

A STUDY TO ASSESS THE KNOWLEDGE REGARDING MODIFIED NEWBORN CARE TECHNIQUES AMONG STAFF NURSE SELECTED HOSPITAL OF MEHSANA MEHSANA DISTRICT

Author's Name: Niki Patel¹, Ajitsinh Jadeja², Chaudhari Priyanka², Damor Manisha²,
Rahul Kharadi², Chaudhary Kishan²

Affiliation:

1. HOD of Medical Surgical Nursing department, Merchant Nursing College, Basna, Mehsana, India.
2. 4th B.sc Nursing student, Merchant Nursing College, Basna, Mehsana, India.

Corresponding Author Name and Email ID: Niki Patel, patelniki1305@gmail.com

ABSTRACT

INTRODUCTION: Health of the future children depends on the nurturing practice adopted by the family. The first few days of life constitute a period of transition occurring all of the sudden from parasitic fetal life to a completely independent Child birth and neonatal period have great emotional effect on families and could be considered as a new experience in life. Neonatal Mortality is the most leading cause of mortality in children under 5 years of age. It is estimated that out of 8.2 million neonatal deaths that occur worldwide, almost 40% occur in India .OBJECTIVE:1. To assess the knowledge regarding modified newborn care techniques among staff nurse selected hospital of mehsana district. 2. to assess the demographic variables regarding new bom care techniques among staff nurse selected hospital of mehsana district.3.to find out correlation between the knowledge and demographic variable regarding newbom care techniques among staff nurse selected hospital of mehsana district, modified STUDY DESIGN: Non experimental, descriptive design. METHOD: 100 subjects between age group of 20-25 years were 30 (30%) 26-36 years were 70 (70%), and no any sample belongs to age Above 36 years. In terme of gender (30%) were male 70 (70%) were female in 100 samples 50(50%) hindu 30(30%) muslim, and 20(20%) were having other in residential areas 60(60%) rural areas and 40(40%) rural areas. In accordancewith years of experience 10(10%) have 0-3years, and 90(90%) sample having 5 years above experience. CONCLUSION: The distribution of knowledge regarding newbom care among higher percentage based on statistical data out of 100 samples 9(9%) were rated poor with a score between 0-10, 70 (70%) were rated average with score 11-20 and 21 (21%) were rated good score between 21-30. So majority of samples have average knowledge of newbom care.

Keywords: Assess, Knowledge, Newborn Care

INTRODUCTION

“LIFE IS REALLY SIMPLE, BUT WE INSIST ON MAKING IT COMPLICATED”

Health of the future children depends on the nurturing practice adopted by the family. The first few days of life constitute a period of transition occurring all of the sudden from parasitic fetal life to a completely independent Child birth and neonatal period have great emotional effect on families and could be considered as a new experience in life. Neonatal Mortality is the most leading cause of mortality in children under 5 years of age. It is estimated that out of 8.2 million neonatal deaths that occur worldwide, almost 40% occur in India. [1]

Biologically, a child is a human being between the stage of birth and puberty. The legal definition of child generally refers to a minor, otherwise known as a person younger than the age of majority. Care of children always traditionally been the forte of mother's and irrespective of education, income and social, different task of mother's is to fulfill physical, emotional, social, intellectual and moral needs of children. [2]

The period from birth to 28 days of life is called as neonatal period and the infant in this period is termed as neonate or newborn baby. The healthy newborn infant born at term, between 38 to 42 weeks, cries immediately after birth, establishes independent rhythmic respiration, quickly adapts with the extra-uterine environment, has an average birth weight and no congenital anomalies. This period necessitates the provision of a conducive environment normally by the mother and to develop a good mother baby relationship. First week of life is the crucial period in the life of an infant. [3]

All the neonates have certain needs that must be met for them to thrive and take their place in society. There are nine universal needs of the newborn infant that is, a clear airway, established respiration, warmth, protection from hemorrhage, protection from infection, identification and observation, nourishment and fluids, love-parent attachment and rest.

"Birth" means the bestowing of some form of life by the nature, to this world. Being born is the purest virtues that can be held by a living being us after that one is exposed to life, where one can breathe, feel, have emotions, Le a sin this world that these one is exposed to all such virtues. [4]

Newborn care often receives less than optimum attention. Although over the past 25 years. Child survival programs have helped to reduce the death rate among children under age 3, the biggest impact has been on reducing mortality from diseases that affect infants and children more than 1 month old. As a result, the vast majority of infant deaths occur during the first month of life, When a child's risk of death is nearly 15 times greater than at any other time before his or her first birth.

