

Assessment Multipara Women Knowledge about Self-Care during Postpartum Period at Gynecology and Obstetrics Hospital in Holy Kerbala

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Abstract

Aim: To assess multipara women knowledge about self-care during postpartum period.

Methodology: The present study used descriptive study design in at gynecology and obstetrics hospital in holy kerbala. The sample was collected for the period (15) January 2022 until 15 May 2022 Non-probability (purposive sample) of (50) women post cesarean section, A questionnaire designed as a tool to collect data fit the purpose of the study a questionnaire include demographic variables, Reproductive variables, multipara women knowledge about self-care during postpartum , a pilot study was carried out to test the reliability, As for reliability of questionnaire has been displayed by a group of experts in various medical specialties and nursing

Result: Findings of the demographic variables reveal that highest Percentage (28%) were in the age group of (25-29) in the study group that highest percentage (38%) were in the age group of (30-34) years and education level reveal that highest Percentage (28%) were Illiterate , (28%) read and write in the study group were House wife (92%), most of study group were urban that percentage (64%) also reveal that highest percentage study group were from single family that percentage (84%) with low economic status the percentage was for study group (76%). The results of the reproductive variables reveal that highest Percentage (38%) were in gravid group of (3-4) for study group, also reveal that highest percentage (38%) were in parity group of (3-4) for study group, most of study group were not having abortion (82%), of previous deliveries are cesarean section in study groups (52%) and the findings reveal that highest percentage (56%) study group most of study group were visit to MCH centers and regular visits to private clinic.

Recommendations: The study recommended the possibility of providing an educational overlap of self-care during postpartum period for all pregnant women attending antenatal care centers, primary health, construction and application of the overlap of the mothers of the educational process to be holding them in the hospital to increase their knowledge of self-care during postpartum period

Keywords: *self-care, postpartum period, cesarean section.*

Introduction

Many people are absolutely terrified by the thought of treating themselves or making their own healthcare decisions. Understandably, our healthcare is serious business At the same time, self-care doesn't involves performing major surgery or surgery at all, for that

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matter self-care isn't intended to replace the advice of physician or health care provider. These individuals play an integral role on the health care team and for good reason (Chapman, 2018).

Postnatal period is the time just after the delivery and through the first six weeks of life, and called puerperium. Most of the changes of pregnancy, labor, and delivery have resolved and the body has reverted to the non-pregnant state. The immediate postpartum period most often occurs in the hospital setting, where the majority of women remain for approximately 2 days after a vaginal delivery and 3-5 days after a cesarean delivery. During this time, women are recovering from their delivery and are beginning to care for the newborn. This period is used to make sure the mother is stable and to educate her in the care of her baby (Hamilton et al. 2011). Self-care is important simply because a big part of our medical conditions and symptoms can be treated without professional medical assistance, we can treat ourselves in the comfort of our own homes, how often we visit the healthcare provider in situations when it's actually not necessary. consider this significant portion of all healthcare visits are unnecessary, Over 1/3 of all minor medical condition can be treated without a trip to as healthcare facility, Healthcare costs are expected to double by 2017, costing the family even more money(Chapman,2018)

Discharge teaching is an important aspect of postpartum care. It is important for a mother to be able to perform self-care and recognize signs and symptoms of possible complications prior to discharge (AWHONN, 2016).

Table (1): Socio - Demographical Characteristics variables:

Socio-Demographics Variables	Groups	sample	
		No.	%
Age Groups	15 - 19	1	2
	20 - 24	13	26
	25 - 29	14	28
	30 - 34	12	24
	35 - 39	6	12
	40 - 44	4	8
	Mean ± SD	28.7 ± 6.2	
Education level	Illiterate	14	28
	Read and write	14	28
	Primary school	15	30
	Intermediate school	2	4
	Secondary school	2	4
	Institute	1	2
	College and more	2	4
Occupation status	House wife	46	92
	Employee	3	6
	Student	1	2
Residency	Rural	6	12
	Urban	32	64
	Sub Urban	12	24
Family type	Nuclear	42	84
	Extended	6	12
	Shared Family	2	4
Socio-Economic Status	Low : 89 - & less	38	76
	Mod. : 90 - 120	9	18
	High :121 - 150	3	6

Table (1) shows that the highest percentage of the studied groups are reported at the age ranged (20 – 34) years and they are accounted 39(78%) the study groups.

Regarding to mother's level of "Education ", the greater number of them illustrated low levels of education, such as illiterate, read and write, and primary schools, and they are accounted 43(86%) the study groups y.

