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EFFECTIVENESS OF A NURSE LED INTERVENTION ON PREVENTION OF PREGNANCY INDUCED HYPERTENSION (PIH) IN TERMS OF KNOWLEDGE AND SELF-CARE PRACTICES AMONG ANTENATAL MOTHERS AT RISK OF PREGNANCY INDUCED HYPERTENSION (PIH)

Nursing

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ABSTRACT

Background: The term, "Pregnancy-induced hypertension (PIH)" is defined as the hypertension that develops as a direct result of the gravid or pregnancy state. Risk factors for PIH include family or obstetric history of Pre-eclampsia, Primigravida, obesity, higher maternal age, pre-existing diabetes, renal disease, hypertension, and chronic autoimmune disease.

Objective: To assess effectiveness of Nurse Led Intervention on prevention of Pregnancy Induced Hypertension (PIH) in terms of Knowledge and Self-Care Practices among antenatal mothers at risk of Pregnancy Induced Hypertension (PIH).

Methodology: A Quasi experimental study was conducted to assess the effectiveness of Nurse Led Intervention on Knowledge and Self Care Practice regarding prevention of PIH among Antenatal Mothers up to 16th week of gestation who are at risk of developing which was done by High Screening Checklist, 56 Antenatal Mothers were Selected by using Non Probability Consecutive Sampling Technique. Data was collected by using Structured Knowledge Questionnaire and Self Reported Practice Checklist.

Results: The overall mean Post-test Knowledge Score (17.25±2.94) was higher level of than Pre-test level of Knowledge Score (11.03±3.70). The Post-test level of Self Care Practice Score (34.85±3.035) was higher than the Pre-test level of Self Care Practice Score (27.48± 3.70) of Antenatal Mothers which showed that Nurse Led Intervention was effective to enhance the Knowledge and Self Care Practice regarding Prevention of Pregnancy Induced Hypertension (PIH).

Conclusion: From the study finding it could be concluded that the Antenatal Mothers had very good Knowledge and good Self Care Practice regarding prevention of Pregnancy Induced Hypertension after administration of Nurse Led Intervention. There was still lack of Knowledge in complication of PIH and Self Care Practice regarding Antenatal Exercise. Thus timely Antenatal Teaching Program is required to enhance the Knowledge and Self Care Practice among Antenatal Mothers on Prevention of PIH.

KEYWORDS

Knowledge, Self Care Practice, Antenatal Mothers, Pregnancy Induced Hypertension, Nurse Led Intervention, Prevention of PIH.

BACKGROUND

Hypertension is a common medical complication of pregnancy and significantly leads to maternal and perinatal morbidity and mortality. The term, "Pregnancy-induced hypertension (PIH) is characterized by an abnormal rise in blood pressure that develops after the 20th week of gestation with addition to hypertension's symptoms of preeclampsia include proteinuria and edema.It includes pre-eclampsia, eclampsia, gestational hypertension and chronic hypertension.[1]

The strategies for prevention focus on antenatal surveillance, modification of lifestyle, nutritional supplementation, and pharmacological therapy, bed rest, antenatal exercise.[2]

Worldwide, 10 % of all pregnancies are complicated by hypertension, with pre-eclampsia and eclampsia being the major causes of maternal and prenatal morbidity and mortality.

Pre-eclampsia affects 5-7 % of all pregnancies worldwide.
PIH is a major pregnancy complication associated with premature delivery, intra-uterine growth retardation (IUGR), abruptio placentae, and intra-uterine death, as well as maternal morbidity and mortality.[3]

The prevalence of PIH was 10.7% among primipara and 9.1% among multipara.[4]

It was reported that 31.7% of mothers died of hypertensive disorders of pregnancy.[5]

World Health Organization estimated, at least 16% of maternal deaths in low- and middle-income countries (LMICs) result from hypertensive disorders of pregnancy, of which eclampsia is the primary contributor and the Incidence was Delhi (6.9%), Haryana (6.6%), Himanchal Pradesh (11.6%), Jammu and Kashmir (4.4%), Punjab (15.7%), Rajasthan (8.1%), Uttarakhand (21.4%).[6]

