

Research article

A Study to assess knowledge regarding process of normal labour among primigravida mothers in selected hospitals of Pune city

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Abstract

Becoming a mother is an important stage in every woman's life. The most different period for women is their growth into parenthood is precisely pregnancy and delivering period. Though pregnancy is wonderful and very joyful news in most women's lives, on the same part the women will have emotional disturbances towards the physical changes in her and the process of childbirth. **Aim:** to assess the knowledge regarding process of normal labor among primigravida mothers. **Methods:** The present study was conducted on 100 primigravida mothers as samples from Sonawane maternity home hospital, Bhavani peth Pune city by non probability purposive sampling technique. Data collection comprises of; first demographic data of the sample, which include personal data of the mothers i.e. Age, religion, educational status, occupation, income, type of family, support during delivery and information regarding process of normal labour second, consists of questionnaire to assess the knowledge regarding process of normal labour among primigravida mothers. Majority 85% of mothers were in the age group of 18-25 years. 68% of mothers were Hindu. 45% of mothers completed secondary education. 88% of mothers were housewife. 42% of mothers were having income below rs.5000/month. 68% of mothers were belongs to nuclear family. 59% of mothers need support of their mother during the process of labour. 51% of mothers got information about normal labour process from doctor. **Results:** 22% of mothers having poor knowledge about process of normal labour, 74% of mothers having average knowledge about process of normal labour, 4% of mothers having good knowledge about process of normal labour.

Keywords: Normal labor, Primigravida mother

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1. Introduction

"To witness the birth of a child is our best opportunity to experience the meaning of the word miracle". -Paul carves "humans endure changes as a natural heritage and lives a generation but a mother endures to the end of all generations". Women have unique medical problems and health care needs, especially during the period of conception and childbirth.

Unfortunately, most of the Indian women who are illiterate are unaware about physiological changes during pregnancy and during labor, especially at the first conception and suffers psychologically which in turn affect the gynecological health of antenatal mother's childbirth and pregnancy is a physical and emotional experience. It is also an irrevocable event that changes women forever [1]. The maternal expectations during labor play an important role In specified a woman's response to her childbirth experience. [2].The mother to be needing a lot of the help for the realization and acceptance of childbirth as a normal physiological phenomenon.

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She needs to develop healthy attitude towards pregnancy so that she might have a safe and emotionally satisfying experience of labor and a rapid recovery both mentally and physically in the puerperium [3]. The choice of childbirth education rests with the expectant family. The nurse can assist the couple in selecting a program suited to their individual needs by providing information a childbirth classes. Having fantasies about pregnancy and motherhood, when confronted with the reality, many of them doubt their ability to cope with this great event in their lives. Influenced by family, friends and relatives, they get prepared in different ways as they approach the experience of childbirth [4]. In the light of the above facts it was found essential to assess the knowledge regarding normal delivery among the primigravida mother to prevent possible complication and to reduce the maternal mortality ratio, and perinatal mortality and morbidity is contributing to healthy mother [5]. Level of knowledge related to labour process among primigravida a study regarding to assess the level of knowledge related to labour among primigravida mother in selected hospitals of Punjab and Haryana” the study findings show that there is an association between the level of knowledge and education, occupation and source of information [8]. Knowledge and expectations of childbirth in primigravida a study on to assess the knowledge on childbirth process among primigravida mothers was conducted. 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 [9]. Another study was conducted to assess the effectiveness of childbirth education program among Malawian women” results revealed no significant difference in knowledge in the control group between pretest and posttest scores. For intervention group however, an overall significant increase in knowledge across all time periods was demonstrated [10]. Until recent times, women learned about childbirth from their mothers and sisters. Birth took place in the home surrounded by family and “wise women” that provided comfort and encouragement through labour and birth. Recently, the “wise women” tradition of providing emotional support and physical comfort to childbearing family has been reinstated with professional labour support person to the maternity healthcare team.

Aim:

To assess the knowledge regarding the process of normal labor among primigravida mothers samples from the son wanes maternity home hospital, Bhavani Peth Pune city.

