EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING BIRTH PROCESS AMONG ANTENATAL MOTHERS IN PRIMARY HEALTH CENTRE AT POOVANTHI.

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A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

MARCH 2014

CERTIFICATE

This is to certified that the dissertation entitled "**EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING BIRTH PROCESS AMONG ANTENATAL MOTHERS IN PRIMARY HEALTH CENTRE AT POOVANTHI"** is submitted to the faculty of Nursing, **The Tamilnadu Dr. M.G.R Medical University,** Chennai by M**rs.P.Kalaiyarasi** in partial fulfillment of the requirement for the degree of Master of Science in Nursing. It is the bonafide work done by her and the conclusions are her own. It is further certified that this dissertation or any part thereof has not formed the basis for award of any degree, diploma or any titles.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

ABSTRACT

Introduction

Bringing a baby into the world is one of the most blissful periods in any mother's life, as it brings delight and happiness to the entire family. However, many women find this period quite stressful, feel tearful, depressed and even hesitate to acknowledge that after going through labor and giving birth, their feelings are not as positive as expected.

Statement of the problem

Effectiveness of video assisted teaching on knowledge regarding birth process among antenatal mothers in primary health centre at poovanthi.

Aim

Find out effectiveness of video assisted teaching programme on knowledge regarding birth process.

Design

The design used was the pre experimental-one group pretest and post test design

Settings

The study was conducted in primary health centre, poovanthi.

Methods

Using purposive sampling.100 antenatal mothers were administered video assisted teaching on knowledge regarding birth process.

Results

The results shown there was a significant difference in knowledge on birth process before and after video assisted teaching among antenatal mothers.

Conclusion

The video assisted teaching programme was effective ($p<0.05$) to improve knowledge of antenatal mothers regarding birth process.

CHAPTER I

INTRODUCTION

The wisdom and compassion a woman can intuitively experience in childbirth can make her a source of healing and understanding for other women" *-Stephen gaskin*

Pregnancy- a new dimension in a women's life, a state of poise and grace is one of the greatest experience in life. Pregnancy should normally soil smoothly, without any problems, as it is a marvel. Whatever nature does, it is always with certain method and order. (Shanthi.S, Venkatachalapathi, 2007)

Aristotle 384-322B.C. was the first man who urged care of the mind of women delivering a baby. There is no another occasion what is celebrated with so much joy and relief than the safe birth of a healthy child. (Gandhimathi M, Kamala S, 2007)

A Mother, even though she has born earlier in this world, she is perceiving experience of the rebirth by giving a childbirth. The wonder of the motherhood is the enjoyable journey that is felt only by mother after given birth (Karpagavalli.G, Judie.A, 2008)

Birth is inextricably relation to gender, women give birth, and this confers a particular role within society for women, based on the culture in which they live. The role of motherhood is grounded in historical and societal influences, and an understanding of women cultural identities enables midwives to give support through the transition from women to mother (Davies, 2000)

Child birth is an experience in a woman's life that holds the power to transform her forever. Passing through these powerful gates in her own way remembering all the generations of women who talk with her she is never alone. (Suzanne arms,2007)

Durham.J,2012 says labour is a process of childbirth during which there is expulsion of the product of conception per vagina. Labour process may be viewed as a test of womanhood, a test of personal competence, a peak of experience, and the

first act of motherhood. Labour process starts with the onset of regular uterine activity associated with effacement and dilatation of the cervix and descent of the presenting part through the cervix.

WAG, 2006 says that the pregnancy and child birth are natural events but also have a great social and emotional significance, particularly for those who are experiencing this for the first time. The prospect of transition of parenthood can bring a great joy and excitement but also bring anxiety of the birth process and the responsibility that parenthood brings the challenges of health care providers is to minimize the risk for mother and baby, ensure that the pregnancy and childbirth is satisfying one, and support the family in adapting the changes needed to love and nurture a new member of the family

Malathi.D, Judie.A, 2008 conveys that the child birth is one of the greatest events in every woman's life. Having hard fantasies about pregnancy and motherhood, when confronted with the reality, many of them doubt their ability to cope with this great event in their lives. At this time, the mothers need lot of help for the realization and acceptance of child birth as a normal physiological phenomenon. Realization of this need by the obstetricians led to the development of psychosomatic methods of preparation for child birth

Gayle Peterson, 2010 says that giving birth will tend to be integrative are disintegrative, depending on the support, preparation and acceptance of her feeling before, during and after the birth. Her sense of maintaining psychological wholeness throughout the labour, whatever the method or kind of birth, is key to positive sense of self. Giving birth is experience of great magnitude. It naturally follows that the more intact a women feels emotionally, the easier it is for her body to adapt to the intensity of the labour, as heightened amounts of fear can give massages in some women for the brain to shut off labour.Hence Self esteem is a part of health.

NEED FOR STUDY:

As per the census of India in 2011, birth rate is 20.6 births/1000 populations and death rate is 6.4 deaths/1000 population, it indicates that there is rapid increase in India's population. The fertility rate in India is 2.72 children born/woman. Out of 1000 mothers, 1300 mothers undergo prolonged labour. With this there are many complications expected for both mother and baby, associated with prolonged labour. Hence it is necessary to prevent the prolonged labour and shorten the duration of labour by means of improving the health teaching among mothers.

Rao kamini, 2011, says the pregnant women become more focused about labour and birth of a child as they approach the final phase of pregnancy. They become eager to plan the events for the delivery and the postpartum period. Midwives and maternity nurses play a vital role in helping pregnant women overcome their fear and anxieties about labour and child birth. Various educational programmes and methods have been designed to help pregnant women and both the parents in general, to know the different aspects of labour and delivery. These programmes aim to alleviate the fear and help new parents to cope with the child birth in positive manner.

During pregnancy there was a general belief that fears of labor and delivery creates tension, which in turn leads to pain to overcome the physiological, psychological and family problems, the couples can go for child birth preparation classes. It is the vital role that couples are to be equipped for the challenges of modern day parenting (Cher tock, 1961)

Sercekus P, Okumus H,2009 conducted a qualitative study among 19 nulliparous pregnant women who stated fear related to childbirth on topic to describe fear associated with childbirth & reasons for fear at turkey. The findings revealed that women fear were related to labour pain, birth related problems &procedures and reasons for their fear was type & quality of childbirth information, personal experiences. Study concluded that women experiences considerable fear related to impending childbirth and it is important for health professionals to explores fear related to childbirth and develop and evaluate formal childbirth education is also recommended.

Bakshi R, et.al, 2008 said Fear related to pregnancy and childbirth is very common in women. These fear and anxiety have individual variation. It's more intense in primigravidae than multigravidae. The anticipation of labour will probably evoke a degree of anxiety in first time mothers. Women with increased tokophobia can have increased psychological morbidity during both antepartum and postpartum period. A variable number of 20% to 78% of pregnant women report fear associated with the pregnancy and childbirth. However 13% of nongravid women report fear of childbirth sufficient to postpone or avoid pregnancy. Management in terms of proper childbirth education and counseling should be implemented. Pregnant women commonly worry about the pain they will experience during labour and childbirth. A wide variety of childbirth preparation methods can provide ways to help the women cope with the discomfort of labour.

In England published a book named "Natural child birth "which was based on many years of observations of his patient's giving birth. In his book he emphasized that most of the pain that the women experienced was caused by fear due to lack of knowledge. Grandly dick (1933)

The aim of antenatal education is to provide information about the child birth process and choices available for labor, infant feeding options and opportunity to meet the another women in the same situation which will facilitate to form a new relationships supportive networks (Spiby, 1999).

Holloway. A, 2011, says Childbirth is a subjective and multidimensional experience. No single specific technique or combination of interventions can help all women, or even the same women throughout the entire labour experience. Therefore, it can be difficult to learn all of these techniques through reading books and watching videos alone.face to face childbirth preparation sessions can provide a more through education to help future parents increase their confidence and learn strategies to reduce stress and anxiety and to manage the pain during the children event.

Kirandeep. K, et.al, 2013 suggests that the antenatal women require education in preparation for childbirth and pain reduction strategies. The first time mothers out of unawareness, fear, anxiety result in an uncooperative attitude and the stressful childbirth experience. So need was felt to teach mothers an alternative therapy to cope with labour among various methods of teaching like still pictures,

booklets, flipbooks, models, posters, motion picture have an advantage above all. Learning through video has been long lasting impression as it compels and holds the attention of the viewer. The individual watching the video imitates the behavior and try to be competent in performing it. This is based on principle of learning by doing which is congruent with the Chinese proverb 'what I hear I forget, what I see I remember, what I do I know.'

Prenatal education are build women's confidence in their own ability to give birth, to provide knowledge about normal birth and to develop individualized birth plans that provide a road map for keeping birth as normal as possible even if complications occur. (Romano.M, Judith.A, 2007)

A child birth preparation classes usually covers changes in the body during pregnancy, coping abilities during labor, presence of support person and some information on new born care. (Malathi.D, Judie.A, 2008)

Lumely.J, Brown.S,(1993) conducted the attenders and nonattenders at childbirth education classes in Australia. The study assessed the association between attendance at childbirth preparation classes and the health behaviors, birth events, satisfaction with care and later emotional well being of women having their first child. In this study response was 71.4 percent (790|1107).Classes were attended by 245(83.9%) of 292 primiparous women. It identifies only one of five measures of satisfaction with care was less favorable in non attenders.

From the above references and considering advantages, structured antenatal education programmes for child birth or parenthood or both are commonly recommended for pregnant women by health care professionals in many part of the world. There are many varied way of providing this antenatal education among which some may be more effective than others. Parenting programmes can make a significant contribution to the short term psychosocial health of mothers. It has a potential role to play in the promotion of mental health and increasing the coping strtagies of mothers during lbour. Above facts and the personal experience influenced the investigator to assess the effectiveness of video assisted teaching on labour process in relation to knowledge among women undergone labour.

STATEMENT OF THE PROBLEM

Effectiveness of video assisted teaching on knowledge regarding birth process among antenatal mothers in primary health centre at poovanthi.

OBJECTIVES

- Assess the pre test knowledge regarding birth process among antenatal mothers.
- Assess the effectiveness of video assisted teaching on knowledge regarding birth process.
- Associate the pretest scores with their selected demographical variables

OPERATIONAL DEFINITIONS:

EFFECTIVENESS:

Refers to the extent in which video assisted teaching programme will achieve the desired effect in imparting knowledge regarding birth process in terms of differences between pre-test and post test score assessed by semi structured knowledge questionnaire.

VIDEO – ASSISTED TEACHING:

Refers to a teaching material developed for enhancing knowledge regarding birth process among antenatal mothers.

KNOWLEDGE:

Refers to the information regarding birth process among antenatal mothers as measured by semi structured knowledge questionnaire.

BIRTH PROCESS:

Is the process by which the fetus, placenta and membranes are expelled through the birth canal.

ANTENATAL MOTHERS:

Refers to women who are not given birth first time irrespective number of gestation at last trimester of her pregnancy.

HYPOTHESES:

H1: Mother shows significant difference between pretest and post test of the knowledge scores of antenatal mothers regarding birth process.

H2: Mother shows significant association between the knowledge scores and their selected demographic variables of mothers.

ASSUMPTION:

- Video assisted teaching provides opportunity for learning and better understanding about birth process.
- Improvements in knowledge make the mother cope up with the birth process.

LIMITATIONS:

- Antenatal mothers in primary health centre at poovanthi.
- Antenatal mothers who are in above 32 weeks of gestation.

CONCEPTUAL FRAME WORK:

The study was based on **J.N.Kenny's open system model, 1990.** A system consist of a set of interacting components within a boundary those fitters the type and rate of exchange with the environment. All living system is open. In that there is a continuous exchange of matter, energy and information. In open system, there are varying degrees of interaction with the environment, from which the system receives input and output in the form of matter, energy and information.

According to system theory, for survival all systems must receive certain amount of matter, energy and information from environment. The system regulate the types and amount of input received through the process of selection. To maintain the system equilibrium or homeostasis, the system uses input through self regulation. Through system matter, energy and information are continuously maintains itself and environment to guide its operation. Feedback may be positive, negative or neutral.

In this present study these concepts are explained as below.

INPUT:

Based on J.W.Kenny's open system model, input can be a matter, energy and information that enter in to the system from the environment through its boundaries.

In this study input consist of demographic data of antenatal mothers such as age, religion, education, occupation, monthly income of the family, type of family, source of information and assessing existing knowledge on birth process among antenatal mothers.

THROUGHPUT:

Through put is the operation phase or manipulation and activity phase. It is the process that allows the input to be changed. So that it is useful to the system.

In this study throughput is the construction of video assisted teaching on birth process.

OUTPUT:

Output is any information that leaves the system and enters the environment through system boundaries. It refers to the ultimate results, which are expected following programme implementation.

In this study output refers to the knowledge gained by antenatal mothers on birth process. It will also see whether the knowledge o antenatal mothers on birth process is varying with demographic variables. After processing the input, the system return output to the environment, in the form of change in behavior. If there is adequate knowledge, it helps to mother develop improved coping strategies and reduce the anxiety in birth process. Inadequate knowledge leads to poor coping strategies in birth process among antenatal mothers.

FEEDBACK:

Feedback is the result of throughput, it allows the systems to maintain its interval function, it is the process whereby the input of the system is rectified as part of the input of the same system.

In this study feedback is the improved responses. As following the video assisted teaching the mothers are expected to have adequate knowledge. If the mothers have inadequate knowledge which serves as an input. Those it is a continuous process.

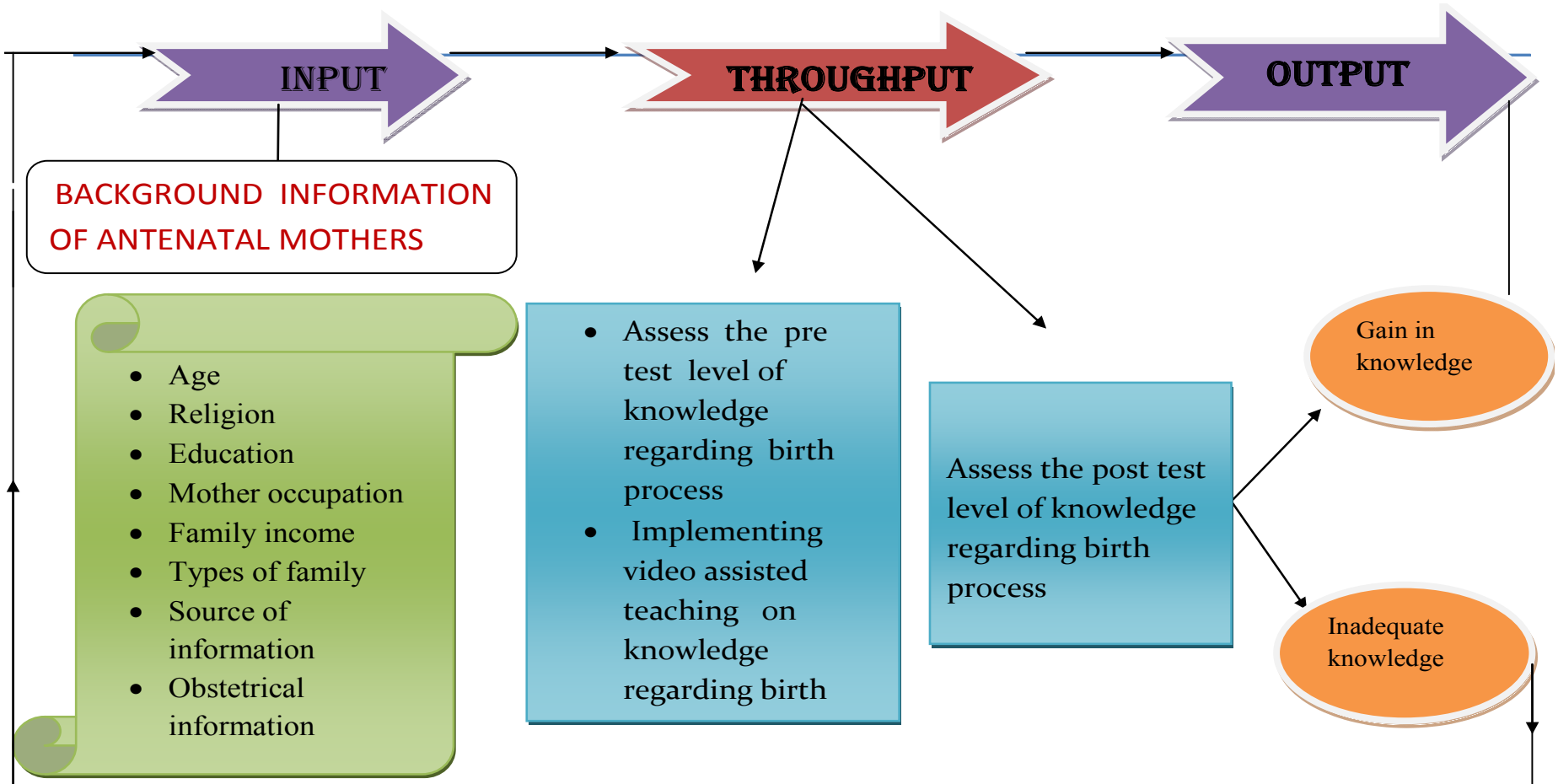

Figure 1: Schematic representation of conceptual frame work based on J.N.Kenny's Open system model

CHAPTER –II

REVIEW OF LITERATURE

The extensive review was made to strengthen the present study in order to lay down the foundation, which helps to reveal the prevailing situation of the similar studies in different areas. Existing studies and information are often indispensable in helping the investigator to focus on a particular problem and to formulate suitable research process.