With respect to mother's "Occupation ", the greater number of them illustrated "House wife", and they are accounted for 46(92%) the study groups. With respect to mother's "Residency", the highest percentage of the sample are urban and they accounted 32(64%) he study groups

Relative to mother's "Family type", results indicated that a highest percentage of the studied groups are "Nuclear", and they are accounted 42 (84%) the study groups.

The majority of "Socio-Economic Status" are reported low evaluation, since most of the studied individuals were full in the low interval score, and they are accounted for 38 (76%) the study groups.

Table (2) Reproductive Information:

Reproductive Information	Groups	sample	
		No.	%
Gravida	1 - 2	11	22
	3 - 4	19	38
	5 - 6	12	24
	7 - 8	7	14
	≥ 9	1	2
Parity	1- 2	16	32
	3 - 4	19	38
	5 - 6	14	28
	≥ 7	1	2
Number of Abortion	None	41	82
	one time	5	10
	two times	3	6
	three times	1	2
Type of Previous Deliveries	None	8	16
	NVD	1	2
	CS	26	52
	VD & CS	15	30
Type of Current Operation	Elective	28	56
	Emergency	22	44
Visit to MCH Centers	No	19	38
	Yes	31	62
Regular Visits to Private Clinic	No	13	26
	Yes	37	74

Table (2) shows that the highest percentage of mother's" Gravida", groups are registered at second and third groups, and they are accounted 31(62%) the study groups

Relative to mother's " Parity ", the highest percentage of the two groups are registered at second group, and they are accounted 19(38 the study groups.

With respect to mother's "Type of Previous Deliveries", the highest percentage of the two groups are registered at third group (Cesarean), and they are accounted 26(52%) "Type of Current Operation", the highest percentage of the two groups are registered at (Elective), and they are accounted 28(56%) the study groups

With regard to mother's "Visits to maternal & child health care centers ", the highest percentage of the two groups are registered at (yes)answer, and they are accounted 31(62%), the study groups.

Relative to mother's " Regular Visit to Private Clinic", the highest percentage of the two groups are registered at (yes) answer, and they are accounted 37(74%) the study groups.

Table (3): Summary Statistics of knowledge about self-care during postpartum

Sub Domains	Sample	No	GMS	SD	RS
1- Wound Care		50	2.26	0.36	75.5
2- Perineal Care & Urinary System		50	1.85	0.20	61.8
3-1 In the case of bottle-feeding		25	2.04	0.26	68.0
3-2 In the case of breastfeeding		25	1.41	0.34	47.1
4- After Pains		50	1.63	0.45	54.3
5- Food and fluids		50	1.83	0.37	61.1
6- Activity	1	50	1.98	0.38	66.1
7- Exercise		50	1.30	0.00	43.3
8- Rest & Sleep		50	1.76	0.19	58.8
9- Psychological Status (Prevent depression after delivery)		50	1.38	0.37	45.9
10-Instruction of self-care post cesarean section		50	1.75	0.17	58.3
11-Evaluation of complications after the operation		50	0.45	0.08	45.2

Discussion

1. Socio - Demographical Characteristics variables

This study was in agreement with study conducted by Abdissa & other (2018) who found that the mean age of mothers was 26.8 years with standard deviation of 5.4 years. Most of the mothers (61.4%) were in the age range of (20-24) years and P-value= 0.748

Chaudhary (2016) reported in a descriptive study to assess the effect of structured teaching programme about the knowledge of mothers on early ambulation and its impact on the recovery of caesarean section in selected hospitals at Mathura, found the majority of caesarean section mothers were in the age group of 21-25 years.

John (2019) studied to assess knowledge regarding home postnatal care among mothers underwent cesarean section, on a sample of 60 postnatal mothers ,the distribution of postnatal mothers according to age reveals 11.7% were in <19 yrs, 51.7%were in 20-24 yrs, 28.3% were in 25-30yrs and 8.3% were in >30yrs and the result shows the association between level of knowledge and their demographic variables.

Education level

Devid (2017) found that 40% of the women had up to Primary education, 27% had education up to high school, 26% studied till PUC and above 7% of the women were illiterate.

Tollnes and other (2017) reported that the lowest educated had the highest risk of cesarean section, followed by the medium educational mothers, and the differences gradually increased during 1967–2014, and they stated that this trend could be accounted for by increasing vulnerability of the lowest educational group due to a strong social migration, and by increased occurrence of cesarean section on maternal request among the lowest educated in recent years.

