DISSERTATION ON

A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING OF FOLLOW UP CARE FOR PRIMI MOTHERS OF PRETERM INFANTS IN THE CARE OF PRETERM INFANTS AFTER DISCHARGE FROM MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, CHENNAI

M. Sc (NURSING) DEGREE EXAMINATION
BRANCH-II CHILD HEALTH NURSING

COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE, CHENNAI

A dissertation submitted to

THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY,

CHENNAI

In partial fulfillment of the requirement for the

DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL -2016

CERTIFICATE

This is to certify that this dissertation titled **A study to Assess the effectiveness of video assisted teaching of follow up care for Primi mothers of Preterm infants in the care of Preterm infants after discharge from Medical wards at Institute of Child Health and Hospital for Children, Chennai** is a bonafide work done by Miss.Priyadarshini.M.S., M.Sc (N) II year student, College Of Nursing, Madras Medical College, Chennai submitted to the TamilNadu Dr.M.G.R. Medical University, Chennai. In partial fulfillment of the requirements for the award of Degree of Master of science in Nursing, Branch II, Child Health Nursing, under our guidance and supervision during the academic period from 2014- 2016.

Dr.V. Kumari ., M.Sc (N) ., Ph .D
Principal,
College Of Nursing,
Madras Medical College,
Chennai -3.

Dr.R. Vimala,MD.,
Dean,
Madras Medical College,
Chennai -3.

A study to assess the effectiveness of Video assisted teaching of follow up care for Primi mothers of Preterm Infants in the care of Preterm infants after discharge from Medical Wards at Institute of Child Health and Hospital for Children, Chennai

Approved by the dissertation committee on **21.10.2014**

RESEARCH GUIDE ……...

Dr .V. Kumari., M.Sc (N)., Ph .D
College of Nursing,
Principal,
Madras Medical College,
Chennai -03

CLINICAL SPECIALITY GUIDE ……..

Mrs. P.K. Santhi. M.Sc (N),
Head of the Department,
Department of Child Health Nursing,
College of Nursing,
Madras Medical College,
Chennai-03

MEDICAL EXPERT ……

Dr .T. Ravichandran. M.D., D.C.H,
Director & Superintendent (I/C),
Institute of Child Health and Hospital for Children,
Egmore, Chennai -03.

A dissertation submitted to

THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY,

CHENNAI

In partial fulfillment of the requirement for the

DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL -2016

ACKNOWLEDGEMENT

"Mothers" participation is essential in the newborn's evolution for a long time we talked about the mother-child dyad, now it's about the mother-father-child triad. According to Cicero, "Gratitude is not only the greatest of the virtues but the parents of all others".

First of all I thank the god almighty for his abundant blessings showered on me which helped me to complete the study successfully.

I wish to express my sincere thanks to the **Dr .R.Vimala MD,** Dean, Madras Medical college, Chennai, for provided necessary facilities and extending support to conduct this study

I immensely owe my gratitude and thanks to **Dr.V.Kumari, M.Sc(N), Ph.D**., Principal, College of Nursing, Madras Medical College, Chennai for her support, constant encouragement and valuable suggestions helped in the fruitful outcome of this study.

I immensely extend my gratitude and thanks to **Dr.Lakshmi Msc(N)., Ph.D., A.D.M.E –Nursing** for guiding to select the statement of the problem and to attend the ethical proposal.

It's my great pleasure to express my gratitude to my teacher **Mrs. J.S.Elizabeth kalavathy, Msc (N)., Reader**, College of Nursing, Madras Medical College, Chennai for her guidance in completing the study.

. I am extremely grateful to **Mrs. P.K. Santhi.,M.Sc.(N),** Lecturer, Department of Child Health Nursing, College of Nursing, Madras Medical College, Chennai, for her timely assistance in guidance in pursuing the study.

I express sincere thanks to **Mrs.P.Savithiri.,M.Sc.(N)**, Lecturer, Department of Child Health Nursing, College of Nursing, Madras Medical College, Chennai, for their encouragement, valuable suggestion, support and advice given in this study, which helped me to complete the study.

I express my thanks to all **the faculty members** of the College of Nursing, Madras Medical College, Chennai for the support and assistance given by them in all possible way to complete this study.

I render my deep sense of sincere thanks to **Dr. S.Sundari, M.D., D.C.H.,** Director of Institute of Child Health & Hospital For Children, Chennai for granting permission to conduct this study.

It gives me pleasure to record a word of appreciation and extend my healthy and unlimited thanks to **Dr. Annamalai Vijaya Ragavan.,MD, D.C.H.,** Deputy superintendent ,Professor of Pediatrics And Head of The Department – Medical Ward, Institute of Child Health, Chennai for a constant encouragement guidance and co-operation as well as for taking all the strain to guide and help at each step of this study .

I wish to express my heartfelt gratitude and indebtedness to **Dr.T. Ravichandran., MD., D.C.H,** Director & superintendent (I/C), Professor of Pediatrics, Head of The Department - Medical Ward, Institute of Child Health, Chennai for his guidance and constant encouragement and support.

I express my sense of gratitude to **Dr.Sridevi MD**, Assistant professor, Medical Ward in Institute of Child Health, Chennai For her valuable guidance and abundant support.

I wish to express my thanks to all Chief and Assistant professor and Post graduates in Medical Ward in Institute of Child Health, Chennai for the support and encouragement to finish this study. .

It is my pleasure and privilege to express my deep sense of gratitude to all staff nurse, especially all Incharge nurse in Medical Ward Institute of Child Health, Chennai for her constant and co-operation to complete the study.

It is my pleasure and privilege to express my deep sense of gratitude to **Mrs.J.Mahiba Janice, MSc (N),** Lecturer, Madha college of Nursing, validating the tool of this study.

I want to give special note for my classmates and my branch mates for their continuous guidance and enthusiastic support.

I extend my sincere thanks to **MR.S. Ravi, M.A ., MLIS**, Librarian, College of Nursing, Madras Medical College, Chennai, for this co-operation and assistance which built the sound knowledge for this study .

I extend my thanks to **G.K.Venkataraman, B.Sc maths, P.G. Diploma in Biostatistics,** for his guidance on statistical analysis.

I extend my sincere thanks to **Mrs. A.Valarmathi, M.A,B.Ed.** BT Assistant (English), P.U Middle School, Thiruvannamalai Dt to for editing my study and helping me to complete my study.

As a final note, my sincere thanks and gratitude to all of them those who directly or indirectly helped in successful completion of the study.

ABSTRACT

TITLE: A study to assess the effectiveness of video assisted teaching of follow up care for primi mothers of preterm infants in the care of preterm infants after discharge from Medical Wards at Institute of Child health and Hospital for Children, Chennai

In humans, preterm birth refers to the birth of a baby at less than 37 weeks of gestational age. Many survivors face a lifetime of disability, including learning disabilities and visual and hearing problems.

Need for the study:

Annually more than 1700 Preterm baby children admitted in Medical ward because of Mothers had lack of knowledge on preterm infant care .So again and again they admitted in hospital. So teaching the mothers about Preterm infant care is essential with use of modern technology to reduce morbidity and mortality rate.

Objectives:

- To identify the demographic variables of Primi mothers of Preterm Infants.
- To assess the knowledge of the Primi mothers on care of Preterm Infants.
- To assess the effectiveness of video assisted teaching on knowledge among Primi mothers on care of Preterm Infants.
- To find the association between knowledge regarding Preterm Infant care among Primi mothers of preterm Infant and their selected demographic variables.

Key words: Preterm care, preterm mothers, video assisted teaching.

Methodology:

Research Approach -Quantitative research approach.

Research design -Pre experimental design-(one group pretest -posttest design)

Sampling technique -Convenient sampling method.

Study population -Primi mothers of preterm infants.

Tool -structured interview questionnaire.

Data collection procedure:

A Pre experimental study with sixty mothers of Preterm infants who had been discharge in the Medical wards were interviewed with structured interview questioning for pretest regarding Preterm follow up care and then 45 minutes given videos assisted teaching programme to the Mothers regarding Preterm infant care. Ask them to come after seven days for post test assessment with the same questionnaire.

Data analysis:

Demographical variables were analyzed by descriptive statistics like frequency, percentage distribution, mean and standard deviation and inferential statistics like student Paired "t" test and Chi Square test. .

Results:

The calculated paired 't' value of $t = 30.238$, $p<0.001$ level. The post test level of knowledge is 53.33% moderate knowledge and 46.67% adequate knowledge. The comparison of pretest (44.28%) and post test (75.6%) level of knowledge score an improvement is 31.16% after giving video assisted teaching programme.

Discussion:

Hypothesis was proved by the great statistically significance occurs after video assisted teaching programme. The chi square test shows that there is statistically significant association between with selected demographic variable like education, income.

Conclusion:

This clearly shows that the video assisted teaching programme statistically significant and improvement in their level of knowledge in the post test regarding Preterm infant follow up care. Impart Preterm infant care knowledge among the grand mothers and family members with use of modernized technology to reduce infant mortality rate.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

ABBREVIATION

BW	**Birth weight**
CF	**Complementary Food**
DF	**Degree of freedom**
EBM	**Expressed Breast Milk**
GA	**Gestational Age**
ICH	**Institute of Child Health**
ICMR	**Indian Council of Medical Research**
IMR	**Infant Mortality Rate**
ICU	**Intensive Care Unit**
LBW	**Low Birth Weight**
LBWB	**Low Birth Weight Babies**
LPT	**Late Preterm**
MD	**Mean Difference**
NMR	**Neonatal Mortality Rate**
NICU	**Neonatal Intensive Care Unit**
PT	**Preterm**
RCT	**Randomized Control Trials**
UNICEF	**United National International Children Emergency Fund**
VPT	**Very To Moderate Preterm**
VIP	**Video Interaction Project**
VAT	**Video Assisted Teaching**
WHO	**World Health Organization**

CHAPTER –I

INTRODUCTION

"**Our children are the pillars of the nation and the nation civilization depends on their welfare and satisfaction"**

-Jawaharlal Nehru

Growth and development are important aspects of child's health. Child's growth and development starts soon after the conception inside the mother's womb. Postnatal health of an infant largely depends on the gestational age at the time of birth. The duration of a pregnancy is measured by gestational age or the amount of time elapsed since the first day of the last menstrual period. The period of gestation is one of the most important predictors of an infant's subsequent health and survival.

An Infant from the Latin word Infants meaning "unable to Speak" or "speechless" is the very young offspring's of a human or animal. The term Infants is typically applied to young children between the age of 1 month to 12 months or upto one year of age.

In humans, preterm birth refers to the birth of a baby at less than 37 weeks of gestational age. Preterm birth is the most common cause of death among infants worldwide. Preterm birth, also known as premature birth. These babies are known as Preemies or Premmies .Many survivors face a lifetime of disability, including learning disabilities and visual and hearing problems. On 17 November 2015, we will celebrate the 5th World Prematurity Day. This year, World Prematurity Day will join the year-round and worldwide campaign "Socks for

Life", giving a voice to preterm infants, and also visualizing all those who are making a difference for preterm babies and their families

Preterm birth occurs for a variety of reasons. Most preterm births happen spontaneously but some are due to early induction of labour or caesarean birth, whether for medical or non-medical reasons. The cause for preterm birth is in many situations elusive and unknown; many factors appear to be associated with the occurrence of preterm birth. Fetal factors- fetal distress, multiple gestation, Placental factors-placental dysfunction, placental previa, Uterine factors- bicorunate uterus, incompetent uterus, Maternal factors- preeclampsia, chronic, medical illness, drug abuse.

The Characteristics of Preterm Birth, Posture is "relaxed attitude" limbs more extended, the body size is small, and the head may appear somewhat larger in proportion to the body size. Ear cartilages are poorly developed and fold easily. Sole appears more turgid and may have only fine wrinkles. Female genitalia clitoris is prominent, and labia majora are poorly developed and gaping. Male genitalia scrotum is undeveloped and not pendulous, minimal rugae are present, and the testes may be in the inguinal canals or in the abdominal cavity. Scarf sign, Grasp reflex and heel -to-ear maneuver is week.

Physiologically and systematically affect the baby such as disturbance in thermoregulation process, decreased brown fat, thin skin, lack of flexion, decrease subcutaneous fat, respiratory problems like hyaline memebrane of disease, broncho pulmonary dysplasia, pneumothorax, pneumonia, apnea. Cardio vascular problems like PDA (patent ductus arteriosus), hypotension, bradycardia. Gastrointestinal problem like poor gastro intestinal function, necrotizing entericolitis, hyberbilirubnemia, incompetent cardioesophageal sphinter loadings to regurgitation, dehydration and renal dysfunction like hypernatremia, hyperkalemia, edema

1.1 Need for the study:

"The greatest gifts I ever had came from god; I call him mother"

Most of the Infants problem occurs due to inadequate care during the antenatal period and during labour. Many times the cultural practices may also cause problems. Globally prematurity is the leading cause of death in children under the age of 5. More vulnerable period is under one year of age. More than 60% of preterm births occur in Africa and South Asia, but preterm birth is truly a global problem. In the lower-income countries, on average, 12% of babies are born too early compared with 9% in higher-income countries. Within countries, poorer families are at higher risk.

According to WHO an estimated 15 million babies are born before 37 completed weeks of gestation, too early every year worldwide. Across 184 countries, the rate of preterm birth ranges from 5% to 18% of babies born. 3 million preterm babies are born in India every year (ICMR). That is more than 1 in 10 babies. Almost 1 million children die each year due to complications of preterm birth.

UNICEF stated (2015) worldwide Infant Mortality Rate is 34%, Infant death rate is 4,294,184, gradually decline Preterm birth rate but India is the greatest number of Preterm birth Infant mortality rate is 39 (2014), infants death 898,842 and then Tamil Nadu over 72.10 million population Infant Mortality Rate is 22 . So UNICEF target less than 39 in 2015.

In 2014 statistics of institute of child health, Chennai -Infant Mortality Rate is 10 % .At last year gradually increase preterm baby readmission in medical ward at institute of child health due to lack of care , recurrent infection,

respiratory problems, congenital anomalies, diarrhea, etc so survival rate is reduced gradually.

TABLE 1.1 STATISTICAL DATA AT ICH –YEAR OF 2010-2014 (MEDICAL WARD)

Year	Admission	discharge	Death	Treated	Preterm baby
2010	24,797	21,839	1,623	23,462	1765
2011	23,075	20,122	1,620	21,542	1614
2012	23,611	20,727	1,550	22,277	1701
2013	19,840	16,176	1,416	18,893	1689
2014	22,028	18,995	1414	20,412	1778

TABLE 1.2 STATISTICAL DATA AT ICH – YEAR OF 2010-2014 (NICU)

Year	Admission	Discharge	Death	Treated
2010	4596	3734	782	4516
2011	4078	3374	664	4038
2012	3922	3103	753	3856
2013	3499	2770	691	3461
2014	3268	2604	605	3209

Infant mortality rate in 2014 statistics in ICH

IMR- 10 %.

Video assisted teaching programme about Preterm infant follow up care may contribute to greater care; knowledge and maternal confidence compared to health talk programmed.

As a student during my pediatric ward posting, I found that annually more than 1700 preterm infant admitted in medical ward because most of the mothers had lack of knowledge on preterm infant care and they are not continue follow up care after discharge from hospital. So again and again they admitted in medical ward after one or two months because increase complication for preterm babies. So teaching to mothers about preterm infant care is essential. In present world education teaching programme plays an important role for Preterm infants mothers to take care of child upto one year. People find it easy to see and learn rather than only to read information. Therefore I decided to take up this study so as to impart knowledge regarding Preterm infant care to mothers which helps to reduce the infant mortality and morbidity rate of the community as well as the country.

Parents should be given the opportunity to ask the question and clear the doubts. "VIDEO ASSISTED TEACHING PROGAMME" has a great influence among the primi mothers about their knowledge to take care of Preterm Infants which helps in reducing the morbidity and mortality rate and thus improving the quality of life.

1.2 Statement of the problem:

A study to assess the effectiveness of video assisted teaching of follow up care for primi mothers of Preterm infants in the care of Preterm infants after discharge from Medical Wards at Institute of Child Health and Hospital for Children, Chennai

1.3 Objectives:

- To identify the demographic variables of Primi mothers of Preterm infants.
- To assess the knowledge of the Primi mothers on care of Preterm Infants.
- To assess the effectiveness of video assisted teaching on knowledge among Primi mothers on care of Preterm Infants.
- To find the association between knowledge regarding Preterm Infant care among Primi mothers of preterm Infant and their selected demographic variables.

1.4 Operational definition:

Video assisted teaching -Video assisted teaching provides a big avenue for research for innovative methods of creating awareness among the care of preterm infant. It helps bringing out the positive changes in the knowledge.

Assess-It refers to recognition of nature and inter relationship between knowledge regarding home care for preterm infant.

Effectiveness -It refers to the process of evaluating the outcome of planned video assisted teaching on preterm care among the mothers have preterm babies in Medical ward with the statistical analysis.

Preterm infant -It refers to babies born before the completion of 37 weeks of gestational age.

Mothers-It refers mothers of preterm babies who are admitted in Medical ward.

Preterm infant care -It refers to care of preterm infant it includes specific aspects of preterm, breast feeding, weaning, prevention of infection and personal hygiene, immunization, rest and sleep, growth monitoring and follow up care.

Knowledge- It refers to the Mothers awareness about the preterm infant care.

1.5 Assumption:

- Mother's knowledge on preterm care may be strengthened through video assisted teaching programme.
- Adequate knowledge on preterm care may reduce the mortality and morbidity rate of preterm babies.
- Knowledge of the mother may be very poor during care of the preterm baby.
- The video assisted teaching can measure the preterm care may be effect in developing their knowledge and practice

1.6 Hypotheses:

HI: There will be significance difference between pretest and posttest level of knowledge after giving video assisted teaching regarding preterm infant care among primi mothers.

H2: There will be significant association between post test knowledge score of preterm care among Primi mothers with selected demographic variables.

1.7 Delimitation:

- Data collection period only four weeks
- Study is limited to the preterm infant mothers in Medical ward, ICH.
- It is limited to the mothers of infant who are willing to participate in the study.

CHAPTER-II

REVIEW OF LITERATURE

Literature review is a key step in the research process. The main goal of literature review is to develop a strong knowledge base to carry research activities in the educational and clinical practice. This chapter deals with the relevant review of literature regarding the different aspect of care of preterm babies.

Review of literature consists of two parts:

2.1: Related studies and literature review.

2.1.A -Studies related to knowledge aspects of preterm care.

2.1.B -Studies related to video assisted teaching programme

2.2: Conceptual frame work.

2.1 .A -Studies related to knowledge aspects of preterm care.

1) Assisting in feeding of the baby.
2) Assisting in prevention of infection.
3) Knowledge regarding immunization.
4) Knowledge regarding follow up care.

2.1. B -Studies related to video assisted teaching programme

2.1 -Related Studies And Literature Review:

2.1. A -Studies related to knowledge aspects of preterm care:

1) Assisting in feeding of the baby:

Della A. Forster et al., (2015) conducted a prospective cohort study in three maternity hospitals in Melbourne, Australia for 1003 postpartum women with term infant who intended to breast feed, were recruited between 2009 and 2011 followed upto 6 months to explore whether feeding only directly from the breast in the first 24–48 h of life increases the proportion of infants receiving any breast milk at 6 months. Infants who had fed only at the breast prior to recruitment were more likely to be continuing to have any breast milk at 6 months (76% vs 59%).so finally they concluded as Healthy term infants that fed only directly at the breast 24–48 h after birth were more likely to be continuing to breast feed at 6 months than those who received any EBM and or formula in the early postpartum period. Support and encouragement to initiate breastfeeding directly at the breast is important.