2. Materials and methods

A sample size of about 100 primigravida mothers from soon wane maternity home hospital in Bhavani Peth,

Pune city, were selected for the study using nonprobability purposive sampling technique [6]. Primigravida mothers of age group between 18-35 years and 34 -40 weeks gestation period were selected for the study. An unstructured tool is developed for assessing the knowledge regarding the process of normal labor among primi mother. An unstructured tool is developed for assessing the knowledge regarding the process of normal labor among primi mother [7]. The tools comprise of first, demographic data of the sample which include personal data of the mothers i.e. Age, religion, educational status, occupation, income, type of family, support during delivery and information regarding the process of normal labor. Second, consist of questions for assessing the knowledge regarding the process of normal labor among primi mothers [11]. the tools were validated by six experts of b.v.c.o.n. Pune. The reliability was done in Sonawane maternity home hospital of Bhavani peth Pune city. After obtaining the consent 10 samples were selected as per the criteria. The scores were calculated and statistical analysis was done. Reliability was done with split half technique.

The formula for reliability was: Cronbach's alpha or coefficient alpha

$$r = \frac{k}{k-1} \left\{ 1 - \frac{\sum pq}{\sigma^2} \right\}$$

= standard deviation. = proportion of correct responses.

= proportion of wrong responses.

= total number of items.

The reliability of tools was 0.91 and tools were found to be reliable.

The pilot study was conducted on 10 samples to assess the feasibility of the study and to decide on a plan for data analysis [11].

3. Results

Demographic data of the samples

Table No: 1

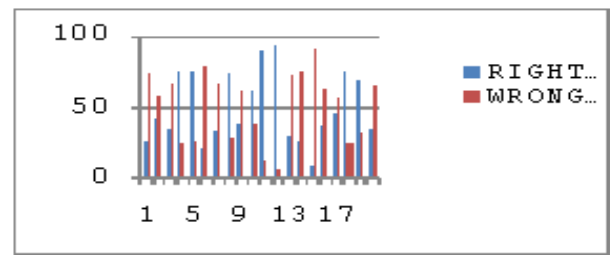
SN	Characteristic	(f)	(%)
1	Age -		
	1)18 – 25 years	85	85%
	2)26-30 years	13	13%
	3)31-35 years	02	2%
2	Religion-		
	1)Hindu	68	68%
	2)Muslim	30	30%
	3)Christian	01	1%
	4)Any others	01	1%
3	Education-		
	1)Primary	36	36%
	2)Secondary	45	45%
	3)Higher secondary	14	14%
	4)Graduation	05	5%

SN	Characteristic	(f)	(%)
4	Occupation-		
	1)Housewife	88	88%
	2)Private job	04	4%
	3)Self-employed	06	6%
	4)Laborer	01	1%
	5)Other.....specify.	01	1%
5	Income-		
	1)Below Rs.5000/ month	42	42%
	2)Rs.5001-8000/ month	34	34%
	3)Rs.8001-10000/month	15	15%
	4)More than Rs. 10000/month	09	9%
6	Type of family-		
	1)Nuclear family	68	68%
	2)Joint family	32	32%
7	Support system during delivery-		
	1) Mother	59	59%
	2) Mother in law	29	21%
	3) Sister	01	1%
	4) Husband	19	19%
	5) Any other	02	2%
8	Have you received any information regarding the process and care during the process of labor- yes/ no if yes from where		
	1) Doctor	51	51%
	2) nurse	09	9%
	3) mass media (tv, radio, magazine, newspaper)	04	4%
	4) Family member	36	36%
	5) Neighbors	04	4%

Frequency and percentage distribution of primi mother according to their demographic variables. (n=100)

