A STUDY TO ASSESS THE KNOWLEDGE ON CHILDBIRTH PROCESS AMONG PRIMIGRAVIDA MOTHERS

*Dr. V. Selvanayaki
Vinayaka Missions Annapoorana College of Nursing, Salem, Tamilnadu, India

ABSTRACT
A study was conducted to assess the knowledge of primi mothers on childbirth process. Fifty primigravida mothers who attended antenatal OPD during III trimester for checkup in Salem Polyclinic, Salem, were selected by purposive sampling technique. Data were collected from 16.08.14 to 18.08.14 by using structured interview schedule for knowledge on childbirth process after the establishment of reliability (r=0.9). Highest percentage of the mothers were in the age group of 21-25 years (50%), housewives (60%), belonged to nuclear family (54%) and income group of Rs 2999 (66%). Majority of them were Hindus (88%) and had information through family members (70%). Highest and similar percentage (38%) each of the mothers had higher secondary education and diploma. Overall mean knowledge scores on childbirth process (15.76 ± 4.17) revealed that the primi mothers had poor knowledge. Area wise mean knowledge scores revealed that mothers had poor knowledge on “first stage of labour” (5.88 ± 2), “second stage of labour” (2.06 ± 1.2) and “third stage of labour” (0.94 ± 0.71), whereas average knowledge on “signs and symptoms of onset of true labour” (2.94 ± 1.37) (Table 1). These findings were higher than the studies of various researchers who revealed that majority of primi mothers had average knowledge on childbirth process. It can be concluded that the primi mothers had poor knowledge on childbirth process.

INTRODUCTION
Pregnancy is a challenging time for all women as they adjust to the changes they experience and prepare to assume a new role as mother of one child or of two or more children. Childbirth is an altering experience for women and their families. Birth of a baby is a cherished dream for the mother and brings joy to the whole family (Asha Krishnakumar, 2004). There is an emotional turmoil in every new situation and pregnancy, especially the first one as a preliminary experience is no exception. As pregnancy brings physical as well as emotional changes in a women’s life, it is considered as a challenging event for primigravida (Melender, 2002). India accounts for the maximum number of deaths in the world. Approximately 800 women die from pregnancy or childbirth related complications, around the world everyday. Recently in Ghaziabad Gynaecologists from across the country, met to address the urgent need to reduce the maternal mortality rate (MMR). At present, India tops the rate of maternal deaths worldwide, according to UN figures.

Columbia Asia Hospital and Federation of Obstetric and Gynaecological Society (GOGS) of India organised the meet, which was attended by more than 70 doctors from around the world. At present, the maternal mortality rate (MMR) of India is 212 per one lakh live births, whereas the country’s target is to reduce it to 109 per one lakh live births by 2015. Motherhood is a distinct bio-psychosocial process that transforms and broadens the role of a woman in to that of a mother. This period is filled with many intense and diverse feelings encompassing excitement, expectancy, anxiety and even fear, especially among the first time pregnant women’s perception on the quality of care which greatly influenced their health care seeking practices (Bajwa et al., 1998).

During labour many women face the problems of fear, pain of contractions and pain as threatening but also associate it with a loss of control over their bodies and emotions. When a woman is facing labour, especially for the first time she may worry about her ability to withstand the pain of labour and maintain control over herself. Women are afraid of becoming fatigued and unable to relax the child bearing experience (Penny Skinkin, 2012; Rajakumari, 2008).

*Corresponding author: Dr. V. Selvanayaki,
Vinayaka Missions Annapoorana College of Nursing, Salem, Tamilnadu, India.
There is significant positive correlation between perceived control and child birth satisfaction. Perceived control of experience of labour can be obtained by adequate knowledge and understanding of child birth process (Crowe and Von Baryer, 1998).

Prenatal preparation of primigravida helps them to get rid of false ideas and fears about the labour and delivery and they were able to active part in the breathing and relaxation technique, coached pushing and breast feeding in the third stage of labour (Penny Skinkin, 2012).

The nurse assesses the woman’s knowledge regarding the child birth experience. The woman’s knowledge base will be affected by previous birth, attendance child birth education classes and the amount of information she has been able to gather during her pregnancy (Bester et al., 1992).

