EFFECTIVENESS OF NURSING CARE ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

By

Ms. RUKSANA BEGAM.S

A Dissertation submitted to

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI.

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

MARCH – 2010.

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Internal Examiner   **External Examiner**

CERTIFICATE

This is to certify that **EFFECTIVENESS OF NURSING CARE ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE** is a bonafide work done by **Ms.RUKSANA BEGAM.S,** Adhiparasakthi College of Nursing, Melmaruvathur – 603 319, in partial fulfillment for the University rules and regulations towards the award of the degree of M.Sc. (Nursing), **Branch - III**, **Obstetrics and Gynaecological Nursing**, under our guidance and supervision during the academic year 2008 - 2010.

Signature _____

Dr.N.KOKILAVANI,M.Sc(N), M.A.(Pub.Adm.),M.Phil., Ph.D.,

Principal,

Adhiparasakthi College of Nursing,

Melmaruvathur – 603 319,

Kanchipuram District,

Tamil Nadu.

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CHAPTER – I
INTRODUCTION

Pregnancy is a period of expectant waiting and one that all of their aspire to experience at least once in their lifetime. As set foot on the path that transmutes one from a woman to a mother, several responsibilities and concerns become their alone. Among these are their duty to the life that is yet to be and how they can give of themselves, in body and spirit, to form and nurture the new life that they seek to bring into existence.

Giving life is powerful. It is vital, that they prepare their body to become a suitable environment for the baby to grow, while staying happy and healthy emotionally and mentally as well. Each week of pregnancy brings with new changes and feelings that may require some explanations and support.

After becoming pregnant, labor is the next event that a woman eagerly awaits. There is also an apprehension among many women that they may fail to notice the initial signs or symptoms of labor and in the process may not be adequately

ready for childbirth to occur. However, there is no reason to fear, as their body will display early signs that labor is fast approaching.

Any vaginal bleeding during pregnancy is a potentially serious complication. It may lead to early labour or may be the presenting sign of either abruption or an undiagnosed placenta praevia. Worldwide, antepartum haemorrhage remains a leading cause of maternal death. Antepartum haemorrhage is defined as hemorrhage from the genital tract after 28 weeks of gestation but before the delivery of the baby.

Antepartum haemorrhage affects three to five percent of all pregnancies and three times more common in multiparous than primiparous women. More than 99 percent of all maternal deaths occur in the developing world and the great majority of these are avoidable.

A nation's progress depends on the well being of its younger generation. This can be achieved only through good maternal and child health care.

Antepartum haemorrhage is a grave obstetrical emergency and is an important cause of maternal and fetal morbidity and mortality, despite modern improvement in obstetric practice and transfusion services. It should be considered a medical emergency (regardless of whether there is pain) and medical attention should be sought immediately, as if it is left untreated it can lead to loss of life of the mother and/or fetus.

The placenta is an organ that connect the fetus to mother's uterus and provide the baby with nourishment and removes wastes. The placenta is, in the large majority of cases, situated in the upper uterine segment usually near the fundus on the posterior wall of uterus and less frequently on the anterior wall.

The major cause of antepartum haemorrhage is due to placenta praevia or abruptio placentae. Incidence of placenta praevia is 31 percent. Placenta praevia is the condition when the placenta is situated wholly or partially in the lower uterine segment and accounts for one third of all cases of antepartum haemorrhage.

Signs and symptoms of placenta praevia is painless per vaginal bleed (no abdominal pain), warning bleeds (per vaginal bleed as cervical dilatation leads to placental separation), abnormal lie, soft, non-tender uterus, inability of fetal head to engage, maternal compromise (including tachycardia, reduced blood pressure, but not as severe as placental abruption).

In the condition of abruption placentae where the bleeding occurs due to premature separation of normally situated placenta. The extra placental causes of antepartum haemorrhage are cervical polyp, carcinoma cervix, varicose veins, local trauma, condylomata, cervical erosion etc.

The signs and symptoms of abruptio placentae is painful per vaginal bleed (may not bleed if concealed), abdominal pain, pallor, tachycardia, decreased blood pressure, tender, hard (woody) uterus (couvelaires uterus), fetal compromise (absent fetal heart beat, lack of beat to beat variation) and maternal coagulopathy.

The maternal complications in patients with antepartum haemorrhage are malpresentation, premature labour, cord prolapsed, increased incidence of operative interference,

postpartum hemorrhage, sepsis, shock and retained placenta. Various fetal complications are premature baby, low birth weight, birth asphyxia, intrauterine death and congenital malformation.

Maternal mortality due to antepartum hemorrhage is still very high in India due to associated problems like anemia, difficulties in transport in case of emergency and restricted medical facilities.

NEED FOR THE STUDY

In India more than 99 percent of all maternal deaths occur in the developing world due to antepartum haemorrhage. In developed countries the antepartum haemorrhage rate is 580 per 100 000 women, while in sub-Saharan Africa the estimated rate is 2 370 per 100 000 women.

In USA 20,000 per year, 1,666 per month, 384 per week, 54 per day, two per hour pregnant women get the condition. An annual incidence of antepartum haemorrhage is about one in 200 pregnancy.

The prevalence of severe maternal morbidity ranges from 0.07 to 8.23 percent, the case-fatality ratio from 0.02 to 37 percent. There is a big difference between case-fatality ratio in developing (South Africa 1:5; India and Niger 1:11) and developed countries (UK 1:118; France 1:222).

According to WHO, in developing countries the prevalence of antepartum haemorrhage among pregnant women averages 56 percent, ranging between 35 and 100 percent among different regions of the world. Various studies from different regions of the

country (India) have reported the prevalence of antepartum haemorrhage was between 33 and 100 percent.

Antepartum haemorrhage complicates approximately one percent of all singleton pregnancies, and the incidence is at least doubled in twin gestations. A recent, population-based epidemiologic study in the United States comprising 7,465,858 singleton and 193,266 twin births found that abruption was recorded in 0.59 percent and 1.22 percent of singleton and twin births, respectively.

The incidence of antepartum haemorrhage has been increasing in the United States and in other western societies. An analysis of the National Hospital Discharge Survey data (1979–1987) indicates that the incidence of antepartum haemorrhage increased 28.7 percent between 1979 and 1980 (8.2/1000 pregnancies) and 1987 (11.5/1000 pregnancies).

In a Norwegian population, the frequency of antepartum haemorrhage increased from 5.3 per 1000 births in 1971 to 9.1 per 1000 births in 1990.

In 2005, the National Hospital Discharge Summary data (1979-2001) to examine temporal trends in the rate of antepartum haemorrhage among black and white women in the United States. The rate of antepartum haemorrhage increased 92 percent (95% CI, 88, 96) among black women between 1979–1981 (0.76%; $n = 13,584$ women) and 1999–2001 (1.43%; $n = 18,960$ women). Among white women, the rate increased by 15 percent (95% CI, 14,16) over the same period, from 0.82 percent ($n = 66,186$ women) in 1979–1981 to 0.94 percent ($n = 59,284$ women) in 1999–2001.

The overall incidence of antepartum haemorrhage was 4.1 per 1000 pregnancies, and was higher for cohort, population-based and foreign studies than for case-control, hospital-based and U.S studies. Women with advancing age and higher parity were at greater risk of antepartum haemorrhage than younger and nulliparous women.

The incidence of antepartum haemorrhage is reported as 3.5 percent of all pregnancies. It is an important cause of maternal and perinatal mortality. Major complications resulting from placental abruption require critical care in five to seven percent of cases.

Mid-pregnancy ultrasound scan is an effective screening tool for the detection of placenta praevia. The incidence of antepartum hemorrhage has increased tenfold, mainly due to a rise in caesarean section rate.

Antepartum haemorrhage and hypertensive disorders of pregnancy are significant risk factors for spontaneous preterm labour in singleton pregnancy in Chinese population.

S.Chhabra (2009) reported that the incidence of antepartum haemorrhage was occured in about 28.6 percent of pregnancies and 1.3 – 2.23 percent of all deliveries.

Antepartum hemorrhage remains a major cause of maternal mortality in Cameroon where the facilities for diagnosis, hospitalization, and blood transfusion are not readily available. A total of 152 patients were recruited. The incidence of antepartum haemorrhage was calculated to be 1/113 deliveries. 42.8 percent of all patients diagnosed with antepartum haemorrhage were delivered by cesarean section. The incidence of placenta praevia was 3.34/1000, Perinatal mortality was 30.3 percent. The need for antenatal care for pregnant women has been emphasized.

