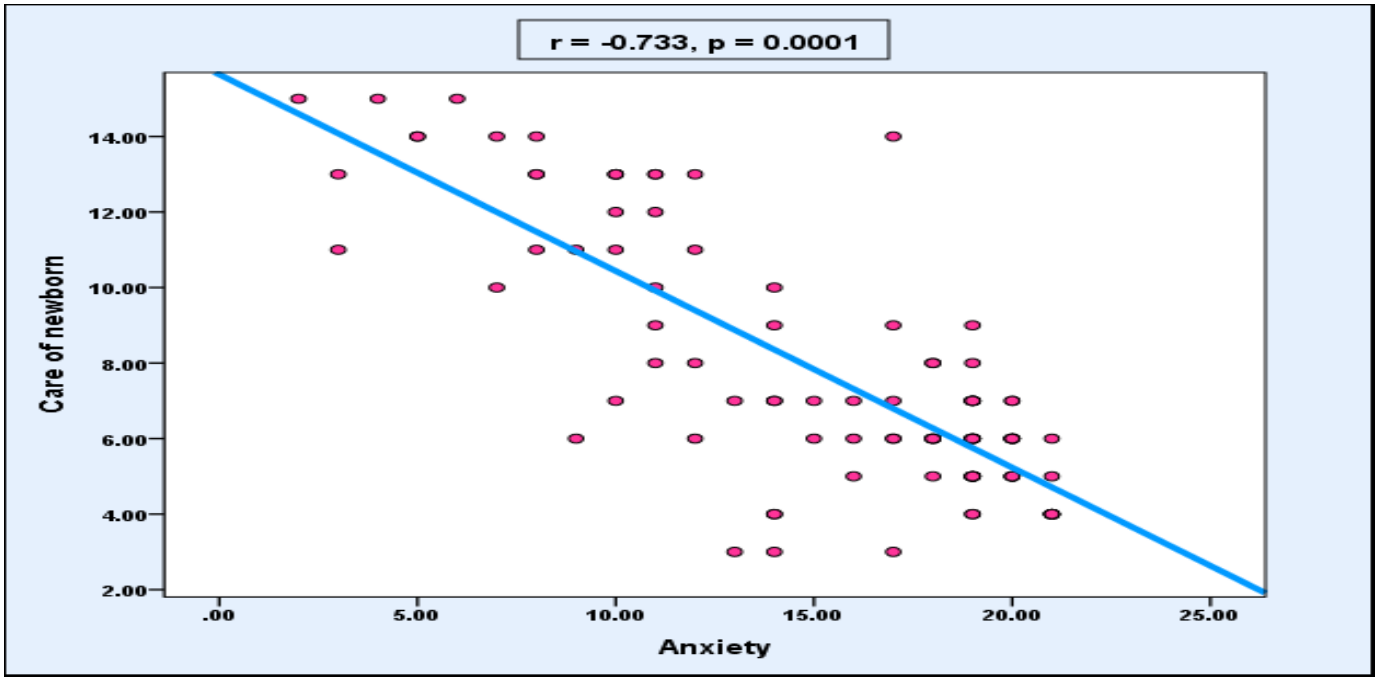

FIGURE 4: SCATTER DIAGRAM SHOWING THE CORRELATION BETWEEN PSYCHOLOGICAL IMPACT (ANXIETY) AND CARE OF NEW BORN AMONG POSTNATAL MOTHER

