International Journal of Medical and Health Research

International Journal of Medical and Health Research

Volume: 1, Issue: 1, 94-96
Aug 2015
www.medicalsjournals.com
ISSN: 2454-9142

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Warning signs in pregnancy

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Abstract
A descriptive survey approach was used for assessing the knowledge of Primigravida women regarding selected warning signs in pregnancy. The instrument used for the study was a Self-Structured Questionnaire. A total of 100 Primi gravid women were selected by using Purposive sampling Technique. The data obtained were analyzed and in terms of the objectives and hypothesis of the study. Descriptive and inferential statistics were used for data analysis; the level of significance was set at 0.05 levels. An information booklet on warning signs in pregnancy was prepared and distributed among the Primigravida women. Results shows Demographic characteristics of the sample are Majority 66% of the Primi-Gravida women were below 25 years age group. Most (53%) of the Primi Gravida women belong to the Hindu religion. Mostly 63% of the Primi Gravida women belong to the nuclear family. Majority 87% of the mothers are residing in urban area. Most 45% of the women had Primary education and15% are illiterates. Majority 37% of family fall in income group Rs/- 1001 – 2000.Overalll knowledge of Primi-Gravida are 51%of the Primi- gravid mothers has poor knowledge, 11% very poor knowledge, 26% had average knowledge, 10% had good knowledge and 2% had very good knowledge regarding the selected warning signs during pregnancy. The lowest percentage 37.60% of knowledge is observed in the area related to anemia. The knowledge related to bleeding per vagina is 37.8%. Unusual swelling is 38.29%. Severe vomiting is 40%. High fever is 37.8%, decreased foetal movements are 39.83%, and rupture of membranes is 47.8%. The highest percentage 62% of knowledge is observed in the area related to concept of pregnancy and 55% in warning signs.

Keywords: Pregnancy Warning Signs, Primigravida women, K.C. General Hospital

Introduction
"Maternal Health is Nation's Wealth. There is chance for the welfare of the World only when the condition of the women improves. It is not possible for a bird to fly on only one wing."

Swami Vivekananda.

World Health Organization stated that the pregnancy and childbirth are special events in woman's lives and indeed in the lives of their families. This can be a time of great hope and joyful anticipation. Although pregnancy is not a disease but a normal physiological process, it is associated with certain risks to health and survival both for the woman and for the infant she bears. These risks are present in every society and in every setting. In developed countries they have been largely overcome because every pregnancy woman has to take special care during pregnancy and childbirth. In developing countries where each pregnancy represents a journey into the unknown from which all too many woman never return, due to lack of care provision [1]. World Health Organization stated that Worldwide, there are 430 maternal deaths for every 100,000 live births. In developing countries, the figure is 480 maternal deaths for every 100,000 live births. In developed Countries, there are 27 maternal deaths for every 100,000 live births [2].

In India most of the mothers have poor knowledge regarding antenatal, intranatal care and postnatal care. Illiteracy, poverty and lack of communication and transport facility make them vulnerable to serious consequences. Though they are the prominent care providers within the family and key to human development and wellbeing, the fundamental right health is denied to them in most parts of the world. The death of mother increases the risk to the survival of her young children, as the family cannot substitute a maternal role [3].

Maternal Mortality in India is a subject of grave concern. The maternal mortality rate in Karnataka is 460 per 100,000 live births [4].

Mathai M stated that in India, the normal maternal mortality ranks at 420 per 100,000 live births. Most maternal deaths in India are caused by complications such as haemorrhage (29%),

anaemia (19%), Sepsis (16%), obstructed labour (10%), unsafe abortion (9%) and (8%) hypertensive disorders of pregnancy. All these are potentially avoidable. Maternal death is not a vaccine preventable disease and there is no one short remedy for reducing maternal mortality [5].

During the clinical placement in hospital, the investigator found that most of the pregnant women are unaware of warning signs and its effect during pregnancy. So it was decided to conduct a study to assess the knowledge of selected warning signs during pregnancy among primigravida woman. There by it was decided to prepare the information booklet for the use of mothers related to selected warning signs in pregnancy.

Statement of the Problem

"A study to Assess the knowledge of selected warning signs in pregnancy among Primi-Gravida Women in Kempa Cheluvamba General Hospital, Malleshwaram at Bangalore."

Objectives of the Study

1. To assess the knowledge of Primi-Gravida women regarding selected warning signs in pregnancy.
2. To determine the association of knowledge with selected socio-demographic variables.
3. To develop information booklet for the use of Primi-Gravida women on selected warning signs of pregnancy.

Operational Definitions

Warning signs: Giving notice of possible danger indications during pregnancy regarding complications which includes

- Bleeding per vagina
- Severe vomiting
- High fever
- Pallor
- Decreased foetal movement
- Unusual swelling of face, arms and legs
- Sudden watery discharge other than urine

Inclusion Criteria

- Primi-Gravida mothers who are attending antenatal OPD at Kempa Cheluvamba General Hospital, Bangalore.
- Primi-Gravida women who are willing to participate in the study.
- Primi-Gravida mothers who can understand Kannada and English.

Assumptions: It is assumed that

- Primi-Gravida women will have some knowledge regarding selected warning signs in pregnancy.
- Primi-Gravida women knowledge will vary with demographic variables.
- The information booklet on warning signs in pregnancy will improve the knowledge of primi-gravida mothers regarding warning signs in pregnancy.

Hypothesis

HO: There is no significant association between selected demographic variables and knowledge of Primi-Gravida mothers regarding selected warning signs in pregnancy.