The data presented in table-1 shows that majority:- 85% of mothers were in the age group of 18-25 years. 13% mothers were in the age group of 26-30 years. 2% of mothers were in the age group of 31-35 years. 68% of mothers were Hindu. 30% of mothers were Muslim. 1% of mother was Christian. 1% of mother was belongs to other religion. 36% of mothers completed primary education. 45% of mothers completed secondary education. 14% of mothers completed higher secondary education. 5% of mothers completed graduation. 88% of mothers was housewife. 4% of mothers were doing private job. 6% of mothers were self-employed. 1% of mother was laborer. 1% of mother was doing other occupation. 42% of mothers were having income below rs.5000/ month. 34% of mothers were having income of rs.5001-8000/ month. 15% of mothers were having income of rs.8001-10000/ month. 9% of mothers were having income more than rs.10000/month. 68% of mothers were belongs to nuclear family. 32% of mothers were from joint family. 59% of mothers need support of their mother during the process of labour. 21% requires mother in law. 1% requires sister. 19%

requires their husband. 2% requires other. 51% of mothers got information about normal labour process from doctor. 9% from nurse. 4% from other resources. 36% from family member and 4% neighbor.



A: Number of right answers; B: Number of wrong answers

Fig 1. Multiple bar diagram showing primi mothers size with right and wrong answer

Question number	A	B
Q.1) when should a woman plan to get admitted in hospital for delivery?	26	74
Q.2) what preparation is done for a woman to undergo the process of delivery?	42	58
Q.3) how will a woman identify that the pain is a true labor pain?	34	66
Q.4) how to travel when a woman get alert signs for delivery	76	24
Q.5) what reports should a woman carry to the hospital for delivery?	75	25
Q.6) what is normal delivery?	21	79
Q.7) what can be the first alert signs of delivery?	33	67
Q.9) how would women ease the process of delivering the baby?	39	61
Q.10) what a woman should do if she feels urination and defecation before delivery?	61	39
Q.11) when should a baby be called as a full term?	89	11
Q.12) which part of the baby comes out first during normal delivery?	93	7
Q.13) what is needed to be done for widening the passage for delivery?	29	71
Q.14) what is the next step after the baby is delivered?	25	75
Q.15) how long is the normal delivery process takes place in primi mothers?	9	91
Q.16) when is breastfeeding started after delivery?	37	63
Q.17) what type of diet is preferred after normal delivery?	45	55
Q.18) which type of delivery is considered as safe and good by a pregnant woman?	76	24
Q.19) what is your concept regarding disposal of the placenta?	69	31
Q.20) what is the normal weight of a baby after delivery?	35	65

Table no.-3

Showing overall knowledge score

Marks obtained	Number of samples	Percentage
0-7 (Poor)	22	22
8-14 (Average)	74	74
15-20 (Good)	4	4

Table no. 3 shows that-

- Maximum samples score (74%) lies between 8-14 which was average.
- 22% samples scored between 0-7 which were considered poor.
- 4% of samples scored between 15-20 which was considered as good.

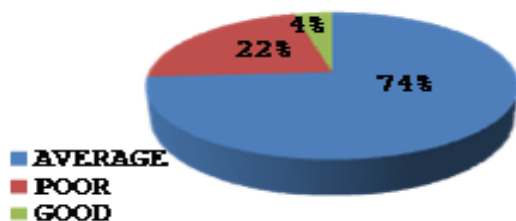


Fig no 2. Pie diagram showing overall knowledge score of primi mother regarding normal labor process

Table no. 3 and figure no. 2 depicts the following:-

- Showing that 74% of the primi mothers have average knowledge regarding normal labor process.
- Showing that 22% of the primi mothers have poor knowledge regarding normal labor process.
- Showing that 4% of the primi mothers have good knowledge regarding normal labor process.

4. Discussion

The world health organization recommends that healthcare providers should not admix in restriction of low-risk women for eating and drinking during labor [12]. A safe and calm environment positively influenced the women's sense of control. Environmental control constructs a comforting and calm space. Balancing room light and temperature while decreasing annoying noises and use of music will help to physical comfort. [13, 14] the participants' believed that the promotion of comfort was an essential need for them during labor. Intervening to promote the comfort of laboring women can empower these women during childbirth. Increasing comfort can decrease labor pain, need for medical interventions and

