



Practice of Postnatal care among mothers at outpatient department in Urban Health Centre

KEYWORDS

HYPOKALEMIA,ISCHEMIA,T WAVE INVERSIONS

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ABSTRACT

Hypokalemia is common problem encountered in day to day practice. Symptoms seldom occurs unless the plasma K⁺ concentration is <3mmol/l.. Fatigue, myalgias and muscle weakness of lower extremities are common complaints. More severe hypokalemia leads to progressive weakness,hypoventilation due to respiratory muscle involvement and eventually ending in complete paralysis. We report a case of mild hypokalemia with ECG changes mimicking ischemia i.e., T-wave inversions from V1 to V6 without U waves and ST segment depression which got normalised after correcting hypokalemia.

Introduction

Postnatal is the period beginning immediately after the birth of a child and extending for about six weeks. Mothers are traditionally required to spend a period of 40 days in confinement after her child birth. During the period, they usually stay away from household activities and is supposed to have a rehabilitation period through rest and diet.

According to WHO (2009) mortality is currently 5, 29,000 deaths per year, a global rate of maternal deaths per 100,000 live births. In that 11 – 17 % of maternal deaths happened during child birth and 50 -71% in the postpartum period. Recommendations for reducing maternal mortality include access to health care, access to family planning services, and emergency obstetric care, funding and intra partum care.

Postnatal care is one of the most important maternal health-care services for not only prevention of impairment and disabilities but also reduction of maternal mortality. Maternal mortality is a major concern of maternal health in developing countries.

Objectives of postnatal care are prevent postnatal complications, rapid restoration of the mother to optimum health, check adequacy of breast feeding, provide family planning services and to provide basic health education to mother and family. Recommendations for reducing maternal mortality include access to health care and practice of post partum care. Hence the investigator felt the need to assess the practice of postnatal care among mothers.

Objectives

- To assess the practice during postnatal care among postnatal mothers.
- To associate selected demographic variables with practice of postnatal care.

Conceptual Frame Work

Rosentoch's and Becker and Maiman's health belief model addresses the relationship between a person's beliefs and behaviors. It provides a way of understanding and predicting how clients will behave in relation to their health how they will comply with health care therapies.

The first component of this model involves the individual's perception of susceptibility to an particular aspect like post natal care. Second component is the individual perception of the seriousness of the illness. This perception is influenced and modified by demographic and socio-psychological variables, perceived threats of the illness and cues of action. Third component – the likelihood that the person will take prevention action – results from the person's perception of the benefits of and barriers to taking action.

Methods

Research Design: Descriptive research design and survey approach were adopted to assess the practice of postnatal care among mothers.

Setting: The study was conducted in Ayanavaram urban health centre. This health post is rendering Family Welfare and M.C.H. services to the beneficiary population in the area. Enumerated Population in Ayanavaram health post covers around 2,00,000 population.

Sample: Totally 60 postnatal mothers who completed 10 days in post natal period and who come to Ayanavaram urban health centre were selected by using purposive sampling technique.

Inclusion criteria:

- Mothers who completed 10 days of Postnatal Period.
- Mothers who didn't develop postnatal complications
- Mothers who understand or communicate Tamil / English.
- Mothers who not underwent cesarean and puerperal sterilization

Description of the tool:

Part I : Demographic variables of postnatal mothers includes age, education, occupational status, food habits, residential area, source of health information, available health services, parity, number of living children and last delivery conducted place.

Part II: Questionnaire consists of practice of postnatal care includes postnatal diet, rest, sleep, breast feeding components and newborn care.

Data collection procedure:

The investigator obtained permission from the Medical Director and MCHO in Ayanavaram urban health centre. The investigator assured that all the response could be kept confidential. Postnatal mothers who met the Inclusion criteria were selected by using purposive sampling technique. The informed consent was obtained from each sample. A brief introduction was given in the beginning of each subject about the study to be carried out. The data was collected by using questionnaire method.

Results and discussion

Among 60 postnatal mothers 24 (40%) were in the age group less than 20 years. Regarding religion 34 (56.7%) were Hindu, 18(30%) were Muslim and 8(13.3%) of them were Christian. About the place of present delivery conducted at health centre were 34 (56.7%), at Government hospital 14(23.3%) and in private were 12 (20%).

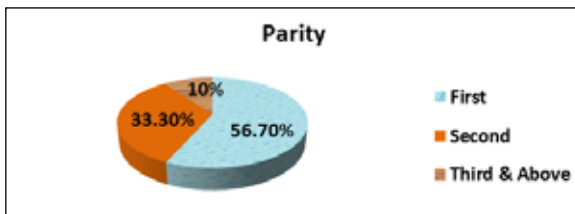


Figure:1 Parity of the postnatal mothers

Among the mothers, 20% received health information from mass media, 33.3% received from friends, 30% from friends and 16.7% from health personnel.

Table:1 Frequency and percentage distribution of level of practice of postnatal care among postnatal mother

Practice Level	Unsatisfactory Practice		Moderate Satisfactory Practice		Satisfactory Practice	
	n	%	n	%	n	%
Diet	4	6.7	50	83.3	6	10
Breast feeding	2	3.3	54	90	4	6.7
Exercise	2	3.3	52	86.6	6	10
Hygiene	2	3.3	54	90	4	6.7
Rest & sleep	4	6.7	52	86.6	4	6.7
New born care	2	3.3	54	90	4	6.7
OVER ALL	4	6.7	50	83.3	6	10

Table 1 shows the frequency and percentage distribution of level of practice of postnatal care among postnatal mothers. In the distribution of practice 4 (6.7%) had unsatisfactory practice, 50(83.3%) had moderate satisfactory practice and 6 (10%) of them had satisfactory practice.

Mean and standard deviation of the postnatal care during postnatal period showed that the overall mean was 41.7 and the standard deviation was 1.95.

There was the highly significant association between practice of postnatal care and selected demographic variables such as education and parity of postnatal mothers at the level of $p < 0.005$. The findings also revealed that there was no significant association between practice of postnatal care and other selected demographic variables such as age, occupational status, food habits, residential area, source of health information, available health services, number of living children and last delivery conducted place at the level of $p < 0.001$.

Conclusions

Community Health Nurse has a responsibility on all aspects of providing care in the health care delivery. The health care should focus more on good practices of postnatal care that promotes the health and prevents the postnatal complications. On the basis of the finding of the present study shows that various cultural practices on postnatal care were found.

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