Wafaa Qasem et al., (2015) conducted the three Randomized control study and one observational study to assess the age of introduction of first complementary feeding for term infant in developed and developing countries including Canada met the inclusion criteria. Meta-analysis showed significantly higher hemoglobin levels in infants fed solids at 4 months versus those fed solids at 6 months in developing countries.RCT evidence suggests the rate of iron deficiency anemia in breastfed infants could be positively altered by introduction of solids at 4 months.

Ragnhild Maastrup et al., (2015) conducted a prospective survey to assess factors associated with exclusive breast feeding of infants based on questionnaires with a Danish national cohort among 1,221 mothers and their 1,488 preterm infants with a gestational age of 24–36 weeks were analyzed by multiple logistic regression analyses. At discharge 68% of the preterm infants were exclusively breastfed and 17% partially. Results showed early initiation of breast milk pumping before 12 hours postpartum may increase breastfeeding rates, and it seems that the use of nipple shields should be restricted. So minimizing the use of a pacifier may promote the establishment of exclusive breastfeeding

Laura R. Kair et al., (2015) conducted Qualitative study in lowa city to examine the breastfeeding experience of mothers of late preterm infants by structured telephone interviews. Mother's of late preterm infants reported that breastfeeding was a bonding experience for themselves and their infants and many plan to do it again if they have future children. Interventions with the potential to improve the breastfeeding experience of mothers of late preterm infants include (1) nipple shields and other devices to assist with latching, (2) hand expression or supplementation with small volumes of donor milk or formula to help limit the burden of pumping, (3) provider education to improve lactation support after hospital discharge, and (4) peer support groups.

Olsen et al., (2014) conducted a randomized clinical trial study to evaluate the relation between nutritional intake (kilocalories, protein) and weight and length growth in preterm infants, and to describe their metabolic tolerance with a focus on those with high protein intake for 28-days in European society of paediatric gastroenterology. With 56 infants had complete growth and nutrition data and met criteria for the original studies. After efficacy regression analysis they concluded as cumulative total kilocalories and protein were significant predictors of improved length *z* score but not weight *z* score change.

Foterek et al., (2014) conducted study to identify present trends in breast-feeding duration and weaning practices with special focus on preparation methods of complementary food (CF), that is homemade and commercial CF .In total 1419 three-day weighed diet records collected between 2004 and 2012 from 366 children with age of 6 to 24 months the German Dortmund Nutritional and Anthropometric Longitudinally Designed study was collected by questionnaire by used logistic regression and polynomial mixed regression models. The results showed decreasing duration of full breast-feeding should encourage health care providers to further promote longer breast-feeding duration With the constantly high consumption of commercial CF at all ages, nutritional adequacy of both homemade and commercial CF.

Barbara A. Reyna et al., (2013) conducted the qualitative, descriptive approach study to explore mother's experiences in feeding their preterm infants after hospital discharge. Twenty-seven mothers whose preterm infants were part of a larger study of feeding readiness participated A convenience sample of mothers of preterm infants were semi-structured interviewed 2 to 3 weeks after hospital discharge. Mothers struggle with infant feeding in the first few weeks after discharge and experience a period of transition before comfort develops. So the results showed nursing interventions should include anticipatory guidance to mothers about feeding their infants after discharge and more concrete information regarding infant cues of hunger and satiation.

Annie S. Anderson et al., (2010) conducted study to identify a range of attitudes and beliefs which influence the timing of introduction to solid food, five focus group discussions were undertaken within a maternity hospital setting. These sessions explored early feeding behavior, stimuli to changing feeding habits and subsequent responses in 22 primiparous and seven multiparous mothers. One-third of the participants had introduced solid food to their infant

from 2 to 16 weeks. Mothers believed that the introduction of solids was baby led and initiated by some physical characteristic or behavioural action of the infant. So they concluded as all mothers were aware of current recommendations to avoid the introduction of solid food until 4 months.

2) Assisting in prevention of infection:

Rehana A. Salam1 et al., (2015) conducted a randomized controlled clinical trial study to assess the efficacy of topical coconut oil applications among a cohort of hospital-born preterm infants in nursery and neonatal intensive care unit at Aga Khan University Hospital, Pakistan for 270 eligible neonates apply twice a daily topical application of coconut oil until completion of the 28th day of life. Results showed mean weight gain was 11.3 g/day higher and average skin condition was significantly better. There was no significant impact on duration of hospitalization or neonatal mortality. No adverse effects. So they concluded as Topical emollient therapy was effective in maintaining skin integrity and reducing the risk of bloodstream infection in preterm infants

Susan Aria et al., (2015) conducted study as Sunflower a healthy snack rich in vitamins and other nutrients with a variety of anti-inflammatory, cardiovascular, energy, and other health benefits in United States Department of Agriculture in Sunflower seed -2014 for premature infants .The topical application of sunflower seed oil on the skin of premature newborns has been found to reduce the incidence of invasive bacterial infections compared to control groups .This reduction in preterm infant bacterial infections with a treatment that requires very little training is especially significant for medical care in low-income countries whose high infant mortality rates are often due to lack of trained personnel capable of delivering treatment (World Health Organization in Neonatal conditions, 2013, in Newborn death and illness, 2014).

Basudev Gupta et al., (2014) conducted a randomized controlled trial study to evaluate the efficacy of skin cleansing with chlorhexidine in the prevention of neonatal nosocomial sepsis in a tertiary care center of north India. out of 140 eligible neonates 70 neonate wiped with chlorhexidine solution till day seven of life or 70 for the control group wiped with lukewarm water. The results showed chlorhexidine skin cleansing decreases the incidence of blood culture sepsis and could be an easy and cheap intervention for reducing the neonatal sepsis in countries where the neonatal mortality rate is high because of sepsis.

David A. Kaufman et al., (2014) they conducted a prospective randomized clinical trial in infants admitted to the NICU from December 2008 to June 2011 with 175 eligible infants. Interventions Infants were randomly assigned to receive care with non sterile gloves after hand hygiene (group A) or care after hand hygiene alone (group B). The results showed group A less infection then group B. So they concluded as Glove use after hand hygiene prior to patient and line contact is associated with fewer gram-positive bloodstream infections in preterm infants. This readily implementable infection control measure may result in decreased infections in high-risk preterm infants.

David D. Wirtschafter et al., (2010) they conducted a retrospective cohort study of continuous California Perinatal Quality Care Collaborative members' data during the years 2002–2006 to assess nosocomial infection diagnosed after the age of 3 days by positive blood/cerebro-spinal fluid cultures with use toolkit's introductory event, 1 member of an NICU team, 7733 and 4512 eligible very low birth weight infants were born in 27 quality and non–quality-improvement participant hospitals. It’s showed decreased risk of nosocomial infection compared with those admitted to nonparticipating hospitals. So they concluded as structured intervention approach to quality improvement with using a toolkit along with attendance at a workshop in NICU to improve care outcomes.

3) Knowledge regarding immunization:

Woestenberg et al., (2014) conducted study to assess the timeliness of the first diphtheria, tetanus, acellular pertussis and inactivated polio vaccination in the Netherlands by gestational age (GA) and birth weight (BW). we included all vaccinated children born during 2006–2010 data from the national immunization register were used to determine the vaccination age and the proportion of timely vaccinated infants (<70 days) by cox regression analysis. The proportion of timely vaccinated infants was 66% for extreme preterm, 76% for preterm and 82% for full term infants. So they concluded as PT and low birth weight infants were less often timely vaccinated than full term infants, increased risk of vaccine-preventable infections. In full term infants, the timeliness of vaccination is better but could also be optimized.

Martin Kavao Mutua et al., (2014) conducted an observational cohort study in two Nairobi urban informal settlements, urban health and demographic surveillance system to 3,602 low birth weight infants born during September 2006 by using parametric model assess the association between low birth weight infants and time to BCG immunization. Results showed that, 60% of the LBW infants received BCG vaccine after more than five weeks of life. Private health facilities were less likely to administer a BCG vaccine on time compared to public health facilities. So they conclude as low birth weight infants received BCG immunization later. Public health facilities immunized much later compared to private health facilities for LBW infants.

Shamez N. Ladhani et al., (2014) conducted a study about timely immunization of premature infants against rotavirus in the neonatal intensive care unit. In UK introduced a live-attenuated rotavirus vaccine (Rotarix) into the national infant immunization programme in July 2013. The vaccine is given orally at 2 months and 3 months of age alongside the routine vaccinations. 14 000 hospitalizations, significantly reduce disease burden, hospitalization rates and health utilization costs compared with term infants, those born prematurely are less likely to be protected against rotavirus infection. So recommends that premature infants should receive the oral rotavirus vaccine along with their routine immunizations at their chronological age the first dose should be given by 15 weeks of age

Helen Sisson (2014) conducted a study for premature infants to assess the increased risk of infection and vaccination is recommended for these children in accordance with the routine schedule. Despite this guidance, evidence suggests that vaccination in this population is often delayed in the UK during 2013.Preterm infants are vulnerable to infectious diseases and vaccination is a vital intervention in the prevention of infection in this population. There are data which suggest that vaccination rates are lower in preterm infants when compared to term infants reports associated with an increase in adverse reactions concluded that recommendations to vaccinate.

Maarten O. Blanken et al., (2013) conducted MAKI clinical controlled trial study in Netherland during 2010 randomly assigned healthy preterm infants receive either monthly palivizumab injections (214 infants) or placebo (215 infants) during the respiratory syncytial virus season. Nasopharyngeal swabs were taken to assess the efficacy the monoclonal antibody palivizumab is preventing severe respiratory syncytial virus infection in high-risk infants because respiratory syncytial virus infection is associated with subsequent recurrent wheeze. So palivizumab treatment resulted in a relative reduction of 61% during the first year of life so they concluded as healthy preterm infants,

palivizumab treatment resulted in a significant reduction in wheezing days during the first year of life, even after the end of treatment.

Susanna Esposito et al., (2012) conducted a study among preterm infant for immunogenicity, safety and tolerability of vaccinations in UK during 2013. Infections are more common and generally more severe in neonates and young children than in older children and adults. Overall the data indicate that premature infants should follow the same vaccination schedule as that generally used for full-term infants, without correcting for prematurity and regardless of birth weight.

4) Knowledge regarding follow up care:

Hwangs et al., (2015) conducted study to compare the prevalence of home care practices in very to moderately preterm (VPT), late preterm and term infants born in Massachusetts using 2007 to 2010 Massachusetts pregnancy risk assessment monitoring system data use of multivariate models to examine the association of infant sleep practices and breastfeeding with preterm status.. Breastfeeding initiation and continuation did not differ among preterm and term groups. Finally they said that term infants, LPT infants were less likely to be placed in supine sleep position after hospital discharge and significant showed preterm and term infants were co sleeping on an adult bed. So hospitals may consider improving their safe sleep education, particularly to mothers of LPT infants.

Sunah S. Hwang et al., (2014) they conducted study to compare the timing of hospital discharge, time to outpatient follow-up, and home care

practices for late-preterm and early-term infants with term infants with use of 2000–2008 data from the centers for disease control and prevention's pregnancy risk assessment monitoring system. Results showed that late preterm infant were less likely to be discharged early compared with term infants, whereas there was no difference for et infants .So **Concluded as** late and early preterm infants bear an increased risk of morbidity and mortality greater efforts are needed to ensure safe and healthy post hospitalization and home care practices for these vulnerable infants.

Peter M. Mourani et al., (2014) they conducted multicentre trial study to determine the incidence and risk factors for readmission to the intensive care unit among early preterm infants and newborns .Patients were assessed up to 4.5 years of age via annual in-person evaluations and structured telephone interviews. out of 512 preterm infants providing follow-up data by univariate and multivariate analysis ,58% were readmitted to the hospital, 19% in ICU, and 12% required additional mechanical ventilation support. so they concluded as small preterm infants who were mechanically ventilated at birth have substantial risk for readmission to an ICU and late mechanical ventilation, require extensive health care resources, and incur high treatment costs. So follow up care to preterm infant is more important to prevent complication .

Dominique J. Karas et al., (2011) they conducted community based trail study related to home care practices for newborns in rural southern Nepal during the first 2 weeks of life the provision of essential newborn care through integrated packages is essential to improving survival for 23356 and 22766 newborns on days 1 and 14, respectively. About 56.6% of the babies were breastfed within 24h and 80.4% received pre-lacteal feeds within the first 2 weeks of life. Only 13.3% of the caretakers always washed their hands before caring for their infant. massage with mustard oil was near universal, 82.2% of the babies

slept in a warmed room and skin-to-skin contact was rare (4.5%). many of these commonly practiced behaviors are detrimental to the health and survival of newborns. key areas to be addressed when designing a community-endorsed care package were identified.

2.1.b - Studies related to video assisted teaching programme :

Carolyn Brockmeyer Cates et al., (2015) conducted a randomized controlled trial with random assignment to one of two interventions Video Interaction Project (VIP), Building Blocks or control. Parenting stress related to parent–child interactions was assessed for VIP and Control groups at 6, 14, 24, and 36 months using the Parent–Child Dysfunctional Interaction subscale of the Parenting Stress Index—Short Form with 378 dyads (84 %) assessed at least once. Results indicated that VIP, a preventive intervention targeting parent–child interactions, is associated with decreased parenting stress.

Claudia Schlegel et al., (2014) conducted a randomized control study high-stake objective structured clinical examinations with standardized patients to examine the impact of video in standardized patients training. In a randomized post-test, control group design three groups of 12 standardized patients each with different types of video training and one control group of 12 standardized patients without video use in standardized patients training were compared. Each standardized patients from each group had four students encounter. Finally concluded standardized patients trained by video showed significantly better role accuracy than standardized patients trained without video over the four sequential portrayals.

Benzies et al., (2013) conducted a randomized control trial study to evaluated the effects of an innovative educational–behavioral intervention for

first-time fathers of late preterm infants. Fathers of 111 late preterm infants were assigned to 1 of 3 groups through home visit 2 home visits intervention (n = 46), 4 home visits intervention (n = 23), or comparison (n = 42). Intervention consisted of video-recording a father–infant play interaction and providing positive feedback and suggestions to enhance the interaction and language development. Fathers in the 4-visit group scored significantly higher than fathers in the comparison group as measured by the Parent Child Interaction Teaching Scale, Parent Total score. The video self-modeling intervention has promise for enhancing the skills of father's of late preterm infants. Further research is needed to determine the long-term effects for the father and the child.

Kumar Mahendra (2010) they conducted a quasi- experimental Pretest and Posttest control group design study to assess the effectiveness of video assisted teaching (VAT) on needle stick injury regarding knowledge and attitude of 60 staff nurses who were selected as sample by non probability purposive sampling technique. The study was conducted in selected hospitals of Hassan. Demographic data, structured knowledge, attitude questionnaire and video assisted teaching (VAT) were implemented for data collection procedure. It was observed that the overall post-test mean percentage of knowledge and attitude was higher in experimental group than in control group. The finding signifies that the video assisted teaching was effective to enhance the knowledge and to mould attitude of staff nurses

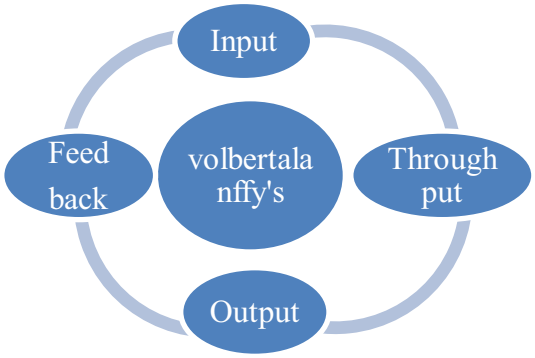
2.2 Conceptual framework:

The conceptual frame work is based on the Ludwig Von Bertalanffy's Grand System Theory of Law

Modified Ludwig Von Bertalanffy's Grand System Theory (1986) is known in various areas of in health care sciences, such as health care practices and in nursing. Bertalanffy's system theory provides new development and foundation. This means that in modern health care delivery, new theories can be introduced to form modern approaches to improve the general system through better information, communication and feedback. However the theory acknowledges the challenges that may come along with the implementation of new general models. In this study modernized method (video) was applied to teach the mother's of preterm babies regarding Preterm infants care. Currently nurses on models and theories that have been applied by other specialist in governing nursing practices within the unit of a family.

General system theory of system would be a useful tool providing, on the one hand, models that can be used and transferred to different fields, and safeguarding on the other hand, from vague analogies which often have marred the progress in these fields

FIG 2.1 Modified Ludwig Von Bertalanffy's explained that any system has four major aspects



Input:

It is the type of information, the input is the assessment of existing level of knowledge regarding preterm infants care among mothers with 5 aspects like

1. About Preterm birth.
2. Breast feeding, weaning practices.
3. Prevention of infection such as skin care, eye care, elimination care, hand washing etc.
4. Immunization.
5. Watch danger signs , follow up care after discharge from Medical ward th

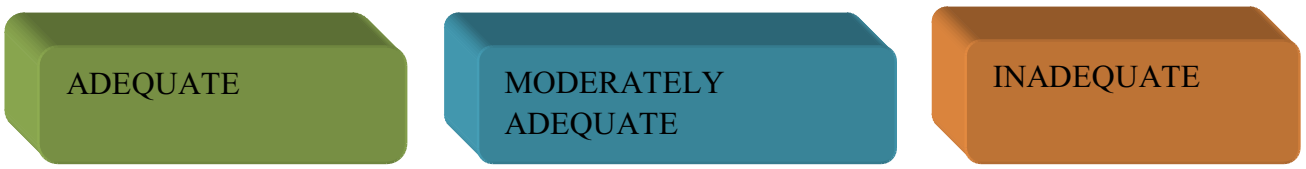
And then introduced video assisted teaching programme to primi mothers of preterm infants.

Throughput:

It is the operation phase or manipulation and activity phase .It is the process that allows the input to be changed, is the changes in mother's knowledge.