The incidence, extent, and causes of perinatal mortality were studied in 26,230 viable births in Hyderabad; there were 1747 perinatal deaths (79.8/1000). Overall incidence of premature births was 29 percent. Perinatal mortality rates were high with low birth weight infants, twins, low and high maternal age (under 19 or over 40 years), primiparity and grand multiparity. Causes of perinatal mortality are antepartum hemorrhage (6.6 percent) and toxemia of pregnancy (16 percent).

Retrospective study carried out over a period of one year on all the patients who were admitted with the diagnosis of antepartum haemorrhage. There were a total of 7510 deliveries during this period and 226 women had antepartum haemorrhage.

More than half of the women (52.64%) had placenta praevia and about one third (29.65%) had abruptio placentae. Cesarean section rate was very high (43.80%). Five women who died, four had abruptio placentae complicated by disseminated intravascular coagulation and one had placenta praevia who came to hospital very late in labor in the state of irreversible shock.

In India Maternal and perinatal mortality rate is still very high due to antepartum haemorrhage. It is the leading cause for the malpresentation, premature labour, cord prolapse, increased incidence of operative interference, postpartum hemorrhage, sepsis, shock, premature baby, low birth weight, birth asphyxia and intrauterine death. So the investigator has interested to give appropriate nursing care on mothers with antepartum haemorrhage for her research study to reduce a maternal mortality rate and prevent perinatal complications.

STATEMENT OF THE PROBLEM

EFFECTIVENESS OF NURSING CARE ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE.

OBJECTIVES

1. to assess the health status on mothers with antepartum haemorrhage.

2. to evaluate the effectiveness of nursing care on mothers with antepartum haemorrhage.

3. to correlate the selected demographic variables with the effectiveness of nursing care on mothers with antepartum haemorrhage.

OPERATIONAL DEFINITIONS

Effectiveness

It refers to significant improvement in health status of the mothers as determined by the effective nursing care.

Nursing care

Nursing care refers to care provided by the investigator to mothers with antepartum haemorrhage involves assessing vital parameters, vaginal bleeding, maintaining hydration status, monitoring uterine contraction and fetal surveillance by maintaining kick chart and fetal heart rate, providing perineal care, administering intravenous fluids, blood transfusion, medication and health education from the time of admission to the antenatal ward till discharge.

Mothers

Antenatal mothers with antepartum haemorrhage with in the age group of 18 – 45 years.

Antepartum haemorrhage

It is defined as bleeding from or into the genital tract after the 28 weeks of pregnancy but before the birth of the baby. It includes a. Placenta praevia and b. Abruptio placentae.

a. Placenta praevia

A low implantation of placenta in the uterus causing it to lie alongside or in front of the presenting part.

b. Abruptio placentae

Abruption placentae is defined as premature separation of a normally situated placenta after 28 weeks gestation and before birth of the baby.

ASSUMPTION

➤ Daily assessment of mother condition enables a nurse to gain thorough knowledge about progress in health condition.

➤ Individualized quality nursing care will improve the health status of mother and fetus.

➤ It will provide guidelines for the nurse to complement a need based care.

LIMITATION

> The sample size was limited to 30 mothers.

> The period of study was limited to six weeks.

> The finding of study cannot be generalized.

> The study was limited only at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research.

PROJECTED OUTCOME

Effective nursing care faster recovery and prevents the occurrence of complications. Holistic health care will enhance the better outcome of nursing care which are provided to the mothers with antepartum haemorrhag

CONCEPTUAL FRAMEWORK

A concept is an idea. Conceptual framework is a group of concepts, or ideas that are related to each other but the relationship is not explicit. Conceptual framework deals with abstractions (concepts) that are assembled by virtue of their relevance to a common theme (Polit and Hungler).

Conceptualization is a process of forming ideas which are utilized and forms in the conceptual framework for the development of research design. It helps the researcher to know what data is to be collected and gives direction to the entire research process. It provides certain frame of reference for clinical practice, education and research.

The conceptual framework for this study was developed on the basis of modified open system, by J.W. Kenny (1999).

INPUT

Input is the information need by the system. In this study input is assessing the demographic variables of the age, religion,

educational status, occupation, family income per month, order of pregnancy, gestational age, previous history of antepartum haemorrhage, source of health information and including nursing care.

THROUGHPUT

Throughput is the activity phase where the investigator assessing health status of mother, monitoring vital parameters, vaginal bleeding and abdominal pain, uterine contraction and fetal surveillance by maintaining kick chart and fetal heart rate, maintaining hydration status, administering medication, blood transfusion, providing perineal care and health education.

OUTPUT

Output is the effectiveness of nursing care.

FEEDBACK

Feedback emphasizes to strengthen the input and throughput. It may be mild health deterioration, moderate health deterioration and severe health deterioration.

INPUT

THROUGHPUT

OUTPUT

Improvement in health status

DEMOGRAPHIC VARIABLES OF ANTENATAL MOTHERS WITH ANTEPARTUM HAEMORRHAGE

Age

Religion

Educational status

Occupation

Family income per month

Order of pregnancy

Gestational age

Previous history of antepartum haemorrhage

Source of health information

❖ Monitor vital parameters

❖ Monitor vaginal bleeding, bleeding time, clotting time and hemoglobin level

❖ Monitor the uterine contraction and fetal surveillance.

❖ Maintenance of hydration status

❖ Provide pain relief measures.

❖ Maintain perineal hygiene.

❖ Maintain nutritional status.

❖ Provide health education.

* Maintaining vital parameters.

* Monitoring vaginal bleeding.

*Monitoring cardio tocography abdominal girth, fundal height and kick chart.
* Maintaining IV fluids, blood transfusion, intake and output chart.
* Providing complete bed rest, positioning and analgesics.
* Perineal care and catheter care.
* Administration of iron and vitamin supplements.
* Providing health education about self care.

EVALUATED THE EFFECTIVENESS OF NURSING CARE

Mild

Moderate

Severe

FEEDBACK

Fig.1.1 CONCEPTUAL FRAME WORK BASED ON MODIFIED J.W.KENNY'S OPEN SYSTEM MODEL (1999)

CHAPTER-II
REVIEW OF LITERATURE

Review of literature serves a number of important functions in the research process. It helps the researcher to generate ideas or to focus on a research topic. It also can be useful in pointing out the research approach, methodology, measuring tools and even type of statistical analysis that might be productive in pursuing the research problem.

The review of literature in an extensive, systematic selection of potential sources of previous work, facts and findings of the chosen problem. The most literature review has contributed good background material, helpful methodology and relevant insights to this study. The review of literature for this study is discussed under two headings.

PART – I : Review of literature related to antepartum haemorrhage

PART – II: Review of literature related to nursing care

PART–I : REVIEW OF LITERATURE RELATED TO ANTEPARTUM HAEMORRHAGE

Bahar A, et al (2009) conducted a study to compare risk factors and pregnancy outcome between different types of placenta praevia. Differences between women with major and minor placenta praevia regarding age, parity, history of Caesarean section, antepartum hemorrhage, preterm deliveries, placenta accreta, Caesarean hysterectomy, operative complications, and neonatal outcome were identified. Complete or partial placenta praevia is associated with higher morbidity than marginal placenta praevia or low-lying placenta.

Roan CJ, et al (2009) conducted a study that the finding of low implantation of placenta during mid trimester is not uncommon. Previous uterine trauma and scarring caused by Caesarean section is a significant predisposing factor. The rate of cesarean section in patients with placenta praevia has increased in 79.6% cases overall. Ultrasonography is a helpful diagnostic tool, via abdominal or vaginal route, and is a practical guide of expectant management.

Ananth CV, et al (2009) concluded that an increased risk for placental abruption in relation to both cigarette smoking and hypertensive disorders during pregnancy.

Ray JG et al (2009) suggested that Folic acid and homocyst(e)ine metabolic defects and the risk of placental abruption. Placental infarction or abruption arise due to defects within the placental vascular bed. Deficiencies of vitamin B12 and folate, or other abnormalities within the methionine-homocyst(e)ine pathway have been implicated in the development of such placental diseases.

Koçak M, et al (2009) reported that a normotensive pregnant woman who had no historical risk factors for abruption placenta and found to have Breus' mole that indicates the pattern of single or multiple hematoma protrude above the chorionic plate was encountered. After two courses of tocolysis therapy, a healthy and, 1,400 gram live-born infant was delivered through cesarean section due to fetal distress. The infant died on postnatal day sixth due to severe respiratory distress and prematurity.

Smulian JC, et al (2009) conducted a study to determine the incidence of placenta praevia based on the available epidemiologic evidence and to quantify the risk of placenta previa based on the presence and number of cesarean deliveries and a history of spontaneous and induced abortion. They concluded that there is a strong association between having a previous cesarean delivery, spontaneous or induced abortion, and the subsequent development of placenta praevia.