Nutrition is essential for optimal growth and development especially in the first few months of life, because brain growth is proceeding at such a rapid rate. Breast feeding is the preferred form of nutrition

for all infants it should be initiated within first half an hour of birth or as soon as possible. Early sucking provides warmth colostrum is most suitable and contains a high concentration of protein and other nutrients. It is rich in anti-infective factors and protects the baby from respiratory infections and gastrointestinal infections caused by enterococci, media, numerous allergies and stopy [5]

The first week of life is the most crucial period in the life of an infant. This is because the newborn has to adapt itself rapidly and successfully to an alien external environment. The risk of death is greatest during the first 24-48 hours after birth. Newborn mortality is one of the most neglected health problems in the developing world, there are estimated 3.3 million neonatal deaths worldwide each year. Moreover, it is estimated to account for 41% of under five deaths and two-third of infant deaths. The proportion is generally higher in rural areas. According to World Health Report 2021. global neonatal mortality rate in the United States was 5.6/1000 live births. [6]

Nearly 26 million babies are born in India each year, this accounts for 20% of global births, of these, 3.3 million die before completing the first four weeks of life. This accounts for nearly 40 percent of the total 8.2 million neonatal deaths worldwide.

The neonatal mortality rate in the world is 17 per 1000 live births, in India 8.2 per 1000 live births, in Gujarat 30 per 1000 live births, in Mehsana 3.5 per live births. The main causes of neonatal mortality are intrinsically linked to the health of the mother at the care she receives before, during and immediately after giving birth. Asphyxia and birth injuries usually result from poorly managed labour and delivery and lack of access to obstetric services. Many neonatal infections, such as Tetanus and Congenital Syphilis, can be prevented by caring during pregnancy and child birth. Inadequate calorie or micronutrient intake also results in poorer pregnancy outcomes. It has been argued that nearly three quarters of all neonatal deaths would be prevented if women were adequately nourished and received appropriate care during pregnancy, child birth and in the postnatal period. [7]

Since mothers are the primary care takers of the newborns round the clock, it is the most important priority to improve their knowledge and competency. If a mother is educated, she can educate the entire family and the community as well.

NEED OF THE STUDY

Newborn or neonatal period includes the time from birth to 28 days of life. This is the crucial period in laying the foundation of good health. At this time specific biological and psychological needs must be met to ensure the survival and health development of the child into a future adult (Hocken Berry and Wilson, 2005).

The major causes of neonatal deaths globally were estimated to be due to complications of pre-maturity, (28%) sepsis, pneumonia (26%), birth asphyxia, injuries (23%), tetanus (7%), congenital anomalies (7%)

and diarrhoea (3%). A study done by Baqui, et.al., (2006) in rural Uttar Pradesh showed that out of 618 neonatal deaths, 32% deaths were on the day of birth, 50% occurred during the first 3 days of life and 71% were during the first week of life. (Indian Institute of population 2010) [8]

Care practices immediately after delivery play a major role in causing neonatal morbidities and mortalities. Essential new born care practices were outlined to decrease the neonatal morbidity and mortalities. These practices include clean cord care, thermal care, and initiating breast feeding immediately after birth. The traditional practices like applying cow dung on the umbilical stump, oil instillation into nose, eyes also contribute to new borns risk of morbidity and mortality (Kesterten, A. J, 2010).

WHO reported that each year about 4 million new borns die before they are four weeks of life. Ninety eight percent of these deaths occurring in developing countries. Mortality rates are high in Sub-Saharan Africa and Asia. Two thirds of new born deaths occur in the WHO regions of Africa (28%) and East Asia (36%). Neonatal mortality rate is now 6.5 times lower in the high income countries than other countries. The lifetime risk for a new born baby is 1 in 5 in Africa compared with 1 in 125 in more developed countries.

India's current neonatal mortality is higher in rural areas at 49/1000 live births than in urban area at 27/1000 live births. Orissa have the highest neonatal mortality rate of 61/1000 live births. Karnataka, Uttar Pradesh,

Madhya Pradesh, West Bengal, Punjab have the neonatal mortality rate of 54/1000, 53/1000, 51/1000, 31/1000, 29/1000 live births respectively. Kerala have the lowest neonatal mortality of 10/1000 live births respectively. It is necessary together to meet both national and the millennium development goal to reduce Neonatal Mortality rate by two thirds between 1990 and 2015. In India, Andhra Pradesh stands 6 place in neonatal mortality rate of 30/1000 live births (WHO, 2011). [9]

Still traditional practices of new born care are seen among the mothers which are harmful to the new born. Such as practice of pre-lacteal feeds like feeding sugar water or honey, castor oil, application of oil and powder to the umbilical cord, application of Kajal, instillation of oil in babies eye, ear and nose, baby being exposed and not covered well, lack of hygienic practices these are all contributes to the increased rate of neonatal morbidity and mortality.

