

**THE EFFECT OF PLANNED TEACHING PROGRAMME
ON KNOWLEDGE REGARDING NEWBORN CARE
AMONG PRIMI MOTHERS**



A dissertation submitted to

***THE TAMILNADU Dr.M.G.R. MEDICAL UNIVERSITY
CHENNAI***

***IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE AWARD OF THE DEGREE OF***

MASTER OF SCIENCE IN NURSING

APRIL 2015

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INTERNAL EXAMINER

EXTERNAL EXAMINER

DECLARATION

I, **30113278** hereby declare that this dissertation entitled **A STUDY TO ASSESS THE EFFECT OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING NEWBORN CARE AMONG PRIMI MOTHERS AT TRICHY** has been prepared by me under the guidance and direct supervision of **Prof.Mrs. N. VIMALA,M.Sc(N), PROFESSOR, DEPARTMENT IN PEDIATRICS** Thanthai Roever College of Nursing, Perambalur, as requirement for partial fulfillment of **M.Sc Nursing** degree course under **The Tamilnadu Dr. M.G.R. Medical University, Chennai – 32**. This dissertation had not been previously formed and this will not be used in future for award of any other degree/ diploma. This dissertation represents an independent original work on the part of the candidate.

Place : Perambalur,

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Date : April – 2015.

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**THE EFFECT OF PLANNED TEACHING PROGRAMME ON
KNOWLEDGE REGARDING NEWBORN CARE AMONG PRIMI
MOTHERS IN THILAGAVATHI HOSPITAL, TRICHY**

ABSTRACT

INTRODUCTION: In India, 61.3% of all infant death occur within the first month of life.

OBJECTIVE: To assess the effectiveness of planned teaching programme on knowledge regarding newborn care among primi mothers.

METHODS: Pre experimental design was adopted for this study. Fifty primi mothers were selected by using non-probability convenient sampling technique. Pre test knowledge assessed planned teaching is given for seven days. Knowledge questionnaire tool is used for level of knowledge regarding newborn care among primi mothers.

RESULTS: The pretest mean score of knowledge was 8.92 with S.D 2.99 and the post test mean score of knowledge was 18.68 with S.D 1.25. The mean difference was 9.76 and the calculated paired 't' value of $t = 21.002$ was found to be statistically significant at $p < 0.001$ level.

CONCLUSION: The findings showed that the planned teaching was effective in improving the knowledge regarding newborn care among primi mothers.

CHAPTER – I

INTRODUCTION

Birth of a healthy newborn baby is one of the finest gift of nature. The process of birth takes only few moments but involves complex physiologic adaptations in the newborn. The newborn has to adapt itself rapidly and successfully to an alien external environment.

The first week of life is the most crucial period in the life of an infant. In India, 61.3% of all infant death occur within the first month of life.

WHO (2000) reports every year about 2 million babies (20%) of global births are born. In India almost 1.2 million die during newborn period accounting for 30% of global death.

Essential newborn care is simple, requiring no expensive high technology equipment, resuscitation, warmth to avoid hypothermia, early breast feeding, hygiene, support for the mother infant relationship, and early treatment for low birth weight or sick infants.

Indian mothers are not aware of newborn care due to various reasons such as ignorance, low socio-economic status. Primipara mothers may have some anxiety because they are not quite sure how to take care of newborn. Rather than becoming anxious about it, the mothers need to learn all things about newborn care process.

Nurses play a major role in creating awareness and competence among primi mothers for successful newborn care to their babies.

Teaching is most effective when it responds to learn need. There is an important need to impart knowledge to the post natal mother about newborn.

The nurse can also help mothers to build self-confidence. It is the role by guiding her initial efforts in neonatal care and providing her with frequent positive feedback.

BACKGROUND OF THE STUDY

The entire universe is based on life and reproduction which is an important process of multiplication. There is an extreme happiness in all this procreation of which some times sadness and unexpected things happen during child birth and its development.

In India an estimated twenty-six millions of children born every year. As per causes 2011, the share of children (0-6 years) accounts 13% of the total population in the country. An estimated 15.5 lakhs children die every year before completely 5 years.

The WHO has issued guidelines for essential newborn care that include, hygiene during delivery, keeping the newborn warm, early initiation of breast feeding, exclusive breast feeding, care of eyes, care during illness and immunization.

Rao (2010) says that India is ranked at 49th out of 193 countries in descending order of the under five mortality rate.

The right millennium development goals which target an end point of 2015 have been said to represent the most widely satisfied health and development goals in history. Millennium Development Goals focuses on child survival, aiming for a reduction in under five child mortality by two thirds by 2015, with global target of 32 per 1000 live births.

Globally each year, fifteen million babies are born too early and more than one million of them die shortly after birth. Ninety nine percent of these death occur in middle and low income countries.

The Government of India has set a target of reducing the infant mortality rate from 64% to 30% per 1000 live births by the year 2010, which acan only be possible if neonatal mortality is reduced from 44% to 2010.

UNICEF (2014) an estimated 2.8 million children die in their first month of life.

NEED FOR THE STUDY

“A newborn baby has only three demands. They are warmth in arms of its mothers, food from her breasts and security in the knowledge of her presence”.

Dickregrantly

A healthy population is the nation's prosperity, Healthy children today, make a healthy nation tomorrow.

The important task of mother-hood is to fulfill physical, emotional, social, intellectual and moral needs of children. There is no doubt that a mother plays an important role in this regard.

It is estimated that out of 3.9 million neonatal deaths that occur worldwide, almost 30% occur in India. Globally under five years of age, mortality rates have declined over the past four decades, but the neonatal mortality rates still remain high.

The morbidity and mortality rates in newborn infants are high. Although parents are ultimately responsible for this care, nurses usually assume a major care giving role while the infant is with the nurse.

From the observation in the post natal ward, the researcher found that the mother especially primipara mothers are not aware of the facts regarding newborn care of their babies.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of planned teaching programme on knowledge regarding newborn care among primi mothers admitted on postnatal ward in Thilagavathy Hospital at Trichy.

OBJECTIVES

- 1.To assess the level of knowledge regarding newborn care among primi mothers.
- 2.To assess the effectiveness of planned teaching programme on knowledge regarding newborn care among primi mothers.
- 3.To associate the post-test level of knowledge regarding newborn care among primi mothers with their selected demographic variables.

HYPOTHESES

H1, There is a significant increase in knowledge regarding newborn care after the planned teaching programme among primi mothers.

H2, There is a significant association between the post-test level knowledge regarding newborn care among primi mothers and their selected demographic variables.

OPERATIONAL DEFINITIONS

EFFECTIVENESS

In this study, effectiveness refers to gain in knowledge for mothers on newborn care following interventions.

PLANNED TEACHING PROGRAMME

It refers to structured teaching through lecture cum discussion on newborn care among primi mothers such as general information of newborn, thermoregulation, breast feeding, immunization and prevention of infections.

KNOWLEDGE

In this study, it refers to the correct response of the mothers to the knowledge part of the questionnaire of the interview schedule and expressed as knowledge scores.

NEWBORN CARE

Newborn care means care given to the baby during the period from birth to the first 28 days of life in the aspects of general information of newborn, breast feeding, thermoregulation, personal hygiene, immunization and prevention of infections.

PRIMI MOTHER

A antenatal mother who is delivered the baby first time.

ASSUMPTIONS

Primi mother has inadequate knowledge regarding newborn care.

Planned teaching programme may increase the knowledge regarding newborn care.

The setting is limited to only one hospital.

DELIMITATIONS

The study is delimited to primi mothers.

The data collection period is delimited to six weeks.

PROJECTED OUTCOME

The findings of the study will determine the effectiveness of planned teaching programme on knowledge regarding newborn care among primi mothers.

The study findings will help the health care members to implement awareness programme on newborn care among primi mothers.

CHAPTER – II

REVIEW OF LITERATURE

A literature review provides a background to current knowledge on a topic and highlights the necessity for new studies. (Polit and Beck, 2010).

The review of related literature is an essential aspect of scientific research. It entails the systematic identification, reflection, critical analysis and reporting of existing information in relation to the problem of interest.

The chapters includes reviews related to:-

Section I --- Studies related to newborn care.

Section II - Studies related planned Teaching programme on knowledge regarding newborn care.

Section-I Studies related to newborn care.

Tanner metal.(2010) conducted a study to determine the frequency of delivery and newborn care practices at southern Tanzania. This study concluded that there is a need to promote and facilitate health facility deliveries, hygienic delivery practices for home births, delayed bathing and immediate and exclusive breast feeding to improve newborn health.

Kavitha.P et al (2012) conducted a descriptive study to assess the knowledge of kangaroo mother care among post natal mothers at kadapa. This study concluded that the knowledge of mother had increased from 45.15% to 58.85%.

Peace Ibo Opara et al (2012) conducted a cross sectional study to assess newborn cord care practices among mothers at Nigeria. This study revealed that there is still a high rate in use of potentially harmful substances for cord care.

Chaudhary J et al (2013) conducted a cross sectional study to determine the factors affecting newborn care practices among primi mothers at chitwan district. This study concluded that newborn care practices were

acceptable. Awareness programs regarding initiation of breast feeding within one hour of delivery should be strengthened.