n=100

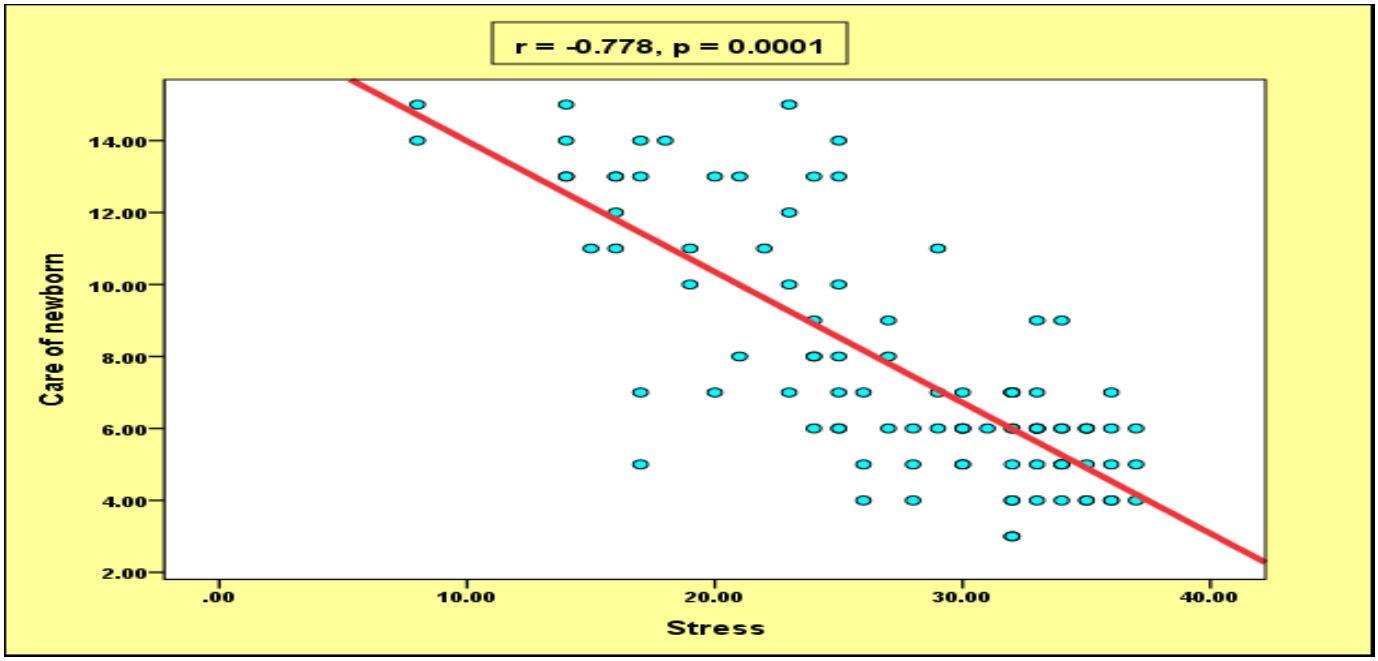

FIGURE 5: SCATTER DIAGRAM SHOWING THE CORRELATION BETWEEN PSYCHOLOGICAL IMPACT (STRESS) AND CARE OF NEW BORN AMONG POSTNATAL MOTHER

SECTION VI (i) TABLE V

ASSOCIATION OF LEVEL OF PSYCHOLOGICAL IMPACT (ANXIETY) AMONG POSTNATAL MOTHER WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

H_2- There is a significant association between psychological impact (Anxiety) of motherhood with selected demographic variables.

H_{02}- There is a no significant association between psychological impact (Anxiety) of motherhood with selected demographic variables.

n = 100

Demographic Variables	**Minimal**		**Mild**		**Moderate**		**Severe**		**Fisher Exact test & p-value**	**Inferences**
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**		
Age (in years)									p=0.184	P>0.05 (N.S) Not significant
9 – 21	2	2.0	4	4.0	14	14.0	37	37.0		
22 – 24	0	0	3	3.0	5	5.0	14	14.0		
25 – 27	2	2.0	3	3.0	4	4.0	3	3.0		
28 – 30	0	0	1	1.0	2	2.0	6	6.0		
Education of mother									**p=0.0001***	**P<0.05 *S Significant**
Primary school	1	1.0	3	3.0	15	15.0	57	57.0		
High school	3	3.0	7	7.0	10	10.0	3	3.0		
Bachelor's degree	0	0	1	1.0	0	0	0	0		
Occupation of husband										**P<0.05**