Output:

It is any information that leave the system and extends the environment through system boundaries .It is level of knowledge either

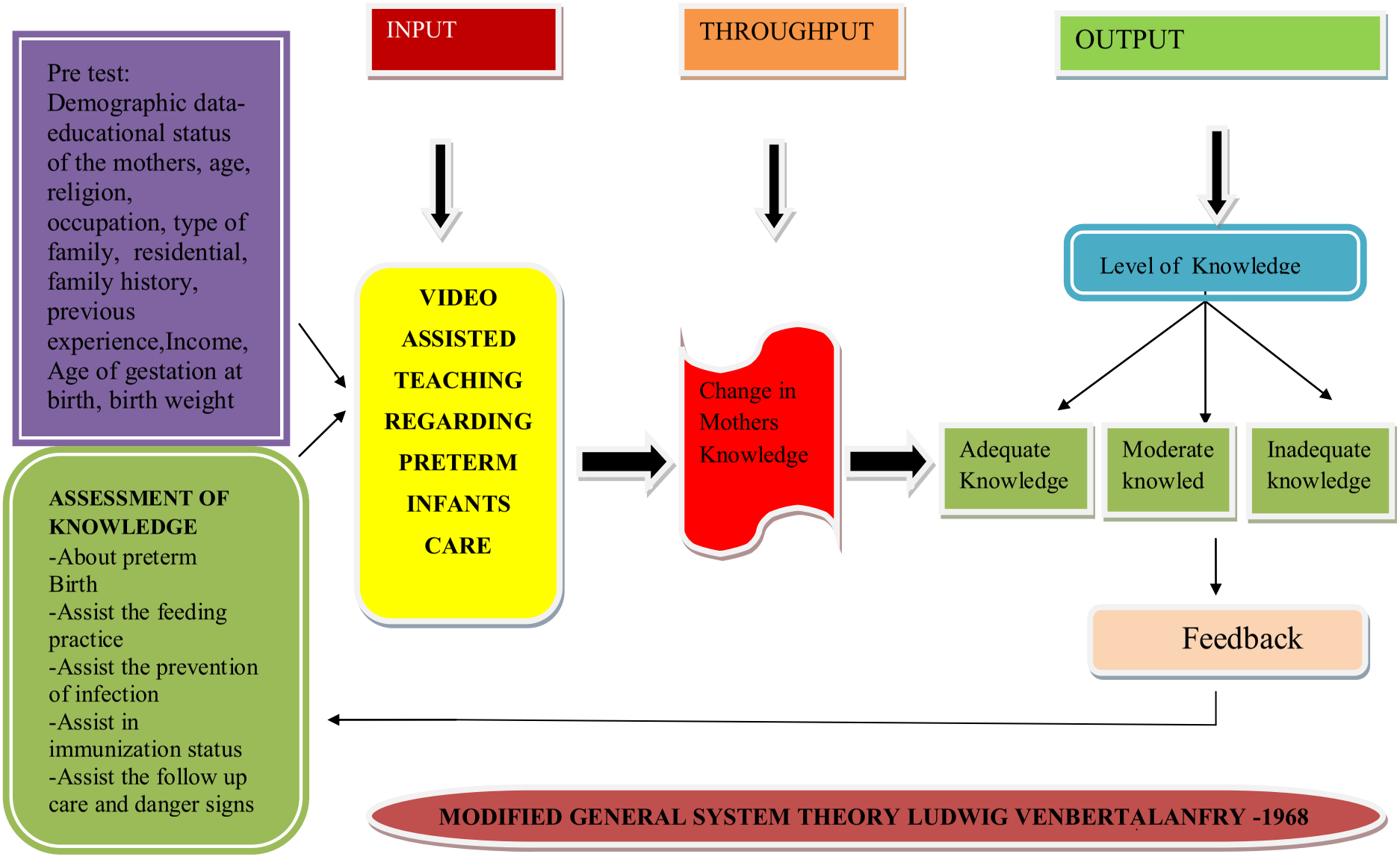


Knowledge after video assisted teaching programme

Feedback:

It is the process by which information is received from each of the level of the system, which is feedback into the input to guide evaluation. This will give the allow to either increase or restrict its input, the output, the evaluation done by the same questionnaire and the results is indicates the need for follow up care in home set up. Feedback is strengthening the input.

FIG – 2.2: CONCEPTUAL FRAMEWORK



CHAPTER III

METHODOLOGY

This chapter includes research approach, data collection period, study setting, design, population, sample size, criteria for sample selection, sampling techniques, research variables, developmental and description of the tool, ethics committee, content validity, pilot study, reliability, data collection procedure and data entry and analysis.

3.1 Research approach:

Quantitative approach study.

3.2 Data collection period:

Four weeks from 16.7.15 to 15.8.15.

3.3 Study setting:

The study was conducted in Medical Ward, Institute of Child Health (ICH), Chennai. ICH was started in the year 1968.It is multi specialty hospital with bed strength of 837 bedded hospital give treatment of children from the Newborn to Adolescent various part of the Tamil Nadu and nearby states, In ICH more than 21,000 thousands discharge in Medical Ward in that 1800 preterm infant discharge every year.

3.4 Study design:

The Research design selected for the study was the pre - experimental design (One group pretest–posttest design) to assess the effectiveness of video assisted teaching programme on knowledge among mothers on preterm infants care.

The design chosen for the study is presented in the tables as:

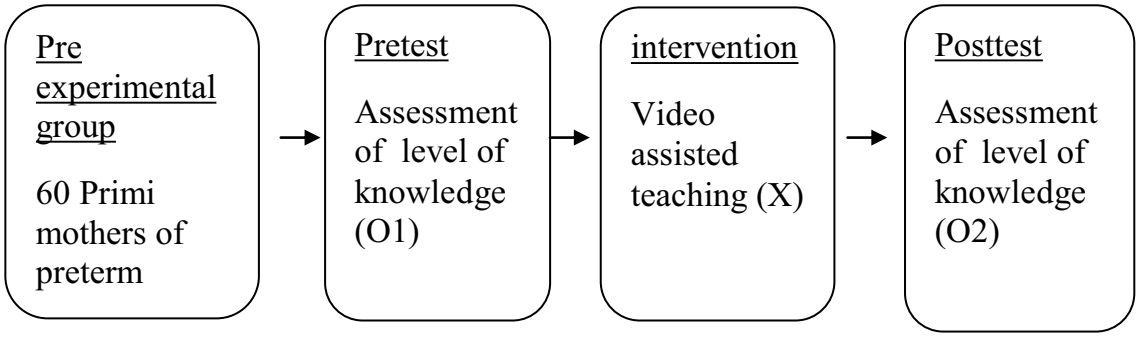


Fig 3.1: One group Pretest and post test design

key:

O1: Pretest (Assessment of level of knowledge about follow up care among primi mothers of preterm infants before video assisted teaching).

X: Intervention (video assisted teaching of follow up care of preterm infants among primi mothers).

O2: (Assessment of level of knowledge about follow up care among primi mothers of preterm infants following video assisted teaching).

3.5 Study population:

The population of this study is about the mothers who were having preterm babies upto one year and admitted in Medical Ward, Institute of Child Health at ICH, Chennai.

3.6 Sampling size:

Sixty mothers of preterm infant discharged from Medical Ward fulfilling of inclusive criteria, ICH, Chennai.

3.7 Criteria for sample selection:

3.7.1 Inclusion criteria:

The mothers who

- Had the preterm babies born before 37 weeks and with weight age below 2.5 kg at birth in Medical ward.
- Were selected the discharge day of their preterm infants upto one years.
- Were available to participate in this study.
- Can understand and Speak, Tamil and / or English.
- Were available during study period.

3.7.2 Exclusion Criteria:

The mothers who

- Had sick and ventilator support preterm babies.
- Were not willing to participate in the study.
- Can understand and speak other language.
- Children with mental disability, critically ill child.

3.8 Sampling techniques:

Convenient sampling techniques was used for sampling based on inclusion and exclusion criteria.

3. 9 Variables:

- **Independent variables:** It refers to video assisted teaching among mothers on care of preterm infants.
- **Dependent variables:** It refers to the knowledge of primi mothers of care of their preterm infants.

3.10 Development and description of the tool

3.10.1 Development of the tool

Appropriate structured interview questionnaire tool has been developed after extensive review of literature and obtained experts opinion and content validity from medical, nursing, statistics department. Constructed tool, pretesting of tool was done during pilot study. Direct assessment of client was performed during data collection.

3.10.2 Description of the tool:

The structured interview questionnaire consists of two sections

Section – 1

It deals with the demographic variables of the subject that includes mother's age, religion, occupation, income, education, type of family, area of residence, previous experience, family history, age of gestation at birth, birth weight.

Section -2

It consists of multiple choice questions which were prepared to assess the knowledge among mother's on preterm infants care.

The questions were related to knowledge aspects of Preterm infants Care, assisted about general knowledge about preterm infants, Feeding practice, Prevention of infection, Immunization, Follow up care for preterm infants.

Score Interpretation

An interview schedule was used to assess the knowledge among mothers on preterm infants care. It contains 25 multiple choice questions with 5 sub division

S.NO	KNOWLEDGE ASPECTS	TOTAL NO OF ITEMS	SCORE
1.	Assist knowledge about preterm birth	5	5
2.	Assisting feeding practice of the baby	5	5
3.	Assisting in prevention of infection of the preterm baby	5	5
4.	Assisting in immunization of the preterm baby	5	5
5.	Assisting in follow up care of the preterm baby	5	5
	Total	25	25

TABLE 3.2 –Score Interpretation

The score given for preterm care are as follows

For correct answer – "1" score

For wrong answer – "0 " score

Based on the score, the level of knowledge on preterm infants care are ,

Inadequate knowledge – 50 % or less than 50 %

Moderate knowledge – 51 % - 75 %

Adequate knowledge – more than 75 % score

3.10.3 Intervention protocol:

Place	: Medical Ward class room, ICH , Chennai
Intervention tool	: Video assisted teaching
Duration	: 45 minutes
Frequency	: one time teaching
Time	: 12pm -1 pm
Administered by	: the investigator

3.10.4 Content Validity:

The structured interview questionnaire and Video Assisted Teaching Programme was validated for its content by experts in the department of Medical Ward and the Department of Child Health Nursing.

3.11 Ethical consideration:

The proposal of the study was approved by the experts prior to the pilot study by the Institutional Ethics committee of Madras Medical college, Chennai. Each parents was informed about the purpose of the study .Informed consent was obtained. Assurance was given to them that confidentiality and privacy would be maintained. The parents were informed that they were having the freedom to leave the study with their own reason. The investigator ensured that privacy, dignity, religion, cultural belief and ethical values were respected during the process of data collection. Informed written consent was received from each study participants after giving full information about the study. Anonymity was assured to each participant and maintained by the researcher.

3.12 Pilot study:

It is the preliminary trial to the actual study, the Pre Test was conducted for 10 mothers of preterm infants in the Medical Ward, Institute Of Child Health, Chennai, Pretest done on the day of discharge by using the planned interview schedule. After pre test 45 minutes " Video Assisted Teaching Programme on Preterm Infants Care given to mothers by using videos, animations and pictures, demonstration.

After 7days the mothers were instructed to come for post test in the department of Medical Ward classroom to assess the knowledge with same questionnaire. There was no modification done in the tool after the pilot study these samples not included in main study

3.13 Reliability of the tool:

The study reliability of the tool was assessed by using test retest method. Knowledge score reliability correlation co efficient value is 0.81.This correlation co efficient is very high and it is good tool for assessing effectiveness of video assisted teaching knowledge about care of preterm among mothers of preterm babies.

3.14 Data collection procedure:

Permission was obtained from the Director and the Head of the Department Of Medical Ward for conducting the pilot study and main study. The data collection was done in the period from 16. 7. 15 to 15. 8. 15 a convenient sampling technique was used to select the samples from Medical Ward, Chennai based on Inclusion criteria. Approximately 3 to 5 mothers identified and selected on the particular day.

The Investigator first established a good rapport with the mothers of the preterm infants purpose of the interview was explained to each mothers was interviewed separately in their own language in a separate place. An average time limit of 10 -15 minutes were taken for each sample for the interview schedule. After the pre test the mothers were gathered and seated comfortably at Medical Ward class room 30 – 45 minutes video assisted teaching given to the mothers with appropriate slides videos, animations, pictures, demonstrations. The video assisted teaching programme contained information regarding preterm care includes knowledge aspects of general knowledge about preterm baby, breast feeding practice and weaning upto one year, prevention of infection, immunization, follow up care for preterm infants etc.

After video assisted teaching 10 minutes were allotted for discussion. The post test was conducted by the investigators after seven days using the same questionnaire in the Medical Ward class room in each unit.

3.15 Data entry and analysis:

After scoring the results were tabulated. Both the descriptive and inferential statistics are employed to analyzed collected data. P value at less than 0.05 as considered as statistically significant.

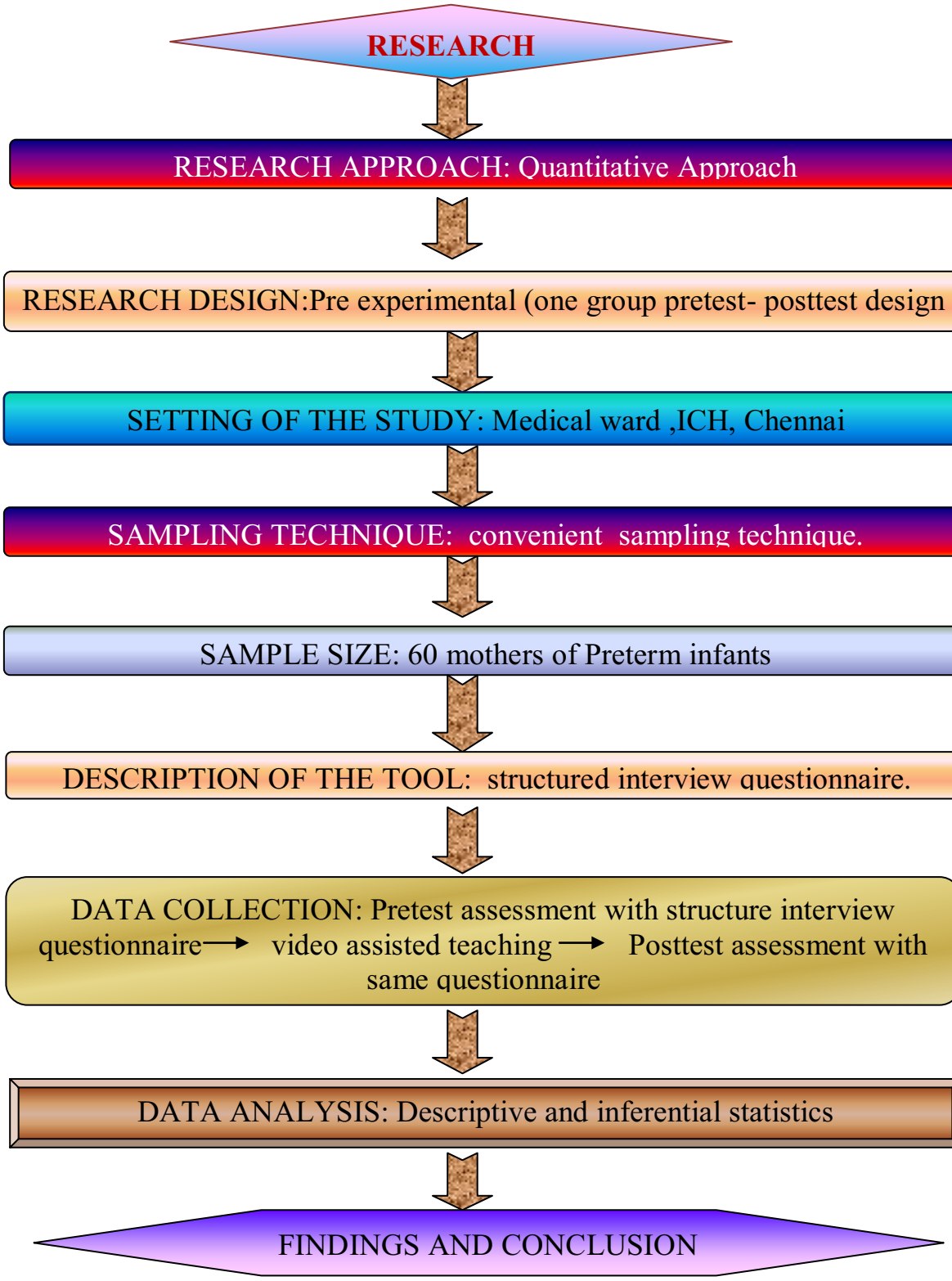
Descriptive statistics includes

Demographic variables were given in frequencies with their percentage and test of association was done to assess the knowledge of selected demographic data. Mean is used to analysis the data

Inferential statistics includes

Chi square test is used to find out significant association between programme demographic variables and knowledge scores. Paired T Test is used to analyze effectiveness of video assisted teaching.

Fig 3.1: SCHEMATIC REPRESENTATION



CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data collected from sixty mothers at selected hospital, Chennai. To assess the effectiveness of video assisted teaching of follow up care for Primi mothers of preterm infants in the care of preterm infants after discharge from Medical Wards. The data collected for the study was grouped and analyzed as per the objectives set for the study. The findings based on the descriptive and inferential statistical analysis are presented under the following sections.

Organization of data

The findings of the study were grouped and analyzed under the following sessions.

Section A : Description of the demographic variables.

Section B : Assessment of pretest and post test level of knowledge on follow up care of preterm infants among primi mothers.

Section C : Effectiveness of video assisted teaching programme on knowledge of follow up care for primi mothers of preterm infants

Section D : Association of pretest and post test level of knowledge among primi mothers with preterm infants with their selected demographic variables

Section A: Description of the demographic variables.

TABLE 4.1 Distribution of demographic variables of primi mothers of preterm infants
frequency = 60

S.No	Demographic Variables	frequency	In %
1.	**Mother's age**		
	20 – 22	17	28.33
	23 – 25	19	31.67
	26 – 35	21	35.00
	>35	3	5.00
2.	**Mother's education**		
	No formal education	7	11.67
	Primary school	24	40.00
	Secondary school	21	35.00
	Graduate	8	13.33
3.	**Religion**		
	Hindu	45	75.00
	Muslim	7	11.67
	Christian	8	13.33
	Others	0	0.00
4.	**Mother's occupation**		
	Employed	7	11.67
	Unemployed	53	88.33
5.	**Type of family**		
	Joint family	29	48.33
	Nuclear family	31	51.67
6.	**Type of residence**		
	Rural	25	41.67
	Urban	34	56.67
	Other state	1	1.66
7.	**Presence of any disease like**		
	Diabetic mellitus /Hypertension	4	6.67
	Tuberculosis	1	1.67
	Any systemic disease/Genetic disorder	2	3.33
	No disease	53	88.33
8.	**Preterm baby care learned from**		
	Doctors	10	16.67
	Nurse	12	20.00
	Family members/Mass media	16	26.67
	None of them	22	36.67
9.	**Income of the family is**		
	Less than 5000	10	16.67
	5001 - 10,000	34	56.67
	10,001 - 15,000	7	11.67
	>15,000	9	15.00
10.	**Gestational age of the baby is**		
	28 - 30 weeks of gestation	1	1.67
	31 - 33 weeks of gestation	8	13.33
	34 - 37 weeks of gestation	51	85.00
	Birth weight of the baby		
	2000 - 2500 gram	52	86.67
	1500 - 2000 gram	7	11.66
	1000 - 1500 gram	1	1.67

The table 4.1 shows that

Age

Out of sixty Primi mothers majority of mothers 35% were in the age group of 26-35yrs and 31% of the mother from the age group of 23-25 yrs, 28.33% of the mother from the age group of 20-22 yrs only 5% mother from the age group of >35 yrs.

Mother's education

Regarding educational status 40% of the mother finished primary school education, 35% of mothers finished secondary school, 13.33% of mother was graduates. Only 11.6% of mother was illiterate or no formal education.

Religion

Three fourth of the mother that is nearly 75% of the mothers belongs to Hindu region. 13.33% were Christians and 11.67% mothers belong to Muslims.

Mother's occupation

Most of the mothers 88.33% were unemployed and only 11.67% mothers are employed.

Type of family

Nearly 51.67% belonging to nuclear family and 48.33% belonging to joint family.

Type of residence

Nearly 56.67% of the mothers from urban area and 41.67% of the mothers from rural area and only 1.66% of the mother belong to other state.

Presence of any disease like

Around 88.33% of mothers are not affected in any other disease. 6.67% of mother affected in Diabetic mellitus/Hypertension, 3.33% of mothers are affected in genetic/systemic disease and only 1.67% of mothers are affected in tuberculoses.

