Effectiveness of structured teaching programme on home care of preterm babies among mothers with preterm babies in a selected private pediatrics hospitals in Erode District.

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ABSTRACT

Background: Child growth and development start after the conception, inside the mother's womb. Neonates born before 37 weeks of pregnancy it's called a premature/preterm baby. The birth of a premature baby is affected with several problems such as infection, respiratory distress, apnea. Mother should need some basic knowledge and skills to maintain preterm care in home care management and mother craft such as breastfeeding, nutrition, skin care, immunization, cord care, eye care, etc. The aim of this study was to effectiveness of structured teaching programme on home care of preterm babies among mothers with preterm babies in a selected
private pediatrics hospital in Erode District.

Objectives:
● To assess pretest knowledge among mothers with preterm babies in a selected
  pediatric hospital in Erode District.
● To evaluate the effectiveness of structure teaching programme on knowledge
  regarding preterm babies among mothers.
● To find the association between pretest and posttest knowledge score among
  the mothers with preterm babies.

Methodology: The Pre-experimental one group pre and post -test research design was selected for this study. A total of 60 mothers with preterm babies selected by using convenient sampling technique. Individual consent both verbal and written was obtained from mothers with preterm babies. The participant information sheet was provided and written consent was obtained from mothers with preterm babies. Demographic variables were collected using Interview schedule. Assessment of the pretest level of knowledge on home care of preterm babies among mothers with preterm babies by self-structured knowledge questionnaire. After intervention, the structured teaching programme on home care of preterm babies. Posttest assessment of level of knowledge on home care of preterm

babies among mothers with preterm babies by self-structured knowledge questionnaire. The collected data were computerized and analyzed using SPSS version 25. The data was analyzed using descriptive statistics (distribution, mean, standard deviation) and inferental statistics (paired t test, and chi-square value test).

Results: The result shows in pretest, Majority of mothers with preterm babies 41 (68.3%) had inadequate and 19 (31.7%) had moderate level of knowledge and in post-test, majority of mothers with preterm babies 52 (86.7%) had adequate and 8 (13.3%) had moderate level of knowledge.

Conclusion: The study concludes that structured teaching programme was effective in improves the knowledge on home care of preterm babies among mothers with preterm babies.

Keywords: Structured Teaching Programme, Home Care, Preterm Babies of Mothers.

INTRODUCTION

Child growth and development start after the conception, inside the mother's womb. Neonates born before 37 weeks of pregnancy it's called as a premature / preterm baby. The birth of premature baby affected with several problem such as infection, respiratory distress and apnea. All the premature babies require special care and attention after birth both in the neonatal intensive care unit [NICU] and after discharge from NICU to home. The mother has to take special care of the baby. Mother should need some basic knowledge and skills to maintain preterm care in home care management and mother craft such breastfeeding, nutrition, skin care, immunization, cord care, eye care, etc....Every year, an estimated 15 million babies are born too soon. That is greater than one in ten infants. Preterm birth complications claim the lives of about 1 million kids every year. Many babies who survive face a lifetime of disabilities, such as learning challenges and visual and hearing issues. (WHO, 2022)Skin-to-skin contact and sole breastfeeding are a part of kangaroo mother care. Compared to the current recommendation of starting kangaroo mother care only once a baby is stable, starting it right away after birth has the potential to save up to 1,50,000 more lives every year. (GENEVA, 2021)

The parents feel helpless to care for the baby after discharge, even though the mothers are allowed to spend time with a preterm baby before discharge. Instructions regarding bathing, feeding, and review in the hospital are given to the parents on the day of discharge. Structure teaching programmes has a great influence among mothers about knowledge to take care of preterm babies which helps in reducing the morbidity and mortality rate and promote normal growth and development.

STATEMENT OF THE PROBLEM

Effectiveness of structured teaching programme on home care of preterm babies among mothers with preterm babies in a selected private pediatrics hospitals in Erode District.

OBJECTIVES

1. To assess pretest knowledge among mothers with preterm babies in a selected pediatric hospital in Erode District.
2. To evaluate the effectiveness of structure teaching programme on knowledge regarding preterm babies among mothers.
3. To find the association between pretest and posttest knowledge score among the mothers with preterm babies.