costs [15]. The participants in this study expressed a need for received information. This study found that childbirth information received by mothers during antenatal period influences their sense of control and empowerment during labor and delivery. Women reported greatest interest in topics such as familiar with the ward environment, familiar with the labor process, informing of the plan of care and procedures and care of themselves and their baby. Other studies from developed countries have also identified similar Information needs[16]. In this study, many women reported not receiving information about these issues. All of they wanted to receive more information. These findings were similar to the findings of the previous studies. Malata [17] reported that 1st time mothers are not satisfied with the amount of labor and childbirth information given in the birth centers. Blackford *et al.* [18] reported that most women receive inappropriate and inadequate information about childbirth, and there is a need to discover women's needs to ensure the offering of appropriate and adequate informational. Also [16] found that the mothers did not satisfy of childbirth information that received during the antenatal period. Childbirth information received by mothers during the antenatal period affect their satisfaction of the care during intrapartum care. It is important for the midwives to know the kind of information that satisfies their clients. In this study, all participants mentioned the importance of their good communication with healthcare professionals. Also, presence of the physician, midwives or one of family relative such as her husband, partner, mother or friend was highly valued by women. Based on clinical guideline published by the cog: "Developing a rapport, trust and effective communication between healthcare providers and women is important to a woman's positive childbirth experience." [19], the participant emphasized that presence of doctor and midwife in the labor and delivery room was an important component of women's needs during childbirth. The presence of a doctor in a labor ward may decrease the anxiety and fear which parturient women may feel. The most of participation in this study were preferred "mothers" as attendant while in other nations "husbands" are popular companions. It is mostly caused by to cultural and social differences. In Iranian culture, mothers perform a vital role for care during labor and delivery. The world health organization recommended that, "the parturient woman should be accompanied by people with whom she feels safe and trust; possibly doula, midwife, her husband or a friend" [20]. The participants emphasized that sense of valued (conveying respect), confidence (establish trusting early) and competence (self efficacy) are important aspects for women during care. The mothers also pointed out that they wanted to participate in decision making and being involved in various aspects of care. Lowe reported that women with low self-esteem don't have the same confidence in their internal resources and also have

undeveloped adaptation mechanisms [21]. She believed that women who indicate greater confidence in their strength to confront with labor also express feeling less pain during labor [22, 23, and 24]. She also finds that women with low self-efficacy experience more fear of childbirth as well as fear of losing control during labor [21] also, results of childbirth investigation showed that the self-efficacy influenced women

Compatibility and experiences of childbirth.[21,25]The participants believed that a professional expertise of doctor or midwife and presence of their in the labor room seemed to be supportive in creating a sense of security for laboring women. In this study, the most important medical needs of women were pain relief and prevention of unnecessary interventions. Delivery pain is one of the most severe pains that women experience during their life [26, 27]. Leap and Anderson reported that most women are afraid of labor pain. [28] In our study, the participants expected labor to be painless. In a study of Nilsson *et al.*, the mothers stated that the reduction of pain could influence the sense of control on positively [29]. In this study, most women believed that they received unnecessary intervention during normal labor and delivery. However, some of

In brief, our findings highlighted many aspects of women's expectations related to childbirth and gave a new insight for midwives and physicians to help these women have a better experience related to childbirth. According to our study majority 74% of primi mothers have average knowledge regarding the normal labour process. 22% of the primi mothers have poor knowledge regarding normal labour process. 4% of the primi mothers have good knowledge regarding normal labour process.

Conclusion

One of the components of both evidence-based care and woman-centered care is women preferences [30]. The attempt in order to incorporate women expectations and preferences into midwifery care needs to a multifaceted intervention; multifold levels of health care professionals to organizations and health systems must be targeted[30]. The finding of this study indicated that there is a need for empowering healthcare professionals and women for increased knowledge about obstetric care based on the needs of women in their care. After the detailed analysis of this study leads to the following conclusion that the overall knowledge of the primigravida mothers coming in Sonawane maternity home, Bhavani peth Pune were having average knowledge (74%) score between 8-14 regarding normal labour process. 22% of the primi mothers scored between 0-7 which is considered as poor and 4% of the primi mothers have score between 15-20 which is considered as good. if midwives to explore and discover the expectation and needs of women in their care so that sensible expectations can be encouraged and then,

hopefully, complied; this issue could lead to women's empowerment for normal vaginal delivery.

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