

Postnatal Mothers Attitude and Practice: Signs of Neonatal Risk

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Abstract: *Background:* The person closest to a newborn is their mother, who can help them identify, communicate, and handle their problems so they can live healthy lives. Four million babies perish in the first month of birth each year, with India accounting for 25% of these deaths. The majority of newborn deaths—98% of which take place at home—occur in poor nations. The fact that many babies are born at home without professional assistance presents the biggest barrier to increasing newborn survival. Therefore, the purpose of the current study was to evaluate mothers' attitudes towards and use of newborn danger sign recognition as well as the different home methods they employ to spot and handle these indicators.

Materials and method: A Using a suitable sample technique, a descriptive cross-sectional study using a quantitative approach was conducted on 100 postpartum moms with the aim of evaluating their attitudes and practices regarding newborn danger indications. The self-reporting practice checklist and attitude scale were employed as data collection instruments.

Results: The study's findings indicate that 39% of moms had a positive attitude and 61% had a moderate attitude. On the other hand, the majority of postpartum moms (90.56%) had a high practice level when it came to newborn danger indicators. The attitude score and the practice score showed a statistically significant connection ($r=0.401$ at the 0.01 level of significance).

Conclusion: The study found that postpartum moms' attitudes and behaviours recognising newborn danger signs need to be improved, whether during prenatal visits, the postpartum phase, or at the community level. A community-based teaching programme should be started to improve postpartum moms' understanding, perspective, and behaviour with regard to newborn danger indications

Keywords: Post-natal mothers; Neonates; Neonatal danger signs; Attitude; Practice; Information booklet

I. INTRODUCTION

The neonatal phase in human life is defined as the first 28 days after birth (World Health Organisation, 2014). A newborn has significant challenges in transitioning from intrauterine to extrauterine life after birth.

Every year, 10 million children under five pass away worldwide. The majority of them pass away while still infants. Of them, 98% of these fatalities take place in underdeveloped nations. Infancy accounts for over half of all deaths in children under the age of five. The neonatal stage is when almost two thirds of newborn deaths take place. Additionally, it has been observed that approximately half of newborn deaths occur within three days of birth, nearly three-quarters within the first week, and one-third occur on the first day of life. About 34 out of every 1000 live births in poor nations end in neonatal death.

In terms of the total number of newborn deaths in Africa, Nigeria came in first place; globally, it placed second. According to estimates of the number of newborn deaths in Nigeria in 2003, 49% of the deaths were from preterm births and birth asphyxia, and 37% were from serious infections such as pneumonia, sepsis, neonatal tetanus, and diarrheal illnesses.

The newborn mortality rate (NMR) in India decreased dramatically between 1980 and 1990, from 69 per 1000 live births to 53 per 1000 live births. The NMR, however, has been virtually unchanged in recent years, falling marginally

from 48 to 44 per 1000 live births between 1995 and 2000 and from 22 to 28 per 1000 live births between 2011 and 2015. There have been reports of comparable circumstances from other emerging nations. The least NNMR (11) in Uttarakhand is found in the Rudraprayag district, while the largest NNMR (50) and range is found in Haridwar, at 39/1000 live births. The newborn death rate in Dehradun is 32 per 1000 live births.

It has been observed that the clinical signs of many neonatal morbidities lack specificity, which makes it difficult to make a firm diagnosis, causes patients to delay seeking care, and raises the death rate.

A history of difficulties feeding, 2) movement only when encouraged, 3) temperature below 35.5°C, 4) temperature above 37.5°C, 5) respiration rate greater than 60 breaths per minute, 6) severe chest in drawings, and 7) history of convulsions are among the warning symptoms of a severe disease. When these indicators are evaluated, it is possible to predict with a high degree of overall sensitivity and specificity whether a newborn will require hospitalisation within the first week of life.

Mothers are the best primary health workers because of their awareness, knowledge, and abilities, which all depend on their health and the health of their children. Given her ongoing relationship with her child, she is in the best position to recognise early signs of disease and significant deviations from normal growth.

II. MATERIALS AND METHODS

For a month (December 2014–January 2015), a descriptive cross-sectional study using a quantitative approach was conducted in Doiwala Block, Dehradun District, to evaluate postpartum moms' attitudes and practices about newborn risk indicators. Using a straightforward sample technique, 100 postpartum moms were chosen based on the inclusion criteria. (1) All new mothers giving birth to a baby younger than one month; (2) Mothers under the age of forty; and (3) Mothers agreeing to take part. There are just 53 moms who have reported having newborn danger symptoms in their child. Thus, only these maternal behaviours were evaluated. A self-reporting practice checklist and an attitude evaluation scale were used to gather the data. Both descriptive and inferential statistics were used to analyse the data.