Mahila Mandals suggested that regular training programme should be organized for mother craft. The simple messages for basic care of pregnant women and healthy babies should be widely disseminated through available media including radio and television.

Section-II Studies related to planned teaching programme on knowledge regarding newborn care.

K.B.N.JAYASOORIYA et al. (2014) study was conducted to examine mothers' knowledge and practices in thermoregulation of neonates at Sri Lanka. This study revealed that 50% of mother had hypothermic babies, 65% of mothers had good adequate knowledge and 34% mothers had poor knowledge.

MUDDUG. K. et al (2013) conducted a study to determine the mothers knowledge and awareness about benefits of kangaroo mother care at hospital. This study concluded that mothers had good knowledge 97.8%.

SUDHA R. et al (2014) Pre experimental study was conducted to assess the effectiveness of structured teaching programme on knowledge of newborn care among the primi gravid women at Chennai. This study concluded that 83.3% had inadequate knowledge, 16.7% had moderately adequate knowledge in pre test. Whereas in post test 86.6% had adequate knowledge, 13.4% had moderately adequate knowledge, No one had inadequate knowledge. So, the structured teaching programme was effective.

SUNITA TATA et al(2014) conducted a study to assess the knowledge regarding essential newborn care among antenatal mothers at Madurai. This study concluded that mean score was increased from 3.8% to 23.6 % respectively. A structured education program on essential newborn care was effective in increasing the knowledge among antenatal mothers.

MOHAMED ASIF PADIYATH et al (2014) conducted a descriptive study to assess the knowledge and attitude of neonatal care practices among postnatal mothers at pondicherry. This study concluded that mothers had moderate adequate knowledge was 35%, adequate knowledge was 76%, there is effective and improvement of better care and health education for antenatal mothers.

Kalpana Silwal et al (2013) conducted a descriptive study to assess the knowledge and practice of newborn care among postnatal mothers at Kathmandu. This study concluded that mothers knowledge on thermoregulation of newborn 44.2%, newborn care was 47.2%, immunization was 67.33%, and 60% on breast feeding practices.

KANCHAN BALA et al (2013) conducted a quasi experimental study to assess the effectiveness of an Instructional Teaching Programme on knowledge of postnatal mothers regarding newborn care atuttarkhand. This study concluded that pre test knowledge score of post natal mothers 30%, post test knowledge score of post natal mothers was 42%, and post natal mothers had good level of knowledge. Instructional Teaching Programme was effective to increase the knowledge of post natal mothers regarding newborn care.

MORAN A C, CHOWDRAY .N(2011) conducted a study to assess the structured teaching programme on knowledge regarding newborn care among primi mothers at Bangladesh. This study concluded that 84% women had adequate knowledge regarding drying the baby, 64% women had adequate knowledge regarding wrapping the baby after the birth.

CONCEPTUAL FRAME WORK

The conceptual framework for this study was derived from system theory Ludvingon Bertalenffy (1968). It serves as a model for viewing people as interacting with environment. System can be opened and closed.

Open system has varying degree interaction with environment from which the system receives. Input are gives output in the form of matter, energy of information. The feed back is the environment responses of the system, feed back may be positive, negative or neutral.

System components include:-

Input, Throughput, Output, Feedback.

INPUT

It is the information needed by the system based on demographic variables under age, religion, education of mother, occupation of mother, family income and type of family. Information obtained regarding newborn care.

THROUGHPUT

Throughput is the security phase where a planned teaching programme was administered regarding main aspects of newborn care including General information of newborn, breast feeding, thermoregulation, personal hygiene, immunization, umbilical cord care and prevention of infections.

OUTPUT

The information are continuously processed through the system and released as output in a altered state. In this study the output is the expected gain in knowledge by the primi mother about the newborn care including General information of newborn, breast feeding, thermoregulation, personal hygiene, immunization and prevention of infections.

FEEDBACK

The feedback is the environment response of the system. Feedback may be neutral, positive or negative. It the feedback is negative the processes is again reassessed.

MODIFIED SYSTEM MODEL

To assess the knowledge regarding prime mothers on newborn care (1968)

CHAPTER - III
METHODOLOGY

This chapter deals with research design, variables, settings, population, sample, criteria for sample selection, sample size, sampling technique, development and description of tool, content validity, reliability, pilot study, data collection procedure and plan for data analysis.

Research Approach:

Evaluative research approach

Research Design:

Pre-experimental research design [one group pre-test and post-test design)

PRE-TEST	INTERVENTION	POST-TEST
O1	X	O2

O1 = PRE-TEST LEVEL OF KNOWLEDGE REGARDING NEWBORN CARE.

X = PLANNED TEACHING PROGRAMME

O2 = POST-TEST LEVEL OF KNOWLEDGE REGARDING NEWBORN CARE.

VARIABLES

Dependent Variable : knowledge regarding newborn care.

Independent Variable : Planned teaching programme

Setting of the study The study was conducted in Thilagavathy Hospital at Trichy.

Adequate
Knowledge was good

Moderately Post test
Knowledge gained was fair knowledge

Inadequate regarding
Knowledge New born was poor care

Population

Target Population

The target population of this study is primi mothers with newborn.

Accessible population

The accessible population of this study is primi mothers with newborn admitted in the Thilagavathy Hospital.

Sample

Primimothers with newborn admitted in the hospital who met the inclusion criteria.

Sample Size

Sample size = 50

Sampling Technique

Non probability convenient sampling technique

CRITERIA FOR SAMPLE SELECTION

INCLUTION CRITERIA

- All the primi mothers who are admitted in Thilagavathy hospital.
- Primi mothers who know to read and write in Tamil.
- Primi mother who are willing to participate in the study.

EXCLUSION CRITERIA

- All multi gravid mothers
- who are not willing to participate.

TOOLS OF RESEARCH

- The investigator used to questionnaire tool to assess the knowledge regarding newborn care among primi mothers.

DESCRIPTION OF THE TOOL

The tool was developed after an extensive review of literature and considering the opinions given by medical and nursing experts.

It consists of the following sections:

SECTION I

Comprises interview questions to collect the demographic data such as age in years, religion, education of mother, occupation of mother, family income and type of family.

SECTION II

Structured knowledge questionnaire tool for assessment of knowledge regarding Newborn care among primi mothers. It consists of 20 multiple choice questions to assess the knowledge.

Knowledge Questionnaire tool consists of twenty items regarding the general information of the newborn, thermoregulation, breast feeding, personal hygiene, immunization and prevention of infections. It is given as multiple choice questions.

SCORING AND GRADING PROCEDURE:

The score will be calculated as the sum of the twenty items. The scores are graded as follows:

SCORES	LEVEL OF KNOWLEDGE
76 -- 100 %	ADEQUATE
51 -- 75%	MODERATELY ADEQUATE
0 -- 50 %	INADEQUATE

CONTENT VALIDITY

The content validity of the tool was obtained on the opinions of one in the field of medical specialist and four nursing experts. Tool was modified as per the consensus of all the experts and the tool was finalized.

RELIABILITY

The reliability of the tool was determined by using test re-test method. The reliability score was $r = 0.86$. Hence, the tool was considered highly reliable for proceeding the study .

PILOT STUDY

After obtaining permission from the concerned authority, pilot study was conducted among five participants in ThilagavathyHospitalatTrichy. The pilot study was designed to find out the feasibility of the tool and practicability of the designed methodology. There was no modification made in the tool after the pilot study. The primi mothers selected for the pilot study were not included in the main study.

DATA COLLECTION PROCEDURE

Before conducting the study, formal permission was obtained from the medical officer, ThilagavathyHospital for conducting the main study. By non probability convenient sampling technique, the subjects were recruited. Data collection period was four weeks. The investigator collected the data for four days a week from 9 am to 4 pm. The investigator established rapport with the primi mothers and obtained informed consent. They were assured that no physical harm would be done in the course of study.

First, the investigator assessed the pre-test level of knowledge regarding newborn care among primi mothers. After that planned teaching programme

was taught to the subjects. On the day 7 , the post- test level of knowledge regarding newborn care was done by using same knowledge questionnaire.

PLAN FOR DATA ANALYSIS

It was planned to use for data analysis descriptive and inferential statistics.

DESCRIPTIVE STATISTICS:

- ❖ Frequency and percentage distribution will be used to analyze the demographic variables.
- ❖ Mean and standard deviation will be used to assess the pre-test and post-test scores.