Andres RL (2008) suggested that smoking was recognized as having an adverse effect of pregnancy outcome as early as the mid 1950s. Smoking is a well recognized risk factor for low birth weight infants and has been implicated in preterm birth. The increased risk of both placenta praevia and abruptio placentae among women who continue to smoke during pregnancy, is in general, less well recognized, but supported by numerous studies.

Knab DR (2008) stated that abruptio placentae occurs once per 120 deliveries, but accounts for 15-25% of all perinatal mortality. A review of the literature and an analysis of 388 cases of abruptio placentae from the US Navy Coding System were undertaken. It was found that approximately 75% of fetal deaths

occurred more than 90 minutes after admission to the hospital and almost 70% of all perinatal mortality occurred in infants who were delivered more than two hours from the time of diagnosis. Delivery by cesarean section improved survival in those infants weighing 1500 gram or greater and reduced perinatal mortality as much as fourfold in some reports.

Abu-Heija A, et al (2008) conducted a study in order to determine the risk factors, and to find out the perinatal outcome of abruptio placentae in women delivered at the Princess Badeea Teaching Hospital in North Jordan. During the study period there were 108 cases of abruptio placentae. The incidence of abruptio placentae was 5.9 per 1000 births. Abruptio placentae occurred more in parous women, more preterm deliveries with more birth weight < 2,500 gram. Preeclampsia and pregnancy induced hypertension, intrauterine growth retardation, caesarean delivery, and intrauterine fetal death occurred more in patients with abruptio placentae.

Jallad MF et al (2008) evaluated that women aged 45 years or more at delivery may expect a good pregnancy outcome but

should expect a higher incidences of placental abruption, placenta praevia, preeclampsia and caesarean delivery.

Ziadeh SM (2008) concluded that nulliparous women 35 years and older had higher risk of antepartum haemorrhage and neonatal complications than nulliparous women aged 25-29 years. The excess rate of caesarean sections is only partially accounted for by gestational complications. Despite the increased risk of complications, perinatal death of the study group was similar to that of the control group.

Hurd W, et al (2008) determined that antenatal diagnosis and selective management of abruptio placentae were studied prospectively over a 17- month period. Diagnosis was confirmed by placental inspection in 59 (1.3%) of 4545 deliveries. Among the 50 patients admitted with a living fetus, the diagnosis was made antenatally in 31 (62%). Fifteen were delivered vaginally and 16 by cesarean section. There was a significant increase in the incidence of both respiratory distress syndrome and low Apgar scores among the study infants.

Charasson T (2008) reported that bleeding during the final three months is a serious event. Fetal mortality and morbidity are notable, linked to resultant pathology or prematurity. Their existence requires hospitalisation in a department of gynecology/obstetrics, with a team including an obstetrician, anesthetist/intensive care specialist, and pediatrician. Maternal and fetal prognosis can only be improved by early and appropriate management.

Kuruba N (2008) founded that ante-partum haemorrhage is an important cause of maternal and fetal morbidity and mortality, despite modern improvement in obstetric practice and transfusion service. The initial management of ante-partum haemorrhage should concentrate on resuscitation and accurate diagnosis. Development of ultrasound especially transvaginal scan has helped in the definitive diagnosis and management of placenta praevia.

Zugaib M (2007) compared that an incidence of placental abruption, fetal death and the profile of maternal factors associated with fetal death in pregnancies affected by placental abruption during two different time periods in the same hospital. They

concluded that Placental abruption continues to be a serious obstetric problem, with fatal consequences, especially when the placental abruption area is large. Maternal clinical symptoms are more severe in cases of fetal death.

Shoham-Vardi I, et al (2007) concluded that Preterm placental abruption is an unpredictable severe complication associated with significant perinatal morbidity and mortality. Factors found to be independently associated with placental abruption were grandmultiparity, severe pregnancy-induced hypertension, malpresentation, earlier gestational age and a history of second-trimester vaginal bleeding.

Mazor M (2007) determined the incidence, obstetric risk factors and perinatal outcome of placenta praevia. Placenta praevia should be considered as a marker for possible obstetric complications. Hence, the detection of placenta praevia should encourage a careful evaluation with timely delivery in order to reduce the associated maternal and perinatal complications.

Bencaiova G (2007) founded that the incidence, risk factors, and maternal and neonatal outcome of pregnancies with abnormal

placentation at a single center. The most important risk factor in abnormal placentation was a previous uterine intervention.

Moussa M (2007) determined that the incidence of placenta praevia was 9.5 per 100,000 deliveries. Placenta praevia and previous cesarean section were found to be significant predisposing factors for placenta accreta. Abnormal placentation was responsible for 34% of peripartum hysterectomy. Placenta accreta and previa are major causes of massive obstetric hemorrhage. Even though the rate of cesarean section and placenta praevia is increasing, the incidence remains stable in Kuwait.

Chollet JA et al (2007) concluded that Placenta accreta occurs in approximately one of 2500 deliveries. Among women with placenta previa, the incidence is nearly 10%. In this high-risk group advanced maternal age and previous cesarean section are independent risk factors.

PART-II : REVIEW OF LITERATURE RELATED TO NURSING CARE

Anthony R (2009) had stated that the initial management of ante-partum haemorrhage should concentrate on resuscitation and accurate diagnosis. The most important causes are placenta praevia and abruption accounting for more than half the cases. In many cases, it is not possible to make a definite diagnosis, despite all the investigations. Development of ultrasound especially transvaginal scan has helped in the definitive diagnosis and management of placenta praevia.

Ashutosh Wali (2009) reported that hemorrhage in the obstetric cases occurs unexpectedly and potentially causes serious maternal and fetal morbidity and mortality. Various aspects of antepartum hemorrhage, current obstetric guidelines including nonsurgical and surgical interventions during obstetric hemorrhage, and special anesthetic considerations have been reviewed. A well-equipped labor and delivery operative suite staffed by expert obstetric, anesthesia, neonatal, and nursing teams leads to successful outcome for the mother and baby in obstetric hemorrhagic emergencies.

Robin Elise Weiss (2009) concluded that the treatment will vary, depending upon the maternal or fetal complication present. Interventions to improve health status might include nutritional assessment, physical examination**,** teaching modalities for smoking cessation, drug and alcohol programs, prescribing medications related to the condition or changing pre-pregnancy medications, serial ultrasounds to learn fetal status, amniocentesis, fetal transfusions, fetal surgery, antepartum testing, bed rest, home health care, hospitalization, and early delivery.

Obed J Y (2009) reported that the pregnant woman's interview at her first visit to the health care provider is conducted by the nurse, who obtains the data necessary to begin the high-risk screening. The physician or midwife caring for a pregnant woman should review the prenatal assessment sheet, order lab data, and obtain ultrasounds to determine if any risk factors are present. If it is determined that a woman has a high-risk pregnancy, she should be referred to a perinatologist for advanced care.

Alyson (2008) concluded that the early weeks of pregnancy are the most crucial ones for the fetus. Many women do not know they are pregnant until several weeks after conception, so education about the need for preconceptional care is essential. Preconception counseling guides a woman in planning a healthy pregnancy.

Davies (2008) evaluated that Ninety seven pregnant mothers agreed to participate in the study. The results indicated that pregnant women who were able to perceive foetal movement during pregnancy regarded it as important. However, limited information on the importance of foetal movement monitoring in relation to perinatal outcome was displayed.

De muylder (2008) had stated that a kick chart has been recorded by 200 high-risk pregnancies during their antepartum hospitalization. Except for 19 mothers who presented with an unreliable count, this study suggests a good correlation between an abnormal kick chart and an increased risk of intrauterine death. This easy, cheap, low-technology test could be useful in developing countries when monitoring of fetal well-being is required.

CHAPTER-III
METHODOLOGY

This chapter deals with the research design, setting, population, sample size, sampling technique, criteria for sample selection, instrument and data collection.

RESEARCH DESIGN

Evaluative research design was used to evaluate the effectiveness of nursing care on mothers with antepartum haemorrhage.

SETTING

This study was conducted in antenatal ward at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research at Melmaruvathur, Kancheepuram district.

POPULATION

The population of the study comprised of antenatal mothers with antepartum haemorrhage admitted in Melmaruvathur Adhiparasakthi Institute of Medical sciences and Research.

SAMPLE SIZE

Total number of sample was 30 antenatal mothers with Antepartum Haemorrhage admitted in Melmaruvathur Adhiparasakthi Institute of medical sciences and Research.

SAMPLE TECHNIQUE

The sampling technique used for the study was Convenient sampling technique.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

➢ Mothers who were diagnosed as antepartum haemorrhage.

➢ Mothers who could communicate in Tamil or English

➢ Mothers who were willing to participate in the study.