Best practices of new born care that includes maintenance of temperature, exclusive breastfeeding, skin care, eye care, cord care, prevention of infection, immunization (Mathur, N. B, 2010).

Hence as a first step, the researcher felt the need for assessing the knowledge and practices of postnatal mothers with regard to essential new born care at Kovilpalayam, Coimbatore. .[10]

New born babies may seem like they just need a lot of love and some good sleep, but there are six

basic needs that all new born require to thrive. Here is a look at those needs and what you can do to meet them.

It is no secret that new born babies need a lot of love, safety, and security. In fact, it is one of the most important things for them in their early stages of development. Providing a safe and stable environment for your new born is key to their overall well-being.

What does this mean for you? The first few months of life are when infants develop their sense of trust in the world around them, so it is important to provide protection from anything or anyone who might harm them.[11]

This means keeping your baby away from any potential dangers, such as toxic substances or sharp objects, but also protecting them from people they might not know well enough yet to trust.

We all know that new born babies need clothing, but many people don't realize that there are some important factors to consider before purchasing any. Many people don't realize that they also require special clothing for their sensitive skin.

Babies are prone to diaper rash because the area is constantly wet, and they are essentially sitting in urine. This can lead to an infection that will not only make it uncomfortable for them but could potentially cause other complications down the road like kidney stones or bladder infections.

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RESEARCH STATEMENT

"A STUDY TO ASSESS THE KNOWLEDGE REGARDING MODIFIED NEWBORN CARE TECHNIQUES AMONG STAFF NURSE SELECTED HOSPITAL OF MEHSANA DISTRICT "

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding modified newborn care techniques among staff nurses selected hospital of mehsana district.
2. to assess the demographic variables regarding new born care techniques among staff nurse selected hospital of mehsana district.
3. to find out correlation between the knowledge and demographic variable regarding modified newborn care techniques among staff nurse selected hospital of mehsana district

MATERNAL AND METHOD

Non experimental, descriptive design was used to assess the knowledge regarding modified newborn care techniques among staff nurse selected hospital of Mehsana district. The research design guides the researcher in planning and Implementing the study in a way that is most likely to achieve the intended goal.

RESULT

Demographic data was analysed using frequency and percentage. Frequencies, percentage, mean, mean percentage (%) and standard deviation was used to determine the knowledge score. The "t" value was computed to show the effectiveness of structured teaching program and chi -square test was done to determine the association between the pre test knowledge of newborn care with selected demographic variables.

FINDING RELATED TO DEMOGRAPHIC DATA

Findings from the section one shoes shows that in the terms of Education 100% were Intermediate education, Regarding age of staff nurse have been divided into 3 categories the highest percentage (70%) 70 staff nurse in age group of 20-25 yr least percentage of (30%) 30 staff nurse in age group of 26- 36yr , and (0%) 0 staff nurse in age group of above 36 yr. Regarding gender of staff nurse have been divided into 2 categories the highest percentage (70%) 70 staff nurse have been in female. and least percentage (30%) 30 staff nurse have been in male. Regarding religion of staff nurse have been divided into 3 categories the highest percentage (50%) 50 staff nurse belong to hindu , least percenttage (20%) 20 staff nurse belongs to Muslim and (30%) 30 staff nurse belongs to others. Regarding residential area of staff nurse have been divided into 2 categories the highest percentage o f rural areas is (60%) 60 staff nurse and least percentage of urban areas is (40%) 40 staff nurse .

Finding related to pre knowledge score:

Pre-test prior to the administration of knowledge regarding modified newborn care techniques among staff nurse 9 (9%) were rated poor with a score between 0-10, 70 (70%) were rated average with score 11-20 and 21(21%) were rated good score between 21-30 regarding modified newborn care techniques among staff nurse.

CONCLUSION

The present study aims to evaluate the knowledge regarding modified newborn care techniques among staff nurse selected hospital of mehsana district. The study Conducted by using a descriptive l one pre-test Research Design. Selected area is there in study for sample collection at Mehsana. The sample size

was 100 staff nurse. The Tool used for the study is self structured knowledge questionnaire. The response was reanalysed Through descriptive (mean, frequency, percentage distribution, standard deviation) and Inferential statistics (ttest, Chi square). The findings was completed on the objective of the Study.

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