Government service	0	0	1	1.0	0	0	0	0		*S Significant
Private sector	3	3.0	7	7.0	9	9.0	4	4.0	p=0.0001*	
Daily wage labour	1	1.0	2	2.0	9	9.0	36	36.0		
Unemployed	0	0	1	1.0	7	7.0	20	20.0		
Occupation of mother										
Government service	2	2.0	4	4.0	6	6.0	2	2.0	p=0.0001*	P<0.05 *S Significant
Private sector	1	1.0	4	4.0	4	4.0	1	1.0		
Daily wage labour	0	0	0	0	0	0	1	1.0		
Housewives	1	1.0	3	3.0	15	15.0	56	56.0		
Postnatal mother Income per month (Kuppuswamy Scale)									p=0.0001*	P<0.05 *S Significant

Demographic Variables	**Minimal**		**Mild**		**Moderate**		**Severe**		**Fisher Exact test & p-value**	**Inferences**
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**		
Rs.<10,702	1	1.0	3	3.0	15	15.0	56	56.0		
Rs.10,703 – 31,977	2	2.0	4	4.0	6	6.0	2	2.0		
Rs.31,978 – 53,360	1	1.0	4	4.0	4	4.0	2	2.0		
Rs.53,361– 80,109	-	-	-	-	-	-	-	-		
Rs.80,110– 1,06,849	-	-	-	-	-	-	-	-		
Rs. 1,06,850-2,13,813	-	-	-	-	-	-	-	-		
2,13,814 and above	-	-	-	-	-	-	-	-		
Religion										
Christianity	0	0	0	0	2	2.0	1	1.0	p=0.495	P>0.05 (N.S) Not significant
Hinduism	1	1.0	7	7.0	15	15.0	36	36.0		
Islam	3	3.0	4	4.0	8	8.0	23	23.0		
Others	-	-	-	-	-	-	-	-		
Type of family										
Nuclear family	3	3.0	5	5.0	12	12.0	27	27.0	p=0.765	P>0.05 (N.S) Not significant
Joint family	1	1.0	6	6.0	13	13.0	33	33.0		
Extended family	-	-	-	-	-	-	-	-		
Residence									**p=0.0001***	**P<0.05 *S Significant**
Urban	2	2.0	5	5.0	7	7.0	1	1.0		
Rural	2	2.0	6	6.0	18	18.0	59	590		
Duration of marriage									**p=0.0001***	**P<0.05 *S Significant**
≤2 years	0	0	2	2.0	9	9.0	40	40.0		
3 – 4 years	4	4.0	9	9.0	12	12.0	20	20.0		

≥5 years	0	0	0	0	4	4.0	0	0		
Gestational age at delivery									p=0.470	P>0.05 (N.S) Not significant
Term delivery	4	4.0	11	11.0	24	24.0	52	52.0		
Pre-term delivery	0	0	0	0	1	1.0	8	8.0		
Post-term delivery	-	-	-	-	-	-	-	-		
Birth weight of the baby									p=0.424	P>0.05 (N.S) Not significant
Low birth weight baby	1	1.0	1	1.0	3	3.0	17	17.0		
Very low birth weight baby	-	-	-	-	-	-	-	-		

Demographic Variables	**Minimal**		**Mild**		**Moderate**		**Severe**		**Fisher Exact test & p-value**	**Inferences**
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**		
Extremely low birth weight baby	0	0	0	0	0	0	1	1.0		
Normal birth weight baby	3	3.0	10	10.0	22	22.0	42	42.0		
Gender of the baby									p=0.117	P>0.05 (N.S) Not significant
Male	3	3.0	4	4.0	16	16.0	24	24.0		
Female	1	1.0	7	7.0	9	9.0	36	36.0		
Are you getting family support									**p=0.006***	**P<0.05 *S Significant**
Yes	4	4.0	6	6.0	14	14.0	18	18.0		
No	0	0	0	0	11	11.0	42	42.0		
Any family history of Mental Illness									p=0.365	P>0.05 (N.S) Not significant
Father	0	0	0	0	2	2.0	12	12.0		
Mother	0	0	0	0	0	0	1	1.0		
Siblings	0	0	1	1.0	1	1.0	0	0		
Others	-	-	-	-	-	-	-	-		
No	4	4.0	10	10.0	22	22.0	38	38.0		
Have you faced any kind of abuse?									**p=0.001***	**P<0.05 S Significant**
Physical abuse	0	0	0	0	0	0	10	10.0		
Verbal abuse	0	0	1	1.0	2	2.0	22	22.0		
Emotional abuse	0	0	1	1.0	3	3.0	1	1.0		
No	4	4.0	9	9.0	20	20.0	27	27.0		
Whether the Pregnancy is									p=0.161	P>0.05 (N.S) Not significant
Planned	4	4.0	8	8.0	12	12.0	39	39.0		
Unplanned	0	0	3	3.0	13	13.0	21	21.0		