Exclusion criteria

➢ Mothers who had other obstetrical complications.

➢ Mothers who were not willing to participate in the study.

INSTRUMENT

Details of the tool used in the study given below.

Part – I : Demographic data.

Part – II : Observational check list to assess the health status on mothers with antepartum haemorrhage.

Part – III : Rating scale for assessment of health status on mothers with antepartum haemorrhage.

DATA COLLECTION

The study was conducted in antenatal ward at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. The data were collected for a period of six weeks by using rating scale.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with description of the tool, validity, report of the pilot study, reliability, informed consent, data collection procedure, score interpretation, data analysis plan and results and statistical methods.

DESCRIPTION OF THE TOOL

It consists of three parts.

PART I : DEMOGRAPHIC DATA

The demographic data includes age, religion, educational status, occupation, monthly income, order of pregnancy, gestational age, previous history of antepartum haemorrhage, source of health information regarding antepartum haemorrhage.

PART II : OBSERVATIONAL CHECK LIST

It is used to assess the general health status of the mother, by assessing the temperature, pulse, respiration, blood pressure, position of placenta, Rh type, bleeding time and clotting time.

PART III : RATING SCALE

Rating scale was used to identify the improvement in the health status on mothers with antepartum haemorrhage. The tool consists of fifteen components. Each components carries maximum of three, minimum of one and the total score of forty five.

Based on the information data are classified as follows

1 - 15   : mild health deterioration

16 - 30 : moderate health deterioration

31 - 45 : severe health deterioration

After collecting the data, it was analyzed to find out the percentage, mean and standard deviation of scores on mothers with antepartum haemorrhage.

VALIDITY

The tools were prepared by the investigator which were assessed, evaluated, and accepted by experts of research committee. Content validity was obtained from obstetrics and gynaecological experts.

REPORT OF THE PILOT STUDY

The pilot study was conducted at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, Melmaruvathur for a period of two weeks. The standardized tools were prepared by the investigator and used to findout the reliability and validity which was evaluated by the experts of the research committee. We adapted convenient sampling technique to select the five samples and by using observational checklist and rating scale the health status on mothers with antepartum haemorrhage were assessed.

RELIABILITY

The reliability was checked by inter rater method. The reliability was 0.74. After the nursing care was provided, the sign test was used and found that the nursing care was effective.

INFORMED CONSENT

The dissertation committee prior to the pilot study approved by the research proposal. Permission was obtained from the head of the Obstetrics and Gynecological department. Permission was obtained from the Medical officer and staff nurse in charge. The oral consent from each mother was obtained before starting the

data collection. Assurance was given to the mothers that confidentiality would be maintained.

DATA COLLECTION PROCEDURE

The Main Study was conducted from 01/07/09 to 31/07/09 both primi and multi para mothers, who admitted in the antenatal ward of Melmaruvathur Adhiparasakthi Institute of Medical Science and research, Melmaruvathur and who met the inclusion criteria were selected by using convenient sampling method. The duration of the interview ranged from 20 to 30 minutes for each mothers with antepartum haemorrhage. Thus a total of eight to ten mothers were interviewed each week.

The data collection was done for ten minutes for collecting demographic data from the mothers. Assessment was done with the help of rating scale. The nursing care was given from 8.00 am to 5.00 pm on all days during the study period, on the seventh day, effectiveness of nursing care was evaluated.

SCORE INTERPRETATION

The obtained data were interpreted by the following procedure.

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total score}} \times 100$$

Table 4.1

Description of health status	Percentage
Mild health deterioration	Below 50%
Moderately health deterioration	51 – 74%
Severely health deterioration	Above 75%

DATA ANALYSIS PLAN AND RESULTS

The data was organized, tabulated and analyzed by using descriptive statistics. Mean, standard deviation and sign test carried out to assess the effectiveness of nursing care on mothers with antepartum haemorrhage.
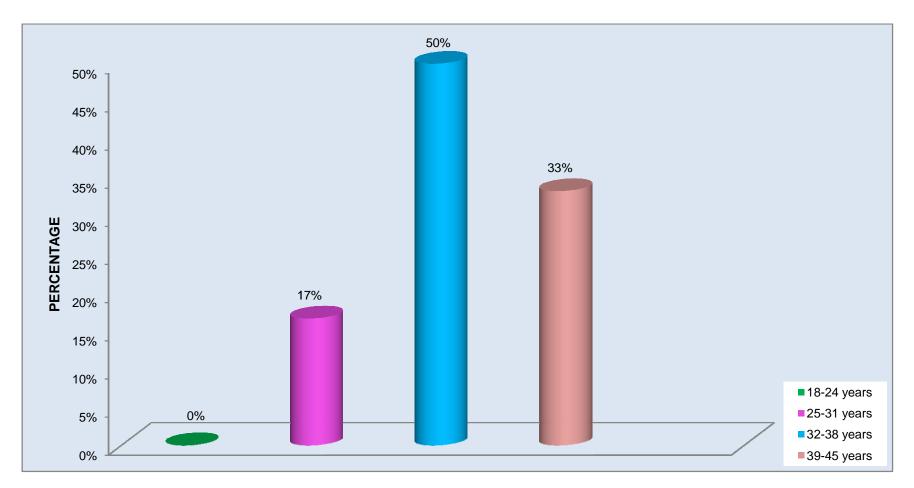
FIG: 4.1 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES BASED ON AGE IN YEARS

II

TABLE 4.2 STATISTICAL METHODS

Sl. No.	Data Analysis	Methods	Remarks
1.	Descriptive analysis	Mean, percentage and standard deviation.	To describe the demographic variables on mothers with antepartum haemorrhage
2.	Inferential analysis	Sign test	To assess the effectiveness of nursing care on mothers with antepartum haemorrhage
3.	Inferential analysis	Correlation test	To correlate the selected demographic variables with the effectiveness of nursing care on mothers with antepartum haemorrhage.

The analysis of data was organized and presented based on objectives in the following sections.

Section – A

Distribution of demographic variables on mothers with antepartum haemorrhage.

Section – B

Frequency and percentage distribution of health status on mothers with antepartum haemorrhage.

Section – C

Comparison of mean and standard deviation of assessment and evaluation score of effectiveness of nursing care on mothers with antepartum haemorrhage.

Section –D

Improvement score mean and standard deviation of assessment and evaluation score for effectiveness of nursing care on mothers with antepartum haemorrhage.

Section – E

Correlation between selected demographic variables and evaluation score on mothers with antepartum haemorrhage.
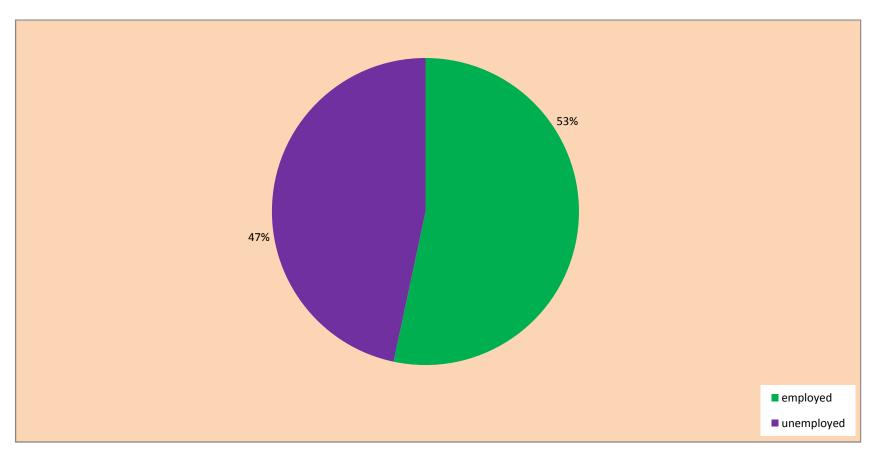
FIG: 4.2 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES BASED ON OCCUPATION

SECTION - A

TABLE 4.3 DISTRIBUTION OF DEMOGRAPHIC VARIABLES ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

S.N	Demographic data	Frequency	Percentage
01	**Age in years**		
	a. 18 to 24 years	_	_
	b. 25 to 31 years	5	16.6
	c. 32 to 38 years	15	50
	d. 39 to 45 years	10	33.3
02	**Religion**		
	a. Hindu	15	50
	b. Christian	12	40
	c. Muslim	3	10
03	**Educational status**		
	a. Illiterate	9	30
	b. Primary & secondary school	6	20
	c. Higher secondary school	7	23.33
	d. Graduates	8	26.66
04	**Occupation**		
	a. Employed	16	53.33
	b. Unemployed	14	46.66
05	**Family income per month**		
	a. up to Rs 3000 /-	9	30
	b. Rs 3001 to 5000 /-	7	23.33
	c. Rs 5001 /- and above	14	46.66

06	Order of pregnancy		
	a. Primi gravida	5	16.6
	b. multi gravida	14	46.6
	c. grand multi gravida	11	36.66
07	**Gestational age**		
	a. 28 wks - 32 wks	15	50
	b. 33 wks - 36 wks	7	23.33
	c. 37 wks - 40 wks	8	26.66
08	**Previous history of antepartum haemorrhage**		
	a. Yes	11	36.66
	b. No	19	63.33
09	**Source of health information**		
	a. Mass media	7	23.33
	b. Health personnel	21	70
	c. Neighbours & friends	2	6.66

Table – 4.3 reveals that the distribution of respondents according to demographic data like age, religion, educational status, occupation, monthly income, order of pregnancy, gestational age, previous history of antepartum haemorrhage, source of health information regarding antepartum haemorrhage.