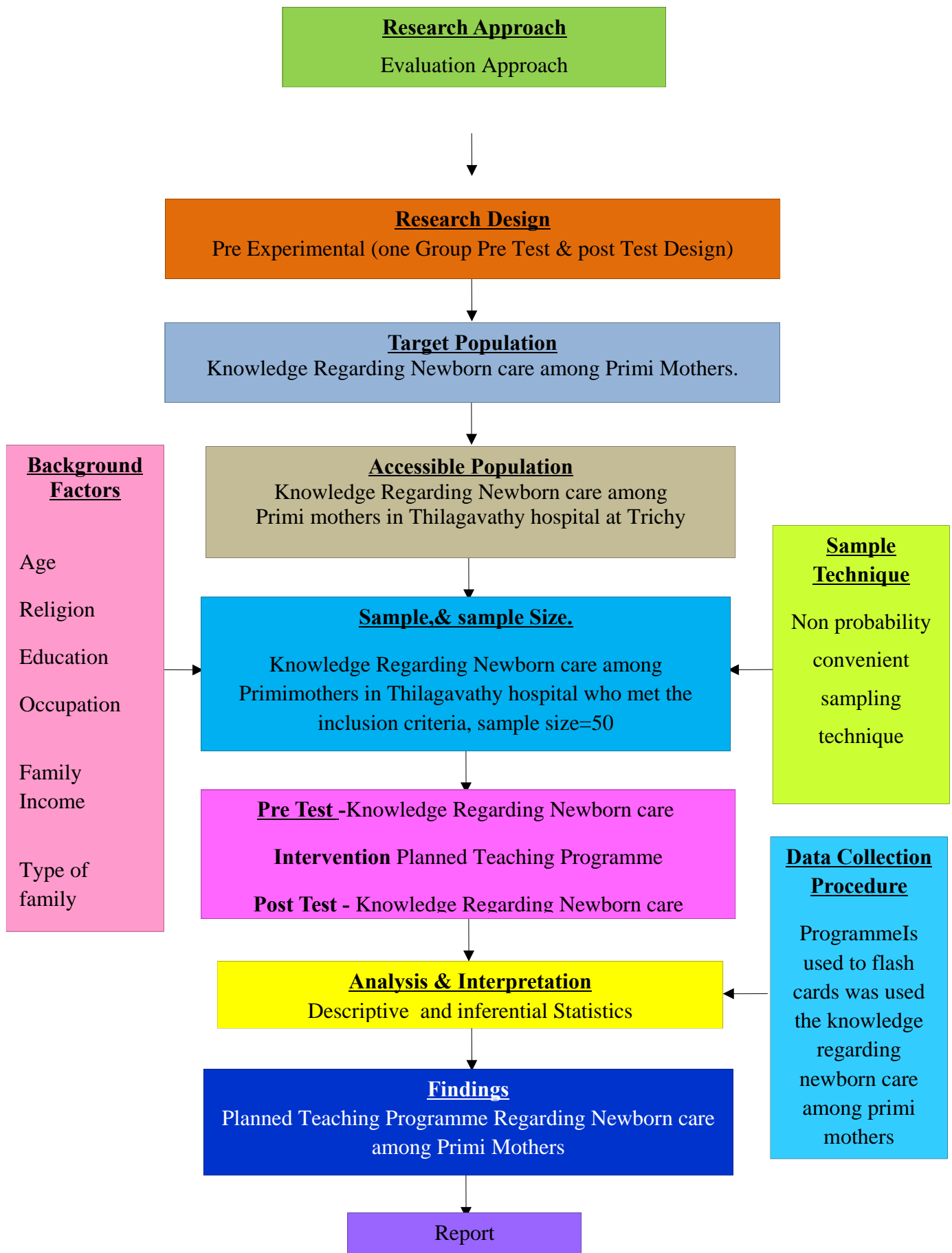
INFERENTIAL STATISTICS

- ❖ Paired t-test will be used to compare the pre-test and post-test knowledge mean score.
- ❖ Chi square will be used to find out the association of post-test level of knowledge with their selected demographic variables.

ETHICAL CONSIDERATION

The research proposal was approved by the dissertation committee of the institution prior to pilot study. Permission was obtained from the Medical officer, Thilagavathy hospital, Trichy. The informed consent from each primimothers was obtained before data collection. Assurance was given to the study participants regarding the confidentiality and no harm to the primi mothers in the course of study.

SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

The analysis is a process of organizing and synthesizing the data in such a way that the research question can be answered and hypothesis tested (Polit and Hungler, 2011).

This chapter deals with analysis and interpretation of the data collected from 50 primi mothers. The data was organized, tabulated and analyzed according to the objectives. The findings are presented under the following sections.

ORGANIZATION OF THE DATA

Section 1: Frequency and percentage distribution of demographic variables of primi mothers.

Section II A: pretest level of knowledge regarding newborn care among primi mothers.

B: post test level of knowledge regarding newborn care among primi mothers.

Section III : Comparison of pre and post test mean knowledge scores regarding newborn care among primi mothers.

Section IV: Association of post test level of knowledge regarding newborn care among primi mothers with their selected demographic variables.

SECTION - I

Table 1: Frequency and percentage distribution of demographic variables of primi mothers.

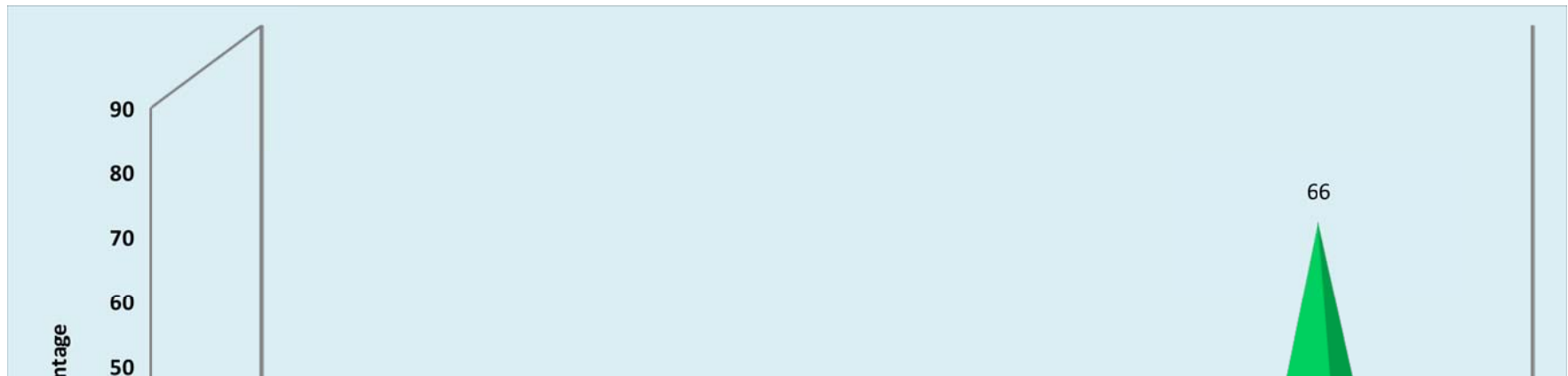
N = 50

Demographic Variables	No.	%
Age in years		
20 years below	6	12
21 - 25 years	27	54
26 - 30 years	13	26
Above 31 years	4	8
Religion		
Hindu	38	76
Muslim	7	14
Christian	5	10
Others	0	0
Educational status of mother		
Illiterate	2	4
Primary school	4	8
Middle school	11	22
High school	33	66

Occupation		
Private employed	7	14
Government	1	2
Cooly	4	8
Housewife	38	76

Family income		
Rs.Less than 1000	5	10
Rs.1001 to 2000	5	10
Rs.2001 to 3000	19	38
Rs.>3001	21	42
Type of family		
Joint	26	52
Nuclear	26	52

The table 1 depicts that majority of the primi mothers 27(54%) were in the age group of 21 – 25 years, 38(76%) were Hindus, 33(66%) of mothers were educated upto high school, 38(76%) were housewives, 21(42%) were earning a family income of >Rs.3001 and 26(56%) belong to joint and nuclear family respectively.