Total 2105 pregnant women visited the Gynaecology and Obstetrics Department at District Hospital, Churu, Rajasthan., out of which 194 patients were diagnosed with hypertension. The overall prevalence of pregnancy induced hypertension was (9.2%). Prevalence types of hypertensive disorders- Gestational hypertension (48.97%), Preeclampsia-eclampsia (19.07%), Preeclampsia superimposed on chronic hypertension (18.04%), Chronic hypertension (13.92%).[8]

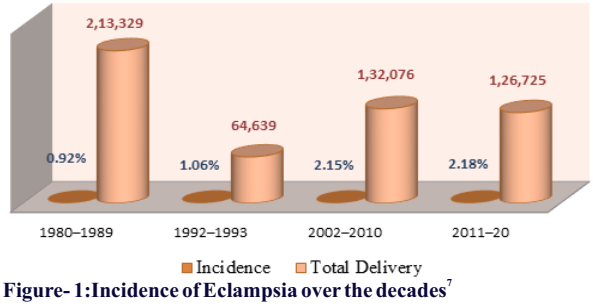

Figure- 1:Incidence of Eclampsia over the decades[7]

OBJECTIVES OF THE STUDY-

Primary Objectives-

1. To identify Antenatal mothers at risk of Pregnancy Induced Hypertension by high risk assessment in Antenatal mothers up to 16th week of gestation.
2. To assess the pre-test level of Knowledge regarding prevention of Pregnancy Induced Hypertension among the Antenatal mothers.
3. To assess pre-test level of Self Care Practices regarding prevention Pregnancy Induced Hypertension among the Antenatal mothers.
4. To evaluate the effectiveness of Nurse Led Intervention on prevention of Pregnancy Induced Hypertension among the Antenatal mothers in terms of Knowledge and Self Care Practices.

Secondary Objectives-

1. To assess the correlation between Knowledge score and Self-Care Practice score regarding prevention of Pregnancy Induced Hypertension among the antenatal mothers.
2. To find association between the pre-test level of Knowledge with their selected Demographic variables.
3. To find association between the pre-test level of Self-Care Practices with their selected Demographic variables.

ASSUMPTIONS-

1. Subjects were true representative of population.
2. Antenatal mother may give honest response.

RESEARCH HYPOTHESIS-

All Hypothesis was tested at p=0.05 level of significance

$1H_1$- There would be a significant difference between pre-test and post-test level of Knowledge regarding prevention of Pregnancy Induced Hypertension among the Antenatal mothers.

$2H_1$- There would be significant difference between pre-test and post-test level of Self-Care Practices regarding prevention of Pregnancy Induced Hypertension among the Antenatal mothers.

$3H_1$- There would be significant correlation between Knowledge and Self-Care Practice score regarding prevention of Pregnancy Induced Hypertension among the Antenatal mothers.

$4H_1$- There would be significant association between pre-test level of Knowledge regarding prevention of Pregnancy Induced Hypertension with Socio Demographic variables among the Antenatal mothers.

$5H_1$-There would be significant association between pre-test level of Self-Care Practices regarding prevention of Pregnancy Induced Hypertension with Socio Demographic variables among the Antenatal mothers.

DELIMITATIONS-

The study was delimited to-

1. Antenatal mothers who were visiting Antenatal OPD.
2. Verbal response of Antenatal mothers regarding Self Care Practice.

METHODOLOGY-

In order to achieve the objectives of the study, Quasi experimental one group pre-test post test design with Qualitative Research approach was conducted in Obstetric & Gynaecology O.P.D, Himalayan Hospital, Jollygrant Dehradun among Antenatal mothers up to 16th weeks of gestation who have atleast one risk factor of developing PIH. A total of 56 Antenatal mothers were selected through Non probability consecutive Sampling technique. The analysis was done on the basis of the study objectives or hypothesis by statistics such as frequency, percentage, mean with SD, median and graphical representation of obtained data, paired t-test, Chi square and Yates correction were applied.

DATA COLLECTION TOOLS AND PROCEDURE-

Data Collection Tools-

In the present research study, the subsequent tool were used for data collection -

Screening Tool-

Tool 1-High Risk Screening Checklist related to Pregnancy Induced Hypertension among the Antenatal Mothers.