Out of 30 mothers, there were no mother under in the age group of 18 – 24 years, five (16.6%) mothers were in the age group of 25 – 31 years, 15 (50%) mothers were in the age group of 32 – 38 years, 10 (33.3%) mothers were in the age group of 39 - 45 years. In 30 mothers, maximum of 15 (50%) mothers were in age group of 32 – 38 years.

Regarding religion of the mothers 15 (50%) mothers were Hindu, 12 (40%) of them were Christian, three (10%) mothers were Muslim. In 30 mothers, the highest 15 (50%) mothers were Hindu.

Regarding educational status of mothers nine (30%) mothers were illiterate, six (20%) of them were in primary and secondary school level, seven (23.33%) mothers were in higher secondary school level, eight (26.66%) were educated to graduate level. In 30 mothers, the highest nine (30%) mothers were illiterate.

With regard to the occupational status 16 (53.33%) were employed, 14 (46.66%) were unemployed. Among 30 mothers, maximum of 16 (53.33%) were employed.

In case of monthly income upto Rs 3000 /- was drawn by 9 (30%) mothers, seven (23.33%) had a monthly income of Rs 3001 – Rs 5000 /-, 14 (46.66%) were in the income group of more than Rs 5001 /-. Out of 30 mothers 14 (46.66%) maximum mothers had an average income of more than Rs 5001 /-.

Regarding order of pregnancy five (16.6%) mothers were primi gravida, 14 (46.66%) mothers were multi gravida and 11 (36.66%) mothers were grand multi gravida. In 30 mothers 14 (46.66%) were multi gravida mothers.

Regarding gestational age 15 (50%) mothers were 28 – 32 wks of gestational age, seven (23.33%) mothers were 33 – 36 wks of gestational age and eight (26.66%) mothers were 37 - 40 wks of gestational age. In 30 mothers the highest 15 (50%) mothers were 28 - 32 wks of gestational age.

In case of previous history of antepartum haemorrhage 11 (36.66%) mothers had history of previous experience and 19 (63.33%) mothers did not have any history of previous antepartum haemorrhage. Out of 30 mothers 19 (63.33%) did not

have previous history of antepartum haemorrhage.

Regarding source of health information seven (23.33%) mothers received information from mass media, 21 (70%) mothers from health personnel, two (6.66%) mothers from neighbours and friends. In 30 mothers the maximum of 21 (70%) mothers received information from health personnel.
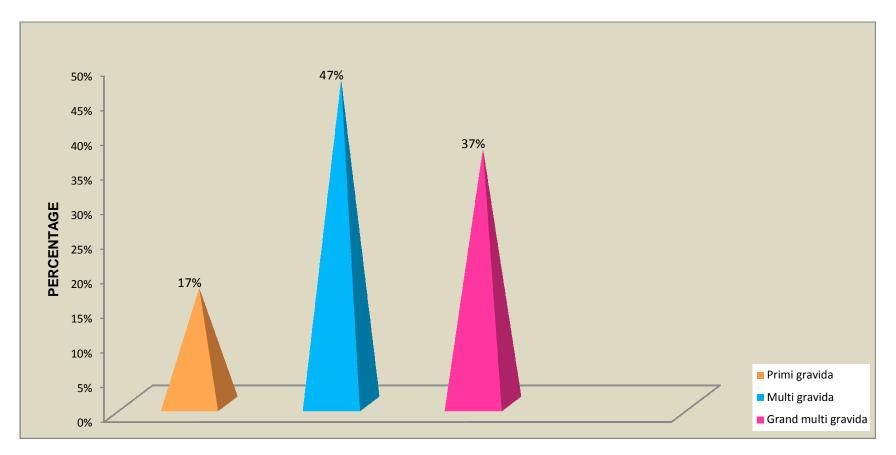
FIG: 4.3 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES BASED ON ORDER OF PREGNANCY

IV

SECTION – B

TABLE 4.4 FREQUENCY AND PERCENTAGE DISTRIBUTION OF HEALTH STATUS ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

N = 30

S.N	Health status	Assessment		Evaluation	
		No	%	No	%
1	Mild health deterioration	-	-	27	90
2	Moderate health deterioration	8	26.6	3	10
3	Severe health deterioration	22	73.3	-	-

Table 4.4 shows the immediate assessment of health status on mothers with antepartum haemorrhage, out of 30 mothers 22 (73.3%) mothers were in severe health deterioration, eight (26.6%) were in moderate health deterioration. At the time of discharge the health status of the mothers were evaluated, out of 30 mothers 27 (90%) mothers had attained mild health status and three (10%) had moderate health status.
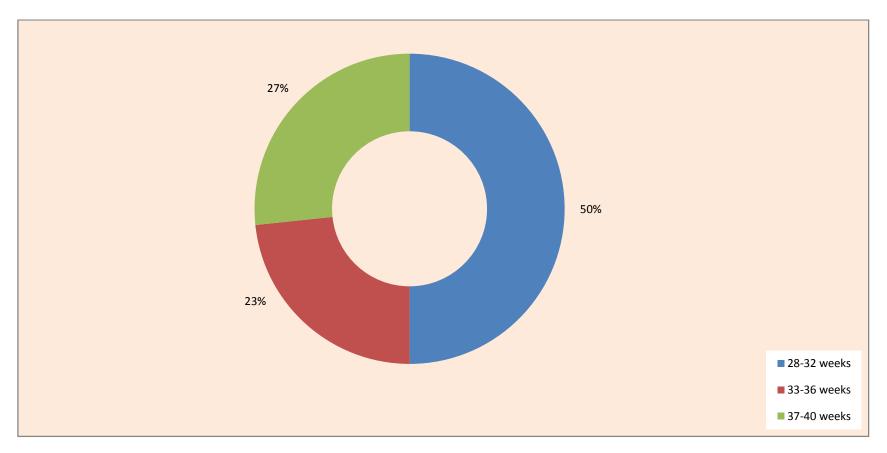
FIG: 4.4 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES BASED ON GESTATIONAL AGE

Legend:
- 28-32 weeks
- 33-36 weeks
- 37-40 weeks

50%

27%

23%

SECTION – C

TABLE 4.5 COMPARISON OF MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE OF EFFECTIVENESS OF NURSING CARE ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

N = 30

S.No	Health status	Mean	Standard deviation	Confidence Interval
01.	Assessment	36.2	3.676	34.72-37.67
02.	Evaluation	17.9	2.673	16.82-18.97

Table 4.5 shows assessment mean value 36.2 with standard deviation of 3.676 with the confidence interval of 34.72-37.67 and evaluation mean 17.9 with standard deviation of 2.673 with the confidence interval of 16.82-18.97.

