

A STUDY ON ESSENTIAL NEWBORN CARE PRACTICES AMONG POSTNATAL MOTHERS IN URBAN SLUMS OF GUNTUR

Motakatla Sandhya Rani¹, Rampogu Purnamma²

¹Assistant Professor, Department of Community Medicine, Siddhartha Medical College, Vijayawada.

²Associate Professor, Department of Community Medicine, Siddhartha Medical College, Vijayawada.

ABSTRACT

BACKGROUND

In many communities around the world, newborn deaths are so common place that children are not even named until they survive their first month of life.

The aim of the study is to identify the knowledge and practice of newborn care among mothers of newborn.

MATERIALS AND METHODS

The population of study included postnatal mothers who were residing in urban slums covered by urban health centres in Guntur city.

RESULTS

Respondents were aware of initiation of breast-feeding (59.5%), colostrums feeding (91.1%), cleanliness (47.5%) and thermal protection (98%) of babies. Regarding practice, 51% respondents initiate breast-feeding within one hour after birth, more than 87.5% practice rooming in, 65% of respondents postpone bath for first 24 hours of birth, 30% mother clean their baby's eyes and 98.5% babies was fully immunised.

CONCLUSION

Study findings conclude that there was a gap between knowledge and practice on newborn care.

KEYWORDS

Newborn Care, Knowledge, Practice.

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BACKGROUND

"If we are to reach real peace in this world, if we are to carryout real war- we shall have to begin with children - Mahatma Gandhi."

Essential newborn care is protocol for new life; this protocol is simple, concise and straight forward guideline that is backed by solid research evidence. It emphasises a care sequences that are to be performed for the wellbeing of the newborn. Newborn deaths today comprised 37%-40% of all deaths.¹ A review of global progress on the Millennium Development Goals found that for goal 4 (reducing child mortality), mortality in children under 5 years fell by 28% between 1990 and 2008, but reductions in neonatal mortality remained slow.²

Most neonatal deaths in Asia, where, most children are born, give the high mortality rate in the south central Asia sub-region, over 50% of global neonatal deaths take place here. Neonatal deaths in well-developed countries are rare events (5 deaths per 1000 live births).³ The risk of death in

the neonatal period was over seven times greater than in developing countries, in the least developing countries, it was ten times higher than in developed countries.⁴

In fact, babies' risk of deaths during their first month is fifteen times higher than during any other month of their first year. Achieving this goal will require greater emphasis on proven, cost effective measures to save newborn lives.⁵ Mothers and newborns are especially vulnerable during period immediately following delivery. Research shows that two thirds of neonatal deaths occur in the first week of life, two thirds of those deaths occur within the first 24 hours.⁶

Newborn mortality is one of the world's most neglected health problems. It is estimated that globally four million newborns die before they reach 1 month of age and another four million are stillborn every year. Death during the neonatal period (the first 28 days of life) accounts for almost two-thirds of all deaths in the first year of life and 40% of deaths before the age of five.⁷ Essential newborn care has been part of the national programmes since 1992. As a result, newborn care facilities and expertise is being developed at the district and the subdistrict levels. This promising beginning needs to be expanded, improved and monitored for effectiveness.⁸

Therefore, early identification of newborn danger signs by mothers family members and caregivers with prompt and appropriate referral service is backbone of programme like IMNCI aiming at reduction in neonatal mortality, keeping in view of these facts and considerations, a study

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Corresponding Author:

Dr. Rampogu Purnamma,

House No. 7/6/846/163,

Rajiv Gandhi Nagar, 10th Line, Guntur.

E-mail: drpurnamma2015@gmail.com

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was carried out to find out awareness and practices among postnatal others about their newborn care in the urban slums of Guntur city.

Aims and Objectives

1. To study the sociodemographic factors of the family influencing essential newborn care practice.
2. To assess the existing pattern of newborn care practices among postnatal mothers in urban slums of Guntur.