Study Tool-

Tool 1-Self Structured Questionnaire to collect Socio Demographic data of Antenatal Mothers.

Tool 2-Self Structured Knowledge Questionnaire to assess the Knowledge related to prevention of Pregnancy Induced Hypertension among Antenatal Mothers.

Tool 3-Self Reported Practice Checklist to assess the Practice related to prevention of Pregnancy Induced Hypertension among Antenatal Mothers.

Data Collection Procedure-

Prior administrative permission was taken from ethical committee and Principal of Himalayan College of nursing, SRHU. Prior Written permission was taken from HOD of Obstetrics and Gynaecology Department, Himalayan Hospital, Jollygrant, Uttarakhand, Study setting was Himalayan Hospital, Obstetrics and Gynaecology O.P.D Jollygrant, Dehradun. Purpose of study was explained to Antenatal mothers than by consecutive sampling technique, which full fill the inclusion criteria, High risk screening was done, 59 Antenatal Mothers were selected Socio demographic data and Pre-test obtained from 59 Antenatal mothers .On the same day Nurse led Intervention was given, pamphlet also distributed to Antenatal Mothers. Post test was collected after one week on 56 Antenatal Mothers because 3 Antenatal mothers were not available at the time of post test collection.

RESULT-

Section A: Description of Socio Demographic profile of Antenatal Mothers-

Table No1: Frequency and percentage distribution of socio demographic variables of Antenatal mothers up to 16th weeks of gestation regarding prevention of PIH-

n= 56

S.No.	Variable		Frequency	Percentage
1.	**Age of the mother (In years)**			
	a.	19-25	16	28.58%
	b.	26-30	32	57.14%
	c.	31-34	08	14.28%
2.	**Educational Status :**			
	a.	No formal education	02	3.6%
	b.	Primary education	05	8.9%
	c.	Secondary education	21	37.5%
	d.	Graduate	20	35.7%
	e.	Post graduate	08	14.3%
3.	**Occupation**			
	a.	Homemaker	41	73.2%
	b.	Daily wages	01	1.8%
	c.	Government employee	01	1.8%
	d.	Private employee	13	23.2%
4.	**Religion-**			
	a.	Hindu	52	92.8%
	b.	Muslim	03	5.4%
	c.	Sikh	01	1.8%
	d.	Christian	00	00%
	e.	Other	00	00%
5.	**Type of family-**			
	a.	Nuclear	11	19.6%
	b.	Joint	45	80.4%
	c.	Extended	00	00%
6.	**Number of gravida-**			
	a.	Primi	39	69.6%
	b.	Multi	16	28.6%
	c.	Grand Multi	01	1.8%
7.	**Gestational period**			
	a.	Below 8 weeks	19	33.9%
	b.	8-10weeks	09	16.2%
	c.	11-12weeks	11	19.6%
	d.	13-14weeks	12	21.4%
	e.	15-16 weeks	05	8.9%
8.	**Number of living children:-**			
	a.	One	12	21.4%
	b.	Two	02	3.6%
	c.	More than two	00	00%
	No child		42	75%
9.	**Number of antenatal visit attended-**			
	a.	One	08	8.9%
	b.	Two	13	23.2%
	c.	More than two	37	66.1%
	d.	Regular	01	1.8%
	(once in a month)			
10.	**Type of dietary habit-**			
	a.	Vegetarian	24	42.9%
	b.	Non- Vegetarian	28	50%
	c.	Eggetarian	04	7.1%
11.	**Monthly Income(In rupees)-**			
	a.	5,000- 25,000	39	69.6%
	b.	25,001-50,000	14	24.9%
	c.	50,001-75 ,000	02	3.6%
	d.	75,001-1,00,000	01	1.9%
12. a,	**Previous information regarding PIH**			
	a.	Yes	19	33.9%
12. b,	**b.**	No	37	66.1%
	Source of Information-			
	a.	Television	01	05%
	b.	Family Member is in Medical profession	02	11%
	c.	Informed by Doctor in previous pregnancy	03	16%
	d.	Belongs to Medical Profession	13	68%