Were you prepared for the birth of your child									p=0.161	P>0.05 (N.S) Not significant
Yes	4	4.0	8	8.0	12	12.0	39	39.0		
No	0	0	3	3.0	13	13.0	21	21.0		

Demographic Variables	**Minimal**		**Mild**		**Moderate**		**Severe**		**Fisher Exact test & p-value**	**Inferences**
	f	**%**	**f**	**%**	**f**	**%**	**f**	**%**		
Do you suffer from any kind of medical condition during pregnancy?									**p=0.018***	**P<0.05 *S Significant**
Yes	0	0	0	0	4	4.0	0	0		
No	4	4.0	11	11.0	21	21.0	60	60.0		

*p<0.05, S – Significant N.S – Not Significant, p>0.05

The table V illustrated the association of level of psychological impact (Anxiety) among postnatal mother with their selected demographic variables using Chi-square test / Fisher's exact test.

It was found that the demographic variables education **(p=0.0001)**, occupation of husband **(p=0.0001)**, occupation of mother **(p=0.0001)**, postnatal mother income per month **(p=0.0001)**, residence **(p=0.0001)**, duration of marriage **(p=0.0001)**, are you getting family support **(p=0.006)**, have you faced any kind of abuse **(p=0.001)**, do you suffered from any kind of medical condition during pregnancy **(p=0.018)** had statistically significant association of level of psychological impact (Anxiety) among postnatal mothers at p<0.05 level and the other demographic variables did not show statistically significant association with level of psychological impact (Anxiety) among postnatal mothers at p<0.05 level.

Hence, the research hypothesis (**H_2**) is accepted and null hypothesis (**H_{02}**) rejected and infers that there is an association between psychological impact (anxiety) among postnatal mother with their selected demographic variables like education, occupation of husband, occupation of mother, postnatal mother income per month, residence, duration of marriage, are you getting family support, have you faced any kind of abuse, do you suffered from any kind of medical condition during pregnancy.

The null hypothesis is accepted **(H_{02})** and research hypothesis is rejected **(H_2)** is rejected with the selected demographic variables like age (in years), religion, type of family, gestational age at delivery, birth weight of the baby, gender of the baby, any family history of mental illness, weather the pregnancy is planned or unplanned, were you prepared for the birth of your child.

SECTION VI (ii) TABLE VI

ASSOCIATION OF LEVEL OF PSYCHOLOGICAL IMPACT (STRESS) AMONG POSTNATAL MOTHER WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

H_2- There is a significant association between psychological impacts (Stress) of motherhood with selected demographic variables.

H_{02}- There is a no significant association between psychological impacts (Stress) of motherhood with selected demographic variables.

