



# THE WOCISI JOURNAL OF MEDICAL SCIENCE



**WOUND & OSTOMY CARE  
SOCIETY OF INDIA**

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## A Study To Assess The Level of Practice, Knowledge and Associated Factors Regarding Newborn Care Practices Among Postnatal Mothers

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### Abstract:

Essential newborn care is a set of comprehensive recommendations designed by the World Health Organization to improve the newborn's health through intervention before conception, during pregnancy, soon after birth, and the postnatal period. Globally 4 million newborns die every year before they reach the age of 1 month. Assessing the knowledge of postnatal mothers regarding the care of newborns is a crucial aspect of promoting infant health and well-being. Conducting a study at District Hospital Meerut, Uttar Pradesh, would provide valuable insights into the understanding and practices of these mothers in caring for their newborns. The study could involve surveys or interviews with postnatal mothers to understand their knowledge of essential aspects of newborn care, such as breastfeeding, hygiene practices, recognizing signs of illness, and ensuring proper nutrition. By assessing their knowledge levels and identifying any gaps or misconceptions, healthcare providers can design targeted interventions to promote better infant care practices. Additionally, incorporating educational sessions or workshops for postnatal mothers based on the study findings could help improve their understanding and confidence in caring for their newborns.

**Keywords :** Newborn, Postnatal Mother, Nursing Mother

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Received: 21/06/2024

Accepted: 24/06/2024

Published: 30/06/2024

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### Introduction:

Essential newborn care is a set of comprehensive recommendations designed by the World Health Organization (WHO) to improve the newborn's health through intervention soon after birth and in the

postnatal period<sup>[1]</sup>. Newborn care includes thermal care (drying and wrapping the newborn immediately after delivery and delaying the newborn's first bath for at least 6 h or several days to reduce hypothermia risk), clean delivery, and cord care (cutting and tying off the umbilical cord with a sterilized instrument and

thread). Newborn care also includes breastfeeding initiation within the first hour of birth, immunization, eye care, recognition of danger signs, care of the preterm/low birth weight infant, and management of newborn illnesses<sup>[2]</sup>. WHO mentioned several interventions which make newborns healthy. Crucial interventions mentioned for essential newborn care practices are clean cord care, thermal protection, early and exclusive breastfeeding, delay bathing, care for the low birth weight newborn, and management of newborn<sup>[3]</sup>. Newborn care is of immense importance for the survival and proper development and healthy life of a baby. It is strongly influenced by home care practices instituted by the mother and maternal and newborn care services at health facilities<sup>[4-5]</sup>. The proportion of child deaths in the neonatal period has increased in WHO Regions over the last years. The leading cause of death is prematurity. Proper care during pregnancy and delivery is essential for the health of both the mother and the baby. Skilled care during pregnancy, childbirth, and postpartum are essential interventions in reducing maternal and neonatal morbidity and mortality. Globally 4 million newborns die every year before they reach the age of 1 month. Out of them, 1.5 million newborns die in four countries of South Asia. Approximately 3.4 million newborns die within the first week of the life of these deaths; 66% occur during the first 24 h. Late death, that is, after 24 h, occurs in the remaining 34%, which may be prevented if mothers have good knowledge about newborn care, including danger signs of newborns<sup>[6-7]</sup>. Global estimates suggest that more than two-thirds of newborns could be saved through existing maternal and child health programs<sup>[8]</sup>.

then translated into Hindi for consistency and simplicity during administration. The questionnaire included sociodemographic characteristics, antenatal care, and delivery history of the women and mother's knowledge of the WHO essential newborn

## Methodology

Institutional-based cross-sectional Descriptive study was used for study in the Uttar Pradesh region. Uttar Pradesh is largest state of India. The city is located in Western Uttar Pradesh. According to the 2011 census, the Meerut Urban Agglomeration (Meerut UA) has a population of around 1.42 million. The sex ratio in Meerut UA is 897, lower than the state average of 908; while the child sex ratio is 895, lower than the state average of 899. 12.99% of the population is under 6 years of age. The overall literacy rate is 88.29%, higher than the state average of 69.72%. The study was conducted in famous district hospital in meerut.

## Sample size estimation and sampling technique

The study included the study that the investigator identified those mothers who meet the eligibility criteria and postnatal mothers of neonates born alive and who gave written informed consent. Data were collected by after having written informed consent from the study participants structured questionnaires who filled inclusion criteria and were questionnaires, and 60 postnatal mother attendants were involved in the study. The study was conducted on the postnatal mothers having infant up to 28 days. The data collection instrument was developed after a critical review of the literature. The questionnaire was first prepared in English, care practices. Based on the expected content found in this tool, final adjustments were made after the pretest was carried out to fit our local situation. We used a validated questionnaire for the gathering of data

## Discussion

**TABLE- 1:** Coding, Frequency and percentage distribution of the postnatal mothers according to demographic variables

S. No	Demographic Variables	Coding	Frequency	Percentage
1.	AGE	1	7	11.67%
	Below 20 years	2	44	73.33%
	20 -27 years	3	6	10%
	28- 34 years	4	3	5%
	35 years and above			
2.	RESIDENCE	1	31	51.67%
	Urban Rural	2	29	48.33%
3.	RELIGION	1	57	95%
	Hindu	2	3	5%
	Muslim	3	0	0%
	Christian	4	0	0%
4.	LITERACY STATUS	1	11	18.33%
	Illiterate	2	16	26.67%
	Primary education	3	8	13.67%
	Secondary school	4	17	28.33%
	High school Others	5	8	13.67%