Section B: Analysis based on the Objectives of the study-

Table No2: Frequency and percentage of high risk screening

among the Antenatal Mothers on prevention of PIH- n= 56

S.No.	Variable	Frequency	Percentage
1.	**Family history-**		
	1. Family history of hypertension	32	57.1%
	2. Family history of cardiac disease	3	5.4%
	3. Family history of PIH	4	7.1%
	4. Family history of any diabetes, renal disease and auto immune disease.	32	57.1%
2.	**Personal History-**		
	1. Age of female >35 years during pregnancy	00	0%
	2. Age of female < 20 years during pregnancy	01	1.8%
	3. Primigravida	40	71.4%
	4. BMI is >25	16	28.6%
	5. History Multiple pregnancy	00	00%
	6. history of previous Pregnancy induced hypertension	02	3.6%

Table No 3: Mean, SD, Median and Mean Percentage of Pre-test level of Knowledge regarding prevention of PIH among the Antenatal mothers- n=56

Knowledge score	Maximum Score	Range	Median	Mean±SD	Mean Percentage (%)
Pre-test	25	4-21	10	11.03±3.70	44.12%

Table No 4: Area wise Mean, SD, Mean% and Mean difference of Knowledge score regarding prevention of PIH among the Antenatal Mothers- n=56

S. No.	Component wise knowledge related to PIH	Maximum score	Pre-test		Post-test		Mean Difference
			Mean ± SD	Mean %	Mean ±SD	Mean %	
1.	Definition of Hypertension & PIH	3	1.23 ±0.91	41%	2.55± 0.60	85%	1.32
2.	Risk Factor of PIH	3	1.35± 0.69	45%	2.178± 0.71	72.6%	0.82
3.	Sign and Symptoms of PIH	3	1.16± 0.70	38.6%	2.142± 0.69	71%	0.98
4.	Complication of PIH	2	0.53±0. 71	26.5%	1.071± 0.598	53.5%	0.541
5.	Antenatal advice	3	1.053± 0.942	35.1%	2.017± 0.797	67.2%	0.96
6.	Prevention related to diet	5	2.55±1. 292	52%	4.035± 0.37	80.7%	1.48
7.	Prevention related to antenatal exercise	6	3.142± 1.15	52.3%	4.053± 1.150	67.5%	0.91

Comparing the Level of Knowledge of Antenatal Mothers regarding Prevention of PIH according to Arbitrary Scoring at Pre-test and Post-test level-

The arbitrary scoring of Knowledge score of Antenatal Mothers regarding prevention of PIH at Pre-test 19.60% had Poor, 72.30% had Satisfactory and 7.10% had good Knowledge regarding Prevention of PIH. In Post-test 1.80% had Poor, 32.10% had Satisfactory and 66.10% had Good Knowledge Score.

Table No 5: Mean, SD, Median, Mean Percentage of Pre-test level of Self Care Practice regarding prevention of PIH among the Antenatal mothers- n=56

Self Care Practice score	Total score	Obtained Range of score	Median	Mean±SD	Mean %
Pre-test	42	18-34	28	27.48± 3.70	**65.42%**

Table No: 6–Area wise Mean, SD, Mean % and Mean difference of Self Care Practice score regarding prevention of PIH among the Antenatal Mothers-

S.No	Component wise practice related to prevention of PIH	Max. score	Pre-test		Post- test		Mean difference
			Mean± SD	Mean %	Mean ±SD	Mean %	
1.	Diet	5	6.21±1. 41	62.14%	8.51±1. 008	85%	2.3
2.	Rest and sleep	3	4.196±1 .01	69.8%	5.32±0. 69	88.6%	1.13
3.	Supplement	4	6.37±1. 97	79.6%	6.98±1. 49	87%	0.61
4.	Antenatal Exercise	3	0.410±0 .75	6.8%	3.14±1. 08	52%	2.73
5.	Antenatal advice	3	4.857±0 .99	80%	5.39±0. 65	89.8%	0.54
6.	Other	3	5.428±0 .53	90.3%	5.64±0. 55	94%	0.22

Comparing the Level of Self Care Practice of Antenatal Mothers regarding Prevention of PIH according to Arbitrary Scoring at Pre-test and Post-test level-

The arbitrary scoring of Self Care Practice score of Antenatal Mothers regarding prevention of PIH at Pre-test and Post-test level. In Pre-test 0 % of Antenatal Mothers had Poor, 53.60% had Satisfactory and 36.40% had Good Self Care Practice Score and in Post test 0% had Poor, 3.60% had Satisfactory and 96.40% had Good level of Self Care Practice Score.