The final conclusion about above table revealed that in the assessment mean score was reduced in evaluation level, similarly the standard deviation value also reduced in the evaluation score when comparing the assessment level.
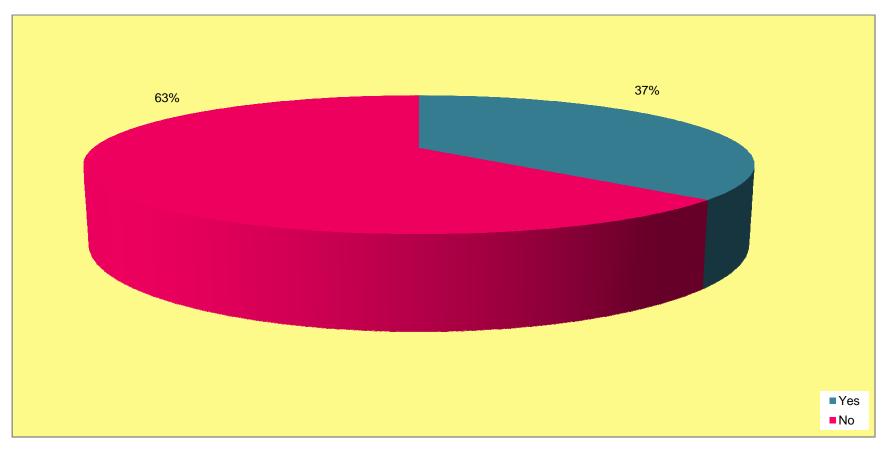
63%   37%

Yes

No

FIG: 4.5 PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES BASED ON PREVIOUS HISTORY OF ANTEPARTUM HAEMORRHAGE

VI

SECTION –D

TABLE 4.6 IMPROVEMENT SCORE MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE FOR EFFECTIVENESS OF NURSING CARE ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

N = 30

SN	Health status	Mean	Standard deviation	Sign value	K value
01.	Improvement score	18.3	1.003	3	9.14

* P< 0.01 level of significance

Table 4.6 shows the mean and standard deviation of improvement score for effectiveness of nursing care on mothers with antepartum haemorrhage. The improvement score of mean value was 18.3 and standard deviation was 1.003, the sign(S) value was 3 and the table value (K) was 9.14 S < K i.e. 3 < 9.14. So it was concluded that the nursing care on mothers with antepartum haemorrhage is highly effective. This implies that nursing care was very effective.
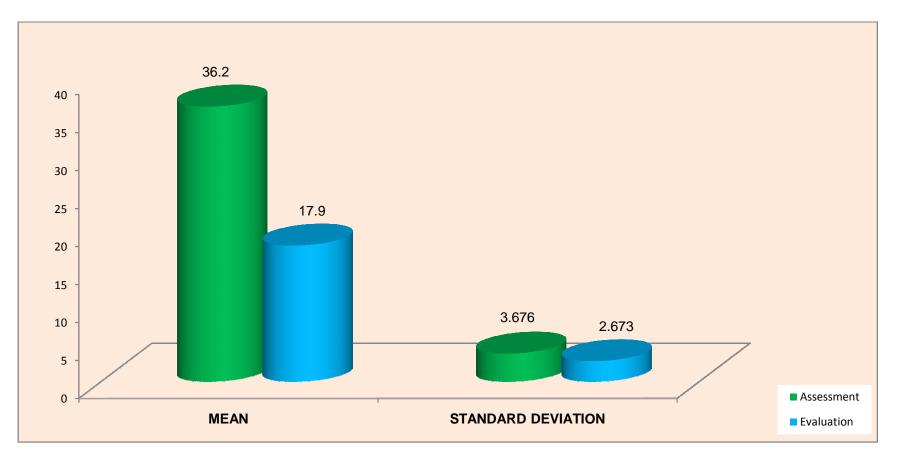
FIG 4.6 MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

SECTION – E

TABLE 4.7 CORRELATION BETWEEN SELECTED DEMOGRAPHIC VARIABLES AND EVALUATION SCORE ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

N = 30

S N	Demographic variables	Assessment				Evaluation				r
		Severe		Moderate		Moderate		Mild		
		No	%	No	%	No	%	No	%	
1.	**Age in years**									
	a. 18-24 years	0	-	0	-	0	-	0	-	
	b. 25-31 years	3	10	2	6.6	1	3.3	4	13.3	
	c. 32-38 years	13	43	2	6.6	1	3.3	14	46.6	0.80*
	d. 39-45 years	6	20	4	13.3	1	3.3	9	30	
2.	**occupation**									
	a. employed	10	33.3	2	6.6	2	6.6	10	33.3	0.98*
	b. un employed	12	40	6	20	1	3.3	17	56.6	
3.	**Order of pregnancy**									
	a. primi gravida	2	6.6	3	10	1	3.3	4	13.3	
	b. multi gravida	9	30	2	6.6	1	3.3	10	33.3	0.98*
	c. grand multi gravida	11	36.6	3	10	1	3.3	13	43	
4.	**Gestational age**									
	a. 28 - 32weeks	13	43	2	6.6	1	3.3	14	46.6	-
	b. 33 - 36weeks	4	13.3	3	10	1	3.3	6	20	0.80*
	c. 37 - 40weeks	5	16.6	3	10	1	3.3	7	23.3	
5.	**Previous history of antepartum haemorrhage**									
	a. yes	10	33.3	2	6.6	2	6.6	10	33.3	0.98*
	b. No	12	40	6	20	1	3.3	17	56.6	

*significant

Table 4.7 reveals that the correlation between demographic variables and the effectiveness of nursing care on mothers with antepartum haemorrhage, statistically there was a significant positive correlation between the demographic variables such as age in years, occupation, order of pregnancy, previous history of antepartum haemorrhage and effectiveness of nursing care on mothers with antepartum haemorrhage.

CHAPTER – V
RESULTS AND DISCUSSION

The results of the study have been discussed in relation to the effectiveness of nursing care on mothers with antepartum haemorrhage, according to the objectives of the study, conceptual frame work and related literature.

DISCUSSION OF THE RESULTS WITH OBJECTIVES

The first objective was to assess the health status on mothers with antepartum haemorrhage.

This study was conducted in antenatal ward at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. The Mothers with antepartum haemorrhage who met the inclusion criteria were selected for this study.

The mothers were assessed with demographic variables, vital parameters and health status. Each mother was observed and rated by using rating scale.

Table 4.4 revealed that among 30 mothers, 22(73.3%) were in severe health deterioration and eight (26.6%) were in moderate health deterioration on the assessment day. Among 30 mothers 27 (90%) were in mild health deterioration and three (10%) were in moderate health deterioration on evaluation day.

The second objective was to provide the nursing care on mothers with antepartum haemorrhage.

Each day, mothers were treated on the basis of comprehensive nursing interventions protocol. The health status on mothers with antepartum haemorrhage were observed and assessed by using rating scale. The care was given in the following aspects like bed rest, maintaining fluid and electrolyte balance, nutritional management, monitoring the abdominal girth and fetal surveillance, perineal care, administering medications and providing health education. The nursing care protocol was developed with modified J. W. Kenny's open system model.

Table – 4.5 reveals that the overall mean of mother was 36.2 with standard deviation of 3.676 on the assessment day and the mean was 17.9 with standard deviation of 2.673 on the evaluation

day. The result shows that there was a significant improvement in the health status on mothers with antepartum haemorrhage.

The effectiveness of nursing care on mothers with antepartum haemorrhage was tested by the non parametric sign test. Statistically there was significant improvement in mothers with antepartum haemorrhage at the level of $P<0.01$ which was highly significant.

The third objective was to correlate the selected demographic variables with the effectiveness of nursing care on mothers with antepartum haemorrhage.

There was a significant correlation between the demographic variables like age, occupation, order of pregnancy, gestational age, and previous history of antepartum haemorrhage with effectiveness of nursing care on mothers with antepartum haemorrhage.

CHAPTER – VI
SUMMARY AND CONCLUSION

Evaluative research design was adapted to evaluate the nursing care on mothers with antepartum haemorrhage. Individualized nursing care was provided to mothers those who met the inclusion criteria. The study was conducted at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. The convenient sampling technique was used and sample size was determined as thirty.

Ongoing assessment was done with the rating scale prepared to analyse the health status on mothers with antepartum haemorrhage and the standard nursing care plan was prepared to render care like monitoring vital signs, maintenance of hydration, to promote rest and comfort, monitoring the abdominal girth, fundal height, uterine activity and fetal surveillance, maintenance of nutritional status, perineal care, administering medication, psychological support, and health education. Nursing care have been given for the mothers for good fetal outcome.

NURSING IMPLICATIONS

Nursing care is the core of any disease. Holistic nursing care for mothers focus on helping the individual, family and community to achieve the optimal health.

1. The present study can help nurses to enrich their knowledge on nursing care.

2. Understand the needs of mothers with antepartum haemorrhage may help nurses to plan and provide appropriate nursing care to mothers.

3. The present study may help to draw attention of nurses to build up sound knowledge.

Nursing service

1. Nurses working in obstetric ward should have special training about midwifery nursing.

2. Nurses working in obstetric ward should have enough knowledge about care of mothers they should be keen observers to meet their needs.

3. Nurses should never fail to assess the mothers before initiating care, so that they can plan the nursing care accordingly.

4. Not only nurses but all the health care providers such as auxiliary nurses and midwives, village health nurses, nurses working in community centers should be also given in-service education.

5. Rewards can be provided to the outstanding nurses in each year in all institutions which will boost the temperament of the nurses.

6. Facilities to be made available for managing the mothers with antepartum haemorrhage in all hospitals including the community set up.