MATERIALS AND METHODS:

The research design used in this study is a Quantitative research approach.In this study, pre-experimental one group pre and post -test research design was used. The study was conducted in Sudha Mother and Child Care Hospital and Best Children's Hospital in Erode District. Population included in this study comprised of mothers with preterm babies.The target population of this study is mothers with preterm babies in selected private pediatrics hospitals in Erode District.Sample size consists of 60 mothers with preterm babies in selected private pediatrics hospital in Erode District.In this study the investigator was used non-probability convenient sampling techniques. Formal approval was obtained from a selected private pediatrics hospital in Erode District. First investigator introduced herself to mothers with preterm babies and explained the purpose of the study and got consent from mothers with preterm babies. Demographic variables were collected. Pretest assessment of level of knowledge on home care of preterm babies among mothers with preterm babies were assessed.The intervention strategy was implemented on the same day for 30 minutes using flash cards which was prepared by the researcher after consulting with the specialist in child health. The mothers with preterm babies participated with interest and they were alert and enthusiastic. After intervention,7 days of interval, post test was conducted on the same mothers with preterm using the same questionnaire and evaluated the effectiveness of structured teaching programmes on mothers with preterm babies.The collected data were computerized and analyzed using SPSS version 25. The data was analyzed using descriptive statistics (distribution, mean, standard deviation) and inferential statistics(paired t test, and chi-square value test).

DESCRIPTION OF RESEARCH TOOL TECHNIQUE

The tool was developed and standardized from extensive review of literature, internet research and discussion with experts. The tool consist of two sections

Section: 1 - Demographic Variables among mothers with preterm babies.
Section: 2 - Assessment of the level of knowledge on home care of preterm babies among mothers with preterm babies.

Section – 1

Part-A: Demographic variables

It deals with the demographic variables of the subject that includes mothers with preterm babies' age, religion, occupation, education, type of family, area of residence, family history, gestational age of the baby and birth weight of the baby.

Section – 2

Assessment of the Level of knowledge on home care of preterm babies among mothers with preterm babies.It consists of multiple choice questions which were prepared to assess the knowledge among parents of preterm babies.
The questions were related to knowledge aspects of preterm care, thermoregulation, assisted in feeding, skin care, umbilical cord care, elimination care, immunization, eye care, prevention of infection and follow up care. The semi structured questionnaire was used to assess the knowledge among parents on preterm care. It contains 30 multiple

choice questions. The scores given for preterm care are as follows: The correct answer is 1 mark and the wrong answer is 0 mark.

Scoring and Interpretation

   Level of knowledge
1 Inadequate knowledge 1-10
2 Moderately adequate knowledge 11-20
3 Adequate knowledge 21-30

VALIDITY:

     The validation was suggested with some specific modifications in the data collection tool. All their suggestions and valuable opinions were included in the study. The modification includes. Experts validate the clarity, relevance, comprehensiveness and appropriateness of the content. Based on their suggestions, a reframing of the tool was made. Valuable suggestions given by the experts were incorporated and the tool was modified and finalized.

PROCEDURE FOR DATA COLLECTION :

     Formal approval was obtained from selected private pediatrics hospital in
Erode District. First investigator introduced herself to mothers with preterm babies
and explained the purpose of the study and got consent from mothers with
preterm babies. Demographic variables were collected. Pretest assessment of level
of knowledge on home care of preterm babies among mothers with preterm babies
were assessed.
Intervention: Structured teaching programme on home care of preterm babies
     The intervention strategy was implemented on the same day for 30 minutes
using flash cards which was prepared by the researcher after consulting with the
specialist in child health. The mothers with preterm babies participated with interest
and they were alert and enthusiastic. After intervention,7 days of interval, post test was conducted on the same mothers with preterm using the same questionnaire and evaluated the effectiveness of structured teaching programmes on mothers with preterm babies.

RESULT:

SECTION A: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES AMONG MOTHERS WITH PRETERM BABIES.