Preterm baby care learned from

In this study nearly 36.67% of the mothers not learned about preterm care. 26.67% of the mothers learned from family members/mass media, 20.00% of the mothers are learned from nurses and 16.67% of mothers are learned from doctors.

Income of the family

In this study 56.67% of the mother's family income is from rupees 5001 to 10,000 rupees, 16.67% of the mother's family income less than 5000, 15% of the mothers family income above >15,000 and 11.67% of the mothers family income 10,001-15,000.

Gestational age of the baby

In this study 85% of the mothers babies born between 34-37 weeks of gestation, 13.33% of the mothers babies born 31-33 weeks of gestation and only 1.67% of the mother's babies born 28-30 weeks of gestation.

Birth weight of the baby

In this study 86.67% of the birth of the baby fall 2000-2500 gm, 11.667% of the birth weight of the baby fall 1500-2000 gm and only 1.67% of the birth weight of the baby fall 1000-1500 gm.

Section B: Assessment of pretest and post test level of knowledge on follow up care of preterm infant's mothers

Table 4.2: Distribution of pretest level of knowledge of follow up care of preterm infants among primi mothers.

Frequency = 60

Knowledge	Inadequate (≤ 50%)		Moderately Adequate (51 – 75%)		Adequate (>75%)	
	F	In %	F	In %	F	In %
Preterm care	36	60.0	13	21.67	11	18.33
Feeding of the baby	32	53.33	23	38.33	5	8.33
Prevention of infection	30	50.0	15	25.0	15	25.0
Immunization	51	85.0	4	6.67	5	8.33
Follow up care	38	63.33	13	21.67	9	15.0
Overall	**53**	**88.33**	**7**	**11.67**	**0**	**0**

The table 4.2 shows that in the pretest, with regard to knowledge on preterm care majority 36(60%) had inadequate knowledge, 13(21.67%) had moderately adequate knowledge and 11(18.33%) had adequate knowledge.

Considering the feeding of the baby, majority 32(53.33%) had inadequate knowledge, 23(38.33%) had moderately adequate and 5(8.3%) had adequate knowledge.

With respect to prevention of invention, majority 30(50%) had inadequate knowledge and 15(25%) had moderately adequate and adequate knowledge respectively.

Regarding knowledge on immunization, majority 51(85%) had inadequate knowledge, 5(8.33%) had adequate and 4(6.67%) had moderately adequate knowledge.

The knowledge on follow up care revealed that majority 38(63.33%) had inadequate knowledge, 13(21.67%) had moderately adequate and 9(15%) had adequate knowledge.

The overall pretest level of knowledge among primi mothers revealed that majority 53(88.33%) had inadequate knowledge and 7(11.67%) had moderately adequate knowledge on follow care of preterm infants.

Table 4.3 Distribution of post test level of knowledge of follow up care of preterm infants among primi mothers.

Frequency = 60

Knowledge	Inadequate (≤ 50%)		Moderately Adequate (51 – 75%)		Adequate (>75%)	
	F	In %	F	In %	f	In %
Preterm care	1	1.67	18	30.0	41	68.33
Feeding of the baby	1	1.67	29	48.33	30	50.0
Prevention of infection	0	0	4	6.67	56	93.33
Immunization	12	20.0	22	36.67	26	43.33
Follow up care	3	5.0	20	33.33	37	61.67
Overall	**0**	**0**	**32**	**53.33**	**28**	**46.67**

The table 4.3 shows that in the post test, with regard to knowledge on preterm care majority 41(68.33%) had adequate knowledge, 18(30%) had moderately adequate knowledge and 1(1.67%) had inadequate knowledge.

Considering the feeding of the baby, majority 30(50%) had adequate knowledge, 29(48.33%) had moderately adequate and 1(1.67%) had inadequate knowledge.

With respect to prevention of invention, majority 56(93.33%) had adequate knowledge and 4(6.67%) had moderately adequate..

Regarding knowledge on immunization, majority 26(43.33%) had adequate knowledge, 22(36.67%) had moderately adequate and 12(20%) had inadequate knowledge.

The knowledge on follow up care revealed that majority 37(61.67%) had adequate knowledge, 20(33.33%) had moderately adequate and 3(5%) had inadequate knowledge.

The overall post test level of knowledge among primi mothers revealed that majority 32(53.33%) had moderately adequate knowledge and 28(46.67%) had adequate knowledge on follow care of preterm infants.

Section C: Effectiveness of video assisted teaching programme on knowledge of follow up care for primi mothers of preterm infants.

Table 4.4 Comparison of domain wise pretest and post test knowledge scores on follow up care of preterm infants among primi mothers.

frequency = 60

Domain	Test	Mean	S.D	Paired 't' Value
Preterm Care	Pretest	2.35	1.33	t = 9.755
	Post Test	4.01	0.85	p = 0.001)***
Feeding the Baby	Pretest	2.33	0.93	t = 9.170
	Post Test	3.65	0.77	p = 0.001)***
Prevention of infection	Pretest	2.58	1.06	t = 10.018
	Post Test	4.11	0.49	p = 0.001)***
Immunization	Pretest	1.50	1.09	t = 12.162
	Post Test	3.31	0.89	p = 0.001)***
Follow-Up Care	Pretest	2.31	1.04	t = 10.081
	Post Test	3.78	0.84	p = 0.001)***

*p≤ 0.05, S – Significant

**P ≤ 0.001-highly significant

***P ≤ 0.0001-very highly significant

The table 4.4 shows that in the pretest, the mean score of knowledge on preterm care was 2.35±1.33 whereas in the post test the mean score of knowledge on preterm cane was 4.01±0.85. The calculated paired 't' value of t = 9.755, p<0.001 level.

The mean score of knowledge on feeding of the baby was 2.33±0.93 whereas in the post test the mean score of knowledge on feeding of the baby was 3.65±0.77. The calculated paired 't' value of t = 9.170 ,t p<0.001 level.

The mean score of knowledge on prevention of infection was 2.58±1.06 whereas in the post test the mean score of knowledge on prevention of infection was 4.11±0.49. The calculated paired 't' value of t = 10.018, p<0.001 level.

The mean score of knowledge on immunization was 1.50±1.09 whereas in the post test the mean score of knowledge on immunization was 3.31±0.89. The calculated paired 't' value of t = 12.162, p<0.001 level.

The mean score of knowledge on follow-up care was 2.31±1.04 whereas in the post test the mean score of knowledge on follow-up care was 3.78±0.84. The calculated paired 't' value of t = 10.081, p<0.001 level.

Table 4.5 Comparison of overall pretest and post test mean score of knowledge on follow up care of preterm infants among primi mothers.

frequency = 60

Knowledge	**Mean**	**S.D**	**Paired 't' Value**
Pretest	9.03	3.06	t = 30.238
Post Test	18.88	2.54	p = 0.000, ***

*p ≤ 0.05, S – Significant

**P ≤ 0.001-highly significant

***P ≤ 0.0001-very highly significant

The table 4.6 shows that in the pretest, the mean score of knowledge was 9.03±3.06 whereas in the post test the mean score of knowledge was18.88±2.54. The calculated paired't' value of t = 30.238, p<0.001 level.

Table: 4.6 Comparison of knowledge score pretest and post test among primi mothers of preterm infants

Domain	Mean score – pretest	Know ledge score – pretest (100%)	Mean score – post test	Know ledge score – post test (100%)	Mean score difference	Difference knowledg e score (100%)
Preterm care	2.35	47	4.01	80.2	1.66	33.2
Feeding of the baby	2.33	46.6	3.65	73	1.32	26.4
Prevention of infection	2.58	51.6	4.11	82.2	1.53	30.6
Immuniza Tion	1.50	30	3.31	66.2	1.81	36.2
Follow up care	2.3	46.2	3.78	75.6	1.47	29.4
Total		44.28		75.6		31.16

These 4.5 tables show that preterm care 100 % knowledge score pretest and posttest difference is 38.2%.

- Feeding of the baby knowledge score difference is 26.4%.
- Prevention of infection knowledge difference is 30.6%,
- Immunization knowledge score difference is 36.2% and
- Follow up care knowledge score difference is 29.4 % .
- The overall comparison of pretest and post test knowledge score difference is 31.16%

Section D: Association of pretest and post test level of knowledge among primi mothers with preterm infants with their selected demographic variables.

Table 4.7 Association of pretest level of knowledge on follow up care of preterm infants among primi mothers with their selected demographic variables.

Frequency = 60

Demographic Variables	Inadequate (≤ 50%)		Moderately Adequate (51 – 75%)		Chi-Square Value
	frequency	%	frequency	%	
Mother's education					
No formal education	7	11.7	0	0	χ^2=10.385
Primary school	24	40.0	0	0	d.f = 3
Secondary school	17	28.3	4	6.7	p = 0.016 *
Graduate	5	8.3	3	5.0	

*p<0.05, S – Significant

**P<0.001-highly significant

***P<0.0001-very highly significant

The table 4.7 shows that the demographic variables mother's education had shown statistically significant association with pretest level of knowledge on follow up care of preterm infants among primi mothers at p<0.05 level and the other demographic variables had not shown statistically significant association with pretest level of knowledge on follow up care of preterm infants among primi mothers.

Table 4.8: Association of post test level of knowledge on follow up care of preterm infants among primi mothers with their selected demographic variables. Frequency = 60

s.no	Demographic Variables	Moderate(51–75%)		Adequate (>75%)		Chi-Square Value
		Frequency	In %	frequency	In %	
1.	**Mother's age**					
	20 – 22	13	21.7	4	6.7	χ^2=6.102
	23 – 25	10	16.7	9	15.0	d.f = 3
	26 – 35	8	13.3	13	21.7	p = 0.107
	>35	1	1.7	2	3.3	
2.	**Mother's education**					
	No formal education	5	8.3	2	3.3	**χ^2=11.403**
	Primary school	18	30.0	6	10.0	**d.f = 3**
	Secondary school	7	11.7	14	23.3	**p = 0.010****
	Graduate	2	3.3	6	10.0	
3.	**Religion**					
	Hindu	24	40.0	21	35.0	χ^2=0.077
	Muslim	4	6.7	3	5.0	d.f = 2
	Christian	4	6.7	4	6.7	p = 0.962
	Others	-	-	-	-	
4.	**Mother's occupation**					χ^2=0.046
	Employed	4	6.7	3	5.0	d.f = 1
	Unemployed	28	46.7	25	41.7	p = 0.830
5.	**Type of family**					χ^2=0.058
	Joint family	15	25.0	14	23.3	d.f = 1
	Nuclear family	17	28.3	14	23.3	p = 0.809
6.	**Type of residence**					χ^2=2.162
	Rural	11	18.3	14	23.3	d.f = 2
	Urban	20	33.3	14	23.3	p = 0.339
	Other state	1	1.7	0	0	
7.	**Presence of any disease like**					
	Diabetic mellitus /Hypertension	1	1.7	3	5.0	χ^2=2.215
	TB	1	1.7	0	0	d.f = 3
	Any systemic /Genetic disorder	1	1.7	1	1.7	p = 0.529
	No other disease	29	48.3	24	40.0	
8.	**Preterm baby care learned from**					
	Doctors	4	6.7	6	10.0	χ^2=2.364
	Nurse	5	8.3	7	11.7	d.f = 3
	Family members/Mass media	9	15.0	7	11.7	p = 0.500
	None of them	14	23.3	8	13.3	
9.	**Income of the family is**					
	Less than 5000	9	15.0	1	1.7	**χ^2=16.408**
	5001 - 10,000	20	33.3	14	23.3	**d.f = 3**
	10,001 - 15,000	3	5.0	4	6.7	**p = 0.001*****
	>15,000	0	0	9	15.0	
10.	**Gestational age of the baby is**					χ^2=1.731
	28 - 30 weeks of gestation	1	1.7	0	0	d.f = 2
	31 - 33 weeks of gestation	3	5.0	5	8.3	p = 0.421
	34 - 37 weeks of gestation	28	46.7	23	38.3	
11.	**Birth weight of the baby**					χ^2=1.189
	2000 - 2500 gram	28	46.7	24	40.0	d.f = 2
	1500 - 2000 gram	3	5.0	4	6.7	p = 0.552
	1000 - 1500 gram	1	1.7	0	0	

*p $\leq$ 0.05, S–Significant **P $\leq$ 0.001-highly significant,***P $\leq$ 0.0001-very highly significant

The table 4.8 shows that the demographic variables mother's education and income of the family had shown association with post test level of knowledge on follow up care of preterm infants among primi mothers at $p<0.01$ and $p<0.001$ level respectively and the other demographic variables had not shown association with post test level of knowledge on follow up care of preterm infants among primi mothers.