Nursing education

1. Nursing curriculum can be modified with increased emphasis for midwifery nursing.

2. Recommendation for short-term course of midwifery nursing.

3. Students can be also trained to work in obstetric care under proper guidance.

Nursing administration

1. People at the administration position can be made necessary policies to implement the concept of midwifery nursing.

2. The ideal set of the obstetric ward should be beneficial for the better care.

3. Administration can organize in-service education programmes.

4. Adequate staffing in obstetric ward to be made as per norms.

Nursing research

1. The study is a preliminary step for exploring the concept of nurse and involved nursing care with respect to the involvement of the mother for good fetal outcome.

2. Further investigators can use this study as a reference material.

3. The study provides awareness for further studies among the students in this area.

RECOMMENDATIONS

➢ The study can be done in large samples.

➢ The study can be conducted in community to find out the predisposing factors for antepartum haemorrhage .

➢ A comparative study can be done between the rural and urban mothers.

> A descriptive study to assess the knowledge, attitude and practice regarding various aspects of antepartum haemorrhage.

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30. Ziadeh SM (2008) *"Higher risk of antepartum haemorrhage",*Pakistan J. Med. Res. Vol. 42 No.1, 20.

INTERNET RESOURCES

1.   www.pubmed.com

2.   www.yahoo.com

3.   www.google.com

4.   www.medline.com

5.   www.ask.com

6.   www.clipart.com

APPENDIX-I

DEMOGRAPHIC VARIABLES

1. Age in years   ☐

    a. 18 - 24 years

    b. 25 - 31 years

    c. 32 - 38 years

    d. 39 - 45 years

2. Religion   ☐

    a. Hindu

    b. Christian

    c. Muslim

3. Educational status   ☐

    a. Illiterate

    b. Primary and secondary school

    c. Higher secondary school

    d. Graduates and Post graduates

4. Occupation   ☐

    a. Employed

    b. Un employed

5. **Family Income per month(in Rs)** ☐

    a. Up to Rs 3000/-

    b. Rs 3001-5000/-

    c. Rs 5001/- and above

6. **Order of pregnancy** ☐

    a. Primi gravida

    b. Multi gravida

    c. Grand multi gravida

7. **Gestational age** ☐

    a. 28 weeks - 32 weeks

    b. 33 weeks - 36 weeks

    c. 37 weeks - 40 weeks

8. **Previous history of Antepartum haemorrhage** ☐

    a. Yes

    b. No

9 . **Source of health information** ☐

    a. Mass media

    b. Health personnel

    c. Neighbours and Friends

APPENDIX - II

OBSERVATIONAL CHECK LIST TO ASSESS THE HEALTH STATUS ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

S.N	Criteria			D	a	y	s	
		1	2	3	4	5	6	7
1.	**Temperature**							
	a. Normal							
	b. Abnormal							
2.	**Pulse**							
	a. Normal							
	b. Abnormal							
3.	**Respiration**							
	a. Normal							
	b. Abnormal							
4.	**Blood pressure**							
	a. Normal							
	b. Abnormal							
5.	**Position of placenta**							
	a. Normal							
	b. Abnormal							

6.	**Rh type**								
	a. Positive								
	b. Negative								
7.	**Bleeding time**								
	a. Normal								
	b. Abnormal								
8.	**Clotting time**								
	a. Normal								
	b. Abnormal								

APPENDIX-III

RATING SCALE FOR ASSESSMENT OF HEALTH STATUS ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

S.N	Criteria	score	Days						
			1	2	3	4	5	6	7
1.	**Pain perception**								
	a. no pain	1							
	b. acute intense pain	2							
	c. continuous pain	3							
2.	**Vaginal bleeding**								
	a. normal	1							
	b. scanty	2							
	c. heavy	3							
3.	**Consistency of the uterus**								
	a. soft and relaxed	1							
	b. tenderness and rigid	2							
	c. board like consistency	3							
4.	**Size of the uterus**								
	a. approximate to the period of gestation	1							
	b. more than the period of gestation	2							
	c. less than the period of gestation	3							

5.	**Perception of fetal movement**								
	a. normal	1							
	b. excessive fetal movement	2							
	c. cessation of fetal movement	3							
6.	**Fetal heart sound**								
	a. normal (140-160 bts / mt)	1							
	b. decreased (<140 bts / mt)	2							
	c. increased (>160 bts / mt)	3							
7.	**Urine output**								
	a. normal	1							
	b. diminished	2							
	c. anuria	3							
8.	**Oedema**								
	a. mild	1							
	b. moderate	2							
	c. severe	3							
9.	**Degree of anaemia**								
	a. mild	1							
	b. moderate	2							
	c. severe	3							

10.	**Hydration status**								
	a. hydrated	1							
	b. moderately dehydrated	2							
	c. severely dehydrated	3							
11.	**Perfusion status**								
	a. pink	1							
	b. pale	2							
	c. bluish discolouration	3							
12.	**Range of physical movement**								
	a. good	1							
	b. fair	2							
	c. poor	3							
13.	**Level of consciousness**								
	a. conscious	1							
	b. semi conscious	2							
	c. unconscious	3							
14.	**Mental status of mother**								
	a. active	1							
	b. irritable	2							
	c. drowsy	3							

15.	Sleep pattern								
	a. normal	1							
	b. disturbed	2							
	c. insomnia	3							

Score

1 – Mild health deterioration

2 – Moderate health deterioration

3 – Severe health deterioration

APPENDIX-IV

OBSERVATIONAL CHECKLIST FOR NURSING INTERVENTION ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

S.N	Criteria	Days						
		1	2	3	4	5	6	7
1	Monitoring vital parameters							
2	Monitoring vaginal bleeding							
3	Monitoring abdominal pain							
4	Monitoring uterine contraction							
5	Maintaining Kick chart and fetal heart rate							
6	Monitoring bleeding time and clotting time							
7	Provide complete bed rest							
8	Administering intravenous fluids							
9	Blood transfusion							
10	Maintaining intake and output chart							
11	Maintenance of nutritional status							
12	Perineal hygiene							
13	Administering medications							
14	Health education							

APPENDIX-V

NURSING PROTOCOL FOR NURSING CARE ON MOTHERS WITH ANTEPARTUM HAEMORRHAGE

SN	Nursing intervention	Rational
1	Monitor the vital signs ➢ temperature ➢ pulse ➢ respiration ➢ blood pressure	It helps to know the vital parameters.
2	Monitor for vaginal bleeding episode ➢ record amount, type and colour of bleeding. ➢ maintain perineal pad count	It helps to know the amount of blood loss.
3	Provide pain relief measures ➢ complete bed rest ➢ comfortable position ➢ diversion therapy ➢ administer analgesic	It promote comfort and relieve pain.
4	Monitor the uterine contraction ➢ fundal height ➢ abdominal girth	It helps to know the uterine activity.
5	Monitor the fetal surveillance ➢ fetal kick chart ➢ fetal heart sound ➢ fetal lie and fetal distress	To know the fetal condition.

6	Maintenance of hydration status ➢ administer intravenous fluids ➢ administer blood transfusion ➢ oral fluids ➢ intake and output chart	It helps to prevent dehydration and maintain adequate hydrational status.
7	Maintenance of nutritional status ➢ encourage high protein and iron rich diet ➢ administer vitamins with folate 400 mcg	It helps to promote nutritional status.
8	Perineal care	It promotes hygiene.
9	Monitor the blood investigations ➢ Rh blood grouping ➢ bleeding time ➢ clotting time ➢ hemoglobin ➢ hematocrit values	It helps to treat anaemia and know the blood values.
10	Provide health education ➢ regular prenatal checkup ➢ provide parents information about nature of problem ➢ provide opportunities for support and counseling ➢ provide education for self care	It helps to gain knowledge.

APPENDIX-VI

NURSING DIAGNOSIS

- Pain related to premature separation of placenta.

- Fluid volume deficit related to antepartum haemorrhage.

- Decreased cardiac output related to excessive blood loss secondary to antepartum haemorrhage.

- Imbalanced nutritional pattern less than body requirement related to anorexia.

- Activity intolerance related to antepartum haemorrhage.

- Impaired peripheral tissue perfusion related to antepartum haemorrhage.

- Impaired urinary elimination pattern (oliguria) related to antepartum haemorrhage.

- Sleep pattern disturbance (insomnia) related to antepartum haemorrhage.

- Ineffective family coping related to hospitalization.

- Fear and anxiety related to pregnancy outcome.

- Knowledge deficit related to treatment regimen.

- Risk for injury (fetal) related to decreased placental perfusion.

- High risk for complications (shock) related to blood loss.

APPENDIX-VII

HEALTH EDUCATION

➤ Advice the mother to take rest in left lateral position and can allow minimal activity.

➤ Advice the mother to take balanced diet with high protein, vitamins and iron rich diet.