The literature are organized under the following headings.

I. Studies related to the mothers knowledge on birth process.

II. Studies related to the importance of antenatal education classes on birth process.

III. Studies related to the effectiveness of video assisted teaching on birth process.

I. Studies related to knowledge on birth process:

Manju S, Sudhanshu S, (2012) conducted a qualitative study on knowledge, attitude and belief of pregnant women towards safe motherhood in jaipur,india.100 pregnant women were selected through systematic purposive sampling technique. Data were collected through structured questionnaire. The study depicts there is no significant difference between three different age groups (p=.647).knowledge of safe mothering differed significantly across parity (p=.001), no significant difference in knowledge between the three different groups for education (p=.063).Findings from this study suggest that need for targeted health education using various educational method for rural women. The study also suggests regular individual counseling of pregnant women can seek to bridge the knowledge of pregnant women regarding safe motherhood.

Khwairakpam Memita Devi (2011) conducted a qualitative study on knowledge of antenatal mothers preparing for safe delivery in salem.51 antenatal mothers are selected by purposive sampling. It shows 60.78% antenatal mothers had good knowledge regarding preparation of safe delivery, 1.96% antenatal mothers who had poor knowledge regarding preparation of safe delivery. The study concluded that no significant associations ($P<0.05$) were found knowledge score and their selected demographic variables.

Gayathri.KV,Sudha.A,Metgud.MC.(2010) conducted a quasi-experimental study to evaluate the effectiveness of planned teaching program on knowledge and reducing anxiety labour among 60 primigravidae mother in selected hospitals,belgaum. Samples were selected through purposive sampling technique. This study result shows that knowledge score mean difference in experimental group was 16.8 and in control group it was 0.6.The anxiety score mean difference was 37.6 in experimental group and in control group it was 0.16.The study identified planned teaching programme helpes in gaining knowledge and reducing anxiety about labour in primigravidae.

Malathi D, judie A, (2008) conducted a study on assessment of knowledge and attitude on child birth preparation and factors promoting and depromoting the utility of service among 100 primigravida mothers in Chennai. Samples were selected through non probability convenience sampling technique. The analysis reveals that among primigravida mothers, the overall mean score of knowledge is 7.84 and the overall mean score of attitude is 2.28 .It clearly indicates positive correlation exist between knowledge and attitude($r=0.29$) which is significant at<0.05 level. This study concludes that the primigravida mothers attending the child birth preparation classes will have an adequate level of knowledge and favourable attitude towards child birth preparation.

Ibach.F,Dyer.RA,Fawcus.S,Dyer.SJ,(2007) conducted a qualitative study to analyze knowledge and expectations of labour among primigravida women in public health sector in Cape Town, Africa.30 samples black African are selected. . Data was collected through an open-ended interview guide. The findings revealed that patients were poorly informed about the process and pain of labour .Most women appeared highly motivated concerning their ability to cope with labour. Study concluded that those mothers were poorly prepared for the experience of delivery. Antenatal programmes should incorporate sensitive education concerning the process and pain of labour and the methods available to alleviate pain.

Bester MB, Nolte AG, (1992) conducted a descriptive study on knowledge and expectation of child birth in primigravidas in johanneburg. primigravida mothers are selected by survey method. From this research it is clear that the respondents had insufficient knowledge of childbirth and handling of pain during childbirth. This insufficient knowledge can mainly be attributed to the poor attendance of antenatal preparation classes, inadequate professional counseling and the mother of the primigravida as the primary source of information on childbirth.

II. Studies related to importance of antenatal education classes.

Artieta-pinedo I,Paz-Pascual C,(2010) conducted a prospective observational study to the benefits of antenatal education for the childbirth process among 616 pregnant nulliparous women in spain. The study result shows that spanish women who had attended antenatal education classes experienced less anxiety during birth than those who had not(Hospital anxiety and depression scale score adjusted difference=-1.5,95% confidence interval =-0.1 to 3.0),whereas the opposite was found for immigrant women(adjusted difference =2.4;95% confidence interval=-0.6 to 5.4;antenatal education x nationality interaction,(p=o2).no dose response relationship was found between antenatal education and anxiety, and no benefits were seen for the other variables.

Kagali,Samuel(2009) conducted a cross sectional study on the perceptions and practices of birth preparedness among 316 antenatal mothers in Naguru and kawempe health centres. Samples were selected through systematically. The study result shows that of the 316 study participants, 48(15%) had a birth preparedness plan. Obtaining basic safe birth supplies for the mother and the unborn baby and saving money to use the most known elements of the birth preparedness plan at 90% and76% respectively. It was also note that the mothers did not receive appropriate health education during antenatal care. The respondents had very limited knowledge on the danger signs of pregnancy with only 42(13%) of the respondents able to spontaneously mention≥ three danger signs of pregnancy. The study participants however had good perceptions on the birth preparedness plan. There was no statistical significance between socio-demographic characteristics and having a birth preparedness plan. Knowledge of danger signs and having a birth preparedness plan was also not significant statistically. The study concluded that the practice of antenatal mothers for

birth preparedness planning was poor even though these mothers had good perceptions about preparedness. Obtaining the basic safe birth supplies was literally taken has having birth preparedness plan by most antenatal mothers.

Lee LY, Holroyd E, (2009) evaluating the effect of childbirth education class on their labour experience among pregnant women in Hong Kong, China. Two-phase study was adopted. In Phase One, 40 Chinese women were selected through random sampling technique, in phase two, 40 original women were selected through purposive sampling technique. The study result shows that the participants expressed overall satisfaction with the class. The study supports using a mixed method approach to evaluate client education activity and highlights the importance of cultivating positive coping measures among the Chinese women after attending childbirth education class when facing childbirth related anxiety.

Serçekuş P, Okumuş H. (2009) a qualitative study was conducted fear associated with childbirth among 19 nulliparous women in Turkey. Data was gathered through semi structured interviews and analyzed by using the content analysis method. The findings revealed women's fear were related to labour pain, birth related problems and procedures, attitudes of health care personnel and sexuality. The study considering the potential for negative findings caused by fear, and the likelihood of requesting a caesarean section, it is important for health professionals who provide antenatal care to explore fear related to childbirth. The development and evaluation of formal childbirth education is also recommended.

Multiso SM,Quershi Z,Kinuthia J.(2006) conducted a descriptive cross sectional study on birth preparedness among antenatal clients in Nairobi.394 systematic sampling was used for this study. The study result shows that over 60% of the respondents were counselled by health workers on various elements of birth preparedness. 87.3%of the respondents were aware of their expected date of delivery, 84.3% had set aside funds for transport to hospital during labour while 62.9% had funds for emergencies. 67 of the respondents knew at least one danger sign in pregnancy while only 6.9% knew of three or more danger signs. 109% of the respondents did not have a clear plan of what to do in case of an obstetric emergency. Level of education positively influenced birth preparedness. The study concluded Education and counseling on different aspects of birth preparedness was not provided to all clients. Respondent's knowledge of danger signs in pregnancy was low. Many respondents did not know about birth preparedness and had no plans for emergencies.

Robert A, Neena khadka,et al,(2003-2004) conducted a birth preparedness programmes (BPP) among pregnant women in Siraha,Nepal.162 were directly exposed to BPP materials while pregnant. This study result shows a composite index of seven indictors that measure knowledge of respondents, use of health services, and preparation for emergencies increased from 33% at baseline to 54% at endline (P=0.001).Five key newborn practices increased by19to29% from baseline to endline (p values ranged from 0.000 to 0.06).The BPP can positively influence knowledge and intermediate health outcomes, such as household practices and use of some health services.

Gibbins J, Thomson AM. (2001) conducted a qualitative study of Women's expectations and experiences of childbirth in England. Eight pregnant women are selected. The women all wanted to take an active part in their labour and the feeling of being 'in control' was the main finding and the 'essence' of this study. This was achieved through support from partners, the positive attitudes of the midwives caring for them during pregnancy and labour, information given during pregnancy and labour and being able to make and be included in decision making during labour.

Spiby H, Henderson B, et al. (1999) conducted a Strategies for coping with labour in England. 121 nulliparous women are selected. The findings of this study of a group of well-prepared women raise questions about the correct components of antenatal classes and how midwives and birth companions can be involved optimally in this aspect of a woman's labour. The study concluded that further research is required to determine how women can best be helped to cope with the experience of labour.

Handfield B,Bell R (1995) conducted a study on child birth classes influence decision making about labor and postpartum issues among 59 primiparous women in Melbourne,Australia. The results indicated that although the women enjoyed childbirth education classes, the information they received had minimal effect on their decision to breastfeed and the appropriateness of a 24-hour stay. Information gained about the use of pain medication in labor was clearly helpful when women made decisions about pain relief. Educational strategies have failed to address the tendency of nulliparous women to postpone making decision about the postnatal period such as early discharge, and further investigation on this aspect of a childbirth education program is suggested.

Slade P,Macpherson SA,et al.(1993) conducted a study on expectations, experiences and satisfaction with labour among 81 primiparous women in westernbank, uk. The study findings shows that positive emotional expectations were strong predictors of positive emotional experiences and unrelated to negative emotional expectations. Expectations in general were positively related to experience but the strength of the association was weak. Personal satisfaction (i.e. satisfaction with self) in labour was strongly associated with the ability to control panic and other aspects of personal control. This study concluded that attenders and non-attenders at antenatal preparation classes shows no significant differences in their experiences or personal satisfaction levels. Possible explanations for this absence of impact are discussed together with issues concerning the relevance of psychological theory to midwifery practice and the need for greater integration.

III. Studies related to effectiveness of video assisted teaching.

Kirandeep Kaur,Avinash Kaur Rana,Shalini Gainder(2013)done a quasi experimental study to assess the effect of video on breathing exercises during labour on pain perception and duration of labour among primigravida mothers in india.40 mothers are selected purposely. The study result shown the assessment of pain perception at the latent,early and late active phases of first stage of labour was statistical significant difference among experimental and control group($p<0.01$).statistical significant difference($p<0.01$) was also observed in the duration of first stage of labour with mean duration in experimental group as compared to control group. The mean duration of second stage of labour was also significantly less($p<0.01$).The study concluded that the practice of breathing exercises during labour help to reduce pain perception and duration of first and second stage of labour.

Shweta Ashok Angadi (2013) conducted a Randomized control trial(Rct) to evaluate the effectiveness of structured information education and communication programme on knowledge regarding birth preparedness among primigravidae mothers and their spouses in Belgam, Karnataka.60 randomization of the enrolled subjects in to experimental and control group was achieved by using lottery method.The study result in control group the mean percentage of knowledge in the pretest 20.33% ,and

mean percentage in the post test 24.13%.And in experimental group the mean percentage of knowledge in the pretest 20.73% , and mean percentage in the post test was 33.1% .The results revealed that the gain of knowledge score was statistically significant($t=9.11$ $p<0.05$).The significant difference between pre test and post test knowledge score in control group was($t=10.84$ $p<0.05$).the significance of difference between pre test and post test knowledge score in experimental group was $t=12.62$ $p<0.05$.Therfore,it was concluded that the structured information education and communication programme(SIECP) was effective in improving the knowledge of primigravidae mothers and their spouses regarding birth preparedness.

Seyedeh Fatemeh,Mazloomeh Hamzehkhani,et al.(2012) conducted a study to evaluate the effect of educational software on self efficacy of pregnant women to cope with labor in Iran.150 pregnant women were selected through random sample, data was collected through childbirth self efficacy questionnaire(CBSEI) was used which measures the outcome expectancy of the first and second stages of labor separately. After the intervention result shown the control groups were 607,604\20±16\630 and 394,392\51±16\758,respectively.There was a statistical difference between the two groups($p=0.001$).Also statistically significant differences existed in the median of outcome expectancy and self efficacy expectancy after intervention in both stages of labour between the two groups($p=0.001$).The study concludes the educational software program significantly increased self efficacy of Iranian pregnant women to cope with labour. Despite lack of educational childbirth classes in iran, the use of this method is recommended.

Holloway. A, kurniawan.S (2011) conducted a study to assess the labour and child birth support techniques for partner. The paper reports the evaluation of the prepared partner, a simple game with goals to introduce natural way to help a women in labour and to stimulate the stages of labour. The study evaluvate the prepared partner showed an overwhelming majority of positive responses to the subjective portion of the study, and showed participants performed significantly better on a post test about labour and childbirth than on a pretest ($p < 0.01$).The result highlighting the effectiveness of the prepared partner in introducing the profound need for supporting a woman throughout birth

Varinder. K, Sushma K.Saini, Indarjit W(2009) conducted a study on a tool to assess the preparedness for delivery, postnatal and new born care in Chandigarh. Antenatal mothers are selected by methodological research design and the study was divided into six phases i.e. preliminary preparation, assessment of content validity, modification phase, tool feasibility, try out phase and reliability phase with different steps. The study of result shown that 20 items must be retained out of 30 items of original tool. The developed tool would help the health care provider to assess preparedness of mother regarding delivery, post natal and new born care. After assessing the preparedness, health care provider can counsel the antenatal mother according to her level of preparation. It would result in better outcome of delivery.

CHAPTER III

RESEARCH METHODOLOGY

This chapter deals with the methods adopted by the researcher to find out the effectiveness of video assisted teaching on knowledge regarding birth process. It deals research approach, research design, the setting, population, sample size, sampling technique, development cum description of tool, validity, reliability, pilot study, and procedure for data collection and plan for data analysis.

Research Approach

Evaluatory approach used to conduct the study. It aimed to evaluate the effectivenesss of video assisted teaching on knowledge regarding birth process

Research Design

Pre experimental-one group pre test post test design is adopted for this study.

O1 X O2

O1 pre test assessment of knowledge.

X video assisted teaching

O2 post test assessment of knowledge.

VARIABLES UNDER THE STUDY

i) **Independent Variables:**

Video assisted teaching rendered by the researcher to the antenatal mothers on birth process.

ii) **Dependent Variables:**

Antenatal mothers knowledge on birth process.

Setting of the study

The study was conducted in antenatal OPD of primary health centre in poovanthi. Approximately 400to 500 antenatal mothers are attended in antenatal clinic per month among them 200 to 300 mothers are primi gravida mothers.

Study Population

Study population comprise of antenatal mothers in their last trimester who are visiting antenatal OPD.

Sample

Antenatal mothers who fulfil the inclusion criteria will be consider as a sample.

Sampling size

Sample size consists of 100 primi gravida mothers.

Sampling Technique

Non probability-purposive sampling technique was used for this study.

Criteria for sample selection

The samples are selected based on the following inclusion and exclusion criteria.

Inclusion criteria: The study includes,

1. Antenatal mothers in their last trimester who are willing to participate in the study.
2. Antenatal mothers who speak read and write Tamil.
3. Antenatal mothers who are available during data collection period.

Exclusion criteria: The study excludes,

1. Antenatal mothers who are at risk.
2. Multi gravida mothers.
3. Mothers who are in birth process.
4. Antenatal mothers who are having medical illness (sensory deprivation).
5. Antenatal mothers who are sick at the time of study.

Research Tool and Technique

The instruments used in this research study consist of four sections.

Section A: It comprised of demographic variables such as name, age, educational status, occupation, monthly income, obstetrical history and information about birth process.

Section B: It comprised obstetrical score which includes gravida, para, and abortion.

Section C: It comprised of semi structured questionnaire to assess the mothers knowledge regarding birth process. It was edited as per the blueprint and different content area. It consist of 30 multiple choice questions. Fact ideal had four choices out of which one was correct answers and the remaining there were wrong answers.

A score value of 'one' was allotted to each correct response. 'Zero' was rewarded for the wrong response. Thus there were 30 maximum obtainable scores. The level of knowledge was graded based on percentage of scores obtained.