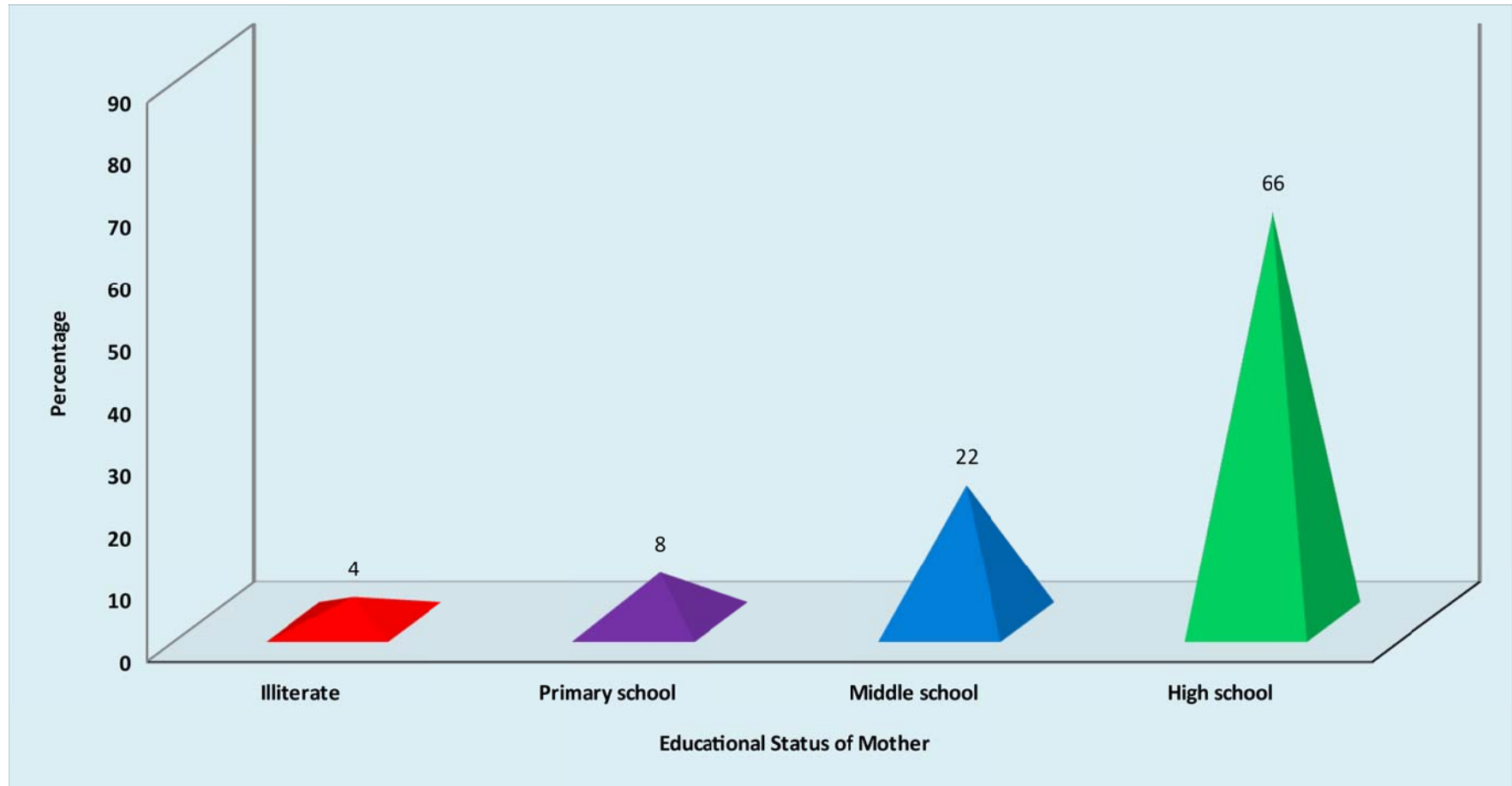


FIGURE 2: Percentage distribution of educational status of primi mothers

SECTION-II

Table 2: pretest level of knowledge regarding newborn care among primi mothers

N = 50

Knowledge Aspects	Inadequate ($\leq 50\%$)		Moderately Adequate (51 – 75%)		Adequate ($>75\%$)	
	No.	%	No.	%	No.	%
General Information	43	86.0	6	12.0	1	2.0
Maintaining a body temperature	24	48.0	22	44.0	4	8.0
Breast feeding	2	4.0	44	88.0	4	8.0
Personal hygiene	37	74.0	7	14.0	6	12.0
Immunization	33	66.0	11	22.0	6	12.0
Prevention of infection	20	40.0	23	46.0	7	14.0
Overall	26	52.0	24	48.0	0	0

The table 2 shows that in the pretest, with regard to general information, majority 43(86%) had inadequate knowledge and 6(12%) had moderately adequate knowledge regarding newborn care.

Considering the maintaining of body temperature, majority 24(48%) had inadequate knowledge and 22(44%) had moderately adequate knowledge in the pretest.

Regarding breast feeding, majority 44(88%) had moderate adequate knowledge and 4(8%) had adequate knowledge.

Analysis of personal hygiene revealed that majority 37(74%) had inadequate knowledge and 7(14%) had moderately adequate knowledge.

On analyzing the immunization it was found that majority 33(66%) had inadequate knowledge and 11(22%) had moderately adequate knowledge.

With regard to prevention of infection, majority 23(46%) had moderately adequate knowledge and 20(40%) had inadequate knowledge.

The overall pretest level of knowledge reveals that majority 26(52%) had inadequate knowledge and 24(48%) had moderately adequate knowledge regarding newborn care among primi mothers.

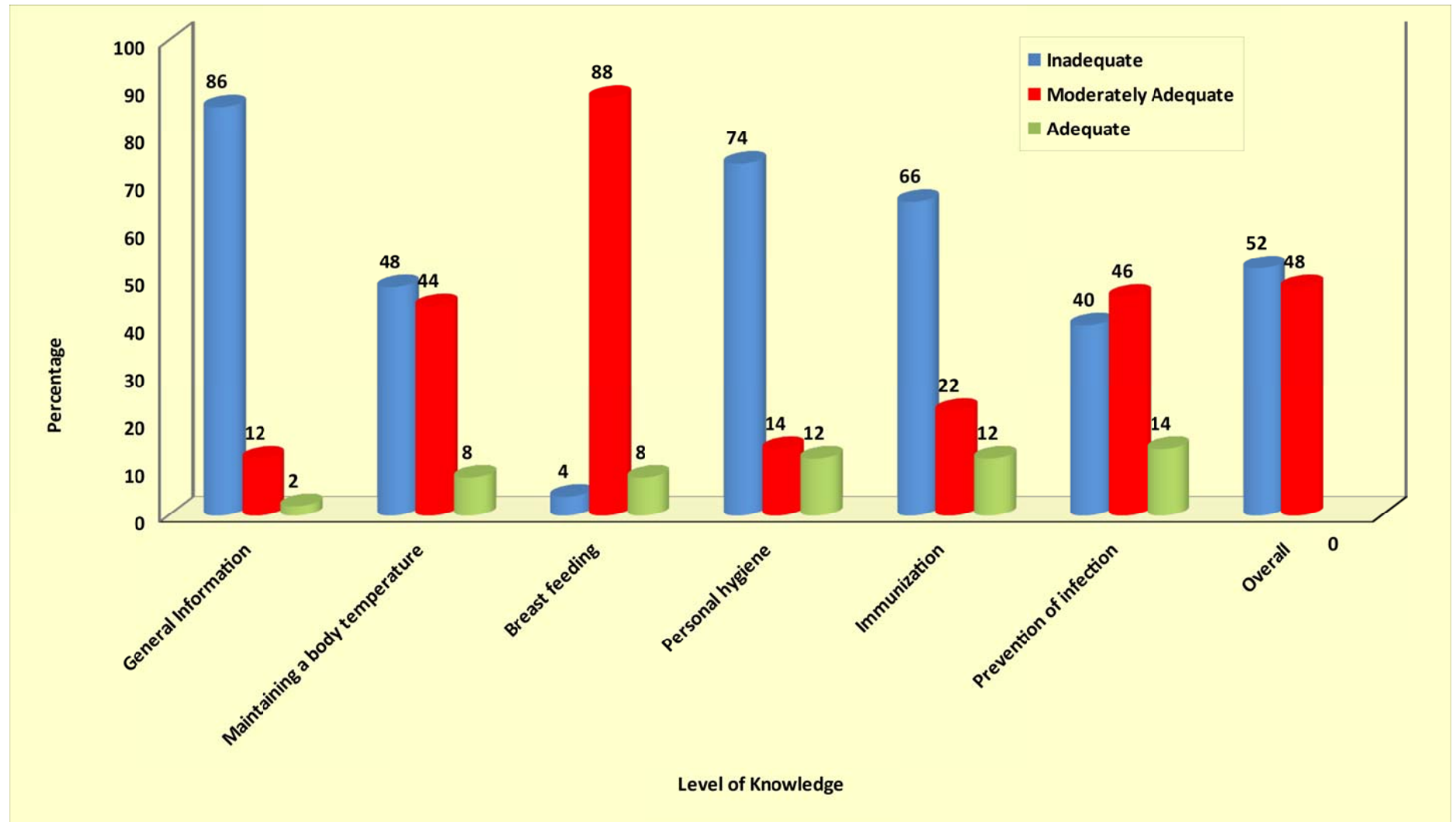


FIGURE 3: Pretest level of knowledge regarding newborn care among primi mothers

Table 3:post test level of knowledge regarding newborn care among primi mothers.

N = 50

Knowledge Aspects	Inadequate ($\leq 50\%$)		Moderately Adequate (51 – 75%)		Adequate ($>75\%$)	
	No.	%	No.	%	No.	%
General Information	0	0	5	10.0	45	90.0
Maintaining a body temperature	0	0	3	6.0	47	94.0
Breast feeding	0	0	5	10.0	45	90.0
Personal hygiene	4	8.0	6	12.0	40	80.0
Immunization	0	0	9	18.0	41	82.0
Prevention of infection	0	0	3	6.0	47	94.0
Overall	0	0	1	2.0	49	98.0

The table 3 shows that in the post test, with regard to general information, majority 45(90%) had adequate knowledge and 5(10%) had moderately adequate knowledge regarding newborn care.

Considering the maintaining of body temperature, majority 47(94%) had adequate knowledge and 3(6%) had moderately adequate knowledge in the pretest.

Regarding breast feeding, majority 45(90%) had adequate knowledge and 5(10%) had moderately adequate knowledge.