n = 100

Demographic Variables	Low		Moderate		Severe		Fisher Exact test & p-value	Inferences
	f	%	f	%	f	%		
Age (in years)							**p=0.030***	**P<0.05 *S Significant**
9 – 21	1	1.0	18	18.0	38	38.0		
22 – 24	0	0	9	9.0	13	13.0		
25 – 27	1	1.0	9	9.0	2	2.0		
28 – 30	0	0	4	4.0	5	5.0		
Education							**p=0.0001***	**P<0.05 *S Significant**
Primary school	1	1.0	17	17.0	58	58.0		
High school	1	1.0	22	22.0	0	0		
Bachelor's degree	0	0	1	1.0	0	0		
Occupation of husband							**p=0.0001***	**P<0.05 *S Significant**
Government service	0	0	1	1.0	0	0		
Private sector	1	1.0	20	20.0	2	2.0		
Daily wage labour	1	1.0	14	14.0	33	33.0		
Unemployed	0	0	5	5.0	23	23.0		
Occupation of mother							**p=0.0001***	**P<0.05 *S Significant**
Government service	0	0	14	14.0	0	0		
Private sector	1	1.0	9	9.0	0	0		
Daily wage labour	0	0	0	0	1	1.0		
Housewives	1	1.0	17	17.0	57	57.0		
Postnatal mother income per month (Kuppuswamy Scale)							**p=0.0001***	**P<0.05 *S Significant**
Rs.<10,702	1	1.0	17	17.0	57	57.0		
Rs.10,703 – 31,977	0	0	14	14.0	0	0		
Rs.31,978 – 53,360	1	1.0	9	9.0	1	1.0		
Rs.53,361– 80,109	-	-	-	-	-	-		
Rs.80,110– 1,06,849	-	-	-	-	-	-		
Rs. 1,06,850- 2,13,813	-	-	-	-	-	-		
2,13,814 and above	-	-	-	-	-	-		
Religion							p=0.158	P>0.05 (N.S) Not significant
Christianity	0	0	3	3.0	0	0		
Hinduism	1	1.0	25	25.0	33	33.0		
Islam	1	1.0	12	12.0	25	25.0		
Others	-	-	-	-	-	-		
Type of family							p=0.443	P>0.05 (N.S) Not significant
Nuclear family	1	1.0	22	22.0	24	24.0		
Joint family	1	1.0	18	18.0	34	34.0		
Extended family	-	-	-	-	-	-		

Demographic Variables	Low		Moderate		Severe		Fisher Exact test & p-value	Inferences
	f	%	f	%	f	%		

Residence							**p=0.0001***	**P<0.05 *S Significant**
Urban	0	0	15	15.0	0	0		
Rural	2	2.0	25	25.0	58	58.0		
Duration of marriage							**p=0.001***	**P<0.05 *S Significant**
2 years	0	0	13	13.0	38	38.0		
3 – 4 years	2	2.0	23	23.0	20	20.0		
≥5 years	0	0	4	4.0	0	0		
Gestational age at delivery							**p=0.019***	**P<0.05 *S Significant**
Term delivery	2	2.0	40	40.0	49	49.0		
Pre-term delivery	0	0	0	0	9	9.0		
Post-term delivery	-	-	-	-	-	-		
Birth weight of the baby							**p=0.001***	**P<0.05 *S Significant**
Low birth weigh baby	1	1.0	2	2.0	19	19.0		
Very low birth weight baby	-	-	-	-	-	-		
Extremely low birth weight baby	0	0	1	1.0	0	0		
Normal birth weight baby	1	1.0	37	37.0	39	39.0		
Gender of the baby							p=0.140	P>0.05 (N.S) Not significant
Male	1	1.0	23	23.0	23	23.0		
Female	1	1.0	17	17.0	35	35.0		
Are you getting family support							**p=0.024***	**P<0.05 *S Significant**
Yes	2	2.0	21	21.0	19	19.0		
No	0	0	19	19.0	39	39.0		
Any family history of Mental Illness							p=0.133	P>0.05 (N.S) Not significant
Father	0	0	2	2.0	12	12.0		
Mother	0	0	0	0	1	1.0		
Siblings	0	0	3	3.0	0	0		
Others	-	-	-	-	-	-		
No	2	2.0	35	35.0	37	37.0		
Have you faced any kind of abuse?							**p=0.0001***	**P<0.05 *S Significant**
Physical abuse	0	0	3	3.0	7	7.0		
Verbal abuse	0	0	3	3.0	22	22.0		
Emotional abuse	0	0	5	5.0	0	0		
No	2	2.0	29	29.0	29	29.0		
Whether the Pregnancy is							p=0.921	P>0.05 (N.S)
Planned	1	1.0	26	26.0	36	36.0		