Part I: It consist of first stage of labour (included 17 questions)

Part II: It consist of second stage of labour (included 8 questions)

Part III: It consist of third stage and fourth stage of labour (included 5 questions)

Section D: It comprised video assisted teaching on knowledge regarding birth process among antenatal mothers. The content on birth process was selected through literature search and in consultation with experts. The content of the video assisted teaching was organised well by the following headings.

- Meaning of labour
- Duration of labour process
- The signs and symptoms of labour the preparation for admission to the hospital
- First stage of labour
- Second stage of labour
- Third stage of labour
- Fourth stage of labour

CONTENT VALIDITY

Assessment tool was evaluated by five experts from the field of Nursing and Medicine for content validity. Suggestions were considered and appropriate changes were done and to made the tool to be valid.

RELIABILITY

The data were collected from 10 samples to find out the reliability. The split half method was used to establish the reliability of the tool and the reliability value of the tool was r=0.84, hence the questionnaire was found to be reliable.

PILOT STUDY

Pilot study was conducted in kalayarmangalam primary health centre for the period of one week on ten antenatal mothers in order to test the feasibility, relevance and practicability of the study. Results show that the study was feasible to carry out the study.

DATA COLLECTION PROCEDURE:

The investigator met the head of the institution in order to establish support and co-operation to conduct the study successfully. The formal prior permission was obtained from the Medical director of primary health centre, Poovanthi for main study. The investigator introduced herself to the antenatal mothers and established rapport with them. The study was conducted for period of one month. The investigator selected the sample that fulfilled the inclusion criteria. The informed consent was obtained. Appropriate orientation had given to the subjects about of the aim of the study, nature of questionnaire and adequate care was taken for protecting the subjects from potential risk including maintaining confidentially, security and identity. The demographic variables collected from the subjects. The pre test was

done to assess the mother knowledge through semi structured questionnaire .The video assisted teaching was administered. The post test of study was carried out seven days later, using same tool as the pre test. Collected data was then tabulated and analysed.

STATISTICAL ANALYSIS.

Collected data was analyzed by using descriptive and inferential statistics. Descriptive statistics (Mean, Frequency, Standard deviation) were used to describe the knowledge. Inferential statistics were used to determine the association between knowledge and demographic variables. Computed statistical evidences are represented in the following chapter.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the description of the samples, analysis and interpretation of the collected data. The collected data is tabulated and described as follows.

Section I: Distribution of the antenatal mothers according to their demographic variables and obstetrical information.

Section II: Distribution of the antenatal mother according to the pretest and post test knowledge score on birth process.

Section II: Comparison off pretest and post test knowledge score of antenatal mother on birth process.

Section IV: Association of antenatal mothers pretest knowledge score with their selected demographic variables

SECTION – I

Table 1 Distribution of Antenatal mothers according to demographic variables.

n=100

S.NO	Demographic variables	Mother	
1	**Age in years**	**f**	**%**
	Below 20	16	16
	21 to 25	55	55
	26 to 30	26	26
	Above 31	03	03
2	**Religion**		
	Hindu	95	95
	Christian	03	03
	Muslim	02	02
	Others	0	0
3	**Educational status**		
	Illiterate	09	09
	Primary level	23	23
	Higher secondary level	58	58
	Graduate and above	06	06
4	**Occupation**		
	House wife	43	43
	Daily wage earner	51	51
	Private| government sector	03	03
	Business	03	03
5	**Family income**		
	Below 3,000	28	28
	3,001 to 5,000	57	57
	5,001 to 10,000	11	11
	Above 10,000	04	04
6	**Types of family**		
	Nuclear family	48	48
	Joint family	52	52

Table 1 summarizes that the demographic characteristics of Antenatal mothers among 100, Regarding age 16(16%) belongs to below 20 years of age, 55(55%) belongs to 21 to25years of age and 26(26%) belongs to26 to 30years of age. Regarding religion, among them 95(95%) belongs to Hindu, 3(3%) belongs to Christian, 2(2%) belongs to Muslim. Regarding mother's educational status among 100, 9(9%) are illiterate, 23(23%) had primary education, 58(58%) had higher secondary, 10(10%) had Graduate and Above, Regarding mother occupation, among 100, 43 (43%) are house Wife, 51(51%) are working as daily wage earner, 3(3%) belongs are private and government sector women, 3(3%) belongs to business.

Regarding family monthly income, among 28(28%) have up to Rs.3000, 57(57%) have between Rs3001-5000, 11(11%) have Rs5001-10, 000, 4(4%) have more than income of Rs10, 000.Regarding type of family, among 100, 48(48%) belongs to nuclear family, 52(52%) belongs to joint family.

Table 2 Distribution of Antenatal mothers according to their Obstetrical information

n=100

S.No	Obstetrical Score	Mother	
		f	%
1.	**Number of Gravida**		
	One	100	100
	Two	-	-
	Three	-	-
	Above three	-	-
2.	**Number of delivery**		
	One	-	-
	Two	-	-
	Three	-	-
	Above three	-	-
3.	**Number of abortion**		
	One	-	-
	Two	-	-
	Three	-	-
	Above three	-	-
4.	**Registration of Antenatal clinic**		
	1-3 month	93	93
	4-6 month	07	07
	7-10 month	-	-
5.	**Source of health information**		
	Newspaper	-	-
	Television	-	-
	Experienced person	12	12
	Family person	09	09
	Friends	04	04
	Others	-	-
	None	75	75

The above table depicts out of 100 Antenatal mothers, Regarding gravida, all are (100%) belongs to the category of primi gravida. Regarding para and abortion, none of them falling into this category. Regarding registration of antenatal clinic, 93 (93%) antenatal mother registered their pregnancy in their early 1-3 month, 7 (7%) had registered themselves on their period between 4-6 months. Regarding source of

health information, 12 (12%) receives information from experienced person, 9 (9%) knows from family persons, 4 (4%) are from friends, and 75 (75%) are not yet received any information on birth process from above said sources.

SECTION II

Table 3 Distribution of Ante natal mothers according to the pretest and post test level of knowledge on birth process.

n=100

S.No.	Level of knowledge	Pretest		Post test	
		f	%	f	%
1	Excellent	-	-	82	82
2.	Good	37	37	18	18
3.	Average	59	59	-	-
4.	Poor	04	04	-	-

Table 3 shows out of 100 Antenatal mothers, pre test knowledge score only37 % mother are having good score, 59% are having average score, and 4% are having poor score. Post test knowledge score 82% are having excellent score, 18% are having good score.

SECTION III

Table 4Comparison of pretest and post test level of knowledge of Antenatal mothers

n =100

S.No.	Level of knowledge	Mean	SD	't' value
1.	Pretest	13.31	3.73	8.458
2.	Post test	25.41		

The above table shows knowledge score on birth process. When focusing post test mean scored are high compared to the pre test mean score in knowledge. The results proven that the programme rendered by the researcher was effective.

SECTION IV

Table 5.aAssociation of Antenatal mothers knowledge score with their age

n=100

S.No.	Age in years	f	Level of knowledge		X^2
			Above Mean	Below mean	
1	Below 20	16	-	13	7.38 (NS)
2	21-25	55	-	07	
3	26-30	26	-	13	
4	Above 31	3	-	12	

(NS-Not significant, S-Significant, P-0.05)

The above table depicts the association of Antenatal mothers knowledge on birth process with their age, the calculated value of chi-square (7.38) was less than the table value at 005 level 0f significance. So there was no significant association exist between the ages of mothers.

Table 5. Association of Antenatal mother knowledge score with their religion

n=100

S.No	Religion	f	Level of knowledge		X^2
			Above mean	Below mean	
1.	Hindu	95	-	13	1.31 (NS)
2.	Christian	3	19	-	
3.	Muslim	2	-	10	
4.	Others	0	-	-	

(NS-Not significant, S-significant, P-0.05)

The above table depicts the association of Antenatal mothers knowledge on birth process with their religion status. The calculated value of chi-square (1.31) was less than the table value at 0.05 level of significance. So there was no significant association exist between the religion statuses of mother.

Table 5.cAssociation of Ante natal mothers knowledge score with their education

n=100

S.No	Education	f	Level of knowledge		X^2
			Above mean	Below mean	
1.	Illiterate	9	-	13	5.715 (NS)
2.	Primary	23	16	-	
3.	Higher secondary	58	-	13	
4	Graduate	10	-	13	

The above table depicts the association of Antenatal mothers knowledge on birth process with their education status. The calculated value of chi-square (5.715) was less than the table value at 0.05 level of significance. So there was no significant association exist between the educational statuses of mothers.

Table 5.d Association of Antenatal mothers knowledge score with their Family monthly income

n=100

S.No	Family income	f	Level of knowledge		X^2
			Above mean	Below mean	
1.	Below 3000	28	-	13	6.37 (NS)
2.	3000 to 5000	57	14	-	
3.	5000 to10,000	11	-	05	
4.	Above 10,000	04	-	03	

The above table depicts the association of Antenatal knowledge on birth process with their family income. The calculated value of chi-square (6.37) was less than the table value at 0.05 level of significant. So there was no significant association exist between the family income of mothers.

Table 5 .e Association of Antenatal mothers knowledge score with mother occupation

n=100

S.No	Mother occupation	f	Level of knowledge		X^2
			Above mean	Below mean	
1	House wife	43	-	12	2.996 (NS)
2	Daily wage earner	51	37	-	
3	Working	3	-	12	
4	Business	3	-	19	

The above table depicts the association of knowledge regarding mother occupation calculated value of chi-square (2.996) was less than the table value at 0.05 level of significant. So there was no association exist between the mother occupation.

Table5.f Association of Ante natal mothers knowledge score with Types of family

n=100

S.No	Type of family	f	Level of knowledge		X^2
			Above mean	Below mean	
1	Nuclear family	48	**-**	**16**	3.43 (NS)
2	Joint family	52	**38**	**-**	

The above table depicts the association of Antenatal mothers knowledge on birth process with their types of family. The calculated value of chi-square (3.43) was less than the table value at 0.05 level of significant. So there was significant association exist between the types of family.

