ORIGINAL RESEARCH PAPER

Volume-8 | Issue-1 | January-2019 | PRINT ISSN No 2277 - 8179

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

ASSESS THE KNOWLEDGE REGARDING SELECTED ASPECT OF FETAL WELL BEING AMONG THE ANTENATAL MOTHER IN PUBLIC HOSPITALS OF MUMBAI

Gynecology

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ABSTRACT

Background: Fetal wellbeing depends on a satisfactory maternal health throughout pregnancy, currently main focus of maternal and child health is towards the evaluation of fetal health that is to assess the fetal well being.

Objectives:

To assess the knowledge regarding selected aspect of fetal well being among the antenatal mother attending the antenatal clinic

Methods:

The non experimental descriptive exploratory research design was used in this study. The data was collected by using semi structure questionnaire. Purposive sampling technique used in this study.

Result:

Out of 150 samples, majority 73 (48.67%) have average knowledge regarding fetal wellbeing, followed by 28% have good knowledge and 20.67% samples have poor knowledge, only 2.67% have a excellent knowledge on fetal wellbeing. There was satisfactory significant difference between knowledge of mothers with age, gravid, parity, registration in clinic, type of family

Conclusion:

The present study highlighted the importance of providing information to all attending the antenatal clinic regarding fetal well being.

KEYWORDS

Fetal well being, Antenatal mothers, Antenatal clinic

INTRODUCTION:-

Pregnancy is considered as a very precious event in every woman's life, but may sometimes become sorrowful when danger sets in either to the mother or to the fetus. In high risk pregnancies the mother may sometimes escape death but fetus and neonates often become the victim.[1]

Assessment of fetal well being is an integral part of antenatal care.[2] Fetal well being describes the fetus whose growth is appropriate for length of gestation and who has normal form and structure, metabolic functions and adequate oxygenation and perfusion.[3] 80% of fetal death occur in the ante partum period due to various causes which include chronic fetal hypoxia-intrauterine growth retardation, maternal complications like diabetes mellitus, hypertension, infection, fetal congenital malformation etc The primary objective of the evaluation of fetal health is to avoid fetal death and to reduce perinatal mortality.[4]

About 0.76 million neonates die every year in India. The neonatal mortality rate (NMR) of the country did decline from 52 per 1000 live births in 1990 to 29 per 1000 live births in 2012 (SRS 2012) but the rate of decline has been slow. Among neonatal deaths, the rate of decline in early neonatal mortality rate (ENMR) is much lower than that of late NMR. So slow decline early NMR, is a major stumbling block that could derail India's otherwise steady march towards reaching the Millennium Development Goal-4. The high level and slow decline in early neonatal deaths are also reflected in a high and stagnant perinatal mortality rate in India.[5,6]

The chief causes of ENMR were perinatal asphyxia (40.5%), Prematurity (26.7%), bacterial infection (27%), and congenital malformation (2.8%).[7]

Now a days, tests for fetal well being are available that provide information and reassurance to mothers regarding well being of the fetus Learning a little about each tests help the mother to feel more comfortable.[3]

The review of literature and investigators own clinical experience created an insight in mind, assessment of fetal wellbeing is effective in identifying babies with time to intervene. Antenatal mothers, especially complicated pregnancies need to be aware about the various fetal surveillance measures, so stress and anxiety is revealed.

An objective of study is to assess the knowledge of fetal wellbeing among antenatal mothers of selected hospital.

ETHICAL ASPECT

This study has been approved by the institutional ethical committee. Informed written consent was taken from each participant. Dignity and privacy was maintained during study.

CONCEPTUAL FRAMEWORK:

The conceptual framework in the present study is based on the "health promotion model" by Dr. Nola J Pender in the year 1996.[8]

RESEARCH DESIGN AND METHOD

The non experimental descriptive exploratory research design was used in this study. The data was collected by using semi structure questionnaire as a tool and structured interview as technique. 150 Antenatal mothers in 20 - 40 weeks of gestation were selected by Purposive sampling technique.

PILOT STUDY: -

10 % of total samples were recruited for pilot study to test the research feasibility, clarity, and objectivity of the tools as well as to estimate the time needed for data collection.

STATISTICAL DESIGN:

The collected data were coded and verified prior to computerized data entry, and then all data of questionnaire were computerized, revised, categorized, tabulated, and statistically analyzed. Statistical analysis was done by using descriptive, inferential statistics. The χ test was used to assess the significance of difference between knowledge of fetal wellbeing with demographic variable.

RESULTS

TABLE (1) : Socio-demographic characteristics of study sample (n =150)

Sr. no	Demographic characteristic	f	%
1	**Age**		
	Below 20 years	19	12.67
	21-25 years	71	47.33
	26-30 years	43	28.67
	31-35 years	17	11.33
2	**Religion**		
	Hindu	68	45.33
	Muslim	75	50.00
	Christen	3	2.00
	Other (specify)	4	2.67

3	**Education**		
	No formal education	5	3.33
	Primary education	31	20.67
	Secondary education	66	44
	Graduate	35	23.33
	Other education	13	8.67
4	**Occupation**		
	Service	34	22.67
	Laborer	15	10.00
	Housewife	89	59.33
	Other	12	8.00
5	**Monthly Income in Rs.**		
	Below 10000 rs	43	28.67
	10001 – 20000 rs.	42	28.00
	20001- 30000 rs.	52	34.67
	Above 30001 rs.	13	8.67
6	**Type of family**		
	Nuclear	60	40
	Joint	90	60

Table 4.1 summarizes that out of 150 samples, majority 71 (47.33%) were from the age group of 21-25 years, maximum 75 (50.00%) were from Muslim religion, 66 (44.00%) were secondary education, highest 89 (59.33%) were housewife, 52 (34.67%) were from 20001-30000 rs of monthly family income and at last 90 (60%) were from joint family.