➤ Advice the mother to maintain kick chart.

➤ Advice the mother to monitor intake and output if more output or very less output should be reported.

➤ Advice the mother to come for regular antenatal checkup.

➤ Ask the mother to monitor weight once in a week.

➤ Advice the mother to inform any untoward symptoms.

➤ Advice to take medications as per prescription.

APPENDIX-VIII

CASE ANALYSIS

SAMPLE - 1

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. Administered medications such as folate 400 mcg etc. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up and the mother was discharged with the advice of maintaining kick chart.

SAMPLE - 2

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased

urinary output, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest. Vital signs were checked and recorded. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up.

SAMPLE – 3

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding. Assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained.

SAMPLE - 4

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding and abdominal pain, assessment

was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest. Vital signs were recorded and abdominal girth measurement were carried out. Maintained intake and output chart, Fetal heart rate and perineal hygiene. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested.

SAMPLE - 5

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and excessive fetal movement, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining Kick chart and Fetal heart rate. Bleeding time and clotting time were assessed. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up and the mother was discharged with the advice of maintaining kick chart.

SAMPLE - 6

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. Administered medications such as folate 400 mcg etc. After the nursing care, the mother's condition was improved .

SAMPLE - 7

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Kick

chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up.

SAMPLE - 8

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved.

SAMPLE - 9

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother,

such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested.

SAMPLE - 10

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding and abdominal pain, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. Administered blood transfusion. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and followup.

SAMPLE - 11

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased urinary output, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest. Vital signs were checked and recorded. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up.

SAMPLE - 12

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding. Assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of Hb level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained.

SAMPLE - 13

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested.

SAMPLE - 14

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth

measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained.

SAMPLE - 15

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved. Health education was given regarding diet, bed rest and follow up and the mother was discharged with the advice of maintaining kick chart.

SAMPLE - 16

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time,

clotting time, abdominal girth measurement were carried out. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up.

SAMPLE - 17

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased urinary output, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest. Vital signs were checked and recorded. Maintained intake and output chart and monitored Fetal heart rate. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested.

SAMPLE - 18

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral

position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up and the mother was discharged with the advice of maintaining kick chart.

SAMPLE - 19

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and excessive fetal movement, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining Kick chart and Fetal heart rate. Bleeding time and clotting time were assessed. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up and the mother was discharged with the advice of maintaining kick chart.

SAMPLE - 20

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up.

SAMPLE - 21

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased urinary output, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest. Vital signs were checked and recorded. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's

condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up.

SAMPLE - 22

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested.

SAMPLE - 23

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral

position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested.

SAMPLE - 24

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding. Assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained.

SAMPLE - 25

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased fetal heart rate, assessment was carried out by using rating scale.

Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained.

SAMPLE - 26

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up.

SAMPLE - 27

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and increased fetal heart rate, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up and the mother was discharged with the advice of maintaining kick chart.

SAMPLE - 28

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding. Assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and

recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained.

SAMPLE - 29

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, abdominal pain and decreased urinary output, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest. Vital signs were checked and recorded. Maintained intake and output chart. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet, bed rest and follow up.

SAMPLE - 30

The mother was admitted in the antenatal ward with the complaints of vaginal bleeding, assessment was carried out by using rating scale. Following the assessment nursing care was initiated to the mother, such as providing complete bed rest, maintaining left lateral position. Vital signs were checked and

recorded. Daily assessment of hemoglobin level, bleeding time, clotting time, abdominal girth measurement were carried out. Kick chart and Fetal heart rate were maintained. After the nursing care, the mother's condition was improved and vaginal bleeding was arrested. Health education was given regarding diet and bed rest.

Scholar monitoring blood pressure

Scholar palpating the mother's abdomen

Scholar monitoring fetal heart rate

NURSING CARE PLAN ON CARE OF MOTHERS WITH ANTEPARTUM HAEMORRHAGE

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
Subjective data: Mother said "I have severe pain at the lower abdomen" **Objective data:** Mother has discomfort, uterine contraction.	Pain related to premature separation of placenta.	The mother's pain will minimize.	❖ Assess the severity, site and frequency of pain. ❖ Provide comfortable position for the mother. ❖ Provide complete bed rest to the mother. ❖ Monitor uterine contraction. ❖ Administer medication as per as physician's order.	❖ Assessed the severity, site and frequency of pain by verbalization. ❖ Provided left lateral position for the mother. ❖ Provided complete bed rest to the mother. ❖ Monitored uterine contraction with the help of kick chart. ❖ Administered Inj.morphin IM as per as physician's order.	❖ It helps to give baseline data. ❖ It helps to relieve compression of aorta. ❖ It helps to relieve pain. ❖ It helps to know the fetal activity. ❖ It helps to relieve pain.	The mother's pain was minimized at some extent.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
Subjective data: The mother said "I have severe bleeding per vagina" **Objective data:** The mother has dry skin, pallor, restlessness.	Fluid volume deficit related to antepartum haemorrh-age.	The mother's fluid level will improve.	❖ Assess and record amount, type of bleeding. ❖ Administer intravenous fluids. ❖ Provide more fluids. ❖ Maintain intake and output chart. ❖ Check the amount of bleeding loss. ❖ Administer blood transfusion.	❖ Assessed amount and type of bleed-ing by perineal pad count. ❖ Administered intra-venous fluids DNS, RL. ❖ Provided more oral fluids. ❖ Maintained intake and output chart. ❖ Checked the amount of bleeding by counting the perineal pad. ❖ Administered blood transfusion.	❖ It helps to estimate the blood loss. ❖ It helps to improve fluid volume. ❖ It improves the hydration status. ❖ It helps to determine the fluid status. ❖ It helps to estimate amount of bleeding loss. ❖ It helps to replace the blood loss.	The mother's fluid level was improved.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
Subjective data: The mother said "I have nausea, vomiting, loss of appetite" **Objective data:** The mother has reduced body weight, fatigue, refuse to take food.	Imbalanced nutritional pattern less than body requirement related to anorexia.	The mother's nutritional status will improve.	❖ Assess the nutritional status of the mother. ❖ Provide diet rich in protein and iron. ❖ Check the body weight daily. ❖ Administer medication as per as physician's order.	❖ Assessed the nutritional status of the mother by checking body weight. ❖ Provided diet rich in protein and iron such as milk, dairy products, fresh fruits and vegetables. ❖ Checked the body weight daily. ❖ Administered tablet iron through orally.	❖ It helps to plan for nursing intervention. ❖ It helps to prevent anaemia. ❖ It helps to know the mothers condition. ❖ It helps to induce appetite.	The mother's nutritional status was improved.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
Subjective data: The mother said "I have tiredness and inability to perform activity" **Objective data:** The mother has weakness, fatigue and restlessness.	Activity intolerance related to antepartum haemorrha-ge.	The mother's activity level will improve.	❖ Check the activity level of the mother. ❖ Advice the mother to do mild activities. ❖ Arrange the articles near to the mother's bed. ❖ Educate the mother to avoid vigorous activities. ❖ Administer intravenous fluids.	❖ Checked the activity level of the mother by observation. ❖ Adviced the Mother to do mild Activities. ❖ Arranged the articles near to the mother's bed. ❖ Adviced the mother to avoid vigorous activity. ❖ Administered intravenous fluids such as DNS, RL.	❖ It helps to provide baseline data. ❖ It helps to avoid fatigue. ❖ It helps to reduce fatigue. ❖ It helps to prevent further complication. ❖ It helps to improve the fluid level.	The mother's activity level was improved.

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONAL	EVALUATION
Subjective data: The mother said "I have lack of sleep and head ache" **Objective data:** The mother has redness of eyes, dark circles under the eyes and irritability.	Sleep pattern disturbance (insomnia) related to antepartum haemorrha-ge.	The mother will be improve the sleep pattern.	❖ Check the sleep pattern of the mother. ❖ Provide calm and quite environment. ❖ Provide a cup of milk before going to sleep. ❖ Advice the mother to take warm bath before going to bed. ❖ Provide perineal care to the mother. ❖ Administer medication as per as physician's order.	❖ Checked the sleep pattern of the mother. ❖ Provided calm and quite environment. ❖ Provided a cup of milk before going to sleep. ❖ Adviced the mother to take warm bath before going to bed. ❖ Provided perineal care to the mother. ❖ Administered Inj.morphin IM as per as physician's order.	❖ It helps to provide baseline data. ❖ It helps to improve sleep pattern. ❖ It helps to induce sleep. ❖ It helps to promote sleep pattern. ❖ It helps to prevent infection. ❖ It helps to relieve pain.	The mother's sleep pattern was improved.