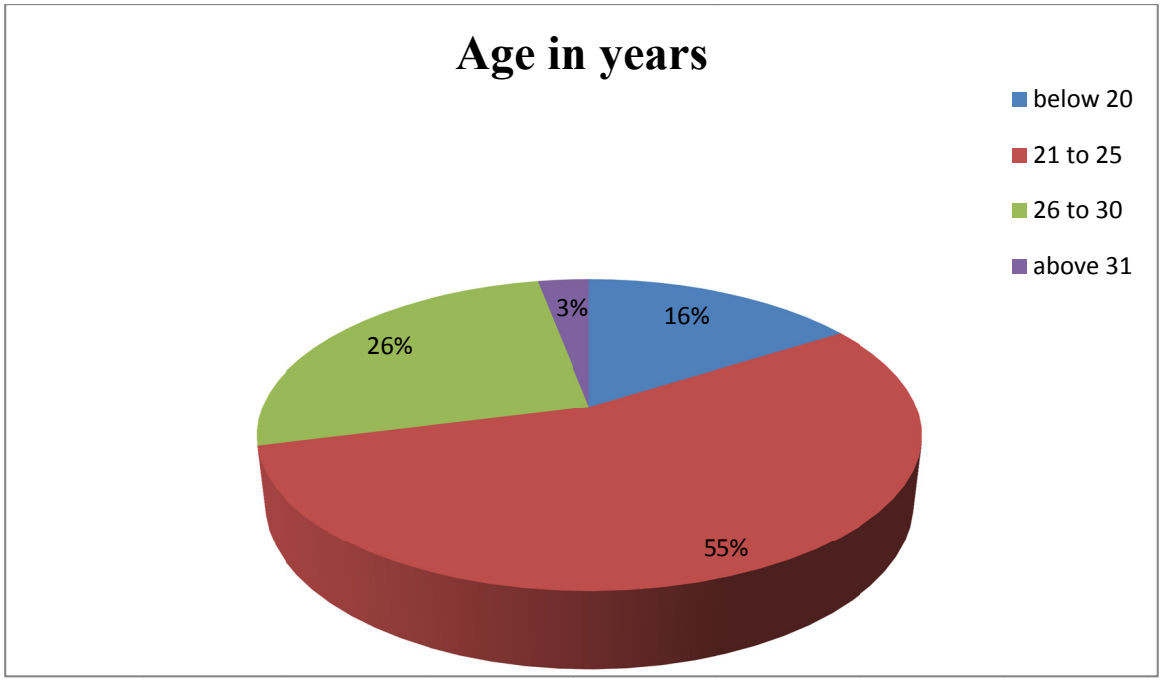

Figure 1: Distribution of mother according to their age group

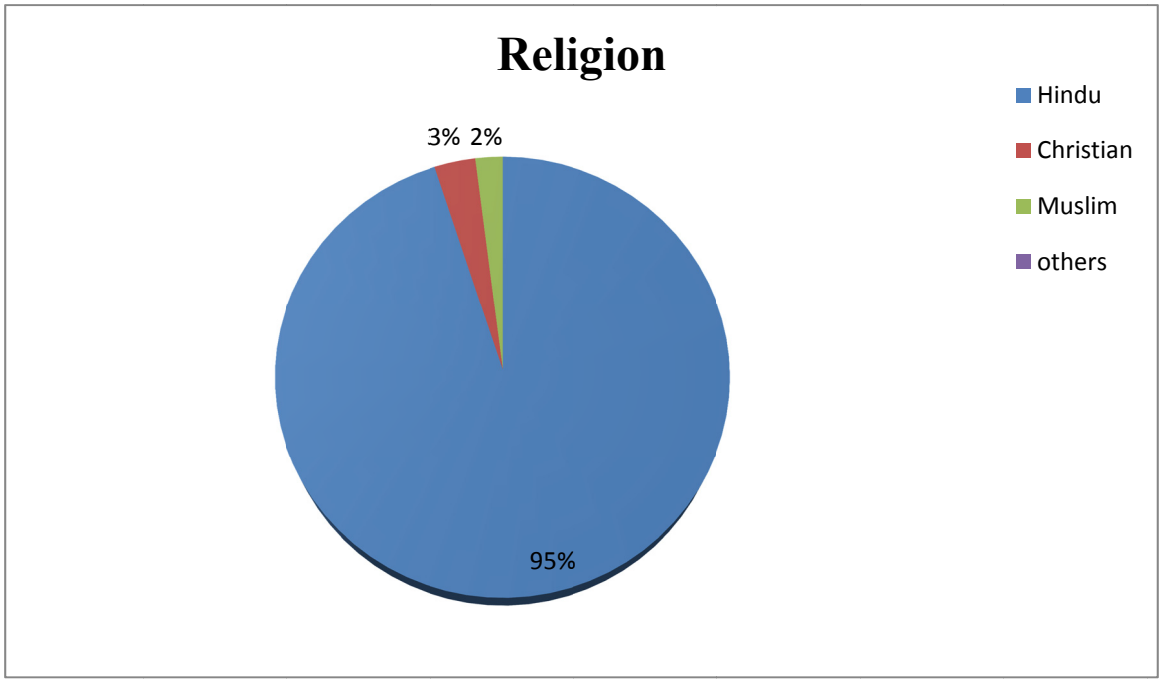

Figure 2: Distribution of mother according to their religions status

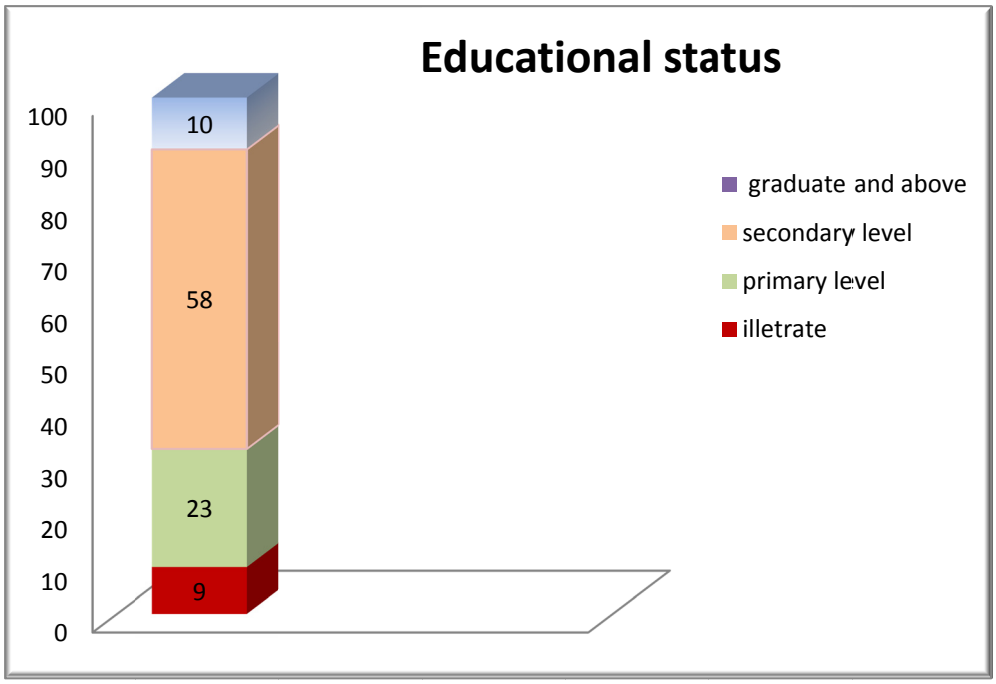

Figure 3: Distribution of mother according to their educational status

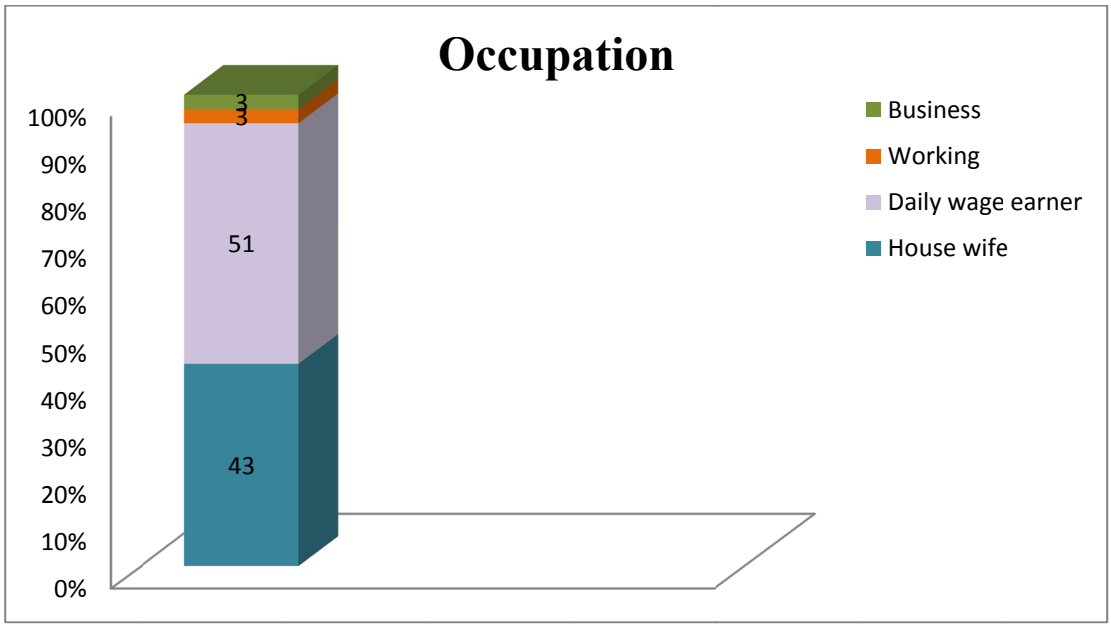

Figure 4: Distribution of mother according to their mother occupation

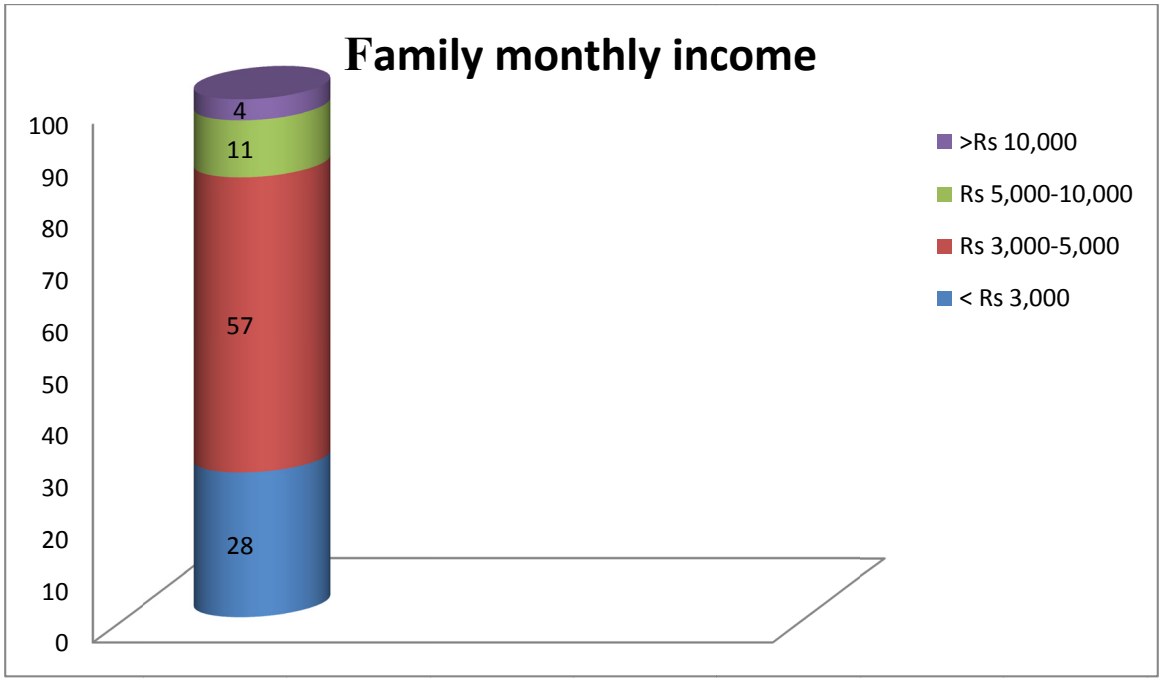

Figure 5: Distribution of mother according to their family monthly income

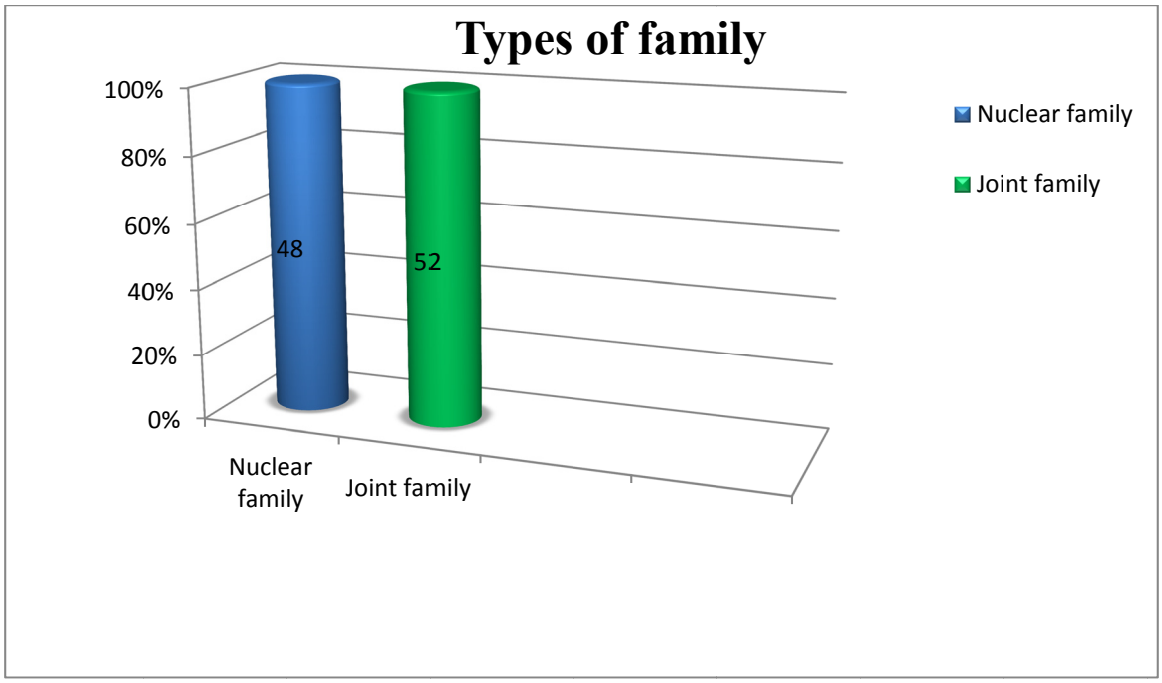

Figure 6: Distribution of mother according to their types of family

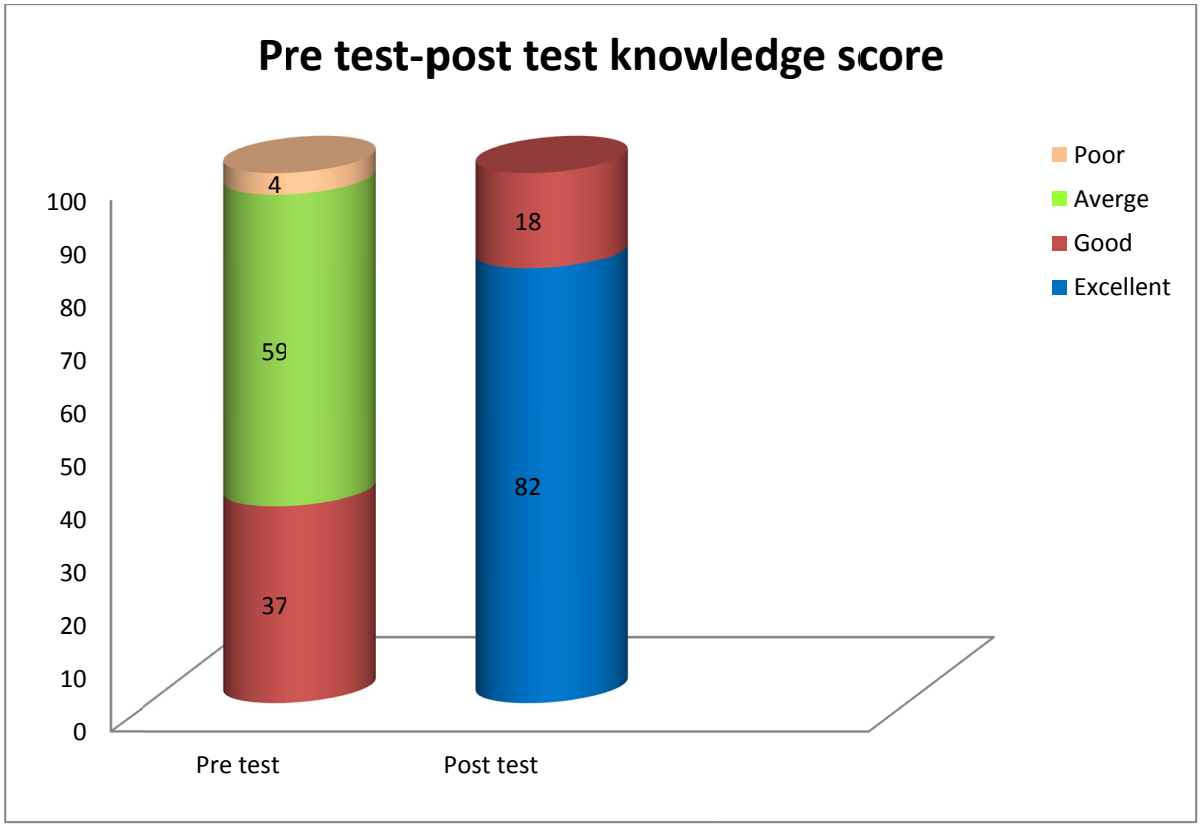

Figure 6: Distribution of mother according to their pre test and post test knowledge score

CHAPTER V

DISCUSSION, SUMMARY, CONCLUSION, IMPLICATION, RECOMMENDATION

Certain levels of fear and anxiety about childbirth are expected, especially among first-time pregnant mothers. However, problems arise when these feelings negatively impact a woman's decisions and perceptions about the birth process. Although millions of women give birth each year, there are limited data to document the development of maternal confidence for labor and fear of labor throughout the period of gestation.

Throughout gestation, a woman is confronted with numerous powerful external factors which may exert influence over her decisions regarding medical intervention. Healthcare providers, insurance companies, childbirth educators, family, friends and the media. Yet, internal influences cannot be ignored. Positively, studies investigating maternal confidence for labor have found evidence supporting the idea that increased confidence for labor reduces a woman’s perceived pain during delivery. It is unknown how and when these feelings of confidence develop, or fail to develop, during gestation. Thus, the unresolved issue of maternal self-confidence remains: How do we empower women to have the confidence to take control of their own birth and decrease their fear which may, in turn, decrease their need for pain relief and increase their satisfaction with labor.

The aim of the present study was designed to evaluate the effectiveness of video assisted teaching on knowledge regarding birth process among antenatal mothers at poovanthi.I had selected 100 antenatal mothers who attend OPD clinic at poovanthi primary health centre.Non probability sampling technique was used to derive the samples.

The first Objective was to assess the pre test knowledge regarding birth process among antenatal mothers.

Antenatal mothers pre test knowledge score on knowledge regarding birth process, 37% mothers were having good ,59% mothers were having average,4% mothers were having poor.post test knowledge score of the mother82% mothers were having excellent,18% were having good.

The second objective was to assess the effectiveness of video assisted teaching on knowledge regarding birth process.

Mothers shown improved knowledge after video assisted teaching programme on knowledge regarding birth process.37% of mother had good knowledge score and 59% mothers had average knowledge score in pre test improved to82% excellent score respectively.4% had poor knowledge score in pre test improved to18% good score in respectively. Hence formulate **H_1 was accepted**. This shows that there is significant improvement in knowledge score on birth process after administering video assisted teaching programme. Through the study the researcher personally found that the video assisted teaching was effective in improving knowledge of antenatal mothers on birth process.

The third objective was to associate the pretest scores with their selected demographical variables.

The knowledge of Antenatal mothers on birth process were compared with their demographic variables of age, religion, education, mother occupation, family income, types of family and source of health information. the chi- squire value of Antenatal mothers knowledge on birth process with their age was 7.387,religion was 1.31,education status was5.715,family income was 6.37,mother occupation 2.966, type of family was 3.43 and source of health information was 6.257 which shows there was no significant association exist between mothers knowledge score with their selected demographic variables. Hence **H_2 were rejected.**

Summary

The study was conducted to evaluate the effectiveness of video assisted teaching on knowledge regarding birth process among antenatal mothers, poovanthi.

The objectives of the study were

- Assess the pre test knowledge regarding birth process among antenatal mothers.
- Assess the effectiveness of video assisted teaching on knowledge regarding birth process.
- Associate the pretest scores with their selected demographical variables.

The study tested and proved the **hypotheses H_1** that there is a significant improvement in the pre test and post test knowledge of mother receives video assisted teaching.**H_2** that there is a no significant relationship that exists between the knowledge score on birth process among antenatal mothers.

The study was based on J.N.Kenny's open model;evoluatory approach used to conduct the study. The research design adopted for the present study was pre experimental in nature. Purposive random sampling technique was used for selection of samples. The data was collected for a period of one month from the mother of primary health centre. The investigator rendered given video assisted teaching on birth process. Then they were assessed to test knowledge after a week with the structured questionnaire.

Based on the objectives and hypotheses, the data were analyzed using both descriptive and inferential statistics.

Major findings of the study:

- Out of 100 antenatal mothers, Regarding age 16% belongs to below 20 years of age, 55% belongs to 21 to25years of age, and 26% belongs to26 to 30years of age.
- Regarding religion, among 100, 95% belongs to Hindu family, 3% belongs to Christian, and 2% belongs to Muslim.

- Regarding mother's educational status, among 100, 9% had illiterate, 23% had primary education, 58% had higher secondary, and 10% had Graduate.
- Regarding mother occupation, among 100, 43% belongs to house wife, 51% belongs to daily wage earner, 33% belongs to private and government sector,3% belongs to business.
- Regarding family monthly income in Rs, 28% have up to Rs.3,000,57% have between Rs3,001-5,000,11% have Rs5,001-10,000,4% have more than Rs10,000.
- Regarding types of family, 48% belongs to nuclear family,52% belongs to joint family.
- Regarding registration of antenatal clinic, 93% had registered 1-3 month, 7% had registered 4-6 months.
- Regarding source of information, 12% got information from experienced person, 9% got information from family persons, 4% got information from friends, and 75% not get any information from any source.
- Antenatal mothers pre test knowledge score on birth process 37% of mother were having good score,59% of mother were having average score and 4% of mother were having poor score.post test knowledge score of the mother 82% were having excellent score,18% were having good score. The hypotheses **H_1 was accepted** that the mother shows significant improvement in knowledge score.
- With regard to association of mother knowledge with their age 7.367,religion was 1.31,education status was5.715,family income was 6.37,mother occupation 2.966, types of family was 3.43,source of information was 6.257 which shows no significant association between mothers knowledge score with their selected demographic variables. Hence **H_2 was rejected.**

Conclusion

The following conclusions are drawn from the study,

H_1: Antenatal mother shows significant difference between pretest and post test of the knowledge scores of antenatal mothers receive video assisted teaching on birth process.