Table No. 7-Effectiveness of Nurse Led Intervention on Knowledge related to prevention of Pregnancy Induced Hypertension among Antenatal mothers- n=56

S.N.	Level of Knowledge	Mean± SD	Mean Difference	't' value	p value
1	Pre-test	11.03±3.70	6.17	11.42	0.000*
2.	Post-test	17.20±2.94			

df_{55} =3.46, at the level of significant p<0.05

Table No: 8 Effectiveness of Nurse Led intervention on Self Care Practice related to prevention of PIH among the Antenatal mothers- n=56

S. No.	Self Care Practice Score	Mean± SD	Mean difference	't' value	p value
1.	Pre-test	27.48+-3.70	7.37	15.035	0.000
2.	Post-test	34.8+- 3.03			

df_{55} = 2.00 at the level of Significance p<0.05

Table No 9: Correlation between level of Knowledge Score and Self Care Practice score regarding Prevention of Pregnancy Induced Hypertension among the Antenatal Mothers- n=56

S.No.	Variable	Mean±SD	'r' value	p value
1.	Knowledge score	17.25±2.94	0.473	<0.01
2.	Self Care Practice score	34.85±3.035		

At 0.05 level of significance

Table No 10: Association between level of Knowledge regarding prevention of PIH among the Antenatal Mothers with their selected Socio Demographic variable- n=56

S.No.	Sample Variable	Below median	At and above median	χ^2	'p' value
1.	**Maternal Age (in years)**				
	a. 19-25	05	12	0.253	0.614
	b. 26-34	09	30		
2.	**Educational Status :**				
	a. Primary and below	02	05	0.0544	0.81554
	b. Secondary and above	12	37		
3.	**Occupation**				
	a. Homemaker	12	30	1.1429	0.2850
	b. others	02	12		

4.	**Religion of mother** **a.** Hindu **b.** Other	 14 00	 38 04	0.5624	0.4532
5.	**Type of family** **a.** Nuclear **b.** Joint	 05 09	 6 36	3.0545	0.0805
6.	**Number of gravida-** **a.** Primi **b.** Multi & Grand Multi	 07 07	 32 10	3.4067	0.0649
7.	**Gestational period** **a.** 10weeks and below **b.** Above 10 weeks	 06 08	 22 20	0.381	0.5370
8.	**Number of living children:-** **a.** No child **b.** One and more	 08 06	 34 08	3.1746	0.0747
9.	**Number of antenatal visit attended-** **a.** Two and below **b.** More than two	 06 08	 12 30	0.9825	0.3215
10.	**Monthly income-** **a.** 20,000 and below **b.** Above 20,000	 12 02	 25 17	3.2129	0.7306
11.	**Type of dietary habit –** **a.** Vegetarian **b.** Non-vegetarian & Eggetarian	 03 11	 21 21	3.5	0.0613
12.	**Previous information regarding PIH** a. Yes b. No	 11 03	 26 16	1.3011	0.2540
13.	**Body mass Index of antenatal mother** **a.** 20 and below **b.** More than 20	 02 12	 05 37	0.0544	0.81554

df_i=3.84 at the level of p<0.05

Table No11: Association between Pre test level of Self care Practice regarding Prevention of PIH among the Antenatal Mothers with their selected Demographic Variable- n=56