Table 4.1
Frequency and percentage distribution of demographic variables among mothers with preterm babies.(N=60)

S.No.	Demographic variables	Frequency (N)	Percentage (%)
1	**Mothers with Preterm babies, age in years**		
	20-25	29	48.3
	26-30	14	23.4
	31-35	12	20
	>35	5	8.3
2	**Educational status**		
	No formal education	2	3.3
	Primary school	14	23.3
	Higher secondary school	24	40
	Graduate and above	20	33.4
3	**Occupation of the participant**		
	Employed	20	33.3
	Unemployed	40	66.7
4	**Religion**		
	Hindu	43	71.7
	Muslim	11	18.3
	Christian	6	10
	Other	0	0
5	**Family monthly income**		
	Less than Rs.5000	5	8.3
	Rs.5001- Rs.10000	28	46.7
	Rs10001- Rs.15000	16	26.7
	More than Rs.15000	11	18.3
6	**Type of family**		
	Joint family	18	30
	Nuclear family	42	70

S.No.	Demographic variables	Frequency (N)	Percentage (%)
7	Types of residence		
	Rural	43	71.7
	Urban	17	28.3
8	Previous experience of handling preterm baby		
	Yes	8	13.3
	No	52	86.7
9	Gestational age of the baby is		
	<30 weeks of gestation	18	30
	31-32 weeks of gestation	15	25
	33-34 weeks of gestation	27	45
	35-37weeks of gestation	0	0
10	Birth weight of the baby is		
	Less than 1000 grams	24	40
	1001 – 1500 grams	21	35
	1501 – 2000 grams	15	25
	2000 – 2500 grams	0	0

Table 4.1 shows frequency and Percentage distribution ofdemographic variables among mothers with preterm babies.

Out of the 60mothers with preterm babies who were interviewed, Majority of mothers with preterm babies,29(48.3%) were in the age group 20-25 years, Majority of mothers with preterm babies,24(40%) were higher secondary school, Majority of mothers with preterm babies, Occupation of the 40(66.7%) were Unemployed, Majority of mothers with preterm babies, 43(71.7%) were Hindu, Majority of mothers with preterm babies, Family income 28(46.7%) were Rs .5001- Rs.10000/ month, Majority of mothers with preterm babies, 42(70%) were Nuclear family, Majority of mothers with preterm babies, 43(71.7%) were Rural, Majority of mothers with preterm babies, 52(86.7%) were not had previously experienced of handling preterm baby, Majority of mothers with preterm babies, Gestational age of the baby 27(45%) were 33-34 weeks of gestation, Majority of mothers with preterm babies, birth weight of the baby 24(40%) were Less than 1000 grams respectively.

SECTION B: ASSESSMENT OF THELEVEL OF KNOWLEDGE AMONG MOTHERS WITH PRETERM BABIES IN A SELECTED PEDIATRIC HOSPITAL IN ERODE DISTRICT.

Table 4.2

Frequency and percentage distribution of pretest and post -test of the level of knowledge among mothers with preterm babies in a selected pediatric hospital in Erode District.

(N=60)

Level of knowledge	Pre Test		Post Test	
	N	**%**	**N**	**%**
Inadequate knowledge (1-10)	41	68.3	0	0
Moderate knowledge (11-20)	19	31.7	8	13.3
Adequate knowledge (21-30)	0	0	52	86.7
Mean **Standard deviation**	11.38 ± 4.267		23.65 ± 3.241	

Table -- 4.2 shows that frequency and percentage distribution of pretest and post -test of the level of knowledge among mothers with preterm babies in a selected pediatric hospital in Erode District.

In pretest, Majority of mothers with preterm babies 41(68.3%) had inadequate and 19(31.7%) had moderate level of knowledge and the mean and standard deviation of the level of knowledge among mothers with preterm babies in a selected pediatric hospital in Erode District 11.38 ± 4.267.

In post- test, Majority of mothers with preterm babies 52(86.7%) had adequate and 8(13.3%) had moderate level of knowledge and the mean and standard deviation of the level of knowledge among mothers with preterm babies in a selected pediatric hospital in Erode District is 23.65 ± 3.241 respectively.

SECTION C: EFFECTIVENESS OF STRUCTURE TEACHING PROGRAMME ON KNOWLEDGE REGARDING OF PRETERM BABIES AMONG MOTHERS.