MATERIALS AND METHODS

A descriptive cross-sectional study design was carried out with the sample of 200 mothers having less than 4 weeks old newborn.

Study Design- It is a community-based cross-sectional study.

Sample Size- 200 postnatal mothers were selected by using stratified sampling technique.

Data collection was done by using semi-structured questionnaire.

Inclusion Criteria- Postnatal mothers are having within 4 weeks of newborn babies.

Exclusion Criteria- Postnatal mothers with their children above 4 weeks of age postnatal mothers without newborn babies.

RESULTS

Characteristics	Frequency	%
Age Group		
<19	19	9.5
19-35	180	90.0
35 above	1	0.5
Family Type		
Nuclear	109	54.5
Joint	81	40.5
Three generation	10	5
Social Group		
OC	27	13.5
BC	92	46.0
SC	67	33.5
ST	14	7.0
Educational Status of Mother		
Illiterate	67	33.5
Primary	37	18.5
Secondary	66	33
Higher education	30	15
Socioeconomic Status of the Mother		
Lower	07	3.5
Upper lower	147	73.5
Lower middle	36	18
Upper middle	10	5
Upper	0	0
Age at Marriage		
<19 years	14	7
>19-24 years	181	90.5
>25 and above	5	2.5

Number of ANC Visits		
<3	12	6
>3	188	94
Place of Birth		
Hospital	189	94.5
Home	11	5.5
Delivery Conducted by		
TBA	06	3
Nurse	31	15.5
Doctor	163	81.5
Type of Delivery		
Normal	128	64
Forceps	03	1.5
LSCS	69	34.5
Number of PNC Visits		
<3	117	58.5
3-6	42	21
>6	41	20.5

Table 1. Sociodemographic Characteristics of Study Population (N=200) Characteristics

Table 1 describes the overall sociodemographic information of the respondents. Majority of the respondents belongs to age group 19-35 years that is 90%. More than half (54.5%) of the respondents were from nuclear family. Similarly, majority belongs to backward caste 46%. One third of respondents that is 33.5% were illiterates followed by secondary education that is 33%. Almost, all that is 94.5% had delivered their babies in the hospital, 94% of the respondents did >3 antenatal check-ups, and postnatal check-ups were low, i.e. 58.5% had less than 3 visits.

	Frequency	%
General Cleanliness		
Hand washing before breast-feeding	95	47.5
Hand washing after diaper change	85	42.5
Eye care	78	39
Breast-feeding Practice		
Initiation within 1 hour	119	59.5
Colostrums feeding	182	91.1
Exclusive breast-feeding	133	66.5
Thermal Protection		
Wrapping newborn	196	98
Rooming in(Keeping baby close with mother)	196	98
Postponing bath for 24 hours	156	78
Safe cord care		
Sterile blade	194	97
Making umbilicus clean and dry applying nothing	124	62
Immunisation		
Know the immunisation schedule	197	97
Perceive that immunisation is harmful to baby	5	2.52

Table 2. Knowledge of Mother on Five Selected Newborn Care Characteristics

The level of knowledge on newborn care was presented in Table 2. Nearly, more than one-third of the respondents that is 59.5% had knowledge on initiation of breast-feeding within one hour of birth. 91% of mothers had knowledge on colostrums feeding. Nearly, 98%

percent of the mother said that newborn should be wrapped properly. 98% respondents had knowledge on keeping baby close with the mother. Regarding postponing bath for first 24 hours, 78% gave the right answer. In response to a question on umbilical cord care, 97% said that sterile blade should be used and cord should be kept clean and dry, which is said by 62% of the participants. More than 47.5% of the respondents had knowledge of general cleanliness for the baby that hand washing practices. 97% of the respondents had knowledge of national immunisation schedule for the infants.