Delimitations

This study is delimited to Kempa Cheluvamba General Hospital at Malleshwaram, Bangalore.

Methodology

Kothari C. R. Defined the methodology of research indicate the general pattern of organizing the procedure of gathering valid and reliable data for the problems under investigation [6].

Research Approach and Design

Research approach is the umbrella that covers the basic procedure for conducting research [7]. Research Design refers to research's overall plan for obtaining answers to research questions and it spells out the strategies that the research adopt to develop information that is accurate, objective and interpretive [8].

Descriptive survey method, which is exploratory in nature, was found to be most suitable design for the attainment of the objectives of the study. Descriptive studies describe in-depth the characteristics of one or a limited number of cases. It involves the systematic collection and presentation of data to give a clear picture of a particular situation. Primi-gravida women were the target population. The primi gravid mothers coming to OPD in K.C. General Hospital is accessible population of the study.

Setting

The study was conducted in antenatal OPD, K.C General Hospital, Malleshwaram; Bangalore which is a 450 bedded hospital having outpatient and inpatient departments. The average monthly primigravida outpatient ratio was between 100-150 mothers.

Sample

All primi gravida mothers who were available during the period of Data collection were taken as sample. The data was collected from 100 primi-gravida mothers who were attending the antenatal clinic during the data collection period.

Sampling Technique: Purposive sampling technique was adopted to select the sample for the study.

Sampling Criteria: Inclusion Criteria: Primigravida mothers

- Who are attending antenatal OPD in K.C. General Hospital, Malleswaram and Bangalore.
- Who are willing to participate in the study.
- Who can understand Kannada and English.

Sample Size: Sample size consists of 100 primi-gavida mothers.

Data Collection Instrument: A self structured interview schedule was prepared as an appropriate method of data collection for the study. This is applicable for both literate and illiterates.

Department of The Tool: A self-structured interview schedule was prepared to assess the knowledge of primi-gravida woman regarding selected warning signs in pregnancy.

The steps followed in preparing the tool were

- Review of literature
- Preparation of Blue print
- Based on experts opinion
- Investigators personal experience

Content Validity: The validity of the tool was established in consideration with the 9 experts in the field of obstetrics and gynaecology and other related fields. The suggestions and

recommendations of the expert were considered and modified.

Reliability: The reliability of the tool was tested on ten primi-gravida women than the study sample attending OPD at K.C. General Hospital, Malleswaram, Bangalore and split half method was used. The tool was found to be highly reliable (r=0.98) for the data collection.

Data Collection: The study was conducted from September 27th to October 26th of 2005. An average of 5-6 primi-gravida mothers were interviewed per day and approximately 30-40 minutes was spent for interviewed per spent for interviewing to collect the complete data.

Plan for Data Analysis: The Collected data was analyzed by using descriptive and inferential statistical methods.

Results

Demographic Characteristics Of The Sample: Majority (66%) of the Primi-gravida women were below 25 years age group. Most (53%) of the primi-gravida women belong to the Hindu religion. Mostly (63%) of the Primi-gravida women belongs to the nuclear family. Majority (87%) of the mothers are residing in urban areas. Most (45%) of the mothers had primary education and 15% are illiterates. Majority (37%) of family fall in income group Rs/- 1001-2000.

Overall Knowledge of Primi-Gravida Mothers

Most (51%) of the Primi-gravida mothers had poor knowledge, 11% very poor knowledge, 26% had average knowledge, 10% had good knowledge regarding and 2% had very good knowledge regarding the selected warning signs during pregnancy.

Area Wise Knowledge of Primi-Gravida Mothers

The study found that there is deficiency in all the areas of warning signs. The lowest percentage 37.60% of knowledge is observed in the area related to pallor (anaemia). The knowledge related to bleeding per vagina is 37.80%, unusual swelling is 38.29%, severe vomiting is 40.0%, high fever is 37.8%, decreased foetal movements is 39.83%, rupture of membranes is 47.8%. The highest percentage (62%) of knowledge is observed in the area related to concept of pregnancy and 55% in warning signs.

Item Wise Distribution of Knowledge of Primi-Gravida Mothers

The maximum numbers of primi-gravida mothers (80%) are having good knowledge related to "reporting to obstetrician and following advices when there is sudden watery discharge before the term during pregnancy." The knowledge related to "pregnancy is considered as a normal physiological process is 77%. The knowledge related to "pregnancy means a condition from conception to the delivery of the foetus is 47%." The knowledge of mothers related to "warning signs means giving notice of possible danger indications during pregnancy regarding complications is 55%. The lowest (28%) mean percentage of knowledge is related to the "threatened abortion and shock are the potential problems of vaginal bleeding and to 10-12 kgs of normal weight gain during pregnancy. The knowledge regarding warning signs is 77%.

Association of Knowledge with Demographic Variables

1. The Chi-square value of the age, education, type of family, area of residence and family income is significant when compared to the table value at 0.05 levels of significance. Thus, it shows that there is significant association between the knowledge scores of the mothers with age, education, type of the family, area of the residence and family income among primi-gravida mothers.
2. The Chi-square value of the religion is not significant when compared to the table value at the 0.05 levels of significance. So there is no significant association between the knowledge score and religion of the mothers.

Hence, the investigator rejects the null hypothesis and accepts the alternative hypothesis.

Interpretation and Conclusion: The need for providing knowing regarding warning signs in pregnancy is to make the primi-gravida mothers aware regarding warning signs in pregnancy. The study showed that the knowledge of the primi-gravida mothers regarding selected warning signs in pregnancy was poor.

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