Table – 4.3

Effectiveness of structure teaching programme on knowledge regarding preterm babies among mothers.

(N=60)

Effectiveness	Test	Mean	Standard Deviation	Mean difference	't' value Paired -t test	df	'p' value
Level of knowledge	Pretest	11.38	4.267	12.26	19.03	59	0.000** HS
	Posttest	23.65	3.241				

*** p < 0.001 highly significant, NS - Non Significant.*

Table 4.3 shows that effectiveness of structure teaching programmes on knowledge regarding preterm babies among mothers.

The mean score of Effectiveness of structure teaching programme on knowledge regarding preterm babies among mothers in the pre-test was 11.38 ± 4.267 and the mean score in the post- test was 23.65 ± 3.241. The calculated **paired 't'** test value of **t = 19.03** shows **statistically highly significant** difference of effectiveness of structure teaching programme on knowledge regarding preterm babies among mothers.

SECTION D: ASSOCIATION BETWEEN THE PRETEST AND POSTTEST KNOWLEDGE SCORE AMONG THE MOTHERS WITH PRETERM BABIES.

Table –4.4

Association between the pretest knowledge score among the mothers with preterm babies.

(N=60)

S. No.	Demographic variables	Pre Test level of knowledge				Chi-square X^2 and P-Value
		Inadequate		Moderate		
		N	%	N	%	
1	Mothers with Preterm babies, age in years					X^2=2.95 Df=3 p =0.398 NS
	20-25	21	51.2	8	42.1	
	26-30	7	17.1	7	36.8	
	31-35	9	22	3	15.8	
	>35	4	9.7	1	5.3	

S. No.	Demographic variables	Pre Test level of knowledge				Chi-square X² and P-Value
		Inadequate		Moderate		
		N	%	N	%	
2	**Educational status**					X²=5.53 Df=4 p =0.237 NS
	No formal education	1	2.4	1	5.3	
	Primary school	10	24.4	4	21.1	
	Higher secondary school	13	31.7	11	57.9	
	Graduate and above	17	41.5	3	15.7	
3	**Occupation of the participant**					X²=1.88 Df=1 p =0.170 NS
	Employed	16	39	4	21.1	
	Unemployed	25	61	15	78.9	
4	**Religion**					X²=0.928 Df=2 p =0.629 NS
	Hindu	28	68.3	15	78.9	
	Muslim	8	19.5	3	15.8	
	Christian	5	12.2	1	5.3	
	Other	0	0	0	0	
5	**Family monthly income**					**X²=20.98 Df=3 p =0.000 **HS**
	Less than Rs.5000	0	0	5	26.3	
	Rs.5001- Rs.10000	20	48.8	8	42.1	
	Rs10001- Rs.15000	16	39	0	0	
	More than Rs.15000	5	12.2	6	31.6	
6	**Type of family**					X²=0.033 Df=1 p =0.856 NS
	Joint family	12	29.3	6	31.6	
	Nuclear family	29	70.7	13	68.4	
7	**Types of residence**					X²=2.15 Df=1 p =0.142 NS
	Rural	27	65.9	16	84.2	
	Urban	14	34.1	3	15.8	
8	**Previous experience of handling preterm baby**					X²=1.56 Df=1 p =0.211 NS
	Yes	7	17.1	1	5.3	
	No	34	82.9	18	94.7	
9	**Gestational age of the baby is**					

S. No.	Demographic variables	Pre Test level of knowledge				Chi-square X^2 and P-Value
		Inadequate		Moderate		
		N	%	N	%	
	<30 weeks of gestation	14	34.1	4	21.1	X^2=1.94 Df=2 p =0.379 NS
	31-32 weeks of gestation	11	26.9	4	21.1	
	33-34 weeks of gestation	16	39	11	57.8	
	35-37weeks of gestation	0	0	0	0	
10	Birth weight of the baby is					X^2=11.58 Df=2 p =0.003 *S
	Less than 1000 grams	20	48.8	4	21.1	
	1001 – 1500 grams	16	39	5	26.3	
	1501 – 2000 grams	5	12.2	10	52.6	
	2000 – 2500 grams	0	0	0	0	

*p < 0.05 significant,*p < 0.001highly significant, NS-Non significant

Table 4.4 depicts that the demographic variable, f**amily monthly income and Birth weight of the baby** had shown statistically significant association between the pretest knowledge score among the mothers with preterm babies.