5	OCCUPATION	1	13	21.67%
	Private job	2	3	5%
	Government job	3	9	15%
	Agriculture	4	35	58.33%
	Others			
6.	PARITY	1	35	58.33%
	Primiparous	2	25	41.67%
	Multiparous			
7.	MONTHLY FAMILY INCOME	1	16	26.67%
	Less than 15,000	2	29	48.33%
	15,000 to 30,000	3	8	13.33%
	30,000 to 60,000	4	7	11.67%
	More than 60,000			
8	TYPE OF FAMILY	1	15	25%
	Nuclear	2	45	75%
	Joint			

The data presented in Table-1 shows that 07 (11.67%) of postnatal mothers were in the age group of less than 20 years, followed by the age group 20 to 27 years which constituted 44(73.33%), the age group of 28 to 34 years constituted 06 (10%) and 03(5%) were in the age group above 35 years. Majority of postnatal mothers 31 (51.67%) were living in urban area and 29(48.33%) postnatal mothers were living in rural area. Majority of postnatal mothers 57(95%) were Hindu by religion and 03(5%) postnatal mothers were Muslim by religion. As per education status of postnatal mothers 11(18.33%) were illiterate, 16(26.67%) postnatal mothers had primary education, 08(13.67%) postnatal mothers had secondary education, 17 (28.33%) postnatal mothers had higher secondary education, 08 (13.67%) had completed

their graduation. As per the occupation of the postnatal mothers, majority of mothers 35(58.33%) were homemaker, 13 (21.67%) postnatal mothers had private job, 03(5%) postnatal mothers government job, 09(15%) postnatal mothers had agriculture as an occupation. The data shows that 35(58.33%) postnatal mothers were primiparous and 25 (41.67%) postnatal mothers were multiparous. As per the monthly family income, 16(26.67%) had total monthly family income Rs. <15,000, 29(48.33%) had Rs. 15,000 to 30,000 monthly family income, 08(13.33%) had Rs. 30,000 to 60,000 monthly family income, and 07(11.67%) had Rs. >60,000 monthly family income. As per the type of family of postnatal mothers, majority of postnatal mothers 45(75%) were living in joint family



and 15(25%) postnatal mothers were living in nuclear family.

### **Knowledge regarding care of newborn among postnatal mothers**

This section describes the findings related to knowledge of postnatal mothers regarding care of newborn through self-structured questionnaire. The knowledge score were describe and analyzed by using descriptive method and findings will be interpreted by using Excellent – (>75% marks), Good – (61-75% marks), Average- (41-60% marks), Poor- (<40% marks).The self- structured questionnaire consists of 35 questions each of carrying 1 marks. In this coding was given according to their answers, if the answer was correct than 1 mark was given and if wrong answer was given than there was 0 mark. In this section frequency and percentage was described according to the coding or the answer of the postnatal mothers. The data in this section illustrate the frequency and percentage distribution of knowledge regarding care of new born .Maximum i.e. 60 % postnatal mothers had excellent knowledge regarding care of new born. The mean value for this frequency is also calculated i.e.26.783 and standard deviation i.e. 3.9234. So the level of knowledge of the postnatal mothers is excellent. Overall 36 (60%) postnatal mothers had excellent knowledge regarding care of newborn ,17(28.33%) postnatal mothers had good knowledge regarding care of new born, 7(11.67%) postnatal mothers had average knowledge regarding care of newborn ,no postnatal mothers had poor knowledge regarding care of newborn.

### **Result:**

In this study, almost mothers had good newborn care practice and it was very low when compared with other studies done in the country. Mothers' educational status, mothers who had health education on hygiene, and knowledge of mothers on newborn care practice were independent predictors of newborn care practice.

### **References :**

- [1] Neonatal mortality: situation trends . World Health Organization, 2013,://www.who.int/gho/child\_health/mortality/neonatal\_text/en/
- [2] Informed Decisions for Actions in Maternal Newborn Health. Community-based newborn care, (accessed 30 December 2013). [Google Scholar]
- [3] WHO, recommendations on home-based records for maternal, newborn, and child health . Geneva: World Health Organization, 2018. [PubMed] [Google Scholar]
- [4] World Health Organization (WHO). Newborn health guideline. 2nd ed. Geneva: WHO, May 2017, pp. 9–11. [Google Scholar]
- [5] Shahjahan M, Ahmed MR, Rahman MM, et al. Factors affecting newborn care practices in Bangladesh. Paediatr Perinat Epidemiol 2012; 26: 13–18. [PubMed] [Google Scholar]
- [6] Ethiopian Public Health Institute, Central Statistical Agency, Federal Ministry of Health Addis Ababa. Mini Demographic and Health Survey 2019, <https://microdata.worldbank.org/index.php/catalog/3946/related-materials>
- [7] Saraswati SP. Knowledge and practice of postnatal mothers on newborn care at hospital setting. ARC J Nurs Healthc 2016; 2(1): 25–30. [Google Scholar]
- [8] The Partnership. Opportunities for Africa's newborn, [http://www.who.int/pmnch/media/publications/oa\\_nfullreport.pdf](http://www.who.int/pmnch/media/publications/oa_nfullreport.pdf) (accessed 30 December 2013)