Analysis of personal hygiene revealed that, majority 40(80%) had adequate knowledge and 6(12%) had moderately adequate knowledge.

On analyzing the immunization it was found that majority 41(82%) had adequate knowledge and 18(36%) had moderately adequate knowledge.

With regard to prevention of infection, majority 47(94%) had adequate knowledge and 6(12%) had moderately adequate knowledge.

The overall post test level of knowledge reveals that majority 49(98%) had adequate knowledge and 1(2%) had moderately adequate knowledge regarding newborn care among primi mothers.

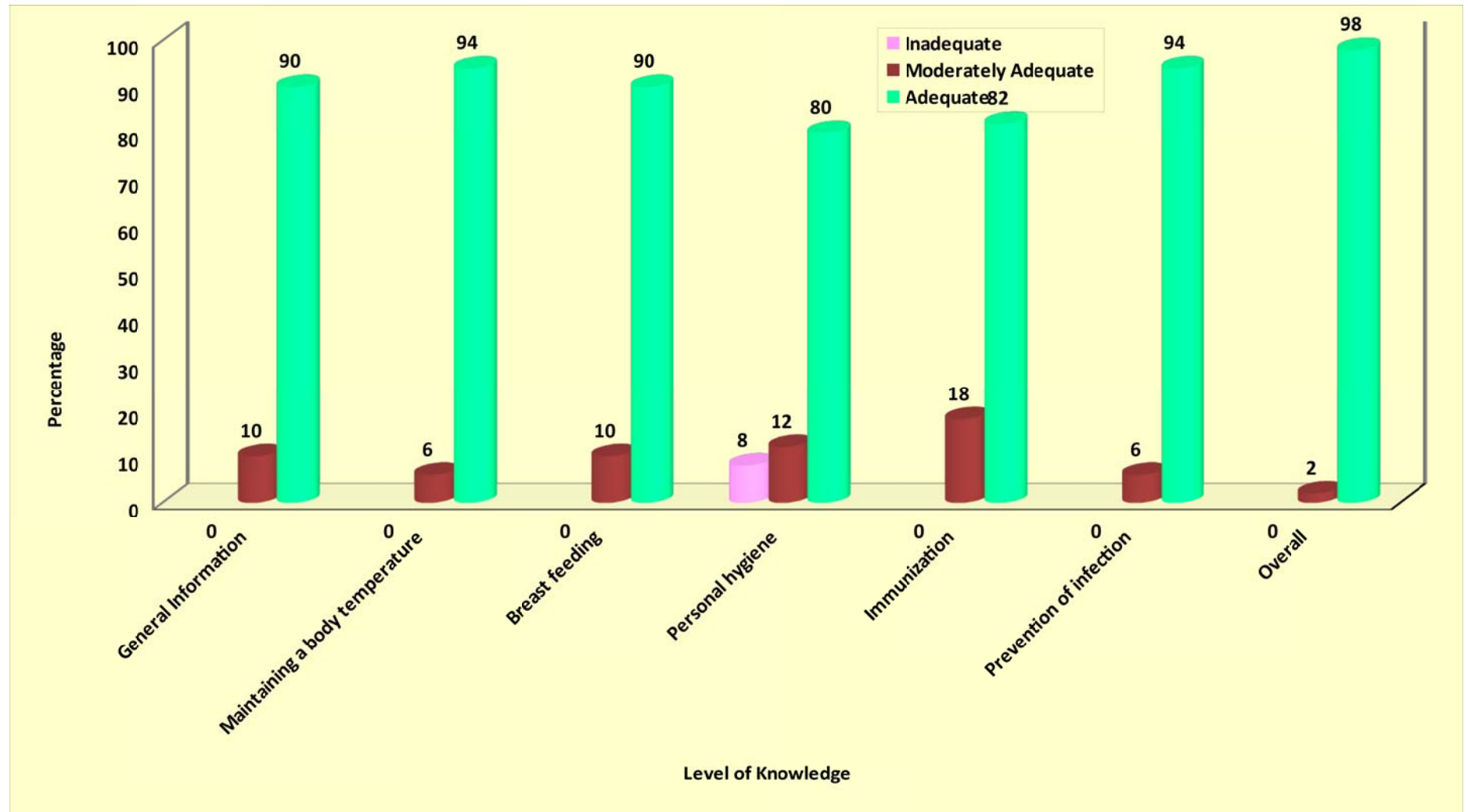


FIGURE 4: Post test level of knowledge regarding newborn care among primi mothers

SECTION-III

Table 4: Comparison of pre and post test mean knowledge scores regarding newborn care among primi mothers.

N = 50

Level of Knowledge	Max Score	Mean	S.D	Mean Diff.	Paired 't' Value
Pretest	20	8.92	2.99	9.76	t = 21.002***
Post Test	20	18.68	1.25		p = 0.000, S

***p<0.001, S – Significant

The table 4 shows that the pretest mean score of knowledge was 8.92 with S.D 2.99 and the post test mean score of knowledge was 18.68 with S.D 1.25. The mean difference was 9.76 and the calculated paired 't' value of t = 21.002 was found to be statistically significant at p<0.001 level. This clearly shows that after the implementation of planned teaching programme on knowledge regarding newborn care among primi mothers had significant improvement in their knowledge regarding newborn care.

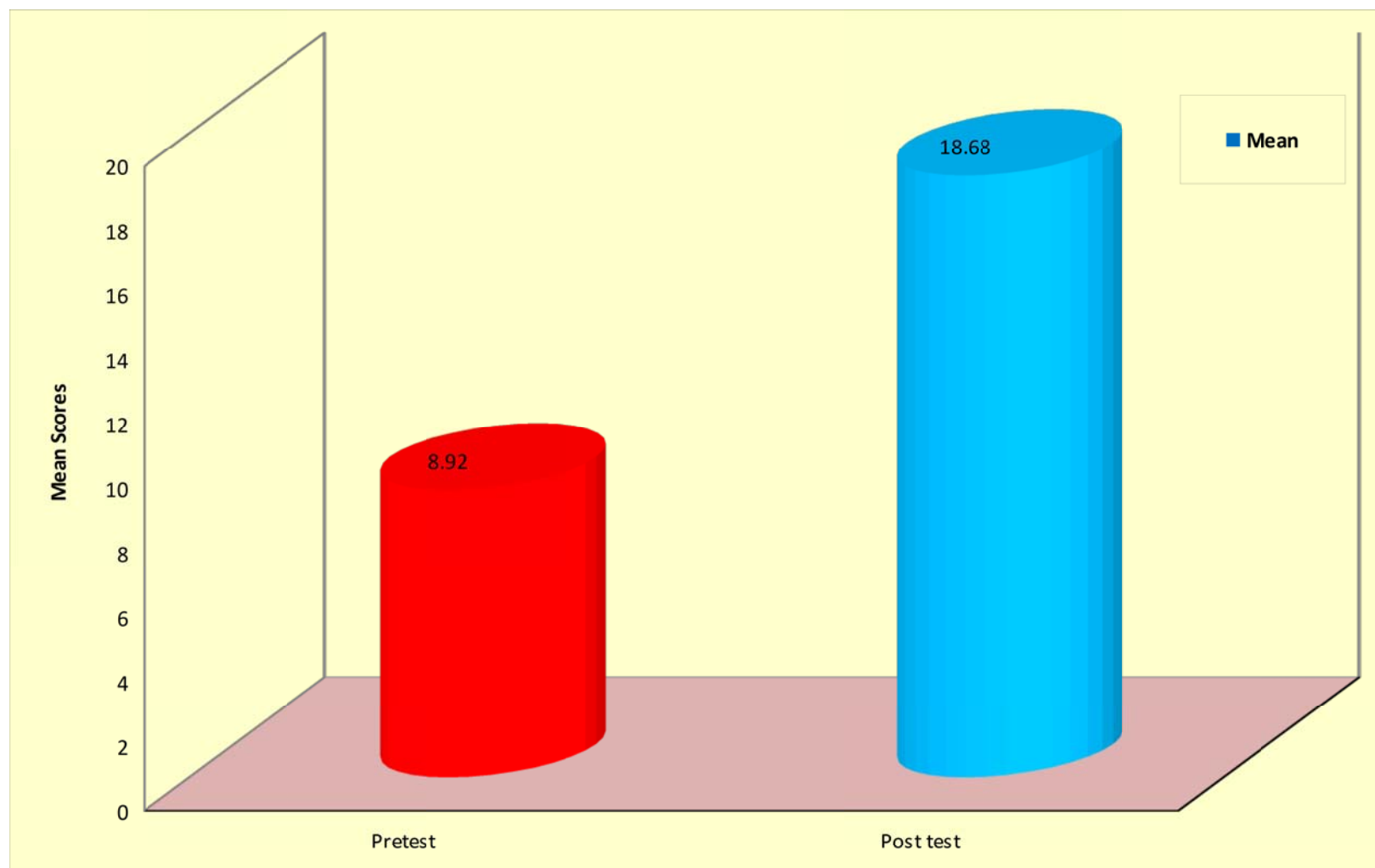


FIGURE 5: Comparison of pre and post test mean knowledge scores regarding newborn care among primi mothers

SECTION-IV

Table 5: Association of post test level of knowledge regarding newborn care among primi mothers with their selected demographic variables.

