

Effectiveness Of Child Birth Education On Labor Outcomes Among Antenatal Mothers In A Selected Rural Hospital in South India”

Mrs. Jayasankari. S, Professor Dr. Rebecca Samson, Professor, Dr. Navaneetha. M, Professor, Dr. Mary Daniel, Professor, College of Nursing, Pondicherry Institute of Medical Sciences, Puducherry, India



INTRODUCTION

Pregnancy and childbirth is a joyful and overwhelming process and it is absolutely natural to feel happy, elated and anxious at the same time. In India, practices relating to pregnancy and childbirth have been rooted in cultural beliefs and traditions that are based on knowledge contained in ancient Indian texts. Pondicherry is in the southernmost part of India has female literacy rate of 71%, 99.9% institutional birth, 33.6% caesarean deliveries and ranks third in having lesser IMR 22.0 per 10000 live births. Childbirth is not a topic openly discussed in this region of India. No one talks about what will happen during childbirth other than it will be painful. Child birth preparation classes are a forum to help the pregnant woman to get information and support and to find their comfort zone after exploring various aspects of pregnancy, labor and child birth, empowers women and increases the possibility of a positive birth experience.

NEED FOR THE STUDY

Knowledge of the Child birth lessons, women's fear and since then gives a sense of control of Child birth. (Zwelling, 2000). A major finding across 12 studies by Mary L Koehn, 2002 reveals that women who had attended child birth education classes attained scores significantly higher in the areas of self actualization, health responsibility, exercise, nutrition and interpersonal support. Lee Y Holroyd .E (2000) in her study to evaluate the effectiveness of Child Birth Education found three themes that satisfied them the most - learning about labour, contributing to labour process and coping with uncertainty and handling anxiety. For 20% of the planned caesarean sections, the reason is the fear of child birth. (Sancheetha Ghosh, K S James, 2007). Women request for caesarean sections is considered to be an important determinant of birth outcomes particularly in centers with gaining privatization and options for patient choice. (Ash & Okah, 1997). Woman when prepared and well supported to give birth actively as opposed to being delivered passively, the event can present a unique and powerful opportunity to find her core strength in a manner that forever changes her self perception. Hence the investigator would like to evaluate the effects of a planned Child Birth Education on selected outcomes of labour.

TITLE OF THE STUDY / OBJECTIVES

Title of the Study: “Effectiveness of Child Birth Education on Labour Outcomes Among Antenatal Mothers in a Selected Hospital at Pondicherry”

Objectives:

1. To compare the difference in the level of Knowledge on child birth among antenatal mothers between the experimental group and control group
2. To compare the difference in the level of Anxiety on child birth among antenatal mothers between the experimental group and control group
3. To compare the labour outcomes among antenatal mothers between the experimental and control group which includes type of delivery, experience of the parturients, duration of labor, maternal and fetal outcome.

METHODOLOGY

True Experimental- Post test only- control group design was adopted. 30 primipara women attending antenatal clinic at PIMS Hospital with 32- 34 weeks of gestation who had planned to have delivery at PIMS and willing to participate in the study were registered as participants. Antenatal mothers who have absolute contraindication for vaginal delivery were excluded. The experimental group had 3 sessions of Child birth education while the control group had followed routine care. Before shifting to labor room their level of anxiety on child birth was assessed using a modified shortened anxiety questionnaire for both the groups. Throughout labor and delivery they were observed by the Research Assistants (midwife) using a Structured Observation Checklist on level of coping. When the mother and the baby were shifted to the postnatal ward, the participants were assessed for their childbirth experience using a semi structured interview Questionnaire within 24 hours of delivery. Maternal infant bonding was assessed using a likert scale on the 3rd postnatal day in both the groups. Data regarding Duration of labor, type of delivery and complications arise during labor and Delivery were gathered using a semi structured observation check list. The data was analyzed based on the objectives using, Descriptive and Inferential (paired T test) statistics.

RESULTS / FINDINGS

➤ There was statistically significant difference between pre and post test knowledge scores for session I and II in experimental group at $p < 0.001$.

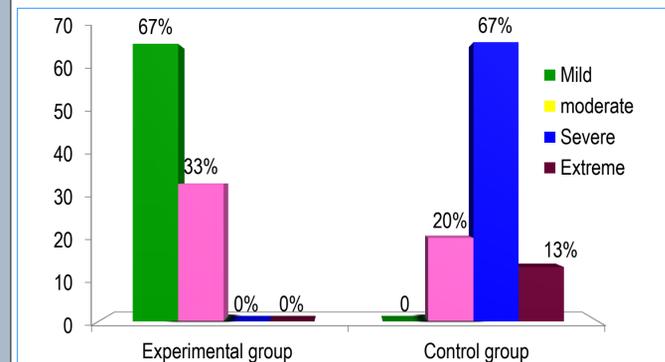


Fig 1. Level of Anxiety On Child Birth Among Antenatal Mothers

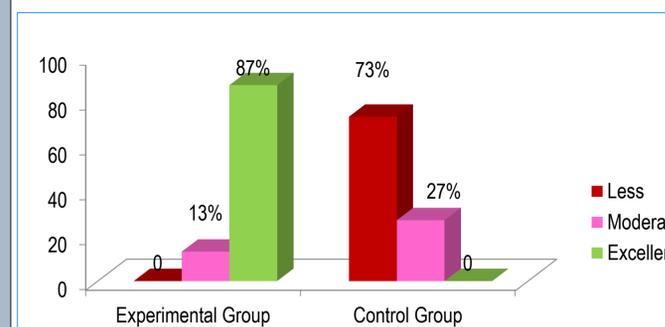


Fig 2. Level of Coping On Child Birth Among primi para women

Table:1 Standard of Experience of Child Birth among primipara women in Experimental and control group n=30

Group	Standard of Experience		
	Negative	Neutral	Positive
Experimental (n=15)	0	0	15
Control (n=15)	2	13	0

- In experimental group the maternal infant bonding among the dyads was high for 13 (86) but in control group it was poor for 12 (80 %).
- The postpartum period for the women in both the groups went uneventful.

CONCLUSION

The child birth education was effective in reducing the anxiety levels of the parturient women, gives them confidence and they were able to cope up smoothly with the events of child birth and had less interventions during intrapartum period. It is an opportunity for nurses to involve in meaningful health promotion and the building of resilience and connection in families.

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1. Dr. Rebecca Samson, Dean, Professor & Head, Department of Community Health Nursing, College of Nursing, PIMS, Puducherry.
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3. Dr. Mary Daniel, Professor and Head, Dept. Of Obstetrics and Gynecology, PIMS, Puducherry
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