Demographic Variables	**Low**		**Moderate**		**Severe**		**Fisher Exact test & p-value**	**Inferences**
	f	**%**	**f**	**%**	**f**	**%**		
Unplanned	1	1.0	14	14.0	22	22.0		Not significant

Were you prepared for the birth of your child							p=0.344	P>0.05 (N.S) Not significant
Yes	2	2.0	22	22.0	39	39.0		
No	0	0	18	18.0	19	19.0		
Do you suffer from any kind of medical condition during pregnancy?							p=0.068	P>0.05 (N.S) Not significant
Yes	0	0	4	4.0	0	0		
No	2	2.0	36	36.0	58	58.0		

*p<0.05, S – Significant N.S – Not Significant, p>0.05

The table XV showed the association of level of psychological impact (Stress) among postnatal mother with their selected demographic variables using Chi-square test / Fisher's exact test.

It was found that the demographic variables age (in years) **(p=0.030)**, education of mother **(p=0.0001)**, occupation of husband **(p=0.0001)**, occupation of mother **(p=0.0001)**, postnatal mother income per month **(p=0.0001)**, residence **(p=0.0001)**, duration of marriage **(p=0.001)**, gestational age at delivery **(p=0.019)**, birth weight of the baby **(p=0.001)**, are you getting family support **(p=0.024)** and have you faced any kind of abuse **(p=0.0001)** had statistically significant association of level of psychological impact (Stress) among postnatal mother at p<0.05 level and the other demographic variables did not show statistically significant association with level of psychological impact (Stress) among postnatal mother at p<0.05 level.

Hence the research hypothesis **(H_2)** is accepted and null hypothesis **(H_{02})** is rejected and infers that there is an significant association between the psychological impact (stress) of motherhood among postnatal mother with their selected demographic variables like age (in years), education of mother, occupation of husband, occupation of mother, postnatal mother income per month, residence, duration of marriage, gestational age at delivery, birth weight of the baby, are you getting family support, have you face any kind of abuse.

The null hypothesis **(H_{02})** is accepted and research hypothesis **(H_2)** is rejected with the selected demographic variables like religion, type of family, gender of the baby, any family history of mental illness, weather the pregnancy is planned or unplanned, were you prepared for the birth of your child, do you suffer from any medical condition during pregnancy.

SECTION VII TABLE VII

ASSOCIATION OF CARE OF NEWBORN AMONG POSTNATAL MOTHER WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

H_3- There is a significant association between the care of a newborn among the postnatal mother who are admitted in selected hospital of Goalpara, Assam with their selected demographic variables.

H_{03}-There is no significance association between the care of a newborn among the postnatal mother who are admitted in selected hospital of Goalpara, Assam with their selected demographic variables.

n= 100

Demographic Variables	**Unsafe**		**Safe**		**Chi-Square Test / Fisher Exact test & p-value**	**Inferences**
	f	**%**	**f**	**%**		