N = 50

Demographic Variables	Moderately Adequate (51 – 75%)		Adequate (>75%)		Chi-Square Value
	No.	%	No.	%	
Age in years					$\chi^2 = 0.869$ d.f = 3 p = 0.833 N.S
Below 20	0	0	6	12.0	
21 - 25	1	2.0	26	52.0	
26 - 30	0	0	13	26.0	
above 31	0	0	4	8.0	
Religion					$\chi^2 = 6.268$ d.f = 2 p = 0.044 S*
Hindu	0	0	38	76.0	
Muslim	1	2.0	6	12.0	
Christian	0	0	5	10.0	
Others	-	-	-	-	
Educational status of mother					$\chi^2 = 0.526$
	0	0	2	4.0	

High school					
Occupation					$\chi^2 = 0.322$
Private employed	0	0	7	14.0	d.f = 3
Government	0	0	1	2.0	p = 0.956
Cooly	0	0	4	8.0	N.S
Housewife	1	2.0	37	74.0	
Family income					$\chi^2 = 1.409$
Less than 1000	0	0	6	12.0	d.f = 3
Rs.1001 to 2000	0	0	5	10.0	p = 0.703
Rs.2001 to 3000	0	0	19	38.0	N.S
>3001	1	2.0	20	40.0	
Type of family					$\chi^2 = 0.942$
					d.f = 1

* $p < 0.05$, S – Significant, N.S – Not Significant

The table 6 shows that the demographic variable religion had shown statistically significant association with the post test level of knowledge regarding newborn care among primi mothers and the other demographic variables had not shown statistically significant association with the post test level of knowledge regarding newborn care among primi mothers.

CHAPTER – V

DISCUSSION

This chapter deals with the discussion of data analyzed based on the objective and hypothesis of the study.

The aim of this study is to determine the effectiveness of planned teaching programme on knowledge regarding newborn care among primi mothers which are discussed below:-

The first objective of the study is to assess the level of knowledge regarding newborn care among primi mothers.

The overall pretest level of knowledge reveals that majority 26(52%) had inadequate knowledge and 24(48%) had moderately adequate knowledge regarding newborn care among primi mothers.

The overall post test level of knowledge reveals that majority 49(98%) had adequate knowledge and 1(2%) had moderately adequate knowledge regarding newborn care among primi mothers.

The second objective of the study is to assess the effectiveness of planned teaching programme on knowledge regarding newborn care among primi mothers.

The pre test mean score of knowledge was 8.02 with standard deviation of 2.00

Based on the study findings the stated hypotheses,

H1, There is a significant increase in knowledge regarding newborn care after planned teaching programme among primi mothers was accepted.

The following authors P. Kavitha, R. Arounprasath, K.B.N. Jayasooriya, Enganemben Mongo Mireille suggested in their study that planned teaching programme was significantly effective in newborn care among primi mothers.

The third objective of the study is to associate the post test level of knowledge regarding newborn care among primi mothers with their selected demographic variables.

Data findings revealed that there was a statistically significant association found between post test knowledge regarding newborn care and Religion.

There was no significant association found between the post test level of knowledge regarding newborn care and the demographic variables age, education of mother, occupation of mother, family income and type of family as the calculated Chi-square value is less than the table value at $p < 0.05$ level.

Based on the study finding the stated hypotheses.

H2 There is a significant association between the post test level of knowledge

CHAPTER-VI

SUMMARY, MAJOR FINDINGS, IMPLEMENTATION

RECOMMENDATIONS AND CONCLUSION

This chapter is divided into two sections. **Section I** deals with summary of the study, findings, and conclusion. **Section II** deals with implications in various areas of nursing practice, nursing education, nursing administration and nursing research, limitations and recommendations.

SUMMARY OF THE STUDY

The main objective of the study was to assess the effectiveness of planned teaching programme on knowledge regarding newborn care among primi mothers in selected Hospital, Trichy.

Conceptual framework based on Ludvingvon bertalenffy (1968) model is used for this study. An evaluative research approach, one group pre-test and post-test design was adopted for this study. Non probability purposive sampling technique was used to select the samples size was 50.

The tool prepared for the present study included questions of demographic data and knowledge questionnaire for the assessment of knowledge regarding newborn care. The tool was validated by five experts and the reliability of the tool

The data collection was undertaken for a period of four weeks. Planned teaching was taught to the post natal mothers. Both inferential and descriptive statistics were used to analysis the data and interpreted in terms of objectives and hypothesis of the study.

The findings showed that the planned teaching was effective in improving the knowledge regarding newborn care among primi mothers.

MAJOR FINDINGS OF THE STUDY

DEMOGRAPHIC VARIABLES

1. Majority 54% of subjects belonged to 21-25 years of age in primi mothers.
2. 76% of subjects belonged to Hindu Religion.
3. 66% of subjects had to high school educated in primi mothers
4. 76% were to house wives.
5. 42% had a family income of more than Rs.3001.
6. 50% live in to joint and nuclear family respectively.

II Findings related to effectiveness of planned teaching programme

The pre test mean score of knowledge regarding newborn care was that the majority (76%) of subjects knowledge regarding newborn care was 8.92 with standard deviation of 2.99 and the post test mean score was 18.68 with standard deviation 1.25.

The mean difference score was 9.76. The obtained calculated 't' value 21.002 was to statistically significant.

III Findings related to association with their selected demographic variables

IMPLICATIONS FOR NURSING ADMINISTRATION

1. Nursing administrator should organize inservice education programme for staff to get update with strategies in newborn care.
2. Nursing administrator should motivate the health care professionals to organize the awareness campaigns to antenatal and postnatal mothers by providing adequate information about healthy newborn and care.
3. The teaching sessions can be video taped and played for the mothers who are waiting at out patient department.

IMPLICATION FOR NURSING RESEARCH

1. This study will be a motivating factor for the beginning researcher to conduct the study on the same theme with different variables.
2. Researcher can be focused on various intervention focused programmes to aim for the achievement of successful newborn care.

IMPLICATION FOR NURSING PRACTICE

1. The nurses are playing a vital role among all the health team members in educating the mother about the practices of newborn.
2. They can prepare and use variety of audio visual aids to create awareness among the mothers.
3. Community educational programmes have to be planned to enrich the community awareness regarding newborn care.
4. Strengthening the newborn care programmes and policies.

IMPLICATION FOR NURSING EDUCATION

1. Nursing curriculum should focus on the necessity of improving the strategies to strengthen the newborn care.

4. Educational materials can be prepared based on the special needs of the community.

RECOMMENDATIONS

1. A similar study can be undertaken with a large sample to generalize the findings.
2. A study can be conducted using various teaching strategies on the awareness of breast feeding and newborn care and practices.
3. A study can be conducted to identify the factors responsible for the improper care of the newborn.

CONCLUSIONS

The purpose of this study to assess the effectiveness of planned teaching programme on knowledge regarding newborn care among primi mothers at selected hospital, Trichy. It is proved that the planned teaching programme was effective in increasing the knowledge regarding newborn care among primi mothers.

On the whole, carrying out the present study was really an enriching experience to the investigator. It also helped a great deal to explore and improve the knowledge of the researcher and the respondents.

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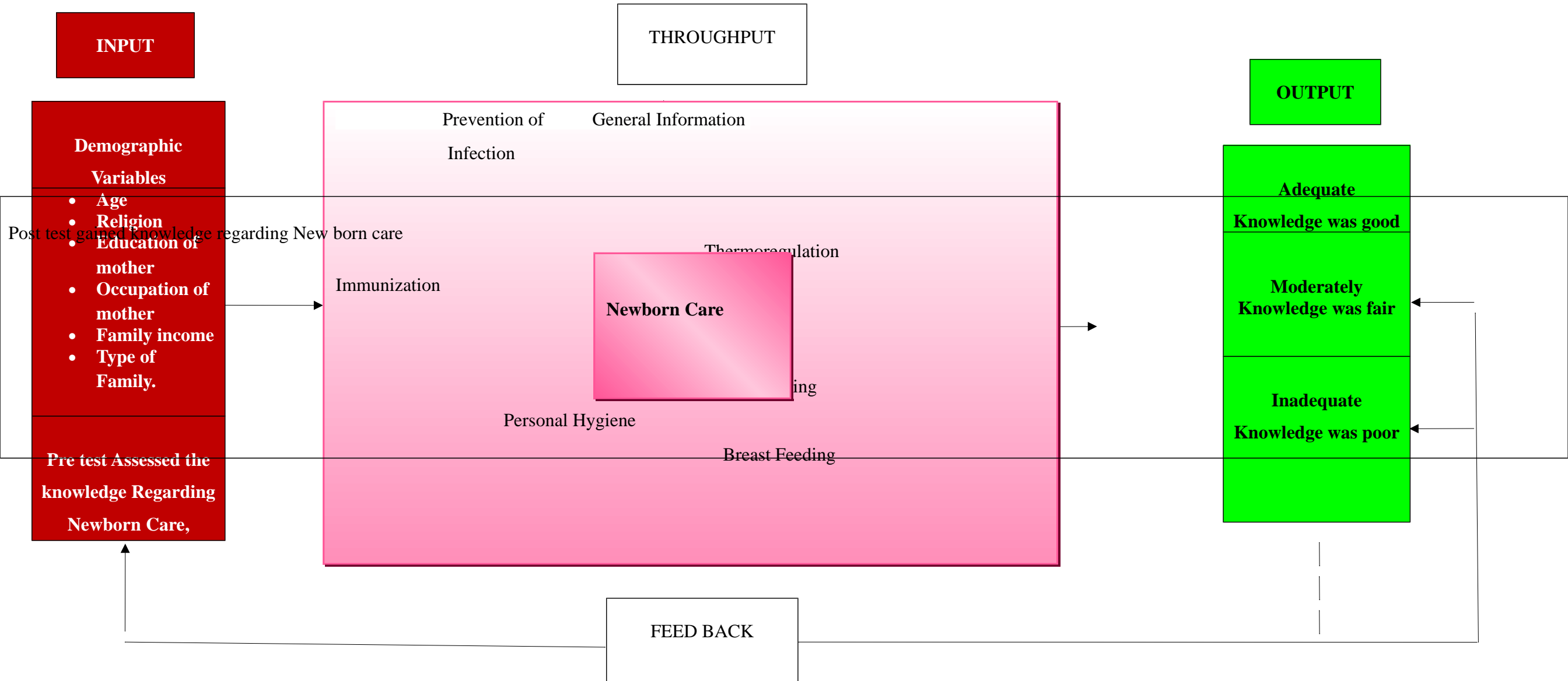
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MODIFIED SYSTEM MODEL