III. RESULTS

Sample characteristics	Frequency (f)	Percentage (%)
Age (years)		
20-24	57	57
25 and above	43	43
Education		
Primary	20	20
Secondary	33	33
Higher secondary	47	47
Occupation		
Working	4	4
Non-working	96	96
Monthly Income		
10,000 and below 10,000	88	88
Above 10,000	12	12
Family Type		
Nuclear	21	21
Joint	79	79
Living Area		
Rural	9	9
Semi-urban	91	91
No. of Children		
1	56	56
2	29	29

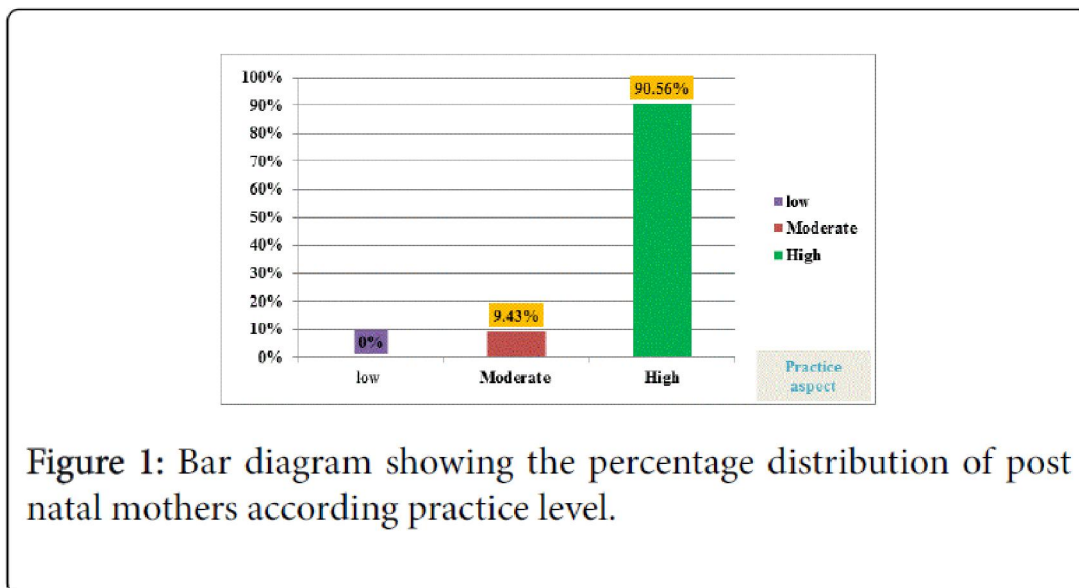
3 and more then 3	15	15
Pre-Exposure		
Yes	24	24
No	76	76
Baby Gender		
Boy	49	49
Girl	51	51
Birth month of baby		
Below 9 month	5	5
At 9 month	69	69
Above 9 month	26	26

Table 1: Socio demographic profile of the post-natal mothers, (N=100).

Table 1 above, which presents the demographic characteristics of research participants, shows that the majority of participants (80%) were between the ages of 20 and 24; most participants (80%) had completed secondary and higher education; 96% were unemployed; 88% had monthly incomes under \$10,000; 79% belonged to joint families; and 91% lived in semi-urban areas. Of the moms, more than half (56%) had only one child, and only one-fourth (1/4) (24%) had any prior exposure to or knowledge of newborn risk signs. The majority of babies (69%) born at full term and the gender ratio of the babies among the participants were nearly equal (51%–49%).

Aspect	Category	Frequency	Percentage %
Unfavourable	20-46	0	0
Moderate	47-73	61	61
Favourable	74-100	39	39

Table 2: Frequency and percentage distribution of attitude level of post-natal mothers regarding neonatal danger signs.



According to Table 2, 61% of postpartum moms had a moderate attitude towards newborn danger indicators, with 39% of the mothers having a favourable view.

The aforementioned Figure 1 demonstrates the high degree of practice among postpartum moms (90.56%), indicating that most mothers are capable of identifying the warning signs and symptoms of newborn risk and taking appropriate precautions..

Table 3: Attitude and practice mean and SD score of post natal mothers regarding neonatal danger signs.

Aspect	Statement	Max. Score	Mean	SD	Mean%
Attitude (N=100)	20	100	71.78	7.898	71.78
Practice (N=53)	32	32	25.55	2.325	79.84

Table 3 reveals that the mean attitude of post natal mother was 71.78. Hence, it is to be interpreted that mothers were having moderate attitude regarding recognize and prevention of neonatal danger signs.