Antenatal mothers pretest knowledge score on birth process 37% of mother were having good score,59% of mother were having average score and 4% of mother were having poor score.post test knowledge score of the mother 82% were having excellent score,18% were having good score**.** Hence **$H_1$is accepted.**

H_2: Antenatal mothers shows significant association between the knowledge scores and selected demographic variables of mothers.

There was no significant association exist between Antenatal mothers knowledge on birth process with their selected demographic variables. Hence **H2 is rejected.**

Implications

The present study findings have several implications in hospital settings, nursing practice, nursing education, nursing research and nursing administration.

Nursing Practice

- Nurses must require adequate knowledge that would help to impart and improve the knowledge of antenatal mothers regarding birth process.
- The findings of the study enlighten the fact that administration of video assisted teaching can be used to reduce the mothers fear and anxiety and improve the positive coping strategies of birth process.

Nursing Education

- Video can be used by the student to imparting knowledge on birth process to the Antenatal primi mothers in both urban and rural while giving health education.
- Nurse educator can prepare the nursing students a in order to give importance of teaching programme on birth process by using different educational and teaching Aids.

Nursing Research

The findings of the present study are helpful for the nursing professionals and nursing teachers to conduct further studies to find out the effectiveness of various methods of providing education on improving the knowledge of regarding birth process among antenatal mothers.

Nursing Administration

- Nurse administrator should take interest in motivating the nursing personnel to improve their professional knowledge, skill by attending the workshops, health conference, seminars and training programme on birth process.
- Nurse administrator should arrange regular in-service education programme to the health care worker giving skill in teaching Antenatal mothers on birth process in both hospital and community settings.

Recommendations

- A similar study can be conducted using large population to generalize the findings.
- A comparative study can be done to assess the knowledge regarding birth process in primi and multipara.
- A further study can be conducted to assess the Antenatal mothers knowledge and attitude towards birth process in urban and rural areas.
- A similar study can be conducted by using different health teaching module among antenatal mothers in community settings

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APPENDIX: I

Section A

Semi-structured questions on knowledge regarding birth process

Instructions: please answer the questions in order and put tick into the specific responses

DEMOGRAPHIC DATA

1. Sample no:

2. Age in years:

a) Below 20 years ( )
b) 21-25 years ( )
c) 26-30 years ( )
d) Above 31 years ( )

3. Religion:

a) Hindu ( )
b) Christian ( )
c) Muslim ( )
d) Others ( )

4. Educational qualification:

a) Illiterate ( )
b) Primary level ( )
c) Higher secondary school ( )
d) Graduate and above ( )

5. Mother occupation:

a) House wife ( )
b) Daily wage earner ( )
c) Private sector|Government sector ( )
d) Business ( )

6. Monthly income of the family:

a) <Rs 3000 ( )
b) Rs 3001 – Rs 5000 ( )
c) Rs 5001 – Rs 10000 ( )
d) Above Rs 10000 ( )

7. Types of family:

a) Nuclear ( )
b) Joint ( )

SECTION-B

OBTETRICAL HISTORY:

8. Obstetrical score:

a)Gravida : (a) 0,(b) 1,(c) 2,(d) 3, (e) above 3 ( )

b)Para : (a) 0,(b) 1,(c) 2,(d) 3, (e) above 3 ( )

c)Abortion : (a) 0,(b) 1,(c) 2, (d) 3, (e) above 3 ( )

9. Time of registration of antenatal clinic:

a) During first trimester ( )
b) During second trimester ( )
c) During third trimester ( )

10. Source of information about birth process:

a) News paper ( )
b) Television ( )
c) Experienced person ( )
d) Family guidance ( )
e) Friends ( )
f) Other ( )

SECTION-C

Questionnaire to assess the knowledge regarding birth process:

First stage of labour

1. What is meant by labour?

a) Fetus, placenta and membranes are delivered completely through the vagina ( )
b) Delivered of fetus and placenta ( )
c) Delivered of fetus ( )
d) Don't know ( )

2. What are the changes take place before onset of labour?

a) Frequency of micturition ( )
b) Show ( )
c) Regular pain ( )
d) Don't know ( )

3 What is meant by lightening?

a) Delivery of fetus ( )
b) Allows the fetal head to descend ( )
c) Softening of the cervix ( )
d) Don't know ( )

4. What is true labour ?

a) Presence of regular rhythmic pain from back to abdomen ( )
b) Presence of irregular pain at the adomen ( )
c) Presence of Headache ( )
d) Don't know ( )

5. When the mother getting ready to go for hospital ?

a) Pain felt at the back ( )

b) Pain felt at back and abdomen ( )

c) Pain felt in legs ( )

d) Don't know ( )

6. How many stages occur in labour?

a) Two stages ( )

b) Four stages ( )

c) Five stages ( )

d) Don't know ( )

7. What is the first stage of labour?

a) From the time of uterine contraction to till the complete dilatation of the cervix ( )

b) From the time of the rupture of membranes to till the complete dilatation of the Externals. ( )

c) From the dilatation of cervix to till the delivery of the fetus ( )

d) Don't know ( )

8. How many hours needed to complete the first stage of labour among primi mothers?

a) Between 12 -14 hours ( )

b) 6-8 hours ( )

c) 15 hours ( )

d) Don't know ( )

9. What are the events takes place during first stage of labour?

a) Delivery of the fetus ( )

b) Lower uterine segment expand and allows the fetal head to descend( )

c) Irregular uterine contraction ( )

d) Don't know ( )

10. What is the symptom of first stage of labour?

a) Bloody mucoid vaginal discharge ( )
b) Vaginal bleeding ( )
c) Infected foul, smelly vaginal discharge ( )
d) Don't know ( )

11. How the mother experienced during the time of rupture of membranes?

a) Uterine contraction with gushing out of fluid from the uterus ( )
b) Severe fever ( )
c) Severe pain in abdomen ( )
d) Don't know ( )

12 What action to be taken after the rupture of membranes?

a) Rest and relax for few minutes ( )

b) Refer to hospital immediately ( )

c) Stay at home ( )

d) Don't know ( )

13. How to enhance the mother for relaxation during uterine contraction at first stage of labour?

a) Do the regular activity ( )
b) Do the massage ( )
c) Lithotomy position ( )
d) Don't know ( )

14. How the abdomen felt by the mother during first stage of labour?

a) Cool to touch ( )
b) Hard to touch ( )
c) A pendulous abdomen ( )
d) Don't know ( )

15. What type of breathing technique taking during first stage of labour?

a) Slow, relaxed, abdominal breathing ( )
b) Diaphragmatic breathing ( )
c) Normal breathing ( )
d) Don't know ( )

16. What is the benefit of breathing technique during first stage of labour?

a) Reduce the tiredness ( )

b) Reduce the anxiety ( )

c) Reduce the pain ( )

d) Don't know ( )

17. What is the normal position during first stage of labour?

a) Lithotomy ( )
b) Walking ( )
c) Prone ( )
d) Don't know ( )

SECOND STAGE OF LABOUR

18. What is meant by second stage labour?

a) Complete dilatation of the cervix to till the delivery of the baby ( )
b) Delivery of the placenta ( )
c) Delivery of the membrane ( )
d) Don't know ( )

19. What is the time duration taken in second stage labour among primi mothers?

a) 1 – 2 hours ( )
b) 30 minutes-1 hour ( )
c) More than 2 hour ( )
d) Don't know ( )

20. How the mother experienced during second stage of labour is started?

a) Intolerable pain with strong uterine contraction ( )
b) Feel comfort at the whole abdomen ( )
c) Mild pain at the lower abdomen ( )
d) Don't know ( )

21. How the fetal head and neck positioned inside the uterus at the time of birth?

a) Straight ( )
b) Flexed ( )
c) Transverse ( )
d) Don't know ( )

22. What is the benefit of episiotomy?

a) Reduce the pain ( )
b) Reduce the fear ( )
c) Reduce the chance of fetal distress ( )
d) Don't know ( )

23. What type of breathing technique will benefit during second stage of labour?

a) Cleansing breathing ( )
b) Modified paced breathing ( )
c) Hold the breathing pushing the baby out ( )
d) Don’t know ( )

24. What is the normal position during second stage of labour?

a) Lithotomy ( )
b) Sitting ( )
c) Prone ( )
d) Don’t know ( )

25. How the fetal heart rate should be monitored during second stage of labour?

a) Cardiotochograph and scan ( )
b) Blood test ( )
c) Urine test ( )
d) Don’t know ( )

THIRD STAGE & FOURTH STAGE OF LABOUR

26. What is third stage of labour?

a) Delivery of placenta with membranes ( )
b) Delivery of baby ( )
c) Complete cervical dilation ( )
d) Don't know ( )

27. What is the normal time required for third stage of labour?

a) 10-20 minutes ( )
b) 20-30 minutes ( )
c) More than 30 minutes ( )
d) Don't know ( )

28. What is the important role of mother in third stage of labour?

a) Take deep breath and out ( )

b) Side lying position ( )

c) Take rest ( )

d) Don't know ( )

29. What is meant by fourth stage of labour?

a) Observation followed by third stage of labour ( )

b) Observation followed by second stage of labour ( )

c) Observation followed by first stage of labour ( )

d) Don't know ( )

30. Which is to be monitored for mother during fourth stage of mother?

a) Breathing technique ( )

b) Vaginal bleeding ( )

c) Position ( )

d)Don't know ( )

APPENDIX II

பிரிவு – அ

மகப்பேறுக்கான அறிவுத்திறண் கேள்விகள்

(குறிப்பு:சரியான விடையை டிக் (⁄) செய்யவும்)

I.பொதுவான விரிவுரை

வரிசை எண்----------

1. வயது (வருடங்களில்)
   - அ) 20வயதிற்கு கீழ் ( )
   - ஆ) 21முதல் 25வயதுவரை ( )
   - இ) 26முதல்30வயதுவரை ( )
   - ஈ) 31வயதிற்கு மேல் ( )
2. மதம்
   - அ) இந்து ( )
   - ஆ) கிரிஸ்துவர் ( )
   - இ) முஸ்லிம் ( )
   - ஈ) இதர மதம் ( )
3. கல்வியறிவு
   - அ) படிப்பறிவின்மை ( )
   - ஆ) தொடக்கக்கல்வி ( )
   - இ) உயர்நிலைக்கல்வி ( )
   - ஈ) பட்டதாரி மற்றும் அதற்கும் மேல் ( )
4. தாயின் தொழில்
   - அ) இல்லத்தரசி ( )
   - ஆ) தினக்கூலி ( )
   - இ) தனியார் / அரசு வேலை ( )
   - ஈ) சுயதொழில செய்பவர் ( )
5. குடும்பத்தின் மாத வருமானம் (ரூபாயில்)
   - அ) 3000க்கும் கீழ் ( )
   - ஆ) 3001லிருந்து 5000 வரை ( )
   - இ) 5001லிருந்து 10000வரை ( )
   - ஈ) 1000க்கும் மேல் ( )

6. குடும்பத்தின் வகை

அ) தனிக்குடும்பம் ( )

ஆ) கூட்டுக்குடும்பம் ( )

பிரிவு - ஆ

மகப்பேறின் வரலாறு

7. மகப்பேறின் எண்ணிக்கை

1. கருத்தரித்தலின் எண்ணிக்கை ( )

அ) 1 இ ஆ) 2 இ இ) 3 இ ஈ) 3க்கும் மேல்)

2. குழந்தை பிறப்பின் எண்ணிக்கை ( )

அ) 1 இ ஆ) 2 இ இ) 3 இ ஈ) 3க்கும் மேல்

3. கருச்சிதைவுகளின் எண்ணிக்கை ( )

அ) 1 இ ஆ) 2 இ இ) 3 இ ஈ) 3க்கும் மேல்

8. கர்ப்பகால பரிசோதனைக்காக மருத்துவமனை சென்ற மாதம்

அ) முதல் மாதத்திலிருந்து மூன்றாவது மாதத்திற்குள் ( )

ஆ) நான்காவது மாதத்திலிருந்து ஆறாவது மாதத்திற்குள் ( )

இ) ஏழாவது மாதத்திலிருந்து ஒன்பதாவது மாதத்திற்குள் ( )

9. எதன் மூலமாவது மகப்பேறைப்பற்றி அறிந்தது உண்டா?

அ) செய்தித் தாள் ( )

ஆ) தொலைக்காட்சி ( )

இ) அனுபவம் வாய்ந்தவர்கள் ( )

ஈ) குடும்ப ஆலோசனை ( )

உ) நன்பர்கள் ( )

ஊ) மற்றவைகள் ( )

பிரிவு - இ

மகப் பேறுக்குறிய அறிவுத்திறன் கேள்விகள்

மகப்பேறின் முதல் நிலை

1. மகப்பேறு என்றால் என்ன ?

   அ) குழந்தை இ நஞ்சுக்கொடி மற்றும் மெல்லிய தோல் அனைத்தும் பிறப்புறுப்பின் வழியாக வெளியேறுதல் ( )

   ஆ) குழந்தை மற்றும் நஞ்சுக்கொடி வெளியேறுதல் ( )

   இ)குழந்தை பிறப்பு மட்டும் ( )

   ஈ) தெரியவில்லை ( )

2. பிரசவ வலிஏற்படுவதற்கு முன் ஏற்படக்கூடிய மாற்றங்கள் என்ன ?

   அ) அடிக்கடி சிறுநீர் வெளியேறுதல் ( )

   ஆ) இரத்தம் கலந்த சளிபோன்ற திரவம் வெளியேறுதல் ( )

   இ) தொடர்ந்து வலி ஏற்படுதல் ( )

   ஈ) தெரியவில்லை ( )

3. அடிவயிறு இறக்கம் என்றால் என்ன?

   அ) குழந்தை முழுவதுமாக வெளிவருதல் ( )

   ஆ) குழந்தையின் தலைப்பகுதி கீழே இறங்க ஆரம்பிக்கும் ( )

   இ) கர்பப்பையின் வாய் மென்மையாக காணப்படும ( )

   ஈ) தெரியவில்லை ( )

4. உண்மையான பிரசவ வலி என்றால் என்ன ?

   அ) தொடர்ந்து அடிவயிற்றிலும் மற்றும் முதுகுப்பகுதியிலும் வலி இருக்கும ( )

   ஆ) தொடர்ச்சியற்ற வலி இருக்கும் ( )

   இ) தலைவலி இருக்கும் ( )

   ஈ) தெரியவில்லை ( )

5. தாய் எப்பொழுது மருத்துவமனை செல்ல தயாராக வேண்டும்?

   அ) **முதுகு புறத்தில் வலி எடுக்கும் போது** ( )

   ஆ) **முதுகுபுறம் மற்றும் அடி வயிற்றில் வலி எடுக்கும் போது** ( )

   இ) **கால்களில் வலி எடுக்கும் போது** ( )

   ஈ) தெரியவில்லை. ( )

6. மகப்பேறில் எத்தணை நிலைகள் உள்ளன ?

அ) இரண்டு ( )

ஆ) நான்கு ( )

இ) ஐந்து ( )

ஈ) தெரியவில்லை ( )

7. மகப் பேறின் முதல் நிலை என்பது எது ?

அ) பிரசவ வலி ஆரம்பிப்பதிலிருந்து கர்பப்பையின் வாய் முழுவதுமாக விரிவடையும் வரை உள்ள கால அளவு ( )

ஆ)பனிக்குடம் உடைந்ததிலிருந்து பிறப்புறுப்பின் வாய் முழுவதுமாக திறக்கும் வரை உள்ள கால அளவு ( )

இ) கர்பப்பையின் வாய் முழுவதுமாக விரிவடைவதிலிருந்து குழந்தை பிறப்புவரை உள்ள காலம் ( )

ஈ) தெரியவில்லை ( )

8. கர்ப்பிணி பெண்ணின் முதல் பிரசவத்தின் போது மகப்பேறின் முதல் நிலையின் கால அளவு என்ன ?

அ) 6லிருந்து 8மணிக்குள் ( )

ஆ) 12 லிருந்து 14மணிக்குள் ( )

இ) 15மணிக்கு மேல் ( )

ஈ) தெரியவில்லை ( )

9. மகப்பேறின் முதல் நிலையின் போது ஏற்படும் நிகழ்வுகள் எவை?

அ) குழந்தையின் தலைப்பகுதி வெளியேறுகிறது ( )

ஆ) கர்பப்பையின் வாய்ப்பகுதி முழுவதுமாக விரிவடைந்து குழந்தையின் தலைப்பகுதி கீழ் நோக்கி தள்ளப்படுகிறது ( )

இ) சீரற்ற கர்பப்பை சுருக்கம் ( )

ஈ) தெரியவில்லை ( )

10. மகப்பேரின் முதல் நிலையில் ஏற்படும் அறிகுறி என்ன ?