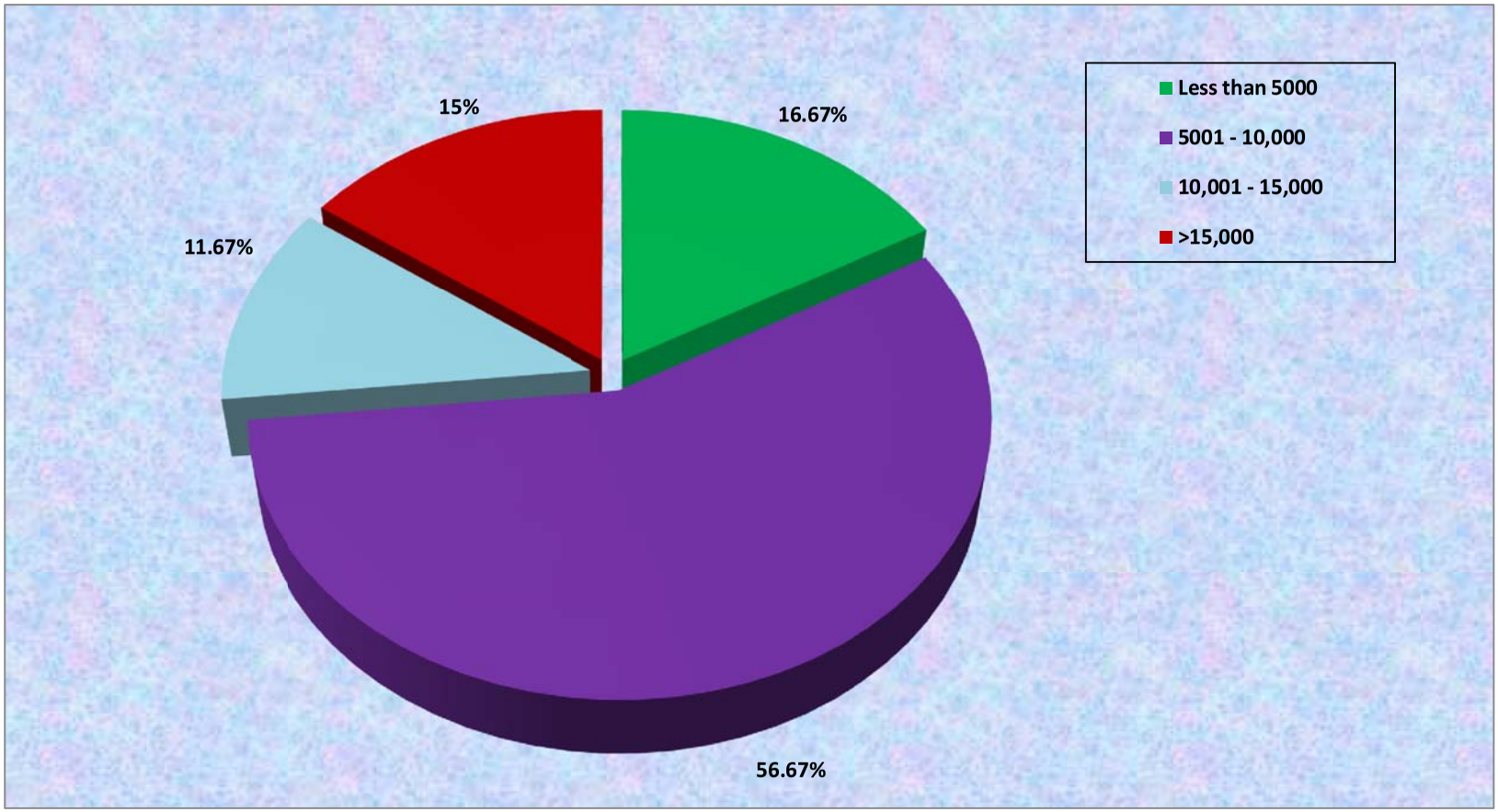


FIG 4.2 Income of the family wise distribution among Preterm infant mothers

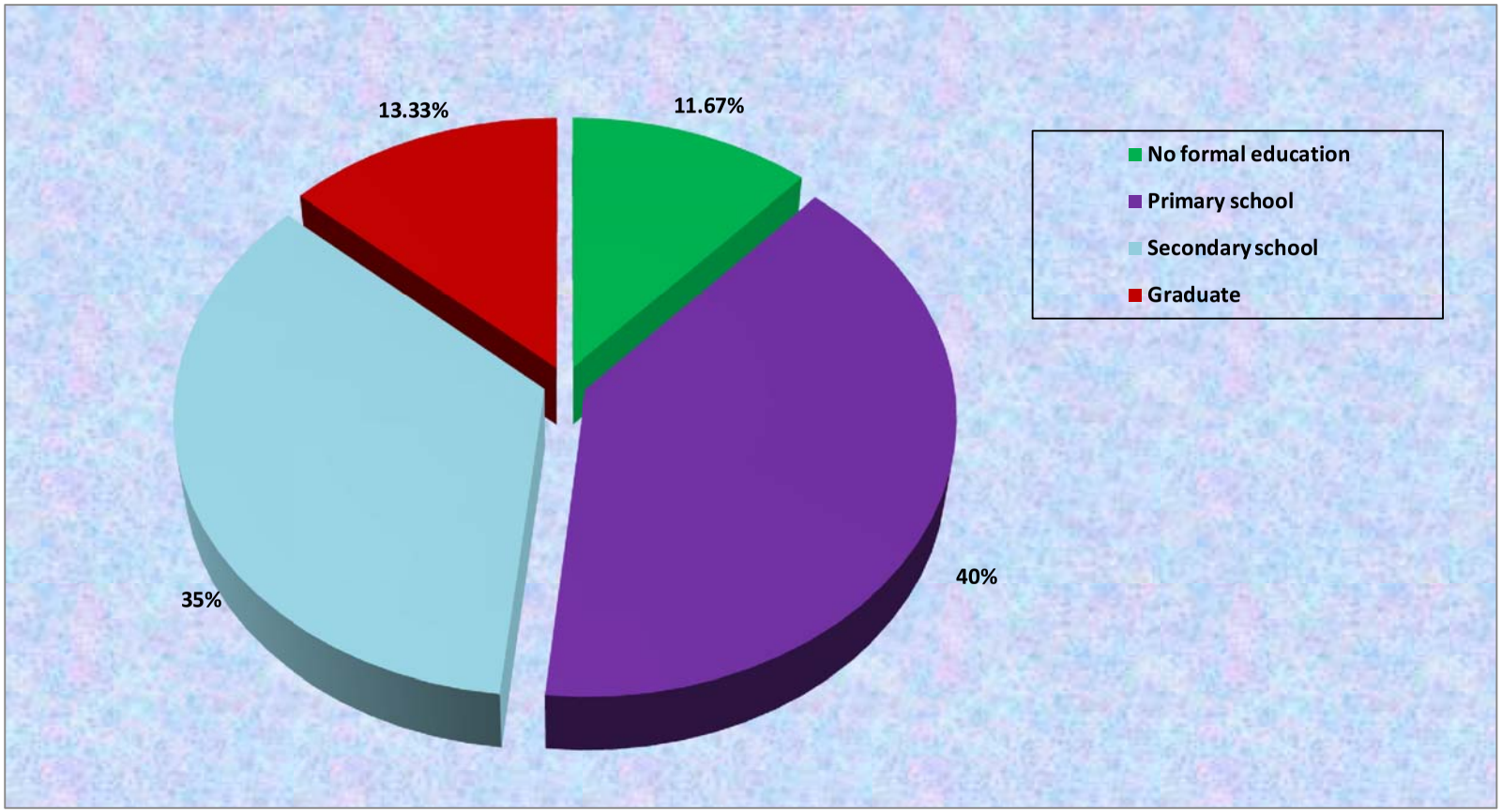


FIG 4.1 Education wise distributions among Preterm infant mothers

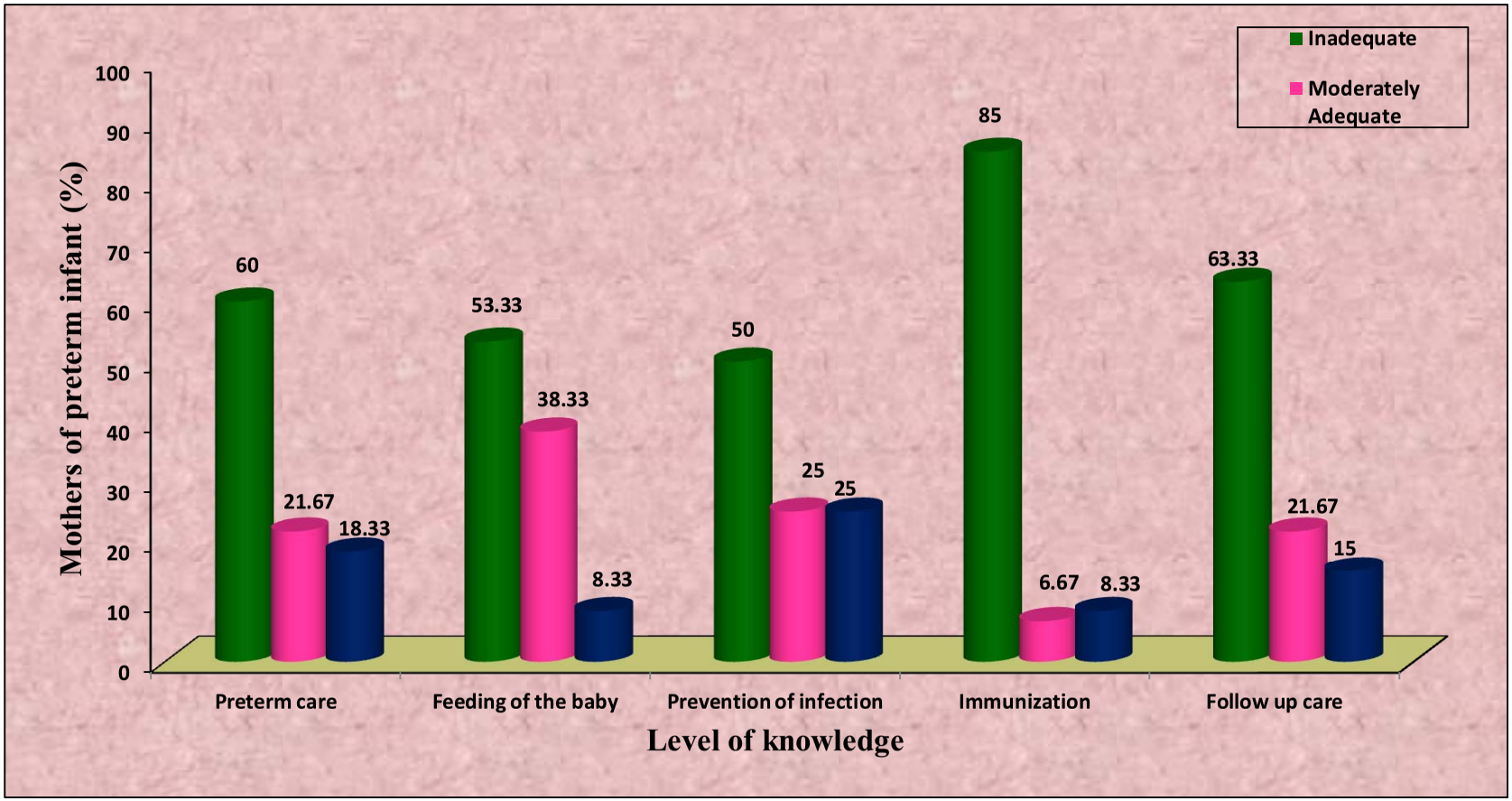


FIG 4.3 Domain wise distribution of pretest level of knowledge on follow up care of preterm infants among peimi mothers

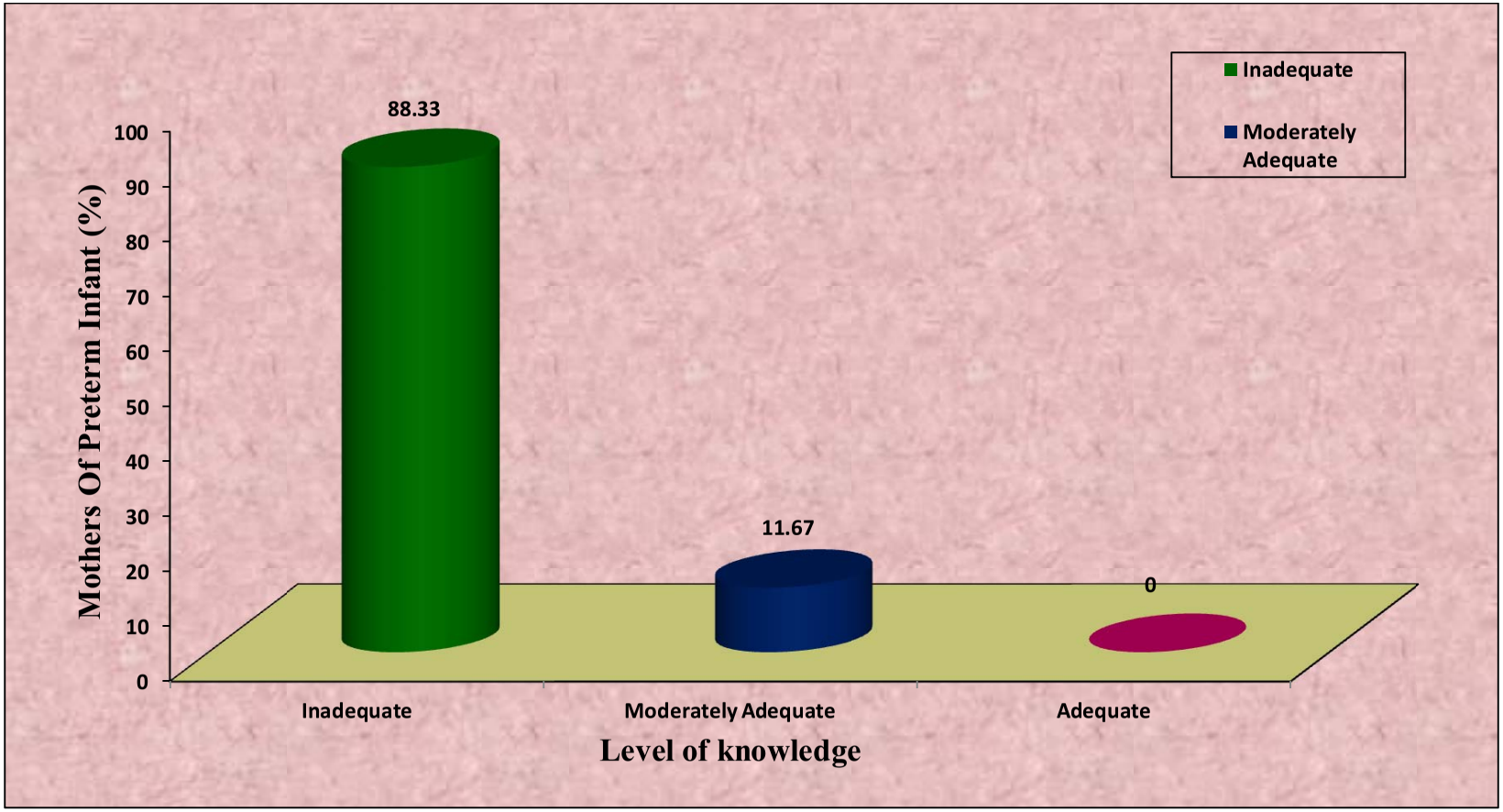


FIG 4.4 overall pretest level of knowledge wise distribution of preterm infants mothers

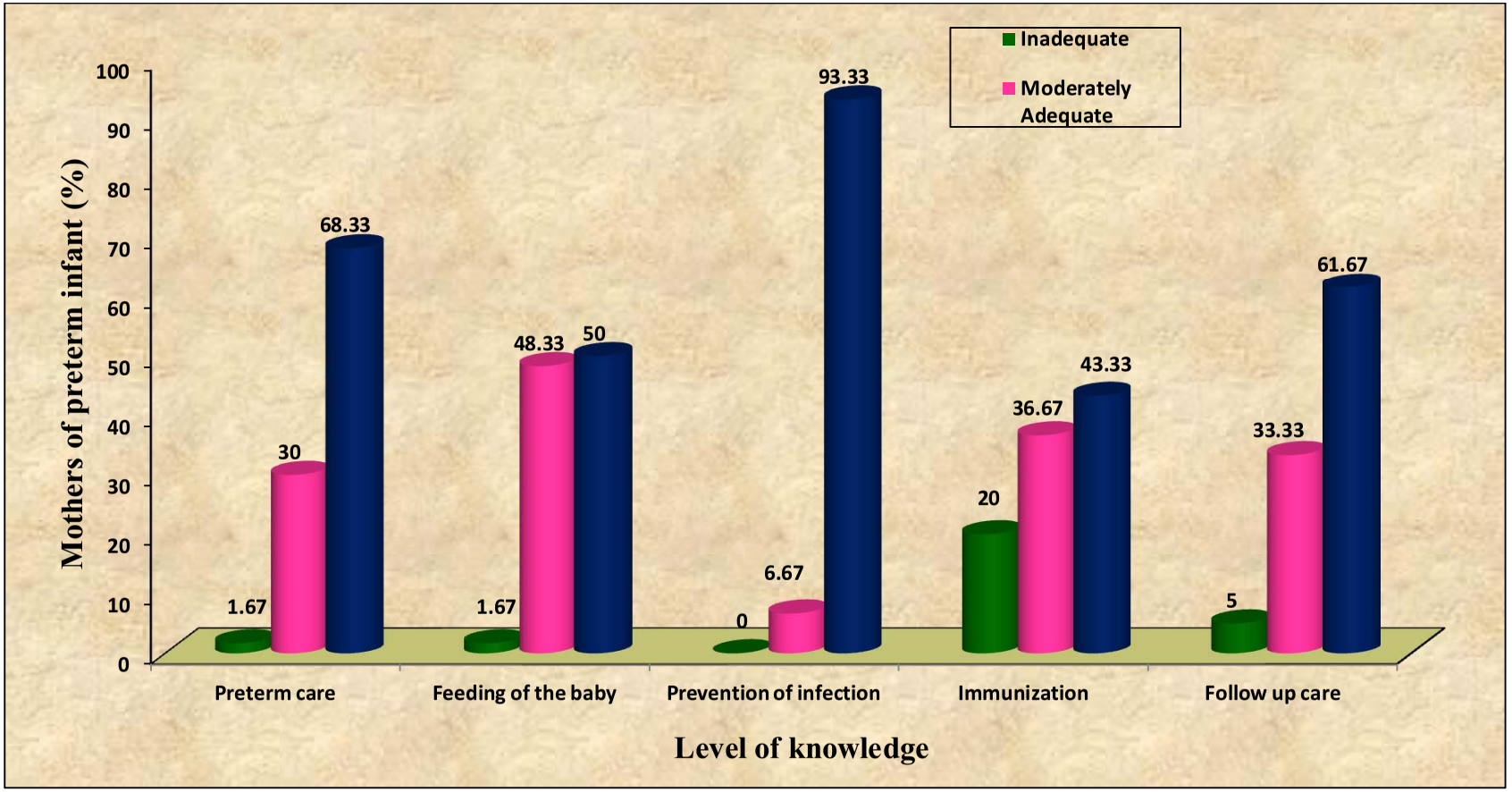


FIG 4.5 Domain wise distribution of post test level of knowledge on follow up care of preterm infants among primi mothers

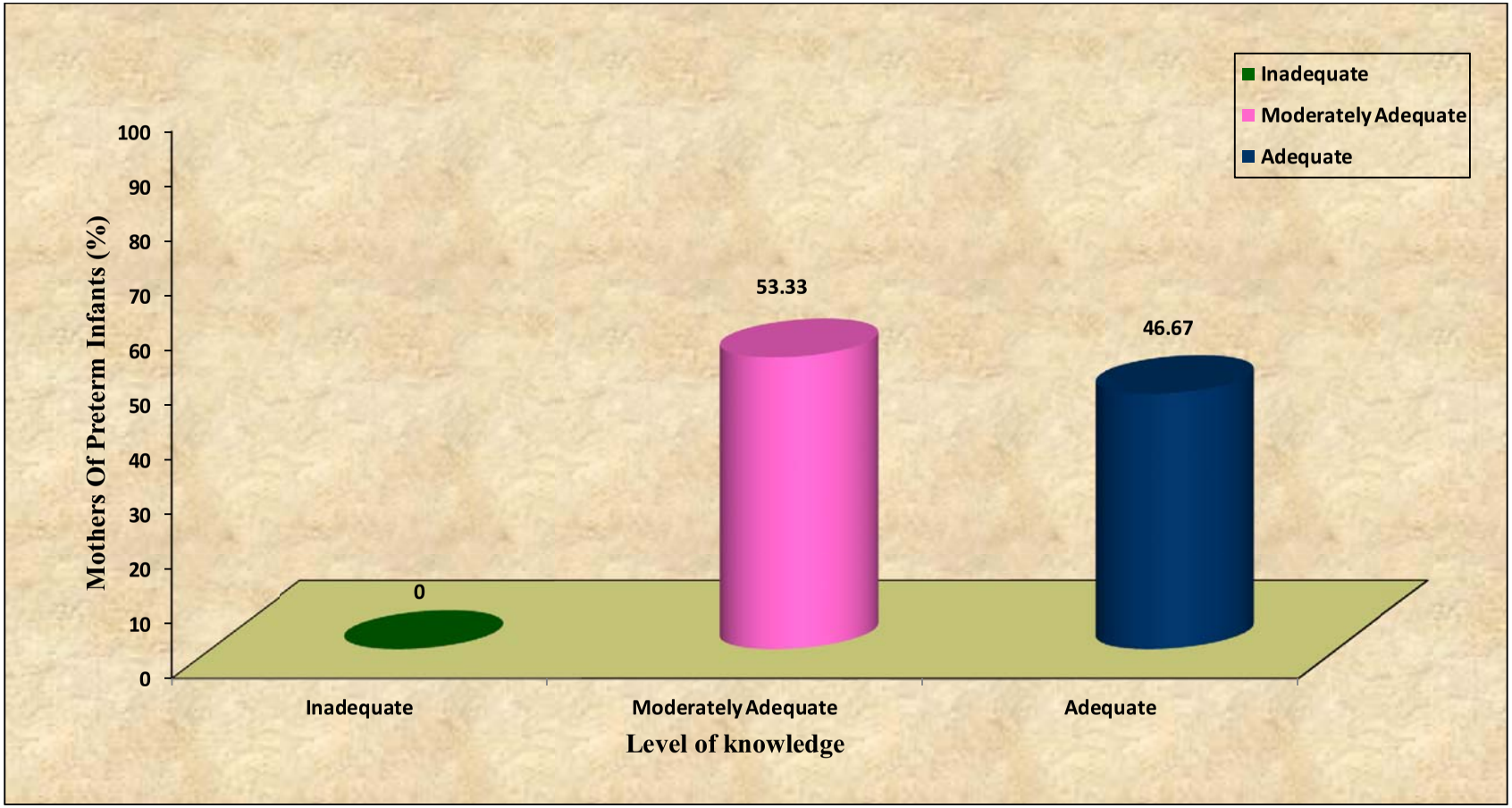


FIG 4.6 Overall posttest level of knowledge distribution on follow up care of preterm infants among Primi mothers

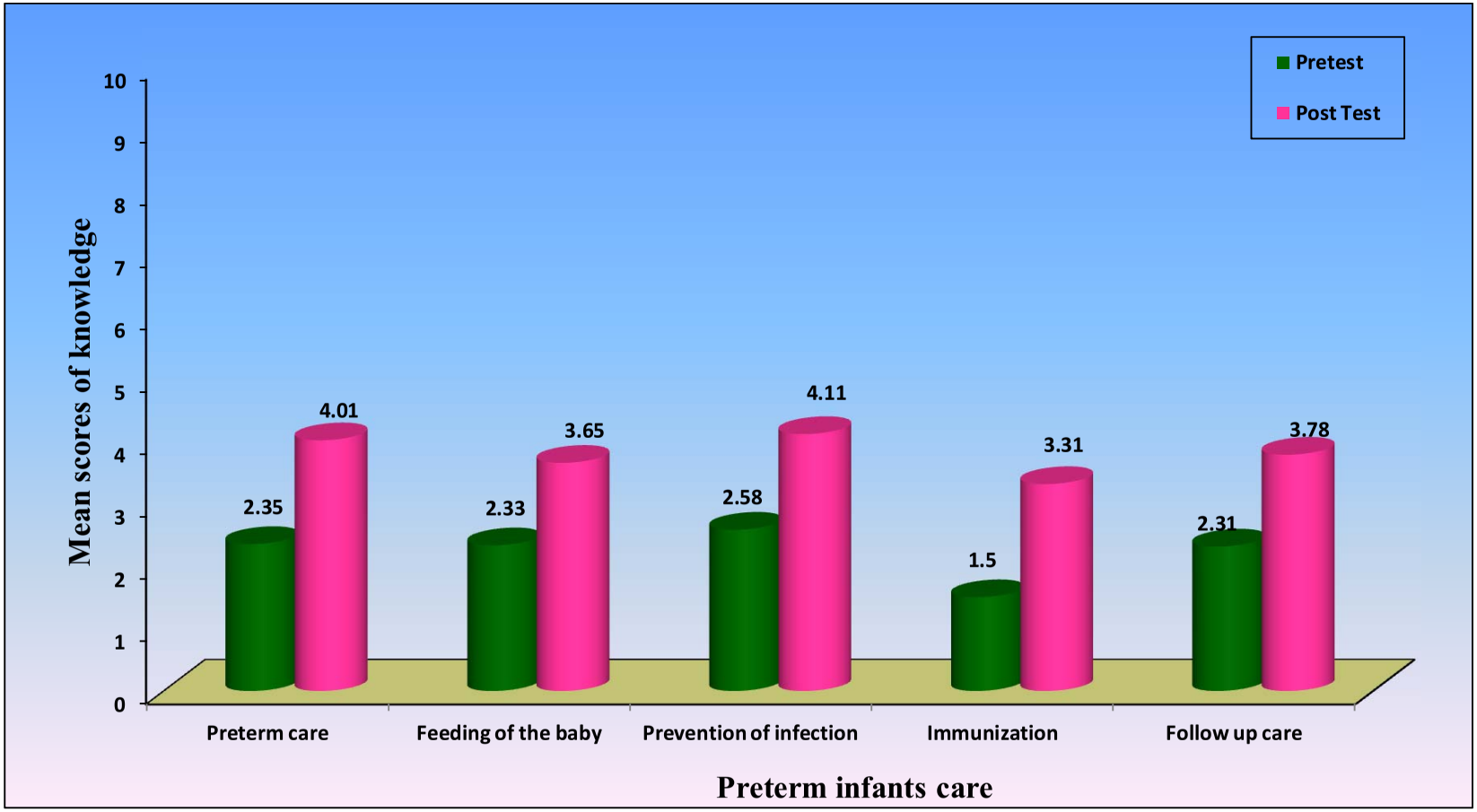


FIG 4.7 Domain wise distributions of pretest and post test mean scores of knowledge on follow up care of preterm infants among Primi mothers