Age (in years)					p=0.185	P>0.05 (N.S) Not significant
19 – 21	41	41.0	16	16.0		
22 – 24	13	13.0	9	9.0		
25 – 27	5	5.0	7	7.0		
28 – 30	5	5.0	4	4.0		
Education					**p=0.0001***	**P<0.05 *S Significant**
Primary school	61	61.0	15	15.0		
High school	3	3.0	20	20.0		
Bachelor's degree	0	0	1	1.0		
Occupation of husband					**p=0.0001***	**P<0.05 *S Significant**
Government service	0	0	1	1.0		
Private sector	3	3.0	20	20.0		
Daily wage labour	39	39.0	9	9.0		
Unemployed	22	22.0	6	6.0		
Occupation of mother					**p=0.0001***	**P<0.05 *S Significant**
Government service	3	3.0	11	11.0		
Private sector	0	0	10	10.0		
Daily wage labour	1	1.0	0	0		
Housewives	60	60.0	15	15.0		
Postnatal mother income per month (Kuppuswamy Scale)					**p=0.0001***	**P<0.05 *S Significant**
Rs.<10,702	60	60.0	15	15.0		
Rs.10,703 – 31,977	3	3.0	11	11.0		
Rs.31,978 – 53,360	1	1.0	10	10.0		
Rs.53,361– 80,109	-	-	-	-		
Rs.80,110– 1,06,849	-	-	-	-		
Rs. 1,06,850- 2,13,813	-	-	-	-		
2,13,814 and above	-	-	-	-		
Religion					**0.045***	**P<0.05 *S Significant**
Christianity	0	0	3	3.0		
Hinduism	41	41.0	18	18.0		
Islam	23	23.0	15	15.0		

Demographic Variables	Unsafe		Safe		Chi-Square Test / Fisher Exact test & p-value	Inferences
	f	%	f	%		
Others	-	-	-	-		
Type of family					χ^2=0.203	P>0.05 (N.S)
Nuclear family	29	29.0	18	18.0	d.f=1	Not significant
Joint family	35	35.0	18	18.0	p=0.652 (N.S)	
Extended family	-	-	-	-		
Residence					**χ^2=31.373**	**P<0.05**
Urban	0	0	15	15.0	**d.f=1 p=0.0001***	***S Significant**
Rural	64	64.0	21	21.0		
Duration of marriage						**P<0.05**
≤2 years	40	40.0	11	11.0	**p=0.001***	***S Significant**
3 – 4 years	24	24.0	21	21.0		
≥5 years	0	0	4	4.0		
Gestational age at delivery						P>0.05 (N.S)
Term delivery	56	56.0	35	35.0	0.151	Not significant
Pre-term delivery	8	8.0	1	1.0		
Post-term delivery	-	-	-	-		
Birth weight of the baby						
Low birth weigh baby	18	18.0	4	4.0		
Very low birth weight baby	-	-	-	-		
Extremely low birth weight baby	1	1.0	0	0	p=0.059	P>0.05 (N.S)
Normal birth weight baby	45	45.0	32	32.0		Not significant
Gender of the baby					χ^2=2.900	P>0.05 (N.S)
Male	26	26.0	21	21.0	d.f=1 p=0.089	Not significant
Female	38	38.0	15	15.0		
Are you getting family support					**χ^2=4.243**	**P<0.05**
Yes	22	22.0	20	20.0	**d.f=1 p=0.039***	***S Significant**
No	42	42.0	16	16.0		
Any family history of Mental Illness						**P<0.05**
Father	12	12.0	2	2.0	**p=0.016***	***S Significant**
Mother	1	1.0	0	0		
Siblings	10	10.0	1	1.0		

Demographic Variables	Unsafe		Safe		Chi-Square Test / Fisher Exact test & p-value	Inferences
	f	%	f	%		
Others	-	-	-	-		
No	41	41.0	33	33.0		
Have you faced any kind of abuse?						
Physical abuse	8	8.0	2	2.0	**p=0.0001***	**P<0.05**
Verbal abuse	23	23.0	2	2.0		***S Significant**
Emotional abuse	1	1.0	4	4.0		
No	32	32.0	28	28.0		
Whether the Pregnancy is					χ^2=0.526	P>0.05 (N.S)
Planned	42	42.0	21	21.0	d.f=1 p=0.468	Not significant
Unplanned	22	22.0	15	15.0		
Were you prepared for the birth of your child					χ^2=0.086	P>0.05 (N.S)
Yes	41	41.0	22	22.0	d.f=1 p=0.769	Not significant
No	23	23.0	14	14.0		
Do you suffer from any kind of medical condition during pregnancy?					**p=0.015***	**P<0.05**
Yes	0	0	4	4.0		***S Significant**
No	64	64.0	32	32.0		

*p<0.05, S – Significant N.S – Not Significant, p>0.05

The table VII showed the association of care of newborn among postnatal mothers with their selected demographic variables using Chi-square test / Fisher's exact test.