	Mean	SD	r-value	P-value
Attitude	70.92	7.859	0.401	0.003
Practice	25.55	2.325		

Table 4: Correlation between attitude score and practice score of post-natal mothers regarding neonatal danger signs. The relationship between postpartum moms' attitude and practice scores regarding newborn indicators was examined using the Karl Pearson test in Table 4, and it was shown to be statistically significant (P0.003). Therefore, it can be statistically interpreted that postnatal moms' practices regarding newborn danger indications rise in tandem with their positive attitude.

Association between attitude score, practice score and selected demographic variables

Sr. No	Demographic data	Below median (<71)	Above median (71>)	Chi square	df	P-value	Significance
1	Age						
	20-24	26	31	0.202	1	0.887	NS χ^2
	25 and above	19	24				
2	Education						
	Primary	16	4				
	Secondary	12	21	-----	2	0.001	Sig F
	Higher secondary	14	30				
3	Occupation						
	Non-working	42	54	-----	1	0.0416	Sig F
	Working	4	0				
4	Monthly income						
	10,000 and below	38	50	0.979	1	0.322	NS χ^2
	Above 10,000	7	5				
5	Family type						
	Nuclear	11	10	0.585	1	0.444	NS χ^2
	Joint	34	45				
6	Living area						
	Rural	2	7	----	1	0.1799	NS F
	Semi urban	43	48				
7	No. of children						

	1	23	33				
	2	12	17	3.35	2	0.188	NS χ^2
	3 or more then 3	10	5				
8	Pre exposure						
	Yes	6	18	5.1	1	0.024	Sig χ^2
	No	39	37				
9	Baby gender						
	Boy	18	31	2.65	1	0.103	NS χ^2
	Girl	27	24				
10	Birth month of baby						
	Below 9 month						
	At 9 month	2	3	-----	2	0.9375	NS F
	Above 9 month	32	37				
		11	15				

Table 5: Association between attitude score and selected personal profile of post natal mother, (N=100).

Table 5 indicates a statistically significant correlation between the participants' attitude score and their level of education ($p < 0.001$), occupation ($p < 0.0416$), and prior exposure ($p < 0.024$) in relation to their understanding of neonatal danger indicators. Therefore, statistical analysis suggests that mothers with greater levels of education had a more favourable outlook on newborn warning signs. Additionally, moms who were not employed and those who had prior exposure to information on newborn danger indicators exhibited a generally positive attitude towards these signs.

Relationship between a postpartum mother's chosen personal profile and her practice score

There was no statistically significance association between practice score and selected personal variables of the participants regarding neonatal danger signs.

IV. DISCUSSION

This poll revealed that most mothers had an average attitude towards warning signs for newborns. These findings align with the previous studies carried out by Darling et al. The majority of mothers (61%) had favourable sentiments regarding taking care of their newborns, according to the study's findings.

In terms of newborn hazard indicators, the majority of postpartum mothers (90.56%) had a high practice level, compared to just 9.43% who had a suitable level of practice and none who had a poor practice level, per the current study. Studies conducted by Darling and colleagues bolster these findings. 57% of postpartum mothers had high practice levels, 43% had moderate practice levels, and none had low practice levels, per the study's findings.

The study's conclusions indicated that there was a statistically significant relationship ($r = 0.401$ at the 0.01 level of significance) between postpartum mothers' attitude and practice ratings on infant symptoms. Rodrigo et al. provide corroboration of the current study's findings. The study's findings showed a significant correlation between mothers' actions and attitude towards infant jaundice.

The current study's findings demonstrated a strong relationship between participants' attitude scores and their educational background, line of work, and previous exposure to material regarding neonatal danger symptoms. The study's findings are corroborated by a previous investigation by Rabiyeepoor et al. The study's findings demonstrated a relationship between mothers' earlier experiences with newborn jaundice and their level of education, as well as their attitudes and understanding regarding the condition.

The findings show that, in terms of infant risk symptoms, there was no discernible relationship between the participants' practice score and their personal characteristics. The study's findings are corroborated by a previous investigation by

Castalino et al. The study's results showed that the association between the mother's knowledge and practice score was not statistically significant at the 0.05 level ($r=0.276$, $p=0.140$).

V. CONCLUSION

The study's findings will help nurses in hospital and community settings better inform women about neonatal danger signs and how to take immediate action to care for their babies who show them. Pregnant moms should receive health education prior to being discharged from the hospital, during prenatal visits, postnatal wards, and the neonatal intensive care unit, in order to reduce the risk of neonatal morbidity and mortality.

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