



Knowledge regarding warning signs of pregnancy among antenatal mothers attending antenatal OPD in NMCH, Nellore

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Abstract

Background: During pregnancy there are many complications and warning signs which many complicated the pregnancy in first trimester severe vomiting, chills, fever, burn in urination, diarrhea, abdominal cramping, vaginal bleeding. second and third trimester persistent severe vomiting, UTI, severe back ache or flank pain change in fetal movement pattern, visual disturbance, occipital head ache, swelling of face or fingers, convulsion, epigastric pain, glucosuria and sudden weight gain >2kg^[1].

Aim: The aim of the study was to assess the level of knowledge regarding warning signs of pregnancy among antenatal mothers.

Objectives: 1. to determine the level of knowledge regarding warning signs of pregnancy among antenatal mothers.

2. To find out association between knowledge level of mothers and the selected demographic variables.

Methodology: 30 antenatal mothers from NMCH, Nellore were selected by using non probability convenient sampling technique.

Results: Regarding the level of knowledge among antenatal mothers, 3 (10%) of them are in B⁺ level, 10 (33.34%) of them are in B level, 7 (23.33%) of them are in C level and 10 (33.33%) of them are in D level.

Keywords: Warning signs of pregnancy, antenatal mothers

Introduction

During pregnancy there are many complications and warning signs which many complicated the pregnancy in first trimester severe vomiting, chills, fever, burn in urination, diarrhea, abdominal cramping, vaginal bleeding. second and third trimester persistent severe vomiting, UTI, severe back ache or flank pain change in fetal movement pattern, visual disturbance, occipital head ache, swelling of face or fingers, convulsion, epigastric pain, glucosuria and sudden weight gain >2kg^[2].

Complication at pregnancy statistics in the immediate post partum period 87% to 94% of women report at least one health problem long term health problems are reported by 31% of women severe complications of pregnancy are present in 1.6% of mothers, and in 1.5% of mothers in Canada in 2013 complications of pregnancy resulted globally in 293,000 deaths down from 377,000 deaths in 2014^[3].

Most of the mothers have poor knowledge regarding warning signs of pregnancy. Illiteracy, poverty and lack of communication and transport facility make them vulnerable to serious consequences. Though they are the prominent care providers within the family and key to human development and well being, the fundamental right health is denied to them in most parts of the world. The death of mother increases the risk to the survival of her young children, as the family cannot substitute a maternal role^[4].

Need for the Study

Maternal mortality and morbidity in worldwide, there are 430 maternal death every year 100,000 live birth. In developing countries, there are 27 maternal deaths for every 10,000 live birth. In developing countries, the figure is 480 maternal deaths for every 100,000 live births^[5].

According to UNICEF, every year above 78,000 mothers die in child birth and from pregnancy related complications in India, maternal mortality and morbidity rate 450 per 100,000 live births. India has the highest incidence of maternal morbidity 5/1000 live births and main cause of maternal deaths are hemorrhage, sepsis, anemia and toxemias of pregnancy^[6]. Incidence of maternal morbidity is highest between the age group of 15-24 years (95-6%) over all 24% deaths are antenatal, 48% intra-partum and 27% postpartum nearly 50% of deaths among young mothers in reproductive age group^[7].

In early pregnancy, it's not uncommon for women to experience a small amount of bleeding (often with a brownish tint), cramping or low abdominal pain, breast tenderness, nausea or back pain, second and third trimester cramping uterus has to expand early in pregnancy, so a little cramping is completely normal. High blood pressure is another important sign. If blood pressure is over 140/90, or if have a sudden, dramatic increase in blood pressure. That systolic 30 mmhg, or 15 mmhg in diastolic it may indicate pre eclampsia^[8].

Maternal Mortality in India is a subject of grave concern. The maternal mortality rate in Karnataka is 460 per 1,00,000 live births. Important contributing causes are anemia, poverty, ignorance, malnutrition, inter current infections, haemoglobinopathies. Hemorrhage (25.6%) ranks first as the cause of maternal death, followed by sepsis (13%), toxemia of pregnancy (11.9%), abortions (8%), obstructed labor (6.2%), while other causes together total 35.3% [9].

Problem Statement

A Study to assess the knowledge regarding warning signs of pregnancy among antenatal mothers attending antenatal OPD in NMCH Nellore.

Objectives

- To determine the level of knowledge regarding warning signs of pregnancy among antenatal mothers.
- To find out association between knowledge level of mothers and the selected demographic variables.

Delimitations

The study is delimited to;

- Antenatal mothers attending selected OPD.
- A sample of 30 antenatal mothers.
- A sample of that are available during period of data collection.

Methodology

Research Approach

A quantitative approach was adopted to determine the research study.

Research Design

The present study was conducted by using descriptive research design.

Setting

The study was conducted at Narayana Medical Hospital at Nellore.

Target population

The target populations in the present study includes the all antenatal mothers.

Accessible population

The accessible population of study comprised of antenatal mothers who are attending antenatal OPD in Narayana Medical College Hospital, Nellore.

Sample size

The sample size for the present study was 30 antenatal mothers in NMCH, Nellore.

Sample technique

Non probability convenience sampling technique was adapted based on inclusion criteria.

Criteria for sample collection

Inclusions criteria

- Mothers from selected.
- Mothers who can read and speak English or Telugu.
- Antenatal mothers who are willing to participate in study.

Excision criteria

- Mothers who are not willing to participate in study.

Variables of the study

Research variable: Knowledge level regarding warning signs of pregnancy.

Demographic variables: Age, gravida, parity, education, occupation, monthly income in rupees and residence.