Occupation:

This study was in agreement with study conducted by Abdissa & others (2018) who found that the majority of the mothers 214(75%) were house wives by occupation.

Sukanya (2015) found that the enhancement in knowledge of respondents varied between 51.91 to 59.80 per cent under different occupational categories. However between occupational status, the difference in enhanced knowledge was found to be non significant ($F=2.79$ NS) and 80 per cent were housewives.

Kilic and other (2016) found that the factors such as educational and occupational status, family type, place of residence and economical status were found to be insignificant.

Residency

This study was in a disagreement with study conducted by Abdissa & others (2018) who found that (50.9%) and (40.1%) of the mothers were rural and urban dwellers respectively. Also Devi (2017) study with regard to mothers place of residence reveals that highest percentage (66%) of women were from rural area and the remaining 34% were from urban area.

Sukanya(2015) found that knowledge enhancement was slightly higher among rural respondents (53.86%) compared to urban category (52.57%). Further, residence association between enhancement of knowledge was found to be non-significant ($F=0.29$ NS) and highest percent (54%) of respondents were from rural areas.

Type of Family

In relation to family type the current study results shows that a highest percentage of the studied groups are "Nuclear", and they are accounted 42 (84%) the study groups

Devi (2017) found in a samples with reference to the type of family that highest percentage (60%) of the sample were from nuclear family, 37% were from joint family and only 3% of them were from extended family.

John (2019) found that the distribution of postnatal mothers according to the type of family reveals 58.3% were in nuclear family and 41.7% were in joint family and the result shows the association between level of knowledge and their demographic variables. In pretest there is no statistically significant difference (P -value =0.36), In posttest, elders, joint family system and more educated gained more knowledge than others (P -value =0.05)

Socio-Economic Status

Devi (2017) study found that the distribution of the sample with regard to monthly family income that 43% of the respondents had a family income between Rs, 1,000 – 2,000, 30% of the respondents had a family income between Rs. 2,001-3000, 17% of them had income between Rs. 3001-4000 and only 10% of the respondents had income above Rs. 4,000.

John (2019) found that the distribution of postnatal mothers according monthly income reveals 28.3% were below poverty line and 71.7% were above poverty line and the result shows the association between level of knowledge and their demographic variables.

1. Distribution of the Reproductive Information in the studied groups:

Priya (2014) study shows significant association between demographic variables educational status and parity and the level of knowledge and practices followed. It was found that higher the education, the better the level of knowledge. Multipara mothers had better knowledge and followed practices better compared to postnatal mothers.

Type of Previous Deliveries, Type of Current Operation, Visit to MCH Centers, & Regular Visits to Private Clinic

With respect to mother's "Type of Previous Deliveries", the highest percentage of study groups are registered at (Cesarean), and they are accounted 26(52%) study groups, as well as for mother's "Type of Current Operation", the highest percentage study groups are registered at (Elective), and they are accounted 28(56%) the study groups. With regard to mother's "Visits to maternal & child health care centers ", the highest percentage of study groups are registered at (yes) answer, and they are accounted 31(62%) the study groups.

Relative to mother's "Regular Visit to Private Clinic", the highest percentage of the two groups are registered at (yes) answer, and they are accounted 37(74%) the study groups respectively. This study reveals that the current operations for most mothers are elective, because most mothers have cesarean section in their previous delivery as indication for the present one.

The current study was in-contrast with Devi (2017) who reported that the Percentage distribution of sample with reference to type of caesarean section reveals that 60% of the sample had emergency caesarean section and 40% of the sample had planned caesarean section.

2. Summary Statistics of knowledge about self-care during postpartum

Devi (2017) conducted a study to evaluate the effectiveness of PTP on post-operative care, on 30 mothers underwent caesarean section, the results showed increase in knowledge score by 38.50% with mean \pm SD of 13.86 ± 2.54 after the administration of PTP. The result revealed that the overall percentage of posttest knowledge was more compared to the percentage of the pretest knowledge. Thus, it is observed that the PTP was effective in improving the knowledge of mothers regarding post-operative care after caesarean section.

A quasi experimental study was conducted by Elizabeth (2017) on the effect of planned teaching programme regarding knowledge of post-operative self-care among mothers undergone caesarean section, 80 mothers, the results showed that the mean gain level of knowledge between pre and posttest in was 36.69 and that in control group was 0.08, and that there is a significant increase in the level of knowledge in the experimental group than the control group. The researcher concluded that planned teaching is effective in promoting the knowledge on self-care after caesarean section.

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