Nurses have an important role to play in activities related to the health of mother and children and they are working with the Government Voluntary Organizations and agencies working for their welfare. This will help the personnel to disseminate the child birth information to the client, family and community is one of the primary functions of the midwives for attaining their optimum state of well being.

Objective

To assess the knowledge of primi mothers on child birth process.

MATERIALS AND METHODS

Fifty primigravida mothers who attended antenatal OPD during III trimester for checkup in Salem Polyclinic, Salem, were selected by purposive sampling technique. Data were collected from 16.08.14 to 18.08.14 by using structured interview schedule for knowledge on childbirth process after the establishment of reliability (r=0.9).

RESULTS

Highest percentage of the mothers were in the age group of 21-25 years (50%), housewives (60%), belonged to nuclear family (54%) and income group of Rs 2999 (66%). Majority of them were Hindus (88%) and had information through family members (70%).

Highest and similar percentage (38% each) of the mothers had higher secondary education and diploma.

Overall mean knowledge scores on childbirth process (15.76 ± 4.17) revealed that the primi mothers had poor knowledge. Area wise mean knowledge scores revealed that mothers had poor knowledge on “first stage of labour” (5.88 ± 2), “second stage of labour” (2.06 ± 1.2) and “third stage of labour” (0.94 ± 0.71), whereas average knowledge on “signs and symptoms of onset of true labour” (2.94±1.37) (Table 1). These findings were higher than the studies of various researchers who revealed that majority of primi mothers had average knowledge on childbirth process.

Majority of the mothers (74%) knew the meaning of labour, 56% of them knew that hot water bath, hot drinks and walking are the management for false labour. Ibach. F (2007) found strong intense pain and burning of the perineum as the pressure increased on the vulva during second stage of labour highest% of mothers knew that more than 50 ml of blood loss is postpartum hemorrhage, Lucita, (2007), reported that if the length of third stage of labour exceeds 30 minutes then there is an increased risk of PPH.

Percentage wise distribution of level of knowledge scores of primi mothers shows that 67.76% of them had poor knowledge, whereas 32.24% of them had average knowledge on childbirth process. Hence, it can be interpreted that majority of the mothers had poor knowledge on child birth process (Figure 1).

Table 1. Area wise distribution of mean, SD and mean percentage of knowledge score of primi mothers regarding child birth process

<table>
<thead>
<tr>
<th>Area</th>
<th>Max score</th>
<th>Knowledge score</th>
<th>Mean</th>
<th>SD</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to labour process</td>
<td>7</td>
<td>3.94 ± 1.25</td>
<td>56.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs and symptoms of onset of true labour</td>
<td>7</td>
<td>2.94 ± 1.37</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First stage of labour</td>
<td>17</td>
<td>5.88 ± 2</td>
<td>34.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second stage of labour</td>
<td>6</td>
<td>2.06 ± 1.2</td>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third stage of labour</td>
<td>3</td>
<td>0.4 ± 0.71</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>40</td>
<td>15.76 ± 4.17</td>
<td>39.4</td>
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</tr>
</tbody>
</table>

Figure 1. Pie diagram showing percentage wise distribution of knowledge level of primi mothers on child birth process

Conclusion

It can be concluded that the primi mothers had poor knowledge on childbirth process, where we as health personnel need to disseminate the education programmes on various methods to improve the knowledge on child birth process which will ultimately help the mothers to reduce their fear and anxiety during labour process through which the co-operation of the mothers during delivery will be enhanced and the maternal and newborn complications such as morbidity and mortality rates will be reduced.

Implications

Nursing practice:

Nursing professionals working in hospital and community to educate the primi mothers regarding child birth process.
**Nursing Education:**

Students of Midwifery can be given an opportunity to teach expectant mothers under supervision about preparation of labour process.

**Nursing research:**

These findings can be utilized for conducting experimental study on primi mothers regarding child birth process.

**Recommendations:**

- The same study can be conducted by using large samples to generalize the findings.
- Teaching modules can be used to educate the primi mothers regarding labour process.

**REFERENCES**


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