To assess the knowledge regarding prime mothers on newborn care (1968)



ANNEXURE A**PERMISSION LETTER FOR RESEARCH PURPOSE****From**

30113278
M.Sc., (Nursing) II Year,
Child health nursing,
Thanthai Roever College of Nursing,
Perambalur.

Through

The principal,
Thanthai Roever College of Nursing
Perambalur.

To

Dr.S. Thirunavukkarasu, M.B.B.S., M.D.,
Thilagavathi Hospital, Airport,
Trichy.

Respected Madam/Sir,

I am doing **M.Sc.,(Nursing)** II year in ThanthaiRoever College of Nursing Perambalur. **Under the Tamil Nadu Dr.M.G.R.Medical University Chennai.** As a Partial Fulfillment of My **M.Sc.,(Nursing)** Degree Programme, Iam going to conduct “A Study to assess the effectiveness of Planned Teaching Programme on knowledge regarding New Born Care among Primi mothers in selected Hospital, at Trichy District, Tamilnadu.” I would like to select your hospital for my data collection, as I understand that I may get many children in your hospital. Hence I kindly request you to give me permission to precede the data collection.

Thanking You

Place:

Yours sincerely,

Date:

(30113278)

LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY

From

30113278

M.Sc (Nursing) II year,
ThanthaiRoever College of Nursing,
Perambalur.

To

Respected Sir/Madam,

Sub: Requisition for content validity of tool.

I am doing M.Sc (Nursing) II year in ThanthaiRoevedr College of Nursing, Perambalur, Under The Tamilnadu, Dr.M.G.R. Medical University Chennai. As a partial fulfillment of my M.Sc (Nursing) Degree Programme, I am conducting a research on, “An Pre experimental study to assess the effectiveness of planned teaching programme on knowledge regarding newborn care among primi mothers at selected hospital, Trichy.” A tool has been developed for the research study. I am sending the above stated for your expert and valuable opinion, I will be thankful for your kind consideration. Kindly return it to the Undersigned.

Thanking you

Place:

Yours sincerely,

Date:

(30113278)

ANNEXURE(1)**LIST OF EXPERTS OPINION FOR CONTENT VALIDITY
OF RESEARCH TOOLS**

1. Mrs. Parasakthi M.Sc(N).,
Vice-Principal,
Professor in pediatric Nursing
Dr. Sakunthala college of Nursing
Trichy.
2. Mrs. PonKritinaveni M.Sc(N).,
Professor in pediatric Nursing,
Nehru College of Nursing
Trichy.
3. Mrs.R.Punithavathi M.Sc(N).,
Principal
Thanthai Roever college of Nursing
Perambalur.
4. Mrs. N. Vimala M.Sc(N).,
Professor in child health Nursing
Thanthai Roever College of Nursing
Perambalur.
5. Mr. Dr. Mahesh Kumar MD(Pead).,
Child Jesus Hospital,
Trichy.

EVALUATION CRITERIA CHECK LIST VALIDATION**INTRODUCTION**

The expert is requested to go through the following criteria for evaluation. Three columns are given for response and a column for remarks. Kindly place tick mark in the appropriate column and give remarks.

Interpretation of column:

Column I : Meets the criteria

Column II : partially meets the criteria

Column III : Does not meet the criteria

S.No.	Criteria	1	2	3	Remarks
1	Scoring - Adequacy - clarity - Simplicity				
2	Content - Logical Sequence - Adequacy - Relevance				
3	Language - Appropriate - Clarity - Simplicity				
4	Practicability - It is easy to score - Does it precisely - Utility				

Signature :

Any other suggestion

Name :

Designation :

Address :

**CERTIFICATION TO ENGLISH EDITING
TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the dissertation work **AN PRE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING NEWBORN CARE AMONG PRIMI MOTHERS AT SELECTED HOSPITAL, TRICHY.** Done by 30113278, II year M.sc Nursing, in Thanthai Roever college of Nursing, Perambalur is edited for English language appropriateness by

Signature

**CERTIFICATION TO TAMIL EDITING
TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the dissertation work **AN PRE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING NEWBORN CARE AMONG PRIMI MOTHERS AT SELECTED HOSPITAL, TRICHY.** Done by 30113278, II year M.sc Nursing, in Thanthai Roever college of Nursing, Perambalur is edited for Tamil language appropriateness by

Signature

PART I
DEMOGRAPHIC VARIABLES

NOTES: Kindly furnish the following details by placing a tick in appropriate choice

1. Age in years

- (a) 20 years below
- (b) 21-25 years
- (c) 26-30 years
- (d) 31 & above

2. Religion

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

3. Educational status of mothers

- (a) Illiterate
- (b) Primary school
- (c) Middle school
- (d) High school

4. Occupation

- (a) Private employed
- (b) Government
- (c) Cooly
- (d) House Wife

5. Family Income

- (a) Less than 1000
- (b) Rs. 1001 to 2000
- (c) Rs. 2001 to 3000
- (d) > 3001.

6. Type of Family

- (a) Joint
- (b) Nuclear

PART –II**KNOWLEDGE AND PRACTICE REGARDING NEW BORN CARE.**

1. What is the normal weight of newborn?

- (a) 1500-2000 gms
- (b) 2100 – 2500 gms
- (c) 2600 – 3000 gms
- (d) 3100 – 3500 gms

2. How many hours a newborn will sleep in a day?

- (a) 8 – 12 hours
- (b) 13- 16 hours
- (c) 17 – 20 hours
- (d) Above 20 hours

3. How many times a newborn pass the urine in a day?

- (a) 4 – 5 times
- (b) 6 – 10 times
- (c) 10 – 15 times
- (d) Above 15 times

4. How will you assess the body temperature?

- (a) Touching forehead

- (b) Touching abdomen
- (c) Touching extremities
- (d) Touching neck

5. Which among the following is the best method to maintain body temperature of a newborn?

- (a) Skin-to-skin contact with the mother
- (b) Covering with blanket
- (c) Covering with clothes
- (d) Placing the newborn under the light

6. How to prevent hypothermia in a newborn?

- (a) Wearing shocks
- (b) Wearing sweater
- (c) Wrapping the body including the head
- (d) Wearing cap

7. Which is the best milk for newborn?

- (a) Goat's milk
- (b) Breast milk
- (c) Cow's milk
- (d) Honey

8. When should breast feed in a newborn?

- (a) immediately after birth
- (b) $\frac{1}{2}$ an hour after birth
- (c) 2 hours after birth
- (d) 4 hours after birth

9. What is the frequency of breast feed in a newborn?

- (a) 2 times
- (b) whenever it need
- (c) 8 times
- (d) 12 time

10. How long the newborn should take only breast feeding?

- (a) 1 year
- (b) 2 months
- (c) 6 months
- (d) 1 months

11. How eyes of a newborn should be cleaned?

- (a) Cleaned the eyes separately with sterile water
- (b) Normal saline
- (c) Sterile water
- (d) All the above

12. What can be applied over umbilical cord?

- (a) Talcum powder
- (b) Ointment
- (c) Oil
- (d) Nothing should be applied

13. How frequency napkin should be changed in a newborn?

- (a) Immediately after wetting
- (b) ½ an hour after wetting
- (c) 1 hour after wetting
- (d) 2 hours after wetting

14. Which among the following solution is used for diaper rash?

- (a) Coconut oil
- (b) Bland ointment
- (c) Antifungai c ream
- (d) All of the above