Description of the tool

Part-I: Deals with demographic variables it consist of demographic data which includes the age, gravida, parity, education, occupation, monthly income in rupees, residence.

Part-II: Consist of self structured questionnaire to determine the knowledge regarding warning signs of pregnancy.

Score Interpretation

Table 1: The tool consists of 30 questions.

Grade	Score
A+	More than 85%
A	More than 75%
B+	More than 65%
B	More than 55%
C	More than 50%
D	Less than 50%

Data Analysis & Discussion

Table 2: Frequency and percentage distribution of knowledge level of antenatal mothers regarding warning signs of pregnancy. (N=30)

Level of knowledge	Frequency (f)	Percentage (%)
B+	3	10
B	10	33.34
C	7	23.33
D	10	33.33

Table No-2: Shows that with regard to level of knowledge, 3 (10%) are in B+ level, 10 (33.34%) are in B level, 7 (23.33%) are in C level and 10 (33.33%) are in D level.

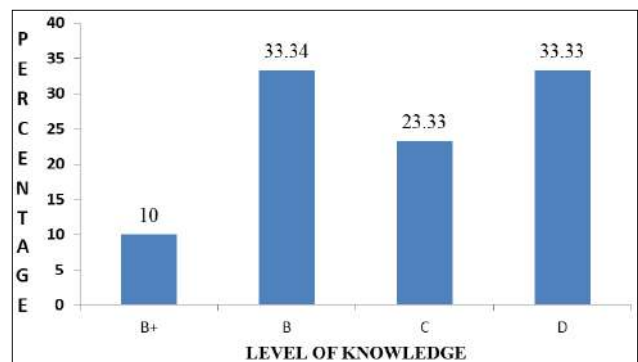


Fig 1: Percentage distribution of antenatal mothers based on level of knowledge.

Table 3: Mean and standard deviation on level of knowledge among antenatal mothers.

Sample category	Mean	Standard deviation
Antenatal mothers	17.8	3.21

Table-3: Shows that antenatal mother’s mean knowledge score was 17.8 and standard deviation was 3.21.

Table 4: Association between the level of knowledge and socio demographic variables of antenatal mothers. (N=30)

S. No	Demographic variables	B ⁺		B		C		D		Chi-square
		F	%	F	%	F	%	F	%	
1.	Age									C=19.17 T=16.92 Df=9 P<0.05 S*
	a) >20 years	1	3.34	3	10	1	3.3	2	6.67	
	b) 21-25 years	1	3.34	2	6.67	2	6.67	4	13.33	
	c) 26-30 years	-	-	4	13.33	2	6.67	1	3.33	
	d) 31-35 years	1	3.33	1	3.33	1	3.33	3	10	
	f) >35 years	-	-	-	-	1	3.33	-	-	
2.	Parity									C=17.22 T=7.82 Df=3 P<0.05 S*
	a) 1	2	6.67	7	23.33	4	13.33	8	26.67	
	b) 2	1	3.34	3	10	3	10	2	6.66	
3.	Monthly income									C=16.12T=11.03 Df=12 P<0.05 S*
	a) Rs.<5000	1	3.34	6	20	2	6.66	5	16.66	
	b) Rs.5001-7000	1	3.34	3	10	3	10	3	10	
	c) Rs.7001-9000	-	-	1	3.34	1	3.33	-	-	
	d) Rs.9001-11000	-	-	-	-	1	3.33	-	-	
	e) Rs.>11000	1	3.34	-	-	-	-	1	3.33	

Major findings of the study

- Regarding the level of knowledge among antenatal mothers, 3 (10%) of them are in B⁺ level, 10 (33.34%) of them are in B level, 7 (23.33%) of them are in C level and 10 (33.33%) of them are in D level.
- Antenatal mother’s mean knowledge score was 17.8 and standard deviation was 3.21.
- Regarding association between level of knowledge and demographic variables, age, parity and family income had significant association with level of knowledge at P<0.05 level.

- obstetrics. Journal of American warning signs, 2009, 3-5.
8. Hemalatha C, Latha P. Effectiveness of intervention programme on glycemic control among mothers with geatational diabetes mellitus at venkatachalam, nellore, Andhra Pradesh. International Journal of Medical and Health Research. 2017; 3(1):13-15.
9. Phumdoung S, Syoungvanichsate. Women’s experiences of warning signs during labour. journals.org/index.php/SOMJ/article/view 4226 Accessed on 18-11- 2012.

Conclusion

The study concluded that, significant no of percentage of mothers, 10(33.34%) had average and poor knowledge regarding warning signs of pregnancy.

References

1. Dutta’s DC. Text Book of Obstetrics 6th Edition Central Publication, 2005, 79-81.
2. Latha P, Pavitra. The effectiveness of maternal and infant dyad on attachment among postnatal mothers in Narayana College Hospital, Nellore. International journal of medical and health research. 2017; 3(1):10-12.
3. Borders N, Lawton R, Shanon R, Martin. A clinical audit of the number of warning signs Labour: A NOVEL Idea, Journal of Midwifery Women Health. 2012; 57:139-144.
4. Latha P. Effectiveness of peri-partum protocol on maternal and fetal outcome among mothers in NMCH, Nellore. A.P. International journal of health sciences and research. 2017; 7(5):200-204.
5. Adele Pillitteri. Maternal Child Nursing, Third Edition, Lippincot Publication, 183, 184, 199, 264.
6. Latha P. A study to assess the knowledge and attitude among primi gravidae mothers regarding safe reproductive child health in a selected hospital of Moga, Punjab. International journal of health sciences and research. 2017; 7(6):262-265.
7. Adams D, Hewell. Association of women’s Health