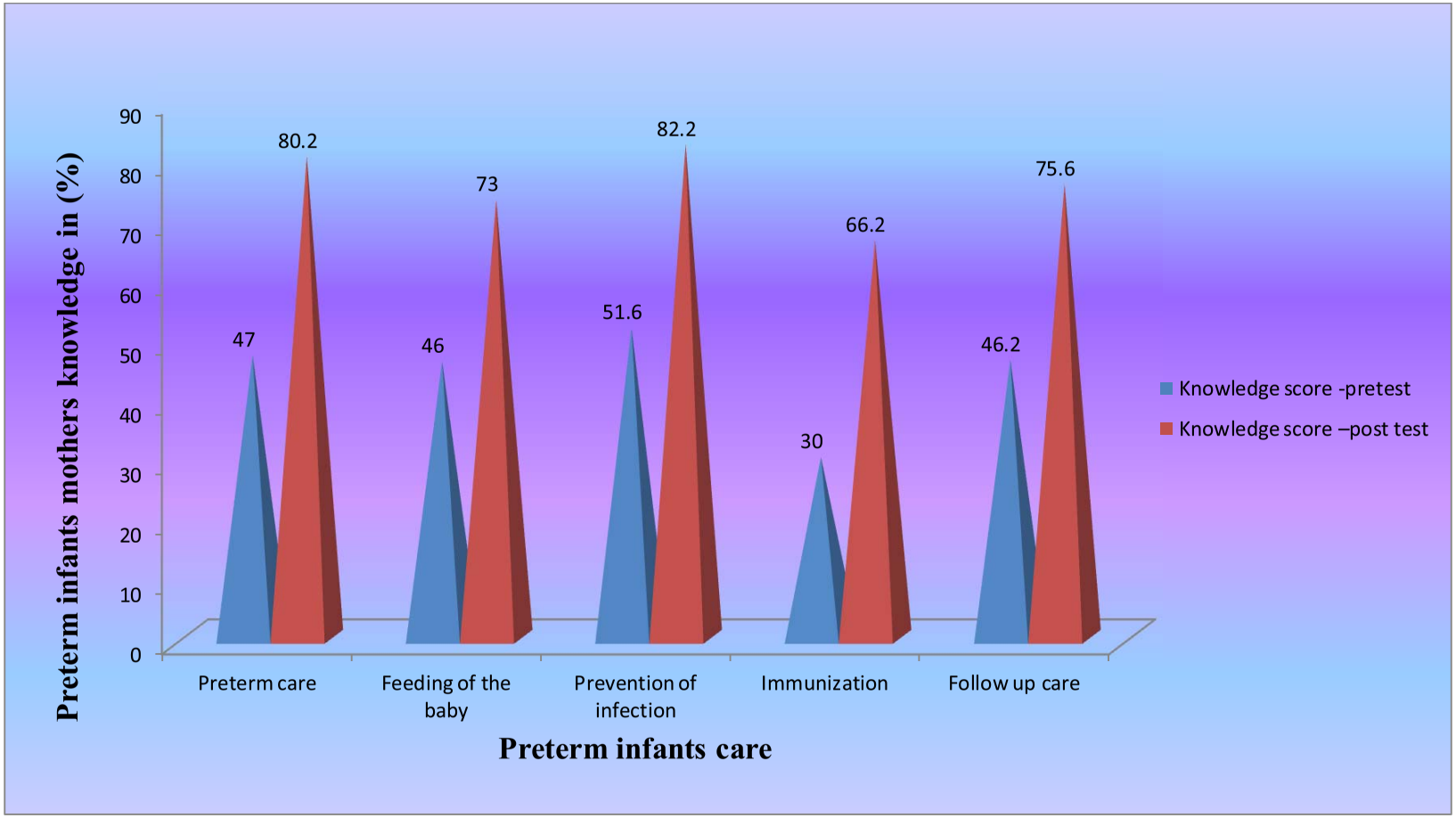


FIG 4.8 comparison of domain wise pretest and post test knowledge score amomng primi mother of Preterm infants

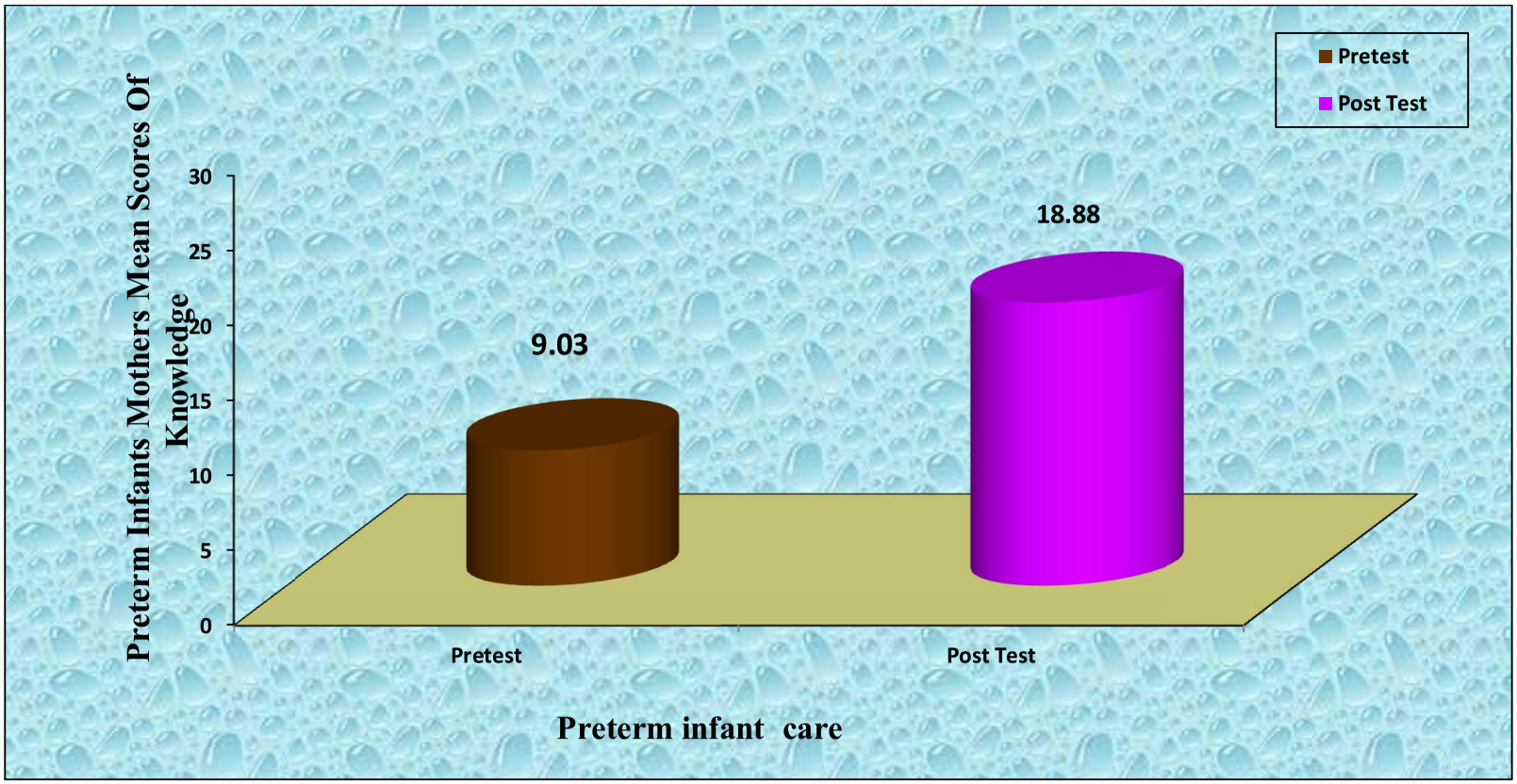


FIG4.9 Comparison of overall pretest and post test mean scores of knowledge on follow up care of preterm infants among Primi mothers

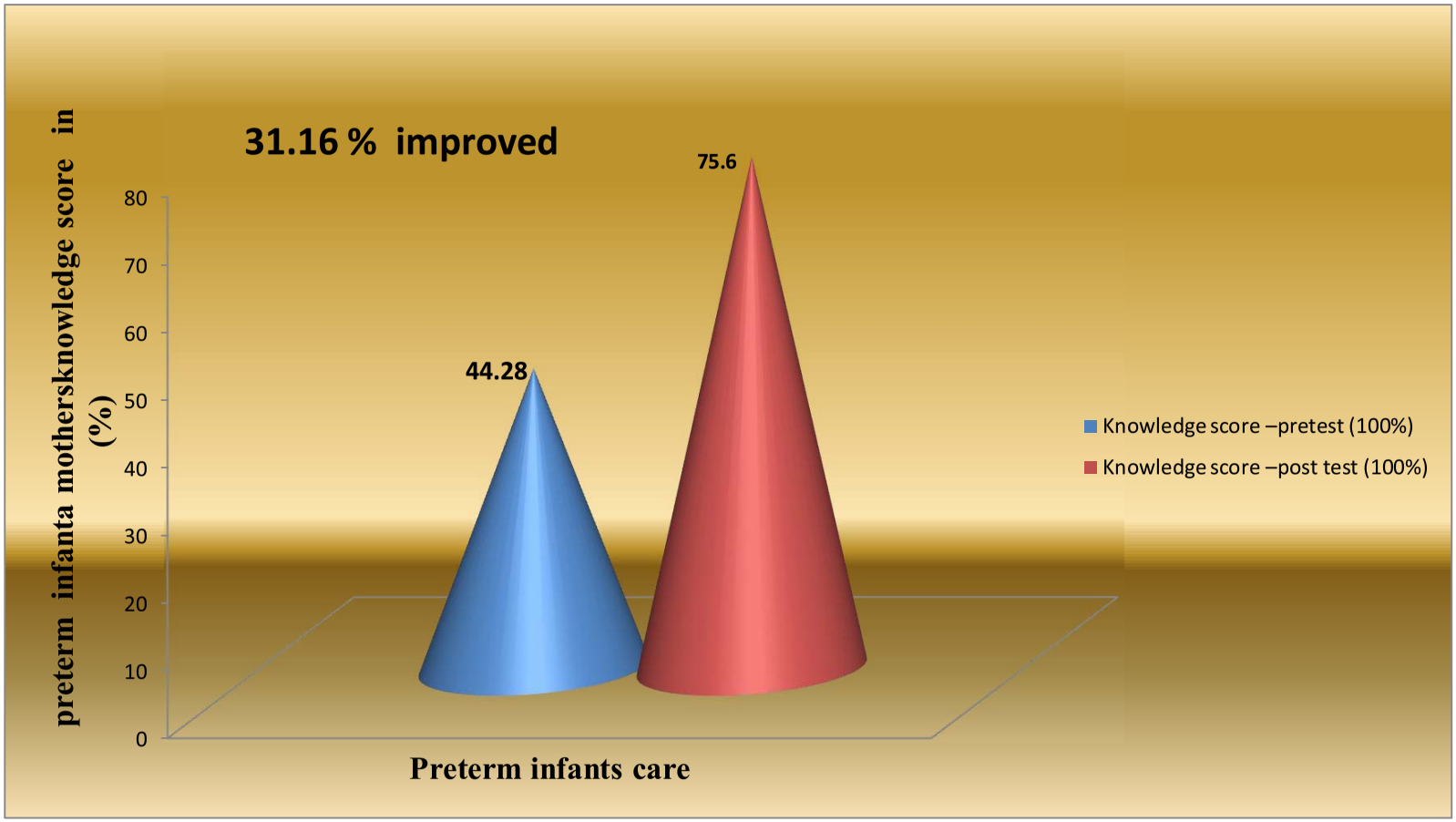


FIG 4.10 comparison of overall pretest and post test knowledge score (%) among Primi mothers of preterm infants

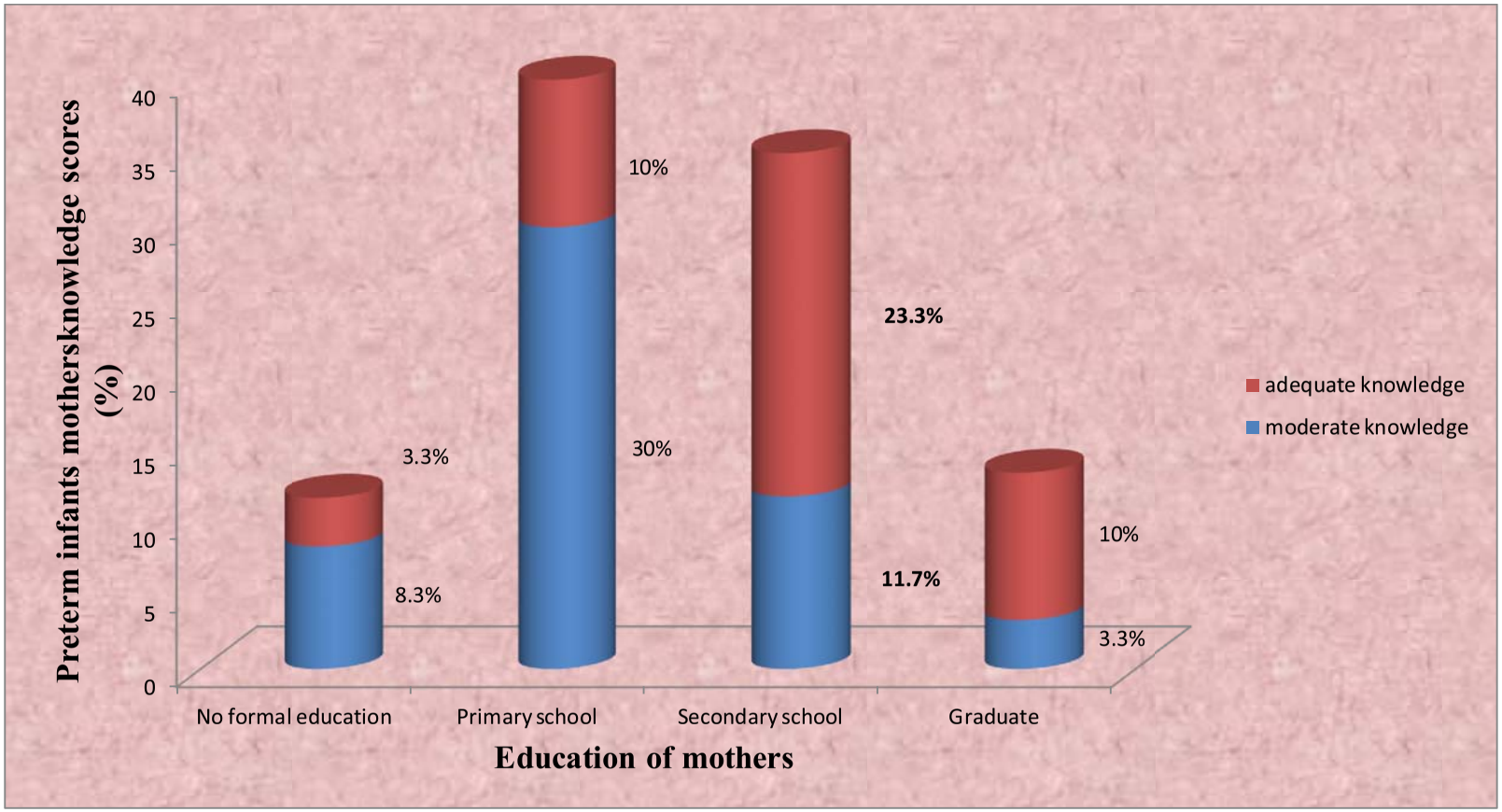


FIG 4.11 Association between level of knowledge and mothers education

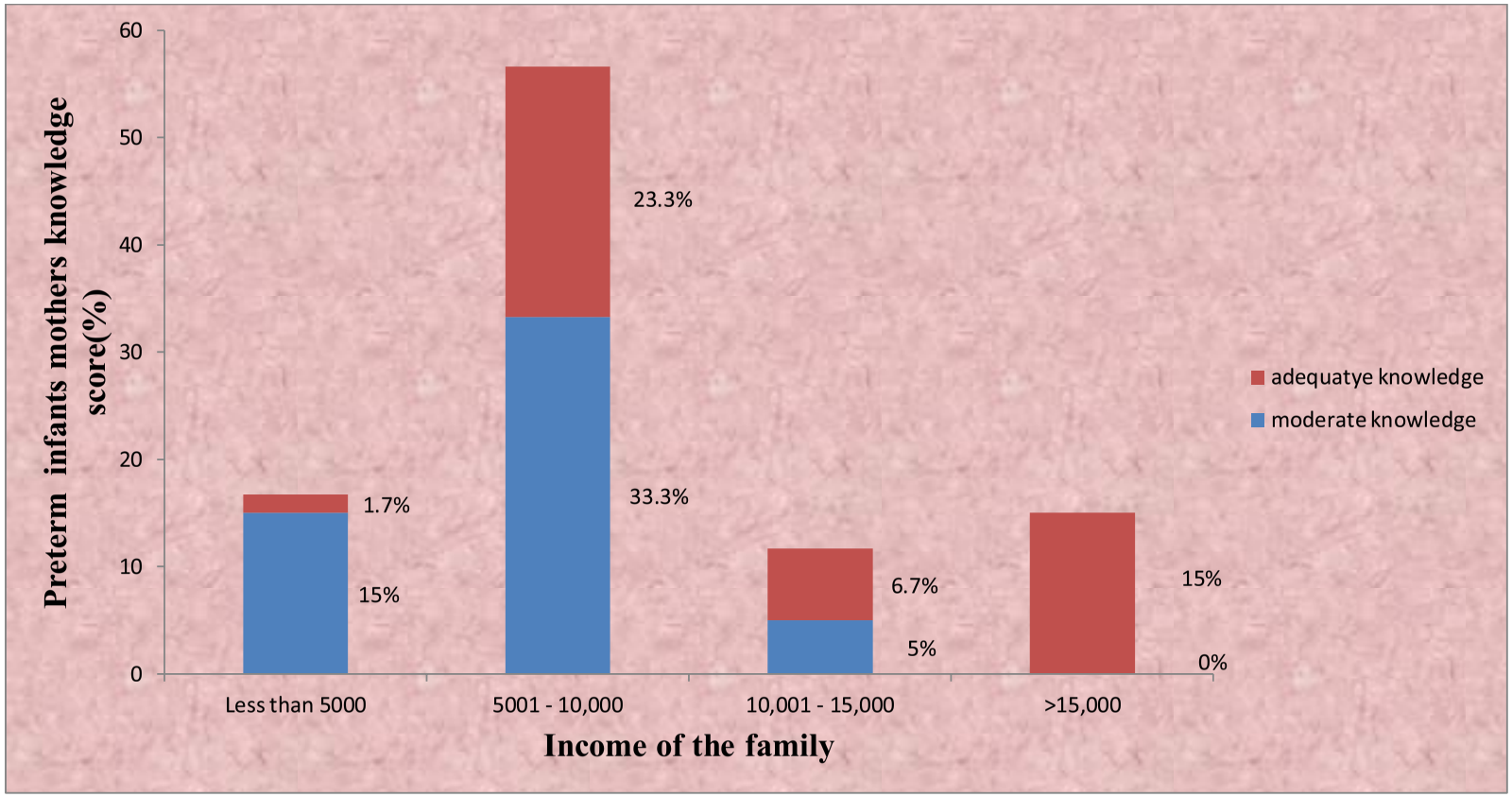


FIG 4.12 Association between level of knowledge and income of the family

CHAPTER -V

SUMMARY OF THE RESULTS

Preterm is indisputably a very important indirect cause of death in neonates the world over. Globally between 40 and 80 % of neonatal deaths occur among LBW neonates. The world health organization estimates that 15 million babies are born (before 37 completed weeks of gestation), born LBW too early every year worldwide. 60% of preterm births highest incidence is observed in south Asia, where an estimate 31% of neonates is born LBW. 3 million preterm babies are born India every year.