It was found that the demographic variables education **(p=0.0001)**, occupation of husband **(p=0.0001)**, occupation of mother **(p=0.0001)**, postnatal mother income per month **(p=0.0001)**, religion **(p=0.045)**, residence **(χ^2=31.373, p=0.0001)**, duration of marriage **(p=0.001)**, are you getting family support **(χ^2=4.243, p=0.039)**, any family history of mental illness **(p=0.016)**, have you faced any kind of abuse **(p=0.0001)** and do you suffered from any kind of medical condition during pregnancy **(p=0.015)** had statistically significant association of care of newborn among postnatal mother at p<0.05 level and the other demographic variables did not show statistically significant association with care of newborn among postnatal mother at p<0.05 level.

Hence, the research hypothesis **(H_3)** is accepted and null hypothesis **(H_{03})** is rejected and infers that there is an association between the care of a newborn among the postnatal mother with their selected demographic variables like education of mother, occupation of husband, occupation of mother, postnatal mother income per month, religion, residence, duration of marriage, are you getting family support, any family history of mental illness, have you faced any kind of abuse and do you suffered from any kind of medical condition during pregnancy.

The null hypothesis **(H_{03})** is accepted and research hypothesis **(H_3)** is rejected with the selected demographic variables like age (in years), type of family, gestational age at delivery, birth weight of the baby, gender of the baby, weather the pregnancy is planned or unplanned, were you prepared for the birth of your child.

CONCLUSION

The level of psychological impacts (Anxiety and Stress) of motherhood on the care of newborn among postnatal mother assessed by using GAD 7 Anxiety scale, Perceive stress scale (Standardized tool) and Self structure Newborn care practice checklist.

The findings revealed that a majority of postnatal mother experienced high levels of psychological distress. With regard to anxiety, 60% of mothers had severe anxiety, 25% had moderate anxiety, 11% had mild anxiety, and only 4% experienced minimal anxiety. Similarly, more than half of the mothers (58%) reported severe stress, 40% had moderate stress, and 2% had mild stress. These findings indicate that psychological morbidity is considerably prevalent among postnatal mothers. In relation to newborn care practices, 64% of mothers practiced unsafe newborn care, while only 36% practiced safe newborn care. This highlights the need for improved education and supportive interventions to promote safe newborn care practices.

On the assessment of correlation between psychological impact (Anxiety and stress) and care of newborn among postnatal mother, the 'r' value is -0.733 and -0.778 shows a strong negative correlation which is statistically significant at $p < 0.05$ level. which clearly infers that although the postnatal mothers are facing psychological distress, though some mothers continue to maintain safe practices.

Significant associations were identified between anxiety and demographic variables such as education, occupation of husband, occupation of mother, monthly income, residence, duration of marriage, family support, experience of abuse, and medical conditions during pregnancy. Stress was significantly associated with age, education, occupation, income, residence, duration of marriage, gestational age at delivery, birth weight of the baby, family support, and experience of abuse. Furthermore, newborn care practices were significantly associated with education, occupation, income, religion, residence, duration of marriage, family support, family history of mental illness, experience of abuse, and medical complications during pregnancy.

Through this study, the investigator concluded that postnatal mothers are at high risk for psychological distress, which may influence on the newborn care practices. Therefore, early screening for anxiety and stress, strengthening family support systems, providing antenatal and postnatal counselling, and implementing educational programs on safe newborn care are essential to improve maternal mental health and neonatal outcomes.

LIMITATION:

1. The investigator faced problem while collecting data such as in convincing mother to participate in the study.

RECOMMENDATIONS:

The present study recommend the following:

1. A similar study can be conducted on larger sample for generalization.
2. A similar study can be replicate in different setting.
3. A similar study can be conducted by distributing an information booklet and demonstration on different types of coping strategies.
4. Longitudinal studies can be conducted for better understand how maternal psychological health affects newborn care practices.

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