அ) இரத்ததுடன் கூடிய சளி போன்ற திரவம் பிறப்புறுப்பின் வழியாக வெளியேறும ( )

ஆ) **இரத்த போக்கு ஏற்படுதல்** ( )

இ) தொற்றுக் கிருமியுடன் கூடிய வெள்ளைபடுதல் ( )

ஈ) தெரியவில்லை ( )

11. பனிக்குடம் உடைதலை கர்பிணி பெண்கள் எவ்வாறு உணர்கின்றனர்?

அ) வேகமான திடீரென நீர் பிறப்புறுப்பின் வழியாக வெளியேறும் ( )

ஆ) கடுமையான காய்ச்சல் ஏற்படும் ( )

இ) கடுமையான அடிவயிற்றுவலி ஏற்படும் ( )

ஈ) தெரியவில்லை ( )

12. **பனிகுடம் உடையும் நேரத்தில் கர்பிணிப் பெண்கள் என்ன செய்ய வேண்டும்?**

அ) **சில நிமிடங்கள் ஓய்வெடுக்க வேண்டும்** ( )

ஆ) **உடனடியாக மருத்துவமனை செல்ல வேண்டும்** ( )

இ) **வீட்டிலேயே தங்கிவிட வேண்டும்** ( )

ஈ) தெரியவில்லை ( )

13. கர்ப்பிணி பெண்ணின் முதல்நிலை மகப்பேறின் போது எவ்வாறு ஓய்வு இருக்கவேண்டும்?

அ) தினசரி வேலைகளை செய்ய வேண்டும் ( )

ஆ) மசாஜ் செய்யவேண்டும் ( )

இ) மல்லாந்து படுக்க வேண்டும் ( )

ஈ) தெரியவில்லை ( )

14. மகப்பேறின் முதல்நிலையின் போது அடிவயிறு எவ்வாறு காணப்படும்

அ) **குளிர்ச்சியாக** காணப்படும் ( )

ஆ) கடினத்தன்மை பெற்று காணப்படும் ( )

இ) தொளதொளவென காணப்படும் ( )

ஈ) தெரியவில்லை ( )

15.மகப்பேறின் முதல் நிலையின்போது எவ்விதமான மூசசுப்பயிற்சி மேற்கொள்ள வேண்டும்

அ).மெதுவான நிதானமான அடிவயிற்று மூச்சுப் பயிற்சி ( )

ஆ)உதரவிதாண மூச்சுப்பயிற்சி ( )

இ)சாதாரண மூச்சுப் பயிற்சி ( )

ஈ) தெரியவில்லை ( )

16. மகப்பேறின் முதல் நிலையில் செய்யப்படும் மூச்சுப் பயிற்சியினால் ஏற்படும் நன்மை என்ன?

அ) சோர்வு குறைகிறது ( )

ஆ) பயம் குறைகிறது ( )

இ) வலி குறைகிறது ( )

ஈ) தெரியவில்லை ( )

17. மகப்பேறின் முதல் நிலையின்போது எந்த வித மாறுபடும் நிலை மேற்கொள்ளப்படுகிறது?

அ) மல்லாந்து படுத்தல் ( )

ஆ) நிமிர்ந்து நடத்தல் ( )

இ) குப்புறப்படுத்தல் ( )

ஈ) தெரியவில்லை ( )

மகப்பேறின் இரண்டாம் நிலை

18. மகப்பேறின் இரண்டாம் நிலை என்றால் என்ன?

அ)கர்ப்பப்பையின் வாய் முழுவதுமாக விரிவடைந்து குழந்தை பிறக்கும் வரை உள்ள கால இடைவெளி ( )

ஆ)நஞ்சுக்கொடிவெளியேறுதல் ( )

இ)மெல்லிய தோல் பகுதி வெளியேறுதல் ( )

ஈ) தெரியவில்லை ( )

19. முதல் பிரசவத்தின் போது இரண்டாம் நிலைக் எடுத்துக்கொள்ளும் கால அளவு?

அ)1 முதல் 2 மணிவரை ( )

ஆ)30 நிமிடம் முதல் 1 மணி வரை ( )

இ)2 மணிநேரத்திற்கு மேல் ( )

ஈ) தெரியவில்லை ( )

20. மகப்பேறின் இரண்டாம் நிலையை கர்ப்பிணிப் பெண்கள் எவ்வாறு உணர முடியும்

அ)அதிக அழுத்தத்துடன் கூடிய தாங்க முடியாத வலி ஏற்படும் ( )

ஆ) ஓய்வாக இருத்தல் ( )

இ)குறைவன வலி ஏற்படும் ( )

ஈ) தெரியவில்லை ( )

21. கர்பப்பையினுள் குழந்தையின் தலை மற்றும் கழுத்து பகுதி எவ்வாறு காணப்படும்?

அ)நேராக இருத்தல் ( )

ஆ)மடங்கி இருத்தல் ( )

இ)குறுக்காக இருத்தல் ( )

ஈ) தெரியவில்லை ( )

22. பிறப்புறுப்பின் வாயை செயற்கையாக விரிவு படுத்துவதால் ஏற்படும் நன்மை என்ன?

அ)பிரசவ வலி குறைகின்றது ( )

ஆ)பயம் குறைகின்றது ( )

இ)குழந்தைக்கு ஏற்படும் மூச்சுத்தினறல் குறைகின்றது ( )

ஈ) தெரியவில்லை ( )

23. இரண்டாம் நிலை மகப்பேறின்போது எந்த விதமான மூச்சுப்பயிற்சி செய்யப்படுகின்றன?

அ)க்ளன்சிங் மூச்சுப் பயிற்சி ( )

ஆ)மாறுபட்ட வேக மூச்சுப்பயிற்சி ( )

இ)குழந்தை வெளிவருவதற்கான மூச்சுப்பயிற்சி ( )

ஈ) தெரியவில்லை ( )

24. இரண்டாம் நிலை மகப்பேறின் போது எந்த வித மாறுபடும் நிலைமேற்கொள்ளப்படுகின்றன?

அ)மல்லாந்து படுத்து கால்களை உயர்த்தி அகன்ற நிலையில்

வைத்தல் ( )

ஆ)உட்காருதல் ( )

இ)குப்புறப்படுத்தல் ( )

ஈ) தெரியவில்லை ( )

25. மகப்பேறின் இரண்டாம் நிலையின் போது குழந்தையின் இதயத்துடிப்பு எவ்வாறு கண்டறியப்படுகிறது?

அ)கார்டியோடோகோகிராப் மற்றும் ஸ்கேன் ( )

ஆ)இரத்தப் பரிசோதனையின் மூலம் ( )

இ)சிறுநீர் பரிசோதனையின் மூலம் ( )

ஈ) தெரியவில்லை ( )

மகப்பேறின் மூன்றாம் மற்றும் நான்காம் நிலை

26. மகப்பேறின் மூன்றாம் நிலை என்றால் என்ன?

அ)நஞ்சுக்கொடி மற்றும் மெல்லிய தோல் முழுவதுமாக வெளியேறுதல் ( )

ஆ)குழந்தை பிறத்தல் ( )

இ)முழுவதுமாக கர்ப்பப்பை வாய் விரிவடைதல் ( )

ஈ) தெரியவில்லை ( )

27 மகப்பேறின் மூன்றாம் நிலைக்கு எடுத்துக்கொள்ளும் கால அளவு என்ன?

அ)10 லிருந்து 20 நிமிடம் வரை ( )

ஆ)20 லிருந்து 30 நிமிடம் வரை ( )

இ)30 நிமிடத்திற்கு மேல் ( )

ஈ) தெரியவில்லை ( )

28. மகப்பேறின் மூனறாம் நிலையின் போது தாய் கடைப்பிடிக்க வேண்டிய வழி முறை என்ன?

அ)மூச்சை ஆழமாக உள்ளிழுத்து வெளிவிட வேண்டும் ( )

ஆ)ஒரு புறமாக சாய்ந்து படுத்தல் ( )

இ)ஓய்வெடுத்தல் ( )

ஈ) தெரியவில்லை ( )

29.. மகப்பேறின் நான்காம் நிலை என்றால் என்ன?

அ)மகப்பேறின் மூன்றாவது நிலை முடிந்ததில் இருந்து கண்காணிக்கும் நிலை ( )

ஆ)மகப்பேறின் இரண்டாவது நிலை முடிந்ததில் இருந்து கண்காணிக்கும் நிலை ( )

இ)மகப்பேறின் முதல் நிலை முடிந்ததில் இருந்து கண்காணிக்கும் நிலை ( )

ஈ) தெரியவில்லை ( )

30. மகப்பேறின் நான்காம் நிலையின் போது தாய்க்கு எவை கண்காணிக்கப்படுகின்றன?

அ)மூச்சுப்பயிற்சி ( )

ஆ)இரத்தப்போக்கு( )

இ)மாற்றுநிலைகள் ( )

ஈ) தெரியவில்லை ( )

APPENDIX: III

VIDEO ASSISTED TEACHING PROGRAMME

LESSON PLAN ON BIRTH PROCESS

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CENTRAL OBJECTIVE:

At the end of teaching the mother's will acquire the in depth knowledge regarding labour process and develop positive skills and attitude towards labour process and apply this knowledge in practice.

SPECIFIC OBJECTIVE:

The mothers will able to

- know the meaning of labour
- find the duration of labour process
- observe the signs and symptoms of labour
- prepare herself for admission to the hospital
- cope up with the first stage of labour
- co-operate themselves the second stage of labour
- comfort herself during the third stage of labour
- identify her responsibility of fourth stage of labour

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
1mt	Introduce of the topic	**INTRODUCTION:** Every women's labour experience is special from one pregnancy to the next. It is a unique, wonderful, terrifying, thrilling, difficult, easy, fast and unforgettable experience to the mother that will bring, baby into the world one or another way. labour is incredibly challenging to every woman life. But don't be afraid. accept this as part of the process and be one with the experience of fantastic reward in the world. **ANNOUNCEMENT OF THE TOPIC:** **"Labour process"**	T-introducing L-listening	Video	
1mt	State the meaning of labour	**MEANING OF LABOUR:** Labour is described as the process by which the fetus, placenta and membranes are expelled through the birth canal.	T-teaching L-listening	video	What is meant by labour?
1mt	Illustrate the duration of labour	**DURATION OF LABOUR**: **Primi mother:** 12 to 16 hours. **Multi mother:** 7 to 9 hours.			

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
		PREPARATION FOR ADMISSON TO THE HOSPITAL: When mother has to approach for delivery? • Do the contractions stay the same in intensity? • Do the contractions come in un even intervals (two minutes apart ,then seven minutes apart, then four minutes apart)? • Is the pain in lower abdomen rather than in lower back? • Do the contraction stop, when mother move around or change position? If she is saying "yes" she is not in real labor yet .when real labor contractions begin, mother will be tired and unable to do her activities. that is a good time for start packing.	T-teaching L-listening	video	When the mother has to approach up for her delivery?

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
		CHANGES WHICH IS TAKE PLACE BEFORE ONSET OF LABOUR: **lightening:** 2 to 3 weeks before the onset of labour the lower uterine segment expand and allows the fetal head to descend. The volume of the liquor gets less. Hence the mother feels lighter and more comfortable. • **Frequency of micturition:** probably due to the pressure of the fetal head. • **Braxton hick's contraction:** when mother have a contraction, her uterus gets tight and then relaxes. During pregnancy, these painless tightening are called Braxton hicks contractions. • **Cervical changes:** onset of labour cervix become ripe, the rip cervix is soft less than 1.3 cm in length, admits a finger easily and dilatable.	T-teaching L-listening	video	

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
3mts	List out the signs and symptoms of labour	**When mother is getting true labour pain she has to approach the hospital for safe confinement:** **SIGN OF TRUE LABOUR:** **Recognition of labour by the mother** **Bloody show:** a blood tinged or brownish discharge from mother cervix this can occur days before or at the onset of labour. This small amount of sticky, jelly like pink mucus is called show. • **Labour pains:** onset of painful uterine contractions ensures. At first they are irregular mild pains, thereafter uterine contractions become frequent**.** **Conformation by midwife:** • **Contractions:** contractions are usually experienced as a gradual Tightening across the abdomen and are often described as a similar	T-teaching L-listening	video	What is show?

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
2 mts	Enumerate the belonging to be carried by the mother for admitting labour	feeling to period pains or cramps but much stronger. When a real contraction happens, it is usually difficult to speak or move until it has passed. **Vaginal examination:** -confirm full dilation of the cervix. -intact membranes can be felt through the dilating os -assess progress and delay in labour . - make a positive identification of presentation. **<u>BELONGINGS TO BE CARRIED BY THE MOTHER FOR ADMITTING LABOUR:</u>** **For mother:** • Clothes: ➢ 4 light cotton night dresses or paijamas ➢ Old or cheap comfortable underwear	T-teaching L-listening	video	What are the belongings to be carried by the mother for admitting in labour ward?

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
		• Toiletries: ➢ 2 packets of maternity pads (thicker than ordinary) ➢ Shampoo ➢ Soap ➢ Tooth brush and Tooth paste ➢ Oil • Accessories: ➢ Ear plugs ➢ Hair clip and hair band ➢ Breast pads ➢ Towels, Pillow ➢ Mobile phone and charger **For Baby:** • Clothes: ➢ 8vests ➢ 8 baby gross 1 or 2 cardigans ➢ Scratch mitts ➢ Baby hat • Toiletries: ➢ Disposable nappies ➢ Nappy bags ➢ Two soft baby towels ➢ A baby sponge Cotton wool & Nappy cream \	T-teaching L-listening	video	

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
15mts	Illustrate the first stage of labour	**Items for coming home:** ➢ Warm blanket ➢ All in one warm baby suit **STAGES OF LABOUR:** **FIRST STAGE OF LAOUR:** It starts from the onset of true labour pain and ends with full dilation of the cervix **DURATION:** • 12 to 14 hours in primi mother • 6 to 8 hours in multi mother **EVENTS IN FIRST STAGE OF LABOUR:** **Dilatation and effacement of the cervix:** ➢ **Dilation:** Dilatation is assessed through vaginal examination and is recorded centimeters from 0 -10 cm when the cervix has 10 cm, the mother has uncontrollable urge to push.	T-teaching L-listening	video	What is the first stage of labour? How many hours needed to complete the first stage of labour for primi mothers?

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
		❖ **Effacement:** effacement is the process by which the muscular fibers of the cervix are pulled upward and merges with the fibers of the lower uterine segment. the cervix becomes thin during first stage of labour or even before that in primigravidae. Expulsion of mucus plug is caused by effacement. **Full formation of lower uterine segment:** The wall of the upper segment becomes progressively thickened with progressive thinning of the lower segment. the lower segment is thus limited superiorly by the physiological retraction ring and inferiorly by the fibro muscular junction of cervix and uterus. When fully formed, it measures 7.5 to 10 cm from the internal os. It is hemispherical in shape at the beginning but becomes cylindrical when fully formed in second stage.	T-teaching L-listening	video	

		SIGNS OF FIRST STAGE OF LABOUR: ❖ **Show:**a plug of mucus is present in your cervix. this small amount of sticky, jelly like pink mucus is called a show. a show indicates the cervix is starting to open, and labour may follow quickly or it may take a few days. ❖ **Break a water:**When it's time baby to be born ,the sac breaks and the amniotic fluid drains out through vagina .this is called water breaking.Mother may feel a slow trickle ,or a sudden gush of water that she cannot control .to prepare for this ,she could keep sanitary towel with her hand if she is going out ,and put a plastic sheet on her bed.Amniotic fluid is clear and a pale straw colour sometimes it's difficult to tell amniotic fluid from urine. ❖ **contraction:** When mother having regular, painful contractions that feel stronger and last more than 30 seconds, labour may have started. as labour gets going(gets established) her contractions tend to become longer, stronger and more frequent. during a contraction, if she put the hand on her abdomen, she can fell it getting harder.	T-teaching L-listening	video	When rupture of membranes takes place? What is the intensity of the uterine contraction during first stage of labour?

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
		When the muscles relax, the pain fades and her hand will fell the hardness ease. the contractions are pushing her baby down and opening her cervix . **MOTHER'S ROLE DURING FIRST STAGE OF LABOUR:** To promote comfort during early labour ❖ **Take a shower or bath:** Bathing or showering with warm water are non pharmacology measures that can be used to promote comfort and relaxation during labour. Sitting in a tub of water up to the shoulders or lower for 1 to 2 hours has several immediate benefits. the water results in general body relaxation and temporary relief from discomfort and pain. ❖ **Listen to relaxing music:** Music, tape or live, enhance relaxation during labour, thereby reducing stress, anxiety and the perception of pain.	T-teaching L-listening	video	What are the roles of mother during first stage of labour?