So the important of the **knowledge** to be given to the parents especially to the mothers to prevent world Preterm birth and maintain healthy society. This is one of the most challenging and frustrating problems in public health. The LBW and preterm birth are associated with most of the mortality and major proportion of morbidity in the Infant period, and the importance of their prevention is undisputed. However, as long as we do not have effective methods of primary prevention, then secondary prevention, that is case management and to increase the survival is the practical option. The overwhelming effect of supportive care and treatment with antibiotics on mortality and morbidities observed in this trial suggests that the current situation of lack of care at home for needy Preterm infants must change.

Review of literature helped the investigator to develop the necessary tools and methodology to support this study. A pre experimental research method was under taken for this study to assess the effectiveness of video assisted teaching programme on knowledge among mothers on preterm infants care. Sixty mothers were selected for this study by convenient sampling methods

based on inclusion criteria. The tool was developed after reviewing relevant literature and expert's opinion.

It consist of two sections i.e., section-A, demographic variables and section-B scheduled structured interview questionnaire related to knowledge regarding preterm care.

The study was based on Modified Ludwig von bertlanffy's general systems theory (1968) general system theory of system would be a useful tool providing, on the one hand, models that can be used and transferred to different fields and safeguarding on the other hand from vague analogies which often have marred the progress in this fields.

The post test level of knowledge gained by mothers after video assisted teaching regarding preterm infants care.

The pretest, the mean score of knowledge was 9.03±3.06 whereas in the post test the mean score of knowledge was18.88±2.54. The calculated paired't' value of t = 30.238 was found to statistically significant at $p<0.001$ level.

Overall comparison of pretest knowledge score 44.28% and post test knowledge score is 75.6% difference is 31.16.This clearly showed that improvement of mothers knowledge after video assisted teaching programme among primi mothers

Nearly 23.3% of adequate knowledge gained by secondary school the mother than graduate mother and 10.0% adequate knowledge gained by both Graduates and primary school mother than no formal educated mothers only 3.3% of adequate knowledge gained by the no formal education .

Among 60 samples of mothers 23.3% adequate knowledge gained from 5001-10,000, 15% adequate knowledge gained from >15,000, 6.7% adequate

knowledge gained from 10,001-15,000 and only 1.7% adequate knowledge gained from less than 5,000.

The hypotheses formulated were, that there is a significant relationship of mothers education, income with level of knowledge. Thus the health care personnel will be able to identify those who require special attention while imparting health education.

Descriptive and inferential statistical methods like frequency, tables, mean, standard deviation, percentage, pearson's chi-square test, level of knowledge gain of between pretest and posttest was calculated using stuart-maxwell test/ generalized McNemar's, chisquare test, significance of difference between pretest and posttest score was calculated using student's paired t-test. Statistical significance was calculated by using student's paired 't' test were used to interpret the data.

5.1 Major findings of the study:

In demographic variables the majority 21(35%) of mothers were in the age group of 26 – 35 years, 24(40%) were educated upto primary school, 45(75%) were Hindus, 53(88.33%) were unemployed, 31(51.67%) belonged to nuclear family, 34(56.67%) were from urban area, 53(88.33%) had no other disease, 22(36.67%) none of them had previous experience about preterm care, 34(56.67%) had family income of Rs.5001 – 10,000, 51(85%) had a gestational age of the baby from 34 – 37 weeks and 52(86.67%) of preterm infants weighed 2000 – 2500 grams.

In pre test mothers level of knowledge on care of preterm 88.33% of the mothers had inadequate knowledge, 11.67% of them having moderate knowledge and none of them had adequate knowledge.

In post test none of them having inadequate knowledge, 53.33% of them having moderate knowledge and 46.67% of them adequate knowledge.

The improvement mean score of overall knowledge of the primi mothers in pre test is 9.03 mean score in post test is 18.88 mean difference in knowledge score is 9.85, percentage difference in knowledge score with 95% confidence interval level.

On an average, in post test after video assisted teaching, mothers are gained 31.16% of more knowledge score than pretest score.

This 31.16 percent of knowledge gain is the net benefit of this study, which indicates the effectiveness of video assisted teaching.

There is a significant difference between pre test and post test level of the knowledge score.

. The association between mother's demographic variable and their post test level of knowledge more in educated, income persons and statistically significantly associated with their post level of knowledge when compared with other significant demographic variables.

CHAPTER -VI

DISCUSSION

The research has demonstrated the effectiveness of video assisted teaching programme on knowledge among Primi mothers of Preterm baby in the care of preterm Infants. The investigators conducted the study in Medical Wards, Institute of child health, Chennai .

Sixty Primi Mothers were selected by using convenient sampling methods. The samples were selected based on Inclusion criteria. The mothers were interviewed separately without having the possible interaction of the interviewer with other sample respondents. The structured interview questionnaire was used to collect the information after getting the validity from experts and pilot study.

The investigator gave the teaching programme to the Primi mothers after they were seated comfortably in the Medical ward class rooms, after seven days the mothers were asked to gather in the Medical ward class rooms and assess the knowledge which gained from the Video assisted teaching programme. Significance of difference between pretest and posttest score was calculated using "Students Paired t- test".

The collected data were classified into 2 section. The first section contains the demographics variables of the mothers and the second section contains the questionnaire related to knowledge aspects of preterm care.

The results of the study are discussed below basic on objectives

Objectives I – T o identify the demographics variables of Primi mothers of preterm infants

Age

Out of sixty Primi mothers majority of mothers 35% were in the age group of 26-35yrs and 31% of the mother from the age group of 23-25 yrs, 28.33% of the mother from the age group of 20-22 yrs only 5% mother from the age group of >35 yrs.

Education

Regarding educational status 40% of the mother finished primary school education. 35% of mothers finished secondary school, 13.33% of mother was graduates. Only 11.6% of mother was illiterate or no formal education.

Religion

Three fourth of the mother that is nearly 75% of the mothers belongs to Hindu region. 13.33% were Christians and 11.67% mothers belong to Muslims.

Mothers occupation

Most of the mothers 88.33% were unemployed and only 11.67% mothers are employed.

Type of family

Nearly 51.67% belonging to nuclear family and 48.33% belonging to joint family.

Type of residence

Nearly 56.67% of the mothers from urban area and 41.67% of the mothers from rural area and only 1.66% of the mother belong to other state

Presence of any disease

Around 88.33% of mothers are not affected in any other disease. 6.67% of mother affected in Diabetic mellitus/Hypertension, 3.33% of mothers are affected in genetic/systemic disease and only 1.67% of mothers are affected in tuberculoses.

Preterm baby care learned

In this study nearly 36.67% of the mothers not learned about preterm care. 26.67% of the mothers learned from family members/mass media, 20.00% of the mothers are learned from nurses and 16.67% of mothers are learned from doctors.

Income of the family

In this study 56.67% of the mother's family income is from rupees 5001 to 10,000 rupees, 16.67% of the mother's family income less than 5000, 15% of the mothers family income above >15,000 and 11.67% of the mothers family income 10,001-15,000.

Gestational age of the baby

In this study 85% of the mother's babies born between 34-37% weeks of gestation.13.33% of the mothers babies born 31-33 weeks of gestation and only 1.67% of the mother's babies born 28-30 weeks of gestation.

Birth weight of the baby

In this study 86.67% of the birth of the baby fall 2000-2500 gm, 11.667% of the birth weight of the baby fall 1500-2000 gm and only 1.67% of the birth weight of the baby fall 1000-1500 gm.

Objective 2 -To assess the knowledge among primi mothers on care of preterm infants in the following aspects, regarding knowledge about preterm care – the investigator assessed the mothers knowledge under 5 aspects such as,

1. Preterm baby care:

According to the analysis the overall mothers knowledge score regarding preterm care in pre-test is only 47% but in post test after video assisted teaching the mother gained knowledge about preterm care is 80.2 % of knowledge.

So considering preterm care in the pretest mothers had mean score of knowledge on preterm care was 2.35±1.33 whereas in the post test the mean score of knowledge on preterm care was 4.01±0.85 difference of mean score of knowledge 1.66. The calculated paired 't' value of t = 9.755 was found to statistically significant at $p<0.001$ level. This difference is large and it is statistically significant it is support by **Alio Amina, Ph.D, Research Assistant Proffers (1998-2005).**

2. Feeding of the baby:

The investigator explained the important of breast feeding and attachment and position during breastfeeding, the methods of expressed breast milk, exclusive breast feeding, paladai feeding technique, weaning of the baby feed after six months when to start liquid fluids, semi –solid foods and solid

foods, which type of food introduce to the baby after starting weaning food and hand washing methods and how to keep feeding utensils.

According to the analysis the overall mothers knowledge score regarding feeding of the baby in pre-test is only 46.6% but in post test after video assisted teaching the mother gained knowledge about feeding of the baby is 73 % of knowledge.

Considering feeding of preterm infants in pretest, mothers had mean score of knowledge on feeding of the baby was 2.33±0.93 whereas in the post test the mean score of knowledge on feeding of the baby was 3.65±0.77 difference of mean score knowledge 1.32. The calculated paired 't' value of t = 9.170 was found to statistically significant at $p<0.001$ level. This difference is large and it is statistically significant difference. It is supported by **Chen Yc, Chie Wc, Chang Pj, Chuang Ch, Et Al(2010).**

3. Prevention of infection:

The investigator gave the health education regarding hand washing, skin care, eye care, elimination needs, perineum care, personal hygiene methods oil message methods isolate the baby from infected person, the methods to keep the baby in home environment.

According to the analysis the overall mothers knowledge score regarding prevention of infection in pre-test is only 51.6% but in post test after video assisted teaching the mother gained knowledge about preterm care is 82.2 % of knowledge.

Considering prevention of infection in the pretest, mothers had mean score of knowledge on prevention of infection was 2.58±1.06 whereas in the post test the mean score of knowledge on prevention of infection was 4.11±0.49 difference is 1.53. The calculated paired 't' value of t = 10.018 was found to

statistically significant at p<0.001 level.. This difference is large and it is statistically significant difference. It is supported by **Casiro o.g. Mckenzie M.E et.al (1998)**

4. Immunization:

Mothers are instructed by the investigator how the vaccine are protect the baby from eight major disease importance of the immunization, when to start immunization schedule to the preterm baby, how much dosage, route, site and observation of side effects after giving vaccination.

According to the analysis the overall mothers knowledge score regarding immunization in pre-test is only 30% but in post test after video assisted teaching the mother gained knowledge score about immunization is 66.2 % of knowledge.

Considering Immunization in the pretest mothers had mean score of knowledge on immunization was 1.50±1.09 whereas in the post test the mean score of knowledge on immunization was 3.31±0.89 difference is 1.81. The calculated paired 't' value of t = 12.162 was found to statistically significant at p<0.001 level. This difference is large and it is statistically significant difference. It is supported by **Brugha RF ,Kevany JP,swan AV(2010)**

5. Follow up care:

The investigator advice the mother to attend the follow up OPD without fail and ask them to clear their doubts regarding baby care after discharge from Medical wards. Watch danger signs, follow up medication, feeding pattern, immunization, hygienic practices with doctor advice.

According to the analysis the overall mothers knowledge score regarding follow up care in pre-test is only 46.2% but in post test after video

assisted teaching the mother gained knowledge about preterm care is 75.6 % of knowledge.

Considering follow up care in the pretest mother had mean score of knowledge on follow-up care was 2.31±1.04 whereas in the post test the mean score of knowledge on follow-up care was 3.78±0.84 difference is 1.47. The calculated paired 't' value of t = 10.081 was found to statistically significant at $p<0.001$ level. This difference is large and it is statistically significant difference. It is supported by **Michael P Sherman MD, Chief editor T.Ed Rosenkrantz ,MD (2011)**

Objectives-3 -To assess the effectiveness of video assisted teaching programme on knowledge among Primi mothers on preterm care

The overall pretest mean score of knowledge of the mothers was 9.03±3.06, after video assisted teaching programme and the overall post test mean score of knowledge of the mothers was 18.88±2.54 .Its show that the mean score of the post test in each one of the five aspects and on the whole are higher than the mean knowledge score of the pretest.

The overall improvement mean knowledge score of the Primi mothers were analyzed by Student paired t test t=30.238 ,p=0.000 significant (P value show that very high significant)

According to the analysis the overall mothers knowledge score regarding preterm follow up care in pre-test is only 44.28% but in post test after video assisted teaching the mother gained knowledge about preterm care is 75.6 % of knowledge.

On an average, in post test after video assisted teaching, mothers are gained 31.16% of more knowledge score than pretest score.

The overall pretest level of knowledge among primi mothers revealed that majority 53(88.33%) had inadequate knowledge and 7(11.67%) had moderately adequate knowledge on follow care of preterm infants.

The overall post test level of knowledge among primi mothers revealed that majority 32(53.33%) had moderately adequate knowledge and 28(46.67%) had adequate knowledge on follow care of preterm infants.

Comparison of overall pretest and posttest level of knowledge like adequate and moderate knowledge gradually increased after video assisted teaching programme.

In the pretest on an average they were able to answer only 9 question before administration of video assisted teaching, after administration of video assisted teaching the mothers are able to answer upto 18 questions. Due to video assisted teaching period mothers can able to answer more than 22 question correctly. This is statistically significant. Statistical significance was calculated by using Student paired t test .It is supported by **John holfman (2010**)

Objectives-4 To associate post test knowledge score of the mothers on preterm care with demographic variables.

To the association between the knowledge score and demographic variables of the mothers on preterm care was analyzed using Pearson Chi Square test, from the analytical assessment the knowledge will be more associated with education those who are finished in secondary school 23.3% and income who earned 5000 to 10000 have 23.3 % and other demographic variables had not shown statistically significant association with post test level of knowledge on follow up care of preterm infants among mothers.

H1 There was statistically significance difference between pretest and posttest level of knowledge after giving video assisted teaching regarding preterm infant care among primi mothers $t = 30.238$ at $p < 0.0001$ level. So the first hypothesis was proved.

H2 There was significant association between post test knowledge score of preterm care among primi mothers with selected demographic variables such as education, income $P < 0.010$ and $P < 0.001$. So the second hypothesis was proved.

Hence it is concluded that the mother gained knowledge through the video assisted teaching programme, the pretest and post test level of knowledge gain score was calculated using Stuart Maxwell/Generalised mc Nemar's Chi square test .This is supported by Linderberg I ,Christensson K,Ohrling K,et all., (2009) they founded that the modern teaching methods will help to gain the knowledge of the mothers and caregivers.

CHAPTER VII

CONCLUSION AND RECOMMENDATION

Researchers have conjecture that preterm babies, who must remain hospitalized for relatively long periods of time, may be deprived of the benefits of mutual stimulation between parents and the child. So to reduce the worries of the mothers and fathers, researcher must to teach that fact and possibility of the survival of the preterm babies with good care.

7.1 Implication of the study:

This study has its implication in nursing service, nursing education, nursing administration and nursing research.

Nursing service:

Health education is the vital role of the nurses. The parents need information regarding home care after discharge. It is mandatory that nurses supply the needed information to the mothers before he is discharged from the hospital.

The finding of the study strongly supports the importance of teaching to mothers in various aspects. So the nursing personals should conduct various programs for mothers who will help in reduction of infant's mortality and morbidity. It will help the nurse to develop the profession in independent and extended aspects. It will help in prevention of complications like respiratory problems Pneumonia, diarrhea, congenital cardiac problems and fever for the preterm babies. Videos, animations, posters can be displayed in Medical wards and outpatient department.

Will focus on social supports which help to eliminate worries, harmful traditional practices and promote their mental strength to take care of the baby.

Nursing Administration:

An effective role is found in every nursing administrator in organizing these programs.

Medical ward nurse can be encouraged to organize educational programs on preterm a baby care regularly in the ward and outpatient department.

Plan for staff development programme for nurses on care of preterm babies to update their knowledge periodically nurse administrators should expand their role in involving themselves in policy making.

Nursing Education:

Student nurse should be motivated in participating and organizing teaching program me on the various aspects whenever posted in Medical wards.

Nursing educator should motivate the mothers to participate in any teaching programme regarding preterm care in hospital and any health organization.

Nursing educator should take initiative to publish books and articles in journals regarding care of preterm babies.

Students should be encouraged to do many projects on care of preterm babies

Nursing research:

This study provides this scope for further research related to other aspects on preterm care. Nurses will have to apply new techniques in their role in

the respective department where they are posted and such care should be undertaken to eliminate certain bad practices / taboos and to find out useful guidance for the nursing practitioners as well as educators.

This study provides the scope for further research related to other aspects on preterm care.

The study findings bring an understanding that there is a serious lack in the awareness on preterm care among the mothers.

Utilization of findings and dissemination of knowledge in nursing practice.

7.2 Limitations:

- The study was limited to mothers, who had babies born before 37weeks of gestation and having birth weight below 2.5 kg
- Were available during the study period.
- Were willing to participate in the study.
- They would understand and speak Tamil and /or English.
- Were admitted their preterm babies in Medical ward, ICH, Chennai .

7.3 Recommendations for the further study:

During the course of the study the investigator felt that the following recommendation are required to be mentioned

Educational programme on feeding practice prevention of infection and follow up care, proper immunization, for the family members especially grandmothers.

A similar study can be done to follow up the babies in home upto five years in home.

A similar Study may be conducted with experimental approach having a control group with larger samples

A comparative study can be done in rural and urban areas

A follow up study could be done to identify the complications in the preterm babies

Coping skill of the parents with preterm babies could be studied

Cohort of preterm babies should be studied to find out the duration taken to become a normal baby

A study related to electronic monitoring of hand washing procedure in hospital to control the infection.

A study related to music therapy for secreting the breast milk.

A comparative study for fourth month and sixth month babies start weaning food to child

Conclusion:

In this study the majority of the mothers that is 88.33% of the mothers had inadequate knowledge and 11.67 % of the mothers had moderate knowledge in the pretest after the video assisted teaching programme 46.67% of the mothers had adequate knowledge and 53.33% had moderate knowledge regarding preterm care.