TABLE (2) : Obstetrics characteristics of study sample (n =150)

Sr. no	Obstetrics characteristic	f	%
1	**Gravida**		
	1	75	50.00
	2	52	34.67
	3	15	10.00
	4 and above	8	5.33
2	**Parity**		
	0	83	55.33
	1	49	32.67
	2	16	10.67
	3 and above	2	1.33
3	**Registration in clinic**		
	1st trimester	80	53.33
	2nd trimester	66	44.00
	3rd trimester	4	2.67
4	**Present gestational age**		
	20-25 weeks	39	26.00
	26-30 weeks	28	18.67
	31-35 weeks	50	33.33
	36-40 weeks	33	22.00
5	**Present pregnancy at high risk**		
	Yes	19	12.67
	No	131	87.33
6	**Previous information regarding fetal movement count**		
	Yes	34	22.67
	No	116	77.33
7	**Previous information regarding Obstetric USG**		
	Yes	46	30.67
	No	104	69.33

Table 2 reveal that, majority 75 (50%) were from 1st gravid, 83 (55.33%) were from 0 parity. Maximum 80 (53.33%) had register in 1st trimester. Maximum 83 (55.33%) samples belong to third trimesters. Only 19 (12.67%) have present pregnancy at high risk. Only 34 (22.67%) and 46 (30.67%) had previous information regarding fetal movement count and obstetric ultrasound respectively. Hence it indicates that on an average only 25 % samples have previous information regarding obstetric ultrasound and fetal movement count.

Fig. no 1: Samples Distribution as Per Knowledge in All Area in Study

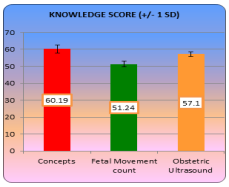

Fig no 1 shown that out of 150 samples, majority 60.19 mean % knowledge regarding concepts of fetal wellbeing then 57.1 mean % knowledge on obstetric ultrasound and 51.24 mean percentage knowledge on FMC.

Fig. no 2 : Samples Distribution As Per Knowledge Score on fetal wellbeing (n=150)

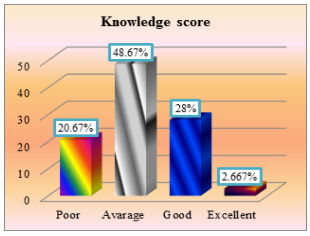

Figure no.1 summarizes that, out of 150 samples majority 73 (48.67%) have average knowledge on fetal wellbing, followed by 28% have good knowledge and 20.67% samples have poor knowledge, only 2.67% have a excellent knowledge on fetal wellbeing.

There was statistical significance difference between the knowledge with their respect to selected demographic variables like age, gravid, parity, registration in clinic and type of family as $p < 0.05$.

DISCUSSION:-

The finding of this study was strongly supported to N. Thulasamma and etal study of effectiveness of structured teaching programme on self assessment fetal well being among primigravida mothers shown that pre-test revealed that majority 58.3% had poor knowledge. In post-test knowledge scores reveals majority 68.3% had fair knowledge on self assessment of fetal well-being.[9]

The finding of this study also strongly supported by B Asheetha and M Rosario study on antenatal women knowledge on daily fetal monitoring chart showed that 70% of the antenatal mothers had inadequate knowledge.[10]

Somewhat same suggestion was given in the study conducted by Peat AM, and et al., that a major proportion of pregnant women in Auckland do not have optimum information regarding fetal movement monitoring in pregnancy.[11]

Same result was given by the study conducted by the Aida Abd El-Razek on impact of educational programs about methods of assessment of fetal wellbeing during pregnancy. This study reported highly statistical significance differences between pre-test and post-test in all answers regarding knowledge about methods of fetal wellbeing assessment.[12]

The study of Krishnamoorthy N and et al reported that, most of pregnant women obtained information regarding ultrasound from health providers and role of media was negligible.[13] The almost same finding shown in the study of Sobechukwu WI Onwuzu and et al on awareness of prenatal ultrasound scan among antenatal patient.[14]

IMPLICATION

The finding of the study has number of implications for nursing practice, administration, education and research. Maternal knowledge of fetal well beings is always valuable tool for early detection of fetal compromise, intrauterine growth restriction, congenital anomalies etc unfortunately very less attention is being detected towards fetal well beings. As there is increase the incidence of high risk pregnancies and still birth, it is essential to focuses on emphasis towards fetal well beings.

LIMITATION

Our sample size of 150 was limited by the time available for the summer studentship.

RECOMMENDATION:

Further research using a larger sample and including private obstetricians may be useful to confirm or refute our finding.

ACKNOWLEDGEMENT:-

I express deep sense of gratitude to my guide Dr. Aparna Sankhe, HOD of OBGY, INE, Mumbai and Dr. Kalpana Kamble, Lecturer of INE,

Mumbai for valuable guidance and constant encouragement. I am indebted to the principal and all faculty members of INE, my friends for the support and cooperation.

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