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
		It can be used to promote relaxation healthy labour and stimulate movement as labour progress .use of headphones or earphones may increase the effectiveness of the music because other sounds will be shut out. ❖ **Have a gentle massage:** Heal, hand, back, and foot massage may be very effective in reducing tension and enhancing comfort. Her partner should be encouraged to experiment the massage. during contraction give massage from side to side or clockwise circles, or put pressure on either side of the sacrum with palms. It may help relieve the pain. **Breathing techniques:** At the beginning and end of each contraction remember to take a deep, cleansing, relaxing breath. it provide more oxygen for her uterus and it promote relaxation of the abdominal muscles and thereby increase the size of the abdominal cavity	T-teaching L-listening	video	

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
		Cleansing breath: At the beginning of each contraction, take a deep breath in through your nose, then exhale through your mouth, loud enough that others can hear the exhale. When a contraction ends, take another deep cleansing breath. Slow, relaxed, abdominal breathing: Inhale slowly through your nose, allowing your belly to expand first, then your chest. Exhale slowly through your mouth, pursing your lips. Breathing should be slow and relaxed, about half your normal rate. 6-9 breaths per minute. Modified paced breathing: Not more than twice normal breathing rate. (number of breaths\min 2 times).approximately 32 to 40 breaths per minute. this technique conserves energy, lessens fatigue, and decreases the chance of hypoventilation.	T-teaching L-listening	video	

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
		❖ **Changing Positions:** It becomes more difficult to find a comfortable position and frequent changes in position relieve fatigue, increase comfort and improve Circulation. Therefore labouring women should be encouraged to find positions. An upright position (walking, sitting, kneeling or squatting) offers a number of advantages. Gravity can promote the descent of the fetus and it also is beneficial to the mother's cardiac output, which normally increases during labour. Avoid letting her lie on her back for prolonged periods. This can sometimes reduce blood flow to the baby, decrease the size of her pelvis during the pushing phase, and I generally much more uncomfortable. Walking helps the progress of their labour. if the contractions are not too intense, she may be able to actually walk during the contraction. This can help the baby descend further into the pelvis.	T-teaching L-listening	video	

20mts	Explain the second stage of labour	**Drink water juice or other clear liquids:** In early labour drags on, mother is bound to get hungry, but watch what she eat. Advice the mother to drink water juice or other clear liquids. It will help to increase mother energy level. **SECOND STAGE OF LABOUR:** Starts from full dilation of the cervix and ends with expulsion of the fetus. **DURATION:** ➢ 1 to2 hours in primi mother. ➢ 30 mts to1hour in multi mother. **SIGNS OF SECOND STAGE OF LABOUR:** **Bearing down pains:** When baby head is far down in mother Pelvis and stretching the opening of the vagina, mother will probably feel a hot, stinging sensation and baby head has crowned. The main expulsive effort is from the abdominal muscles and the diaphragm. They contract during the uterine contractions to push the baby down against the perineum. The patient holds her feet to push down.	T-teaching L-listening	video	what is meant by second stage of labour? what is the time duration of second stage labour of among primi mothers?

TIME	SPECIFIC OBJECTIVE	CONTENT	TEACHING AND LEARNING ACTIVITY	AV Aids	EVALUATION
		MOVEMENTS OF SECOND STAGE OF LABOUR **Flexion of the head:** The head is usually flexed at the beginning of the labor with sub occipito frontal diameter engaging at the brim. **Internal rotation of the head:** It is the turning forward of whatever part of the fetus reaches the gutter shaped pelvic floor first the movement causes the larger diameter of the head, shoulder and buttock to come under the pubic arch, in the antero posterior of the outlet. **Crowning of the head:** It is the term used when the occipital prominence escapes under the symphysis pubis and the head no longer recedes between uterine contractions .during this period hair line visible in the vagina. **Extension of the head:** It is the movement by which the flexion of the head is pivots on			

		the lower border of the symphysis pubis, while the chin, face and the sinciput sweep the perineum. **Restitution:** This is the turning of the head to undo the twist in the neck that took place during the internal rotation of the head. **Internal rotation of the shoulder:** It is a similar move mend as the internal rotation of the head. The anterior shoulder reaches the right side of the pelvic floor and rotate forwards into the anterior posterior diameter of the outlet. Now the anterior shoulder is under the symphysis pubis and it is born and then the post shoulder. **External rotation of head:** It is the turning of the head which accompany with internal rotation of the shoulders always in the same direction as in restitution **Lateral flexion of the body**: After the expulsion of the shoulders the body is carried forward over the symphysis pubis towards abdomen. to facilitate the lateral flexion			

		During second stage, the baby's head moves down the vagina until it can be seen. When the head is nearly ready to be born, the midwife will ask to stop pushing and to pant or puff a couple of quick short breaths, blowing out through her mouth. This is so that her baby's head can be born slowly and gently, giving the skin and muscles of the perineum(the area between your vagina and anus)time to stretch without tearing. The skin of the perineum usually stretches well, but it may tear. Sometimes, to avoid a tear or to speed up delivery the midwife or doctor will inject local anesthetic and cut an episiotomy. Afterwards, the cut or tear is stitched up to help healing. **Episiotomy:** An episiotomy is a surgical incision made in the perineum which is the space between the vagina and the anus. After the head born midwives like to suction the baby's nose and mouth immediately, in order to remove mucus and amniotic fluid. this takes only a minute and the next push is generally the one that delivers the baby's shoulders and body. afterward, the umbilical cord will be clamped and cut.	T-teaching L-listening	video	

		MOTHER'S ROLE DURING SECOND STAGE OF LABOUR: **Diet:** Mother should not eat anything but she may take some fluids or eat hard candy or ice chips if mother likes. **Breathing technique**: mother should follow some breathing exercise **Breathing for Birth: Breathing the baby out**: Breathe in deeply, then on exhale, gently push downward with abdominal muscles, while visualizing the baby moving down and out. It may help to grunt or vocalize while exhaling. Continue this pattern through the contraction. **Pushing the baby out**: During a contraction, when the urge to push becomes irresistible, then hold breath for five to seven seconds, while pushing. Then breathe deeply in and out again until the urge to push becomes strong. Repeat through contraction. How to Avoid Pushing, if necessary: Lift your chin, and arch your back a little. Either, Breathe deeply, relaxing your body.			

		Changing position: the doctor will suggest the best position is lying on her back or in a semi retained position with mother head and trunk raised while pushing the baby down. **<u>Possible labour positions:</u>** ➢ Kneeling on mother hands and knees: this is can help expect ally good if you have pain in your back. ➢ Walking around: this can help the labour process move along. Standing up allows gravity to work for you because being upright helps the baby move down the birth canal. **Fetal heart monitoring:** Baby heart rate will be monitored throughout labour. the midwife will watch for any marked change in the rate, which could be sign that the baby is distressed and something needs to be done. there are different ways of monitoring the baby's heart beat ➢ The midwife may listen baby heart intermittently, at least one minute every 15 minutes when mother in established labour, using a hand held ultrasound monitor.	T-teaching L-listening	video	What is the role of mother during second stage of labour?

10mts	Enumerate the third stage of labour	➢ Baby heart beat and mother contractions may also be followed electronically through a monitor linked to a machine called a cardiotocograph. ➢ Pinard's stethoscope should firmly closed to the aural end. It should not be touched by hand while listening. ➢ Ultrasonic Doppler is used to continuous tracing of FHR. the transducers are placed on the maternal abdomen. one over the fundus and the other at a site where the fetal heart sound is best audible. uterine contractions are recorded simultaneously by tocodynamometer. **THIRD STAGE OF LABOUR:** It begins after the expulsion of the fetus and ends with expulsion of the placenta. After baby is born, mother will likely feel a great sense of relief. She might hold the baby in her arms or on her abdomen cherish the moment. but a lot is still happening. During the third stage of labor ,her health care provider will deliver the placenta and make sure her bleeding is under control.		video	What is the third stage of labour?

5mts	Discuss the fourth stage of labour	**DURATION:** ➢ 10 to 20 mts for primi and multi mother. **MOTHER'S ROLE IN THIRD STAGE OF LABOUR:** Relax! By now the health care provider might be oblivious what is going around her. She will have mild contractions, her health care providers massage her lower abdomen to encourage her uterus to contract and expel the placenta. She might be asked to push one more time to deliver the placenta, which usually comes of with a slush of blood. **FOURTH STAGE OF LABOUR:** This is essentially a stage of observation following the completion of the third stage of labour. This is necessary to avoid complication during the phase of recovery, the signs observed are a follows: ➢ The fundal height, to ensure that the uterus is not relaxing. ➢ Vaginal bleeding & Maternal vital signs	T-teaching L-listening	video	What is the duration of third stage of labour? What is meant by fourth stage of labour

		SUMMARY: Till now we had discussed about labour, duration, sign of labour, prepared for hospital, hospital bag, stages of labour, duration and mother's role during stages of labour. **CONCLUSION:** From this class the mother's would have gained the knowledge regarding Birth process.	T-teaching L-listening	Video	

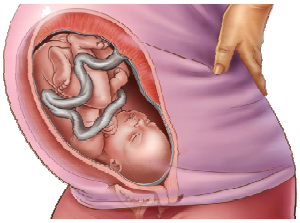
APPENDIX – IV

மகப்பேறு

முன்னுரை:

மகப்பேறு என்பது ஒவ்வொரு பெண்ணிற்கும் முக்கிய அங்கமாக அமைகிறது. இது ஒரு தனித்தன்மை வாய்ந்த மறக்கமுடியாத அனுபவத்தை கொடுக்கிறது. ஒவ்வொரு பெண்ணிற்கும் இப்பேறு சவாலாக அமைகிறது. தாய்மைபேறு வாழ்க்கையில் பொறுப்பை அளிக்கக்கூடியது மட்டுமல்லாமல், புதியதோர் உயிரையே படைப்பதால் ஒவ்வொரு பெண்ணிற்கும் தன்னம்பிக்கையை உருவாக்குகிறது. வாழ்க்கை வாழ்வதற்கு ஒரு புது அர்த்தத்தையே கொடுக்கிறது.

மகப்பேறு:



சிசு, நஞ்சுக்கொடி மற்றும் மெல்லிய சவ்வு அனைத்தும் பிறப்புறுப்பின் வழியாக முழுவதுமாக வெளியேறுவதே மகப்பேறு எனப்படும்.

மகப்பேறுக்கு ஆகும் கால அளவு:

முதல் பிரசவம் : 12 முதல் 16 மணி வரை

இரண்டு மற்றும் அதற்கு மேற்பட்ட பிரசவம் : 7 முதல் 9 மணி வரை

பிரசவ வலி ஏற்படுவதற்கு முன் ஏற்படும் மாற்றங்கள்:

அடிவயிறு இறக்கம்:

2 அல்லது 3 வாரத்திற்கு முன்பு குழந்தையின் தலைப்பகுதி கீழே இறங்க ஆரம்பிப்பதால கர்ப்பிணியின் அடிவயிறு இறங்கி காணப்படும்.

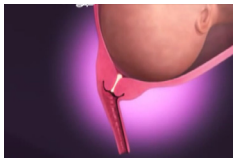
அடிக்கடி சிறுநீர் வெளியேறுதல்:

குழந்தையின் தலைப்பகுதி கீழ்நோக்கி இறங்கி சிறுநீர்ப்பையை அழுத்த ஆரம்பிப்பதால் அடிக்கடி சிறுநீர் வெளியேறுகிறது.

கர்ப்பப்பை சுருக்கம்:

கர்ப்பக்காலத்தில் இருந்தே கர்ப்பப்பை சுருங்கி விரிய ஆரம்பிக்கிறது. இது பிரசவத்திற்கு முன்பு சற்று அதிகமாகவே காணப்படும்.

பிரசவ வலி ஆரம்பித்ததற்கான அறிகுறிகள்:



1. இரத்தம் கலந்த சளி போன்ற திரவம் பிறப்புறுப்பின் வழியாக வெளியேறுதல்
2. பிரசவ வலி: முன்பக்க அடி வயிற்றிலும் மற்றும் பின்புறம் நடுப்பகுதியிலும் வலி ஏற்படும்.

தாய்மார்கள் மருத்துவமனைக்கு மகப்பேறிற்காக செல்வதற்கு எடுத்து செல்லவேண்டிய பொருட்கள்:

தாய்க்கு தேவையானவை:

- தூய பருத்தி புடவை (அ) நைட்டி
- உள்ளாடைகள்
- சானிட்டரி நாப்கின்கள்

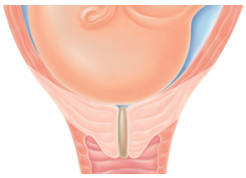
அன்றாட தேவைக்கு உபயோக பொருட்கள்:

- ஷாம்பு
- சோப்பு
- பவுடர்
- பேஸ்ட் மற்றும் பிரஸ்

குழந்தைக்கு தேவையானவை:

- ஆடைகள்
- நாப்கின்கள்
- துண்டுகள் மற்றும் துணிகள்
- ஷாம்பு
- சோப்பு

மகப்பேறின் நிலைகள்:

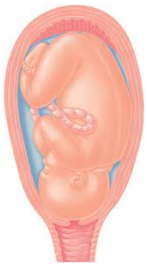


மகப்பேறின் நிலைகள் நான்கு

மகப்பேறின் முதல் நிலை:

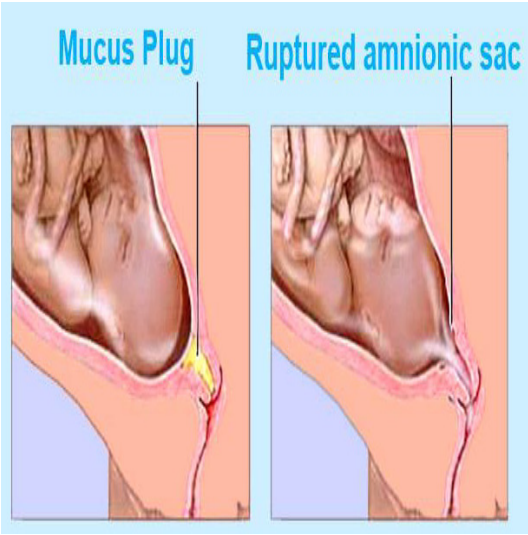
பிரசவ வலி ஆரம்பித்ததிலிருந்து கர்ப்பப்பையின் வாய் முழுவதுமாக திறக்கும் வரை உள்ள நிலை இதுவே மகப்பேறின் முதல் நிலை ஆகும்.

முதல் நிலையின் போது ஏற்படும் நிகழ்வுகள்:



கர்ப்பப்பையின் வாய் முழுவதும் விரிவடைந்து குழந்தையின் தலைப்பகுதி கீழ்நோக்கி தள்ளப்படுகிறது.

முதல் நிலையின் அறிகுறிகள்:



இரத்தம் கலந்த சளி:

இரத்தம் கலந்த சளி போன்ற திரவம் கர்ப்பப்பை வாய் வழியாக வெளியேறும்

பனிக்குடம் உடைதல்:

பனிக்குடம் உடைந்து அதன் நீர் பிறப்புறுப்பின் வழியாக வெளியேறும் இது பார்ப்பதற்கு சுத்தமான வெளிறிய மஞ்சள் நிறமாக இருக்கும். இது திடீரென வேகமாக வெளிப்படும். இதை கட்டுப்படுத்த முடியாது.

கர்ப்பப்பை சுருக்கம்:

தொடர்ந்து வலியுடன் கர்ப்பப்பை சுருங்கி விரியும். இதனால் அடிவயிறு கடினதன்மை பெற்று காணப்படும்.

கர்ப்பிணி பெண்கள் கடைபிடிக்க வேண்டிய வழிமுறைகள்:

நீரினால் நனைத்தல்:

பிரசவ வலி நேரிடும் போது கர்ப்பிணி பெண்ணின் இடுப்பு மற்றும் வயிற்று பகுதியை நீரினால் நனைக்க வேண்டும். இவற்றினால் வலி குறையும்.

மசாஜ் செய்தல்:

கர்ப்பிணி பெண்ணுக்கு துணையாக இருப்பவர்கள் வலி ஏற்படக்கூடிய இடத்தில் கைகளால் இதமாக தேய்த்து கொடுக்க வேண்டும்.

மூச்சுப்பயிற்சி:

மூச்சுப்பயிற்சி செய்வதன் மூலம் கர்ப்பப்பைக்கு தேவையான ஆக்சிஜன் கிடைக்கிறது. இதனால் சோர்வு குறைந்து சக்தி அதிகரிக்கிறது. இதில் மூன்றுவித பயிற்சிகள் உள்ளது.