	Frequency	%
General Cleanliness		
Hand washing before breast-feeding	86	43
Hand washing after diaper change	75	37.5
Eye care	60	30
Breast-feeding Practice		
Initiation within 1 hour	102	51
Colostrums feeding	174	87
Exclusive breast-feeding	126	63
Thermal Protection		
Wrapping newborn	124	62
Rooming in(keeping baby close with mother)	175	87.5
Postponing bath for 24 hours	130	65
Safe Cord Care		
Sterile blade	184	92
Making umbilicus clean and dry applying nothing	100	50
Immunisation		
Immunised as per national immunisation schedule	197	98.5

Table 3. Breast-Feeding Practice among Postnatal Mothers

Practice level on newborn care was presented in Table 3. 51% respondents start breast-feeding within one hour of birth. Nearly, 87% of the respondents fed colostrums milk to their baby. 62% of the mothers practice adequate wrapping of the baby. 87.5% of the mother practice rooming in. Nearly, 65% of the respondents postponed bath for first 24 hours immediately after birth. 92% used the sterile blade to cut the umbilical cord of the newborn. Nearly, 50% practice clean and dry umbilical stump. 98.5% of the newborns were immunised as per the national immunisation schedule.

DISCUSSION

In the present study, 94% of the respondents did >3 antenatal check-ups and minimum postnatal check-ups were low, i.e. 58.5% had less than 3 postnatal visits. Similar findings observed in a study by Begum et al where home deliveries were still going on and full (>4). ANC rate and minimum PNC coverage rate was very low. This is attributed by lack of knowledge regarding MCH care in the community or by unawareness toward different services available to them.⁹ The rate of institutional deliveries is higher as compared to home deliveries. In the present study, 94.5% were delivered in hospital, 20 similar findings were found in other studies.¹⁰

Regarding knowledge and practice on breast-feeding, the findings showed that 59.5% had knowledge on initiation of breast-feeding within one hour of delivery, but the practice of initiating breast-feeding was low 51%. The findings are quite higher than national average data where 44.5% initiate breast-feeding within one hour.¹¹ The causes behind this are caesarean delivery, fatigue and did not produce breast milk. In the present study, colostrum feeding practice (87%) was found similar to the other national studies¹² and national findings that are nearly 90%.¹¹

Many studies revealed that one of the causes of neonatal death is hypothermia. We found that keeping a baby warm after drying and wrapping was important to prevent rapid heat loss. So, this practice was followed by 62% of the mother and the finding was quite low than other study.¹³ The practice of rooming-in or keeping baby close with mother helps to keep baby warm and enhance bonding, so present study finds that 87.5% of mothers practice rooming in and the findings were very high from the similar study conducted in Rautahat district where only 44% mother practice it⁹ and 20% in other study.¹⁴

Regarding postponing the bath for first 24 hours, the study revealed that 65% of the mother bath their baby after 24 hours. Findings was very high from national data, which is 26.1%, but quite similar to study conducted in Nawalparasi district, which was 58.2%.⁸ It found quite good because bathing immediately after birth may increase the risk of neonatal death from hypothermia.

Neonatal tetanus and other umbilical cord infections are associated with newborn infection. Cord cutting, tying and safe cord keeping practice has been identified as a risk for neonatal infection especially in developing countries and South Asian countries.^{14,15,16} Findings of the study reflect that 92% of respondents practice new sterile blade to cut the umbilical cord, although some of the delivery was in the home, but they use the safe delivery kit and it was consistent with similar types of the study conducted in Nepal.^{12,13,17} Regarding keeping umbilical cord stump dry and applying nothing, 50% mother practice it.

Total of 98.5% of the children received all vaccinations needed according to the National Immunisation Schedule, in other study,⁸ it was 93%.

CONCLUSION

It is concluded that majority of postnatal mothers of newborn had good knowledge of various essential newborn care practices components like colostrum feeding, cord care and timely utilisation of immunisation services. Ideal time for initiation of breast-feeding was adequate to some extent. There were few observed lacunae in some areas, knowledge and practice of essential newborn care components like eye care, building the capacity of mothers through basic education is a key long-term strategy to improve perinatal and newborn care.

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