The other demographic variable had not shown statistically significant association between the pretest knowledge score among the mothers with preterm babies respectively.

Table – 4.5 Association between the posttest knowledge score among the mothers with preterm babies.(N=60)

S. No.	Demographic variables	Post Test Level of Knowledge				Chi-square X^2 and P-Value
		Moderate		Adequate		
		N	%	N	%	
1	Mothers with Preterm babies, age in years					X^2=6.009 Df=3 p =0.111 NS
	20-25	7	87.5	22	42.3	
	26-30	1	12.5	13	25	
	31-35	0	0	12	23.1	
	>35	0	0	5	9.6	
2	Educational status					X^2=24.92 Df=4 p =0.000 **HS
	No formal education	1	12.5	1	1.9	
	Primary school	1	12.5	13	25	
	Higher secondary school	3	37.5	21	40.4	
	Graduate and above	3	37.5	17	32.7	
3	Occupation of the participant					X^2=7.21 Df=1 p =0.007 *S
	Employed	6	75	14	26.9	
	Unemployed	2	25	38	73.1	

S. No.	Demographic variables	Post Test Level of Knowledge				Chi-square X^2 and P-Value
		Moderate		Adequate		
		N	%	N	%	
4	**Religion**					$X^2=1.41$ Df=2 p =0.492 NS
	Hindu	7	87.5	36	69.2	
	Muslim	1	12.5	10	19.2	
	Christian	0	0	6	11.6	
	Other	0	0	0	0	
5	**Family monthly income**					**$X^2=25.38$ Df=3 p =0.000 **HS**
	Less than Rs.5000	0	0	5	9.6	
	Rs.5001- Rs.10000	0	0	28	53.8	
	Rs10001- Rs.15000	8	100	8	15.4	
	More than Rs.15000	0	0	11	21.2	
6	**Type of family**					**$X^2=14.53$ Df=1 p =0.000 **HS**
	Joint family	7	87.5	11	21.2	
	Nuclear family	1	12.5	41	78.8	
7	**Types of residence**					$X^2=0.382$ Df=1 p =0.537 NS
	Rural	5	62.5	38	73.1	
	Urban	3	37.5	14	26.9	
8	**Previous experience of handling preterm baby**					$X^2=1.08$ Df=1 p =0.297 NS
	Yes	2	25	6	11.5	
	No	6	75	46	88.5	
9	**Gestational age of the baby is**					$X^2=0.128$ Df=2 p =0.938 NS
	<30 weeks of gestation	2	25	16	30.8	
	31-32 weeks of gestation	2	25	13	25	
	33-34 weeks of gestation	4	50	23	44.2	
	35-37weeks of gestation	0	0	0	0	
10	**Birth weight of the baby is**					**$X^2=13.84$ Df=2 p =0.001 *S**
	Less than 1000 grams	8	100	16	30.8	
	1001 – 1500 grams	0	0	21	40.4	
	1501 – 2000 grams	0	0	15	28.8	
	2000 – 2500 grams	0	0	0	0	

$p < 0.05$ significant, $p < 0.001$ highly significant, NS-Non significant*

The table 4.5 depicts that the demographic variable, **Educational status, Occupation of the participant, Family monthly income, Type of family and Birth weight of the baby** had shown statistically significant association between the posttest knowledge score among the mothers with preterm babies.

The other demographic variable had not shown statistically significant association between the posttest knowledge score among the mothers with preterm babies respectively.

CONCLUSION

The present study of the effectiveness of structured teaching programme on home care of preterm babies among mothers with preterm babies in a selected private pediatrics hospital in Erode District.

The result shows in pretest, majority of mothers with preterm babies 41 (68.3%) had inadequate and 19(31.7%) had moderate level of knowledge and in post- test, majority of mothers with preterm babies 52(86.7%) had adequate and 8(13.3%) had moderate level of knowledge. The result of this study showed that a structured teaching programme was effective in improving the knowledge on home care of preterm babies among mothers with preterm babies.

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