கிளன்சிங் மூச்சுபயிற்சி:

இப்பயிற்சியின் போது மூக்கின் வழியாக மூச்சை நன்கு உள்ளிழுத்து வாயின் வழியாக சத்தம் கேட்கும்படி மூச்சை வெளிவிட வேண்டும்.

மெதுவான நிதானமான அடிவயிற்று மூச்சுப்பயிற்சி:

இப்பயிற்சியின் போது மெதுவாக மூக்கின் வழியாக மூச்சை உள்ளிழுத்து வாயின் வழியாக மெதுவாக வெளியிட வேண்டும்.

மாற்று வேக மூச்சுப்பயிற்சி:

இப்பயிற்சியின் போது வேகமாக மூச்சை உள்ளிழுத்து வெளியிட வேண்டும். நிமிடத்திற்கு 32 முதல் 40 வரை சுவாசிக்க வேண்டும்.

மாறுபடும் நிலைகள்:

முதல் நிலையில் கர்ப்பிணி பெண்கள் தொடர்ந்து ஒரே நிலையில் இருக்க முடியாது. அதனால் நிலைகளை அடிக்கடி மாற்றிக் கொள்ள வேண்டும். இதனால் சோர்வு குறைந்து இரத்த ஓட்டம் சீராக அமைகிறது. இவற்றில் கீழ்க்கண்ட நிலைகள் மேற்கொள்ளப்படுகின்றன.

- ஒருபுறமாக சாய்ந்து படுத்தல்
- கைகளை ஊன்றி முழங்காலிடுதல்
- நிமிர்ந்து நடத்தல்

இவ்வாறு செய்வதால் குழந்தையின் தலைப்பகுதி இறங்கி வருகிறது.

தவிர்க்க வேண்டிய நிலை:

- மல்லாந்து படுத்தல்

இந்நிலையில் குழந்தைக்கு செல்லும் இரத்த ஓட்டம் குறைகிறது.

மகப்பேறின் இரண்டாம் நிலை:

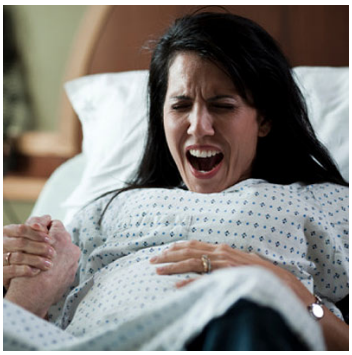
முழுவதுமாக கர்ப்பபையின் வாய் திறப்பிலிருந்து குழந்தை முழுவதுமாக வெளிவரும்வரை உள்ள நிலை இரண்டாம் நிலை எனப்படும்.

இரண்டாம் நிலைக்கான கால அளவு:

முதல் பிரசவம் : 1-2 மணி நேரம்

இரண்டு மற்றும் அதற்கு மேற்பட்ட பிரசவம் : 30 நிமிடம் முதல் 1 மணி நேரம்

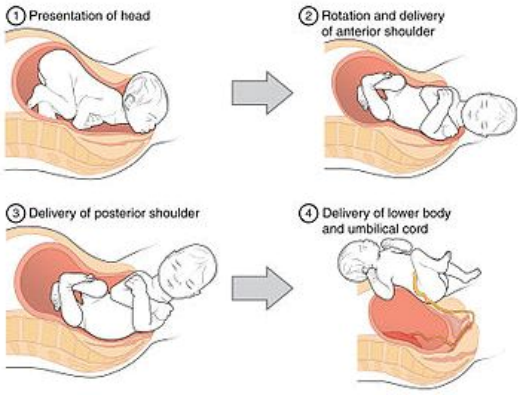
இரண்டாம் நிலைக்கான அறிகுறிகள்:



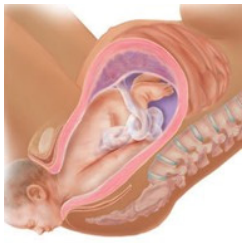
பிரசவ வலி:

குழந்தையின் தலைப்பகுதி கீழே இறங்கி வருவதனால் ஏற்படும் அழுத்தத்தினால் பிறப்புறுப்பு திறந்து வலி ஏற்படுகிறது. இதை தாய்மார்கள் உணர்வுபூர்வமாக அறியமுடியும்.

இரண்டாம் நிலையில் ஏற்படும் மாற்றங்கள்:



- முதலில் கர்ப்பப்பையின் உள்ளே குழந்தையின் தலைப்பகுதி மடங்கிய நிலையில் காணப்படும்.
- பின்னர் ஒருபுறமாக திரும்பி பிறப்புறுப்பின் அருகில் வரும். இப்பொழுது குழந்தையின் தலைப்பகுதி வெளியே தெரிய ஆரம்பிக்கும். இந்நிலையில் முதல் பிரசவத்தில் சில சமயங்களில் பிறப்புறுப்பின் வாய் இறுக்கமாக காணப்படும். இதனால் குழந்தையினால் சுலபமாக வெளிவர இயலாது. இதனால் அப்பகுதி செயற்கையாக விரிவடைய செய்து குழந்தையை வெளிவர செய்ய வேண்டும். இதனால் குழந்தைக்கு ஏற்படும் மூச்சுத்திணறலையும், கர்ப்பப்பை நெகிழ்ச்சி அடைவதையும் தவிர்க்கலாம்.



- இப்பொழுது குழந்தையின் தலைப்பகுதி முழுவதுமாக வெளிவரும். வெளிவந்த பின்னர் தலைப்பகுதி ஒருபுறமாக திரும்பும். அப்பொழுது குழந்தையின் தோள்பட்டையும் அதே புறமாக திரும்பி இந்த நிலையில் குழந்தை முழுவதுமாக வெளிவரும்.

- குழந்தை முழுவதுமாக வெளிவந்த பின்னர் தாய்க்கும் குழந்தைக்கும் இடையே உள்ள தொப்புள்கொடியை துண்டிக்க வேண்டும்.

இரண்டாம் நிலையின் போது கர்ப்பிணி பெண்கள் கடைபிடிக்க வேண்டிய வழிமுறைகள்:

மூச்சுப்பயிற்சி:

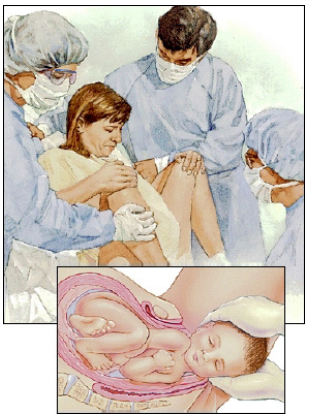
குழந்தை வெளிவருவதற்கு எடுத்துக் கொள்ள வேண்டிய மூச்சுப் பயிற்சி:

- மூச்சை நன்றாக உள்ளிழுத்து அடிவயிற்றிலிருந்து உணர்ந்து வெளிவிட வேண்டும். வலி ஏற்படும் போது இதுபோன்ற மூச்சுப் பயிற்சி செய்ய வேண்டும்.

குழந்தை வெளி தள்ளுவதற்கான மூச்சுப் பயிற்சி:

- வலி ஏற்படும் போது மூச்சை வேகமாக ஆழமாக உள்ளிழுத்து 5 முதல் 7 நொடிகள் வரை நிறுத்தி பின் அழுத்தமாக வெளிவிட வேண்டும்.

மாறுபடும் நிலைகள்:

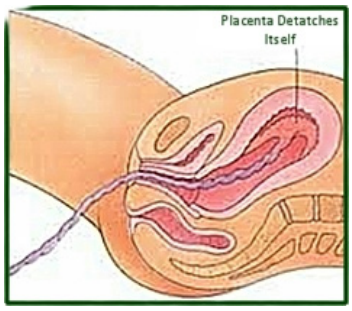


- இரண்டு கால்களை உயர்த்தி அகன்ற நிலையில் வைக்க வேண்டும்.
- முழங்காலிட்ட நிலையில் கைகளை தரையில் ஊன்றி இடுப்புப்பகுதியை உயர்த்த வேண்டும். இவ்வாறு செய்வதன் மூலம் குழந்தை எளிதாக வெளிவரும்.

குழந்தையின் இதய துடிப்பை கண்காணிக்கும் முறை:

ஸ்கேன், பினார்ட்ஸ், ஸ்டெதஸ்கோப் மற்றும் கார்டியோடோகோகிராப் மூலம் குழந்தையின் இதயத் துடிப்பை கண்காணிக்க முடியும்.

மகப்பேறின் மூன்றாம் நிலை:



குழந்தை பிறந்ததிலிருந்து நஞ்சுக் கொடி மற்றும் மெல்லிய சவ்வு பகுதி முழுவதுமாக வெளியேறுவதே மூன்றாம் நிலை. இந்நிலையின் போது தாயின் மனநிலை மகிழ்ச்சியாகவும், உடல்நிலை சீராகவும் காணப்படும். குழந்தை முழுவதுமாக வெளிவந்த பின்பு குழந்தையை தாயின் வயிற்றுப்பகுதியிலோ அல்லது அவரது அரவணைப்பிலோ வைக்க வேண்டும்.

மூன்றாம் நிலைக்கான கால அளவு:

10 நிமிடத்திலிருந்து 20 நிமிடம் வரை

மூன்றாம் நிலையில் தாய் கடைப்பிடிக்க வேண்டிய வழிமுறைகள்:

இந்நிலையில் கர்ப்பப்பையில் சுருங்கி விரியும் தன்மை குறைவாக காணப்படும். இந்நிலையில் தாய்மார்கள் மூச்சை நன்கு உள்ளிழுத்து வெளிவிடுவதன் மூலம் நஞ்சுக்கொடி வெளி தள்ளப்படுகிறது.

மகப்பேறின் நான்காம் நிலை:

கீழ்கண்டவாறு இந்நிலையின் போது தாயும், சேயும் கண்காணிக்கப்படுகின்றனர்.

தாய்க்கு

- அடிவயிற்றின் அளவு
- இரத்தப்போக்கு
- இரத்த அழுத்தம் மற்றும் நாடிதுடிப்பு

ஆகியவற்றை கண்காணிக்க வேண்டும்.

குழந்தைக்கு

- குழந்தையின் உடல்நிலை
- தாய்ப்பால் குடிக்கும் விதம்

ஆகியவற்றை கண்காணிக்க வேண்டும்.

முடிவுரை:

கர்ப்ப காலம் மற்றும் குழந்தை பிறக்கும் நேரத்தில் இந்த வழிமுறைகள் அனைத்தையும் மேற்கொண்டால் குறைந்த வலியுடன் எளிதாக பிரசவம் நடைபெற்று அழகான குழந்தையை மகிழ்ச்சியாக பெற்றெடுக்கலாம்.

நன்றி!!!

APPENDIX: V

PERMISSION LETTER FOR CONDUCTION OF STUDY

To

Dr.R.Saethu Ramu,M.B.B.S.,DGO.,

The block medical officer,

Primary health centre,

poovanthi

Through the Principal,

Respected Madam/Sir,

Sub : Permission to do Research – Project- M.Sc. Nursing – Reg.

I, **Mrs. P.Kalaiyarasi, II year M.Sc(N)** student of Midwifery & Obstetrics speciality at RASS Academy College of Nursing, wish to do the project on the topic of **"Effectiveness of video assisted teaching on knowledge regarding birth process among antenatal mothers",** for the dissertation to be submitted to Dr. M.G.R. Medical University in partial fulfillment of the requirement of Degree of Master of Science in Nursing. So I request you to grant permission to undertake the study on antenatal mothers in your esteemed concern on the month of november. So please accept this requestion letter and kindly do the needful.

Thanking You

Yours faithfully,

(P.Kalaiyarasi)

Place: Poovanthi

Date :

PERMISSION LETTER FOR CONDUCTION OF STUDY

To

Dr.R.Saethu Ramu,M.B.B.S.,DGO.,

The block medical officer,

Primary health centre,

poovanthi

Through the Principal,

Respected Madam/Sir,

Sub : Permission to do Research – Project- M.Sc. Nursing – Reg.

I , Mrs. P.Kalaiyarasi, II year M.Sc(N) student of Midwifery & Obstetrics speciality at RASS Academy College of Nursing, wish to do the project on the topic of **"Effectiveness of video assisted teaching on knowledge regarding birth process among antenatal mothers",** for my dissertation to be submitted to Dr. M.G.R. Medical University in partial fulfillment of the requirement of Degree of Master of Science in Nursing. So I request you to grant permission to undertake the study for antenatal mothers in your esteemed institution on the month of novemper. So please accept this permission letter and kindly do the needful.

Thanking You

Yours faithfully,

P. Kalaiyarasi

(P.Kalaiyarasi)

Place: Poovanthi

Date : 25.10.13

Permitted

R. Sathya

25/10/13

MEDICAL OFFICER.
Govt Primary Health Centre,
Poovanthi - 603 611.
Chengalpattu Dist.

APPENDIX: VI

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that I have perused the research proposal submitted by Mrs.KALAIYARASI, that **" Effectiveness of video assisted teaching on knowledge regarding birth process among antenatal mothers in primary health centre at poovanthi."** I found that methodology and instruments are appropriate.

Place:

Date: 10-12-13

Signature 10-12-13

MEDICAL OFFICER.
Govt [illegible] entre,
[illegible]
[illegible]

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that I have perused the research proposal submitted by Mrs.P.KALAIYARASI, that **"Effectiveness of video assisted teaching on knowledge regarding birth process among antenatal mothers in selected hospitals at Madurai."** I found that methodology and instruments are appropriate.

Place: Madurai

Date: 18/10/13

Signature

Professor

C.S.I. Jacon

Pasumalai, Madurai

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that I have perused the research proposal submitted by Mrs.P.KALAIYARASI. that **"Effectiveness of video assisted teaching on knowledge regarding birth process among antenatal mothers in selected hospitals at Madurai."** I found that methodology and instruments are appropriate.

Date Place: 7.10.13

Place Date: Mana Madurai

Signature

G. K. Vaijayanthi
Associate Professor
Meenakshi College of Nursing
Mana Madurai

APPENDIX – VII

LIST OF EXPERTS

Prof.Mrs. G.Thilagavathy, M.Sc (N),MBA,Ph.D,
Principal&HOD of Community Health Nursing,
RASS Academy College of Nursing,Poovanthi.
Sivagangai District.

Mrs.UmmulHapipa, M.Sc(N),
Vice Principal&HOD of Medical surgical Nursing,
RASS Academy College of Nursing,Poovanthi.
Sivagangai District.

Asso.Prof.R.Sutha, M.Sc(N),
Reader,HOD of Obstetrics and Gynecological nursing,,
RASS Academy College of Nursing, Poovanthi
Sivagangai District.

Asso.Prof.PremaSathyamoorthy, M.Sc(N), MBA,
Reader,HOD of Child Health Nursing,
RASS Academy College of Nursing, Poovanthi
Sivagangai District.

Asso.Prof.R.N.K.Vasugi, M.Sc(N),
Reader,HOD of Medical surgical Nursing,
RASS Academy College of Nursing, Poovanthi
Sivagangai District.

Asso.Prof.J.Amala Nambikkai, M.Sc(N),
Reader,HOD of Obstetrics and Gynecological nursing,,
RASS Academy College of Nursing, Poovanthi
Sivagangai District.

Asso.Prof.Ruth Rani,M.Sc(N),
Reader,HOD of Mental Health Nursing,
RASS Academy College of Nursing, Poovanthi
Sivagangai District.

Asso.Prof.Uma Maheshwari, M.Sc(N),
Reader,HOD of Community Health Nursing,
RASS Academy College of Nursing, Poovanthi
Sivagangai District.

Asso.Prof.Sangeetha, M.Sc(N),
Reader,Mental Health Nursing,
RASS Academy College of Nursing, Poovanthi
Sivagangai District.

Lect. Saranya,M.Sc(N),
Obstetrics and Gynecological Nursing,
RASS Academy College of Nursing, Poovanthi
Sivagangai District.

Dr.Saethu Ramu, MBBS., DGO.,
Block Medical officer,
Primary Health centre,
Poovanthi, sivagangai District

Prof.Mrs. Shanthi, M.Sc (N).,
Reader,HOD of Obstetrics and Gynecologica nursing,,
C.S.I Jeyaraj Annapackyam College of Nursing,
Pasumalai,
Madurai.

Asso.Prof.Mrs. Arul Mozhi, M.Sc (N).,
Reader,HOD of Obstetrics and Gynecologica nursing,,
Matha College of Nursing,
Manamadurai,
Sivagangai District.

Asso.Prof.Mrs. Viji Priya, M.Sc (N).,
Reader,HOD of Obstetrics and Gynecologica nursing,,
Matha College of Nursing,
Manamadurai,
Sivagangai District.

APPENDIX VIII

PHOTOGRAPHICAL EVIDENCE OF DATA COLLECTION


முதல் நிலை