S.No.	Sample variable	Below median	At and above median	χ^2	'p' value
1.	**Maternal Age (in years)** **a.** 19-25 **b.** 26-34	 07 18	10 21	0.118	0.730
2.	**Level Educational:** **a.** Primary and below **b.** Secondary and above	 04 21	03 28	0.505	0.476
3.	**Occupation** **a.** Homemaker **b.** Others	 21 04	21 10	1.951	0.1624
4.	**Religion of mother** **a.** Hindu **b.** Other	 24 01	28 03	0.6726	0.4121
5.	**Type of family** **a.** Nuclear **b.** Joint	 03 22	08 23	1.6713	0.19608
6.	**Number of gravida-** **a.** Primi **b.** Multi & Grand Multi	 17 08	22 09	0.057	0.810
7.	**Gestational period** **a.** 10weeks and below **b.** Above 10 weeks	 13 12	15 16	0.0723	0.7880
8.	**Number of living children:-** **a.** No child **b.** One and more	 20 05	22 09	0.6022	0.4377
9.	**Number of antenatal visit attended-** **a.** Two and below **b.** More than two	 09 16	09 22	0.308	0.5788
10.	**Monthly income-** **a.** 20,000 and below **b.** Above 20,000	 17 08	20 11	0.0749	0.7842
11.	**Type of Dietary habit-** **a.** Vegetarian **b.** Non-Vegetarian & Eggetarian	 08 17	16 15	2.1738	0.14038
12.	**Previous information regarding PIH** **a.** Yes **b.** No	 18 07	19 12	0.7081	0.400
13.	**Body mass Index of antenatal mother** **a.** 20 and below **b.** More than 20	 03 22	04 27	0.0103	0.9190

df_i=3.84 at the level of p<0.05

DISCUSSION-

The results of the research study had been discussed according to the objectives and hypothesis in the light of other studies conducted in the same area.

Regarding Area wise Distribution of of Self Care Practice score regarding prevention of PIH among Antenatal Mothers-

In Level of Self Care Practice on prevention the lowest mean of pre-test score was in the area of exercise (0.410±0.757) and highest in the area of Supplement (6.37±1.97). And in post-test score lowest mean was in Antenatal exercise (3.14±1.085) and highest was in Diet (8.51±1.008) the result was similar to a study conducted by a study by **K. Srimathi, V.Poongodi and K. Renuka** on efficacy of Nurse Led Intervention on level of stress with physiological parameter among Antenatal mothers with hypertensive disorder during pregnancy. The value of paired **t = 13.547**, which showed Nurse Led Intervention was useful; on prevention of Pregnancy induced Hypertension in terms of their level of stress.[9] Along with a quasi experimental research design organized by **Radha C** on usefulness of STP on Gestational Hypertension in terms of Knowledge regarding management of Self among primigravida and the findings revealed that in area of General information about pregnancy induced hypertension t= 29.93 on Management of self with Gestational Hypertension the t=29.77 and about the overall knowledge regarding PIH the t= 5.410 at P less than 0.05 level of significance and which indicate that STP was effective.[10] And a Non experimental descriptive research conducted by **Mrs. Vijayalakshmi V, Prof. Dr. Jaya .N. (2017)** on assessment of knowledge and practice on Gestational Hypertension among primigravida mothers. 30 primigravida mothers with Gestational Hypertension were selected by Convenience sampling technique. The specific demographic variable like education status was significantly associated with Knowledge and Practice at p<0.01on PIH.[11]

Effectiveness of Nurse Led Intervention on prevention of Pregnancy Induced Hypertension (PIH) among Antenatal mothers in terms of Knowledge -

The mean pre-test Knowledge score (11.03±3.70) was lower than the post test Knowledge score (17.20±2.94) regarding Prevention of PIH with the mean difference 6.17. The calculated value of t test 11.42 was higher than (df_{58}=3.46) tabulated value at the p value less than 0.05 level. The research report outcomes were interpreted that antenatal mother's level of Knowledge was increased through Nurse Led Intervention and the result was consistent with the Quasi-

experimental research study Organized by **R. Nimmi** find out the efficacy of Educational Programme on PIH among pregnant women attending urban health centre. The study finding confirmed that the post test value was higher than the pre-test with **t=8.19** which presented project had useful way to enhance the knowledge antenatal mothers.[12]Result was also consistent with a Quasi experimental study organized by **Sharma Anuradha, B Gomathi and Kumar Laxmi** on Educational Programme effectiveness in terms of management of PIH and preparedness for delivery and The pre-test knowledge score mean was lower than the post-test mean with 10.27 mean difference which revealed that Educational Programme was helpful for pregnant women to enhance their knowledge regarding Gestational Hypertension.[13]And the result and the Pre-experimental research study Organized by **Debajani Nayak** on Effectiveness of STP in terms of Knowledge of Primigravida women regarding Gestational Hypertension and the result was found paired **t = 2.035** at p less than 0.0472 level significance, indicated that STP was efficient among Primigravida Mothers regarding their Knowledge.[14]