15. What is the color of stool of breast feed newborn?

- (a) Red
- (b) Golden yellow
- (c) Black
- (d) Greenish

16. What is the benefit of immunization?

- (a) Prevention of disease
- (b) Growth of the child
- (c) Drugs given at the cause of disease
- (d) Promote health

17. What are the vaccines are administered at birth?

- (a) BCG
- (b) Oral polio vaccine
- (c) DPT
- (d) All the above

18. Where is the newborn usually immunized?

- (a) Primary health centre
- (b) Government hospital
- (c) Private hospital
- (d) All of the above

19. Which is the best practice to prevent infection?

- (a) Feeding breast milk
- (b) Washing babies cloths
- (c) Keeping baby sunlight
- (d) Frequent hand washing

20. What are the infections occur in newborn?

- (a) Oral thrush
- (b) Umbilical sepsis
- (c) Pyoderma
- (d) All of the above

PART-II
KEY ANSWERS

1. B
2. C
3. C
4. A
5. A
6. C
7. B
8. A
9. B
- 10.C
- 11.D
- 12.D
- 13.A
- 14.D
- 15.B
- 16.A
- 17.D
- 18.D
- 19.D
- 20.D

LESSON PLAN ON NEWBORN CARE

TOPIC	: NEWBORN CARE
GROUP	: PRIMI MOTHERS
DURATION	: 20Minutes
METHOD OF TEACHING	: LECTURE CUM DISCUSSION
MEDIUM	: TAMIL
A.V. AIDS	: FLASH CARDS
PLACE	: THILAGAVATHY HOSPITAL

CENTRAL OBJECTIVES:

At the end of the class , primi mothers will be able to understand about the knowledge regarding newborn care and develop positive attitude and skill towards the same.

S. N o.	TIME OBJEC TIVE	SPECIFIC OBJECTIVE	CONTENT	TEACHING ACTIVITY	CEARNER S ACTIVITY
I	5 mints	Specify The maintence of hygiene	<p><u>MAINTENANCE OF HYGIENE BATHING:-</u></p> <p>Bathing of the infant affords an excellent opportunity for making the observations that are necessary.</p> <p>Bathing water should be warm. The temperature that feels pleasantly warm to the elbow or wrist. It soap it used, it should be mild.</p> <p>When giving a bath , it should solid areas of the baby, that is firm the eyes and face to the single and</p> <p>To wash the infants hair daily.</p> <p>DRESSING,DIAPERING AND WRAPPING:-</p> <p>Cotton cloths should be used solid areas of the baby, the neck opening of the grown before wearing to avoid dragging the garment over the infants face.</p>	<p>Explaining by using Flash Cards.</p>	<p>Listening.</p>

			<p><u>DIAPERING:-</u></p> <p>A number of factors such as cost convenience, skin care, infection control, and environmental concerns, influence the patients choice of cloth versus disposable covens, influence the patients choice of cloth wares disposable size and positioned to the appropriate size and to fit snugly but not doughtly used doapers should danged immediately to avoid prolonged exposures should of the defies alas to stools wet diapers should danged immediately to avoid prolonged exposure should of the defies alas to stools wet diapers should be changed frequently to minimize exposure to dampness.</p> <p>-of mothers is using cloth dispenses it should be cotton to protract irritation.</p>	<p>Explaining</p>	
--	--	--	--	--------------------------	--

			<p>WAPPING</p> <ul style="list-style-type: none"> -Wrapping the infant snugly in a blanket makes the infant to easises to landler and offer quiets a fussy baby. Mummify the baby. - The baby should be covered full body and head. The baby with his head taken to one side. 		
II	10	State the Mechmims to promote thermoregulation	<p>THERMOREGULATIONS</p> <p>Newborn baby is a godmother, but this ability to stay warm may be easily over whelmed by intones of environmental temptation</p> <ul style="list-style-type: none"> -After the birth of the we should wrap the immediately to provide warmth. <p>MAINTENANCE OF BABY TEMPERATURE</p> <ul style="list-style-type: none"> -Skin to skin cobalt between baby and mother -Breast feeding -Appropriate clothing and bedding -Warm room temperature <p>Hypothermia</p> <ul style="list-style-type: none"> - The temperature below 36°C 	Explaining by using chart	Listening

		<p>PREVENTION OF HYPOTHERMIA IN HOME</p> <ul style="list-style-type: none"> -Advice mother to maintain Breast feeding which promotes baby imperative of the baby. -Long time exposure of baby during bath leads to chills. <p>Make sure the baby study warm all times, it environment is cool, dress the baby with enter clothing and cover his head.</p>		
		<p>COMPLICATIONS OF HYPOTHEMIA</p> <ul style="list-style-type: none"> -Hypoxia -Weight (Chinas sign) <p>cNS depression (Lethargy, Bradycardia opal feeding, aprons)</p> <p>CLOTHING FOR THE BABY</p> <ul style="list-style-type: none"> - The clothof the infant should be made of very soft material such as cotton in summer which had a soothing and comforting effect on the soft. -The cloths should be washed daily and dired is sunlight which be inserted to change the wet nappy 		Listening

			immediately in a newborn is an essential basic need in the early days of life.		
	10	List the advantages of Breast Feeding	<p>Breast Feeding</p> <ul style="list-style-type: none"> - Breast milk is the best milk for the baby, cloths should be given immediately after Birth because it contains more antibiotics. -Breast feeding be student immutably after birth -Article the mothers it the baby is not taking enough Breast, milk, there money be weight lased. <p>ADVANTAGE</p> <ul style="list-style-type: none"> - Art the mother to clean breast before and after feeding the baby. - During the 1st month th baby should not be it is a natured one, no need plain water. - Closter covens more antibodies. -Promotes feeding beepers house times hear chances of an already. -It is reliable house sight temperature 	Explaining by using chart.	Listening

		<p>-It is uncoagulated and aspires.</p> <p>-Colostrum contains relatively high proportion of perfect against infection, consist of more antibodies.</p> <p>-Lactose present in milk inhibits the growth of E-co 10 and poliovirus.</p> <p>- Various divestures enzymes are present in human milk.</p> <p>- Breast feeding may drive as a protective function in preventing Breast cancer.</p> <p>-The Breast fed babies will pass stools 4-5 times/day.</p> <p>FEEDING TECHNIQUE</p> <p>- There are two main positions for the months to adopt while in Breast feeding</p> <ol style="list-style-type: none"> 1. The first is eyeing on her and this may be appropriate at different times during her location 2. 2nd position is setting up. 		
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			<p>POSITION OF BABY</p> <p>TIME at Breast Feeding</p> <p>The initial feeding should last for 5 minutes, at each breast of the 1 week about 15 minutes. Time is to be spent on both breasts.</p> <p>The baby should suckle for 10 minutes at the 1st breast and 4 minutes at the end one. The next feed should start with the 2nd breast.</p> <p>Frequently of feeding</p> <p>The baby is put to the breast as soon as the baby becomes hungry.</p>		
	5 minutes	Stimulant the Immunization schedule	<p>IMMUNIZATION SCHEDULE FROM BIRTH TO 2 YEARS</p> <p>The main of immunization is to protect the baby from disease.</p> <p>Time Vaccines</p> <p>At Birth BCG, oral, polio , Hepatitis B-1</p> <p>1 1/2-2 months DPT-I, OPV-2,</p>		

			<p>Hib-1, Hepatitis B</p> <p>21/2 -3 mth DPT-II, OPV-3, Hib-2</p> <p>4 -4 1/2 mth DPT-III, OPV-4, Hib-3</p> <p>6 months Hepatitis B, Caccine</p> <p>9 months Measles, OPV-5</p> <p>15-24 month MMR (15 months) DPT (18 months) OPV Booster Dose, Typhoid</p> <p>G- Diphtheria, P-Purturis, T-Tetanus, His-Homophiles, MMR-Meales, Mumps, Rubella</p> <p>BCG for Tuberculosis</p> <p>OPV – Oral Polio Vaccine. Use of his vaccine is optional</p>		
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	5	<p>Enlist the precautionary methods to prevent umbilical cord infection</p>	<ol style="list-style-type: none"> 1. The cord must left open form fewness 2. The care of the umbilical card stamp consists of the application of temple dye or other antiseptic, such as alcohol 705 void prompted shun the two. Tripe glue is applied at the cord, skin, engines, and tip of the cord. The entropic solution is applies at the time of bathing and at deadpan changing. To slump is keep clean and day and is malodor, moisture on drainage such as reduces, malodor, moisture of in faction such as seduces, malodor, moisture or drenching from the site. Any of the signs should be reported immediately diaper should be flooded be reported away from the card to air. 3. Umbilical cord should legato it open for healing of the umbilical cord. 4. Andrade the mother to chuckle for discharge in umbilical cord because it indicates infection. Unhygienic parities of umbilical stamp leaves of septic umbilicus. 		
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			<p>SUMMARY</p> <p>So for we have discussed about maintenance hygiene, thermoregulation, breast feeding and immediately core care. Thank you for listening co-operating with me and contributing for the discuss I hope this will be helpful to you.</p>		
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