Association between the level of Self-Care Practices with their selected Demographic variables-

No significant association was found between pre-test level of Self Care Practice score with specific demographic characteristics (Education, age of antenatal mother, type of family, socioeconomic status, occupation, previous history, previous knowledge regarding prevention of Pregnancy Induced Hypertension, period of gestation) at ($p<0.05$) level of significance. And the result was consisitent with a case-control study conducted by **Ghevariya Rushi, Hirpara Sorohi, Ghadia Paras, Pa-ndit Niraj, Hada Trupesh (2017)**, on July 2016 to Oct 2016 on 50 women with PIH and 50 women without PIH at tertiary care hospital, the finding showed that the no association was found between primiparous and multiparous with Gestational Hypertension, Menstruation history with present Gestational Hypertension. Family history of hypertensive disorder and family history of diabetes mellitus also had no any association with present Gestational Hypertension.[15]

OTHER FINDING

Randomly I selected 10 antenatal mothers, out of them 3 were delivered baby, 4 are at 9th month of gestation and 3 are at 8th month of gestation.

CONCLUSION-

Based on the finding of the study showed that Most of the Antenatal mothers had satisfactory level of Knowledge and Self Care Practice regarding Prevention of Pregnancy Induced Hypertension. The following conclusions were drawn on the basis of present study.

From the findings of the study can be concluded that the Nurse Led Intervention was effective in improving the Knowledge and Self Care Practice of Antenatal Mothers regarding prevention of Pregnancy Induced Hypertension.

From the finding of the study it can be concluded that there were significant low positive co-relation (r=0.473) between Knowledge Score and Self Care Practice Score regarding prevention of PIH among the Antenatal Mothers.

From the findings of the study it can be concluded that there was no any Statistical association was found between level of Knowledge and Self Care Practice of Antenatal Mothers with their selected Demographic Variable such as Education, maternal age, family type, socioeconomic status, occupation, previous history, previous knowledge regarding prevention of Pregnancy Induced Hypertension, period of gestation.

IMPLICATIONS-

Nursing education-

Nursing student can organize a camp on Clinical screening of women to find out the women who are more prone to develop Pregnancy induced hypertension in Future pregnancy, And Preventive strategy can be taught to the Women to reduce the modifiable risk factor of Pregnancy Induced Hypertension.

Arrangements for the conduction of health awareness camps must be made in the hospitals and community areas for the antenatal mothers.

Nursing administration-

The findings of this study must help Nursing Professionals in hospital to plan for their effective nursing care, and to educate the antenatal mothers how to prevent PIH like signs and symptoms and effect of mother and fetus etc.

Nurses working in antenatal OPD can use this package for women and explain it during different weeks of gestation.

The midwives working in the antenatal unit must provide health education to the mothers with Pregnancy Induced Hypertension regarding self care.

Nursing Research-

Research provide credibility to the nurses to promote the decision making Policy and Protocol formulation regarding intervention techniques to made the specific needs regarding the screening of high risk mothers regarding prevention of PIH.

Also suggest that nurses in the hospital and in community must encourage the Antenatal mothers to give importance to Self Care during Antenatal Period.

LIMITATIONS-

The limitations of the present study:-

- Generalization of the Study findings was limited due to Small Sample Size and Single Study setting.
- The study was limited to 5 Self Care Practices (Diet, Rest and sleep, supplement, Antenatal advice) and habit of smoking and alcohol.

RECOMMENDATIONS-

From the findings of the present study it can be recommended as follows:

- Study can be done on primigravida because they are more prone to get PIH.
- It can be done at large population in a community area.
- Midwives should create community awareness on the signs and symptoms, and dangers of PIH so as to promote community support for the women.
- A Comparison can be made on level of prevention of PIH in Rural and urban area's Antenatal mothers.
- A comparative study with a view to assess the level of knowledge among primigravida and multigravida can be done.
- A longitudinal study can be done.

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