The comparison of pretest and post level of knowledge score an improvement of 31.16% may be attributed to the teaching methodology used by

the investigators about the knowledge aspects of preterm care. The great significance occurs after video assisted teaching to Primi mothers of Preterm infant in the care of preterm infants paried t value is 30.238 at p <0.000. so the investigator conclude that the main key for reducing the mortality and morbidity rate of preterm baby is creating awareness about preterm infants care among the mothers and family members with use of modernized technology .

BIBLIOGRAPHY

1) Ann ,mariner tomey and Mastha raile alligood (2002) , " Nursing theory utilization and Application", Mosby publications, London, PP 78 -82.
2) Baker S.F, Smith B.J (2003) "Skin care management for premature infants" Paediatrics Today, Sep; 19.426-31.
3) Barrera M.E , Rosenbaum P.L Et al (1996), "Early home intervention with preterm infants and their parents", paediatrics today:feb57(1),20-33.
4) Carvel(2005) "Care for preterm infants after Hospital discharge", paediatrics Today, Sep52:23-47.
5) Dr, Meharban Singh (2001), "The Art and science of baby and child care", A comprehensive book on parenting, 1ST Ed, Sagar Publications, New Delhi .
6) Dr . Mirriam Stoppard (1995), "Complete baby and child care", 1st Ed , dorling Kindersley, London.
7) David .T.J,(2001)"Recent advances in paediatrics" Churchill Livingstone, London.
8) Elizabeth. K.E, (2000) "fundamentals of paediatrics" 1st Ed , publishing company, Hyderabad, PP 102 -106.
9) Ghai. O.P, Piyush Gupta et al(2003) "Essential Pediatrics" 6th Ed, GBS publishers and distributors, New Delhi .PP.155.
10) Gregory A. Baldwin,(2001),"Hand book of Pediatrics Emergencies, 3T Lippincott Williams and Wilkins, philadelpia .
11) Janet M. Rennie, N.R.C. Robertson(2000) "Textbook of Neonatology" Churchill Livingstone, London PP, 1093 -95.
12) Meharban singh (1999) "care of the newborn" 5th Ed, Sagar pu lications, New Delhi. PP 147 -160, 163-186, 190 -197.

13) Naveen Thacker, Nithin K. shah "Immunization in clinical practice" Jaypee Brothers medical publisher (P) Ltd, New Delhi, PP 16 -20 , 55-58 .

14) Parthasarathy (2000), "IAP – Textbook of Paediatrics", 2 Ed, Jaypee Publications, New Delhi .PP 92 -94.

15) Parthasarathy A, M.R.lokeshwar, Et al (2004) "Immunization Digest" Jaypee Brothers Medical Publishers(P) Ltd, New Delhi. pp 12 -18.

16) Pout and Hungier, (1996) "Nursing research principles and methods", 5th Ed, J.P. Lippincott company, Philadelphia.

17) Rajan kumar pe jever(1980), "Pocket manual of neonatal Management" Jaypee Brothers medical publishers (P) Ltd, New Delhi, pp135 -167.

18) Robinson M.J Robertson D.M (1996), "practical pediatrics" 3rd Ed, Churchill Livingstone, London PP237-44.

19) Suraj Gupta (2002) "Recent Advance in paeditrics , community pediatrics" 1st ed, vol –II, Jaypee brothers Medical publishers(P) ltd, New Delhi .PP 348-356.

20) Viswanathan (1995), "Achar's Textbiik of paediatrics" 3rd Ed, orient longman company, Mumbai.

21) Wong and waley (2002), "Nursing care of children and infant", 1st Ed, C. V.Mosby company, Vis. PP 282-83.

JOURNALS

1) Basudev Gupta (2014) “Evaluation of efficacy of skin cleansing with chlorhexidine in prevention of neonatal nosocomial sepsis” peadiatrics infectious disease journals, December 2014, 34(3) 241-245.
2) Barbara A.Reyna (2013) “A descriptive study of mothers experience feeding their preterm infants after discharge” Journals of advanced neonatal care, May 2013, 6(6) 333-340.
3) Benizies (2013) “Effects of video modeling on the interaction skills of first time father of late preterm infants” Journals of infants and young children”, December 2013,26(4)333-348.
4) Carolyn Brockers(2015) “Impact of video interactive project on parenting stress” Journals of child and family studies August 2015, 1-9.
5) Clauidia schlegar (2014) “The use of video in standardized patient training to improve portrayal accuracy”, Journals of pediatrics, October 2014, 37(8) 730-737.
6) Della A forster (2015) “feeding infants directly at the breast feeding during the postpartum hospital stay is associated with increased breast feeding at 6 months postpartum” BMJ May 2015.
7) David A (2014) “Non sterile glove is used in addiction to hand hygiene to prevent late onset infection in preterm infamy ants” Journals of Jama padiatrics, October 2014 129(1) 909-916.
8) Dominiquer j. Kavas (2011) “Home care practice for newborn in rural southern Nepal during the first week of like” Journals of perinatalogy”, June 2011, 35 880-884.
9) David D Wirstchafter (2010) “Nosocomial infection reduction in very low birth weight infants with a state wise quality”, Journals of American academy of pediatrics, March 2011, 127 (3).

10) Foterek (2014) “Breast feeding and weaning practice in the DONALD study age and time trend”, Journals of pediatrics gastroenterology and nutrition, March 2014, 58(3) 361-367.

11) Hwangs (2015) “ Home care practice for preterm and term infants after discharge” October 2015 58(3)200-207

12) Helen sisson(2014) “ Premature infants are at an in weasel risk of infection and vaccination is recommended for their children in accordance with the routine schedule” New England Journals of Medicine” 2014 10 (3) 84-86.

13) Kumar Mahindra (2010) “Effectiveness of video assisted teaching on needle stick injury” Journals of international journals of nursing education”, 2010,(2) 25-27.

14) Laura R. Kari (2015) “The experience of breast feeding the late preterm infants”, Journals of breast feeding medicine, February 2015, 10(2) 102-106.

15) Martin Kayao Maktia (2014) “Effect of Low birth weight on time to BCG vaccination in an urban poor settlement”, Journals of BMC padiatrics, April 2015, 10-1186.

16) Maarten O (2013) “Respiratory syncytical virus and recurrent wheeze in healthy preterm infants”, Journals of medicine, September 2010, 29(9) 801-805.

17) Oslen (2014) “High protein intake improves length, not weight, Z score in preterm infants” Journals of pediatrics gastroenterology and nutrition, April 2014, 58(9) 409 -416.

18) Peter M (2014) “Intensive care unit readmission during childhood after preterm birth with respiratory failure”, Journals of pediatrics, April 2014,164 (4) 749 -755.

19) Ragnhild maastrup (2015) “Factors associated with exclusive breast feeding of preterm infants”, Journals of American Academy of pediatrics, February 2014, 34(5) 482-489

20) Rehana A salam (2015) “Effect of emollient therapy on clinical outcomes in preterm neonates”, Journals of Arch dris child fetal and neonatal, January 2015, 100.

21) Susan Aries (2015) “Sunflower seeds”, Journals of medical application, March 2015, 39(3) 194-197.

22) Subah s. hwang(2014) “Discharge timing outpatient follow up and home care of late preterm and early term infants”, Journals of Academy of paediatrics May 2014,35(10) 880-884.

23) Shamez N Ladhani (2014) “Timely immunization of premature infants against rotavirus in the NICU”. Journals Of child fetal neonatal, July 2014, 99 444-447.

24) Susanna Espotio (2012) “medscape – Immunogenicity, safety, tolerability of vaccination in premature infants”, November 2012,11 (10) 1199-1209.

25) Wafea Qasem (2015), “Age of introduction of first complementary feeding for infants” Journals of BMC paediatrics, september2015 1, 5 (107).

26) Woestenberg (2014) “Delayed start a Diphtheria, tetanus , Acellular pertussis and inactivated polio Vaccination in preterm and Low birth weight infant”, Journals of paediatrics infectious disease control, February 2014 , 33(2) 190-198.

NET REFERENCE

www.google.com

http://www.medscape.com

http://www.aegies.com

http://www.allrefer.com

http://www.healthatoz.com

http://www.healthfinder.gov

http://www.medhelp.org

http://www.medtrib.com

http://www.nap.edu

http://www.onelook.com

www.pubmed.com

http://www.proquest.com

http://www.jco.org

http://www.fda.gov/cber

http://www.niaid.nih.gov

REPORTS

WHO report (2015)

UNICEF report (2015)

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI-3

EC Reg No.ECR/270/Inst./TN/2013
Telephone No. 044 25305301
Fax : 044 25363970

CERTIFICATE OF APPROVAL

To
Ms. PRIYADARSHINI.M.S
M.Sc., (Nursing)
College of Nursing
Madras Medical College,
Chennai – 600 003.

Dear Ms. PRIYADARSHINI.M.S,

The Institutional Ethics Committee has considered your request and approved your study titled **A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING OF FOLLOW UP CARE FOR PRIMI MOTHERS OF PRETERM INFANTS IN THE CARE OF PRETERM INFANTS AFTER DISCHARGE FROM MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE. No.18102014.**

The following members of Ethics Committee were present in the meeting held on 21.10.2014 conducted at Madras Medical College, Chennai-3.

1.	Dr.C.Rajendran, M.D.,	: Chairperson
2.	Dr.R.Vimala, M.D., Dean, MMC, Ch-3	: Deputy Chairperson
3.	Prof.B.Kalaiselvi, M.D., Vice-Principal, MMC, Ch-3	: Member Secretary
4.	Prof.R.Nandhini, M.D., Inst.of Pharmacology, MMC	: Member
5.	Prof.K.Ramadevi, Director i/c, Inst.of Biochemistry, MMC	: Member
6.	Prof.Saraswathy, M.D., Director, Pathology, MMC, Ch-3	: Member
7.	Prof.S.G.Sivachidambaram, M.D., Director i/c, Inst.of Internal Medicine, MMC	: Member
8.	Dr.Balakrishnan, M.S., Director, Inst.of Surgery, MMC	: Member
9.	Thiru S.Rameshkumar, Administrative Officer	: Lay Person
10.	Thiru S.Govindasamy, B.A., B.L.,	: Lawyer
11.	Tmt.Arnold Saulina, M.A., MSW.,	: Social Scientist

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary, Ethics Committee

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMM
MADRAS MEDICAL COLLEG
CHENNAI-600 0

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that a tool prepared by **Miss. PRIYADARSHINI.M.S**, studying M.Sc.Nursing, II year, College of Nursing, Madras Medical College, undertaking a Research study on **". A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING OF FOLLOW UP CARE FOR PRIMI MOTHERS OF PRETERM INFANTS IN THE CARE OF PRETERM INFANTS AFTER DISCHARGE FROM MEDICAL WARD AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE"** has been validated by me and is found to be valid up to date and she can proceed with this tool to conduct the main study.

SIGNATURE WITH SEAL

Deputy Superintendent
Institute of Child Health
and Hospital for Children
Egmore, Madras-600 008

Name : Dr ANNAMALAI VIJAYA RAGHAVAN

Designation : PROFESSOR OF PAEDIATRICS

Date : 22/7/2015

Place : CHENNAI

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that a tool prepared by **Miss. PRIYADARSHINI.M.S**, studying M.Sc.Nursing, II year, College of Nursing, Madras Medical College, undertaking a Research study on **". A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING OF FOLLOW UP CARE FOR PRIMI MOTHERS OF PRETERM INFANTS IN THE CARE OF PRETERM INFANTS AFTER DISCHARGE FROM MEDICAL WARD AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE"** has been validated by me and is found to be valid up to date and she can proceed with this tool to conduct the main study.

SIGNATURE WITH SEAL

Name : Mrs. MAHIBA JANICE. J

Designation : LECTURER.

Date : 15.07.15

Place : Chennai - 69.

MADHA COLLEGE OF NURSING
15 JUL 2015
CHENNAI - 600 069

From

Miss. Priyadarshini .M .S

M.Sc. (N) II year,

College of Nursing,

Madras Medical College,

Chennai - 600003.

To

The Director,

Institute of child health and hospital for children,

Egmore-08

Through Proper Channel

Respected Sir,

Sub: Requesting for permission to conduct a nursing research study-regarding

I Priyadarshini.M.S M.sc Nursing II year, College of Nursing, Madras Medical College, request you to kindly grant me permission to conduct nursing research study on the topic. **A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING OF FOLLOW UP CARE FOR PRIMI MOTHERS OF PRETERM INFANTS IN THE CARE OF PRETERM INFANTS AFTER DISCHARGE FROM MEDICAL WARD AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, EGMORE .**As partial fulfilment of dissertation study for the degree of Master of Science in Nursing.

I assure you that it will not interfere with the routine activities of the study settings as well as keep confidentiality and anonymity of each elderly people.

Thanking you

Place: EGMORE-08

Time:

Yours obediently

(PRIYADARSHINI.M.S)

Permitted

22/7/15

Deputy Superintendent
Institute of Child Health
and Hospital for Children
Egmore. Madras-600 008

Director and Superintendent
Institute of Child Health and
Hospital for Children
Egmore, Chennai - 600 008

PART -1 DEMOGRAPHIC DATA

1. Mother's age

   a) 20 – 22 ☐
   b) 23 – 25 ☐
   c) 26 –35 ☐

2. Mother's education

   a) No formal education ☐
   b) Primary school ☐
   c) Higher secondary school ☐
   d) Graduate ☐

3. Religion

   a) Hindu ☐
   b) Muslim ☐
   c) Christian ☐
   d) Others ☐

4. Mother's occupation

   a) Employed ☐
   b) Unemployed ☐

5. Type of family

   a) joint family ☐
   b) Nuclear family ☐

6. Type of residence

   a) rural ☐
   b) urban ☐
   c) other state ☐

7. Presence of any disease like

a) Diabetic mellitus /Hypertension
b) Tuberculosis
c) any systemic disease / genetic disorder
d) no disease

8. Preterm baby care learned from

a) doctors
b) nurse
c) family members/ mass media
d) none of them

9 .Income of the family is

a) less than 5000
b) 5001- 10,000
c) 10,0001- 15000

10. Gestational age of the baby is

a) 28-30 weeks of gestation
b) 31-33 weeks of gestation
c) 34-37 weeks of gestation

11. Birth weight of the baby

a) 2000- 2500 gram
b) 1500-2000 gram
c) 1000-1500 gram

PART -2

A) KNOWLEDGE REGARDING PRETERM CARE

1. Preterm baby means

   a) Born after 40 weeks of gestation ☐
   b) Born before 37 weeks of gestation ☐
   c) Born after 42 weeks of gestation ☐

2. Preterm baby weight

   a) Below 2000-2500 gram ☐
   b) 2500-3000 gram ☐
   c) Above 3000 gram ☐

3. The common complication which will occur in preterm baby is

   a) Hypothermia ☐
   b) Diarrhea ☐
   c) Increased weight ☐

4. The best way to prevent preterm baby is

   a) Proper immunization ☐
   b) Regular antenatal checkup ☐
   c) Using of contraceptive device ☐

5. Importance of preterm baby care

   a) To maintain thermoregulation ☐
   b) To breast feed ☐
   c) To induce sleep ☐

B) KNOWLEDGE REGARDING FEEDING OF THE BABY

6. Exclusive breast feeding should be given

a) Upto 4 month ☐
b) Upto 6 month ☐
c) Upto 1 year ☐

7. The best way is to prevent regurgitation

a) Place prone position immediately after ☐
b) Burping ☐
c) Lullaby (Thalatuthal) ☐

8. The correct time to introduce weaning to the baby

a) before 6^{th} month ☐
b) after 4^{th} month ☐
c) after 6^{th} month ☐

9. Introducing non vegetarian food to the baby

a) After 6^{th} month ☐
b) After 1 year ☐
c) After 9^{th} month ☐

10. 6 – 12 month way of feeding foods

a) Breast feeding with three times one cup food ☐
b) Breast feed with five times one cup food ☐
c) Five times 1 ½ cup food ☐

C) KNOWLEDGE REGARDING PREVENTION OF INFECTION OF THE PRETERM BABY

11. Suitable dress for preterm baby's skin is

a) Soft cotton dress ☐
b) Without dress ☐
c) Nylon dress ☐

12. The eyes should be cleaned

a) Clean with wet cloth From outer to inner canthus ☐
b) Clean with water inside the eyes ☐
c) Put kajaal to eyes ☐

13. The method of cleaning the baby after elimination is

a) from upper to lower direction ☐
b) From lower to upper direction ☐
a) Pour the water to area ☐

14. The method of cleaning the female baby after elimination is

a) From upper to lower direction ☐
b) From front to back direction ☐
c) From lower to upper direction ☐

15. The best method to prevent infection is

a) Proper hand washing before touch the baby ☐
b) To keep baby with separate room ☐
c) Give breast feeding ☐

D) KNOWLEDGE REGARDING IMMUNIZATION

16. B.CG used to prevent

a) Tuberculosis ☐
b) Jaundice ☐
c) Smallpox ☐

17. Poliomyelitis prevented by

a) BCG vaccination ☐
b) Polio drops ☐
c) Measles vaccine ☐

18. Ninth month vaccination is

a) Jaundice vaccination ☐
b) Measles vaccine ☐
c) Polio drops ☐

19. Pentavalent is

a) Prevent Five type of disease in single dose ☐
b) Prevent three type of disease in single dose ☐
c) Vaccine for poliomyelitis ☐

20 .Pentavalent given

a) At birth ☐
b) 6,10, 14 th month ☐
c) Nine month ☐

E) KNOWLEDGE REGARDING FALLOW UP CARE

21. The need of fallow up care

a) Monitoring growth and development ☐
b) To continue medicine ☐
c) To put vaccination ☐

.22. The dangerous sign for the baby to seek medical attention is

a) Severe respiratory distress ☐
b) Having hiccups ☐
c) Crying baby more than half an hour ☐

23. If the baby refuse to take breast feed continuously then

a) Given cow's milk ☐
b) Show to the doctor ☐
c) Give artificial milk powder feeding ☐

24. These things to avoid in home

a) Give grape water ☐
b) Paladai feeding ☐
c) Avoid relation to touch the baby ☐

25. Do after getting doctor consultation

a) To give breast feeding ☐
b) To start immunization ☐
c) To hug and touch the baby ☐

நேர்காணல் படிவம்

சுய சமூக குறிப்பு

1. தாயின் வயது

   அ) 20-22 ☐
   ஆ) 23-25 ☐
   இ) 26-35 ☐
   ஈ) 35க்கு மேல் ☐

2. தாயின் கல்வித் தகுதி

   அ) படிக்கவில்லை ☐
   ஆ) ஆரம்பக்கல்வி ☐
   இ) மேல்நிலைக் கல்வி ☐
   ஈ) சட்டப்படிப்பு ☐

3. மதம்

   அ) இந்து ☐
   ஆ) முஸ்லிம் ☐
   இ) கிறிஸ்த்தவர் ☐
   ஈ) மற்றவை ☐

4. தாயின் வேலை விபரம்

   அ) வேலைக்குச் செல்பவர் ☐
   ஆ) வேலைக்குச் செல்லாதவர் ☐

5. குடும்ப வகை

   அ) கூட்டுக் குடும்பம் ☐
   ஆ) தனிக் குடும்பம் ☐

6. வாழ்விடம்/இருப்பிடம்

அ) கிராம பகுதி
ஆ) நகரப் பகுதி
இ) மற்ற மாநிலம்

7. தாய்க்கு கீழ்க்கண்ட நோய்கள் உள்ளனவா?

அ) சர்க்கரை வியாதி / இரத்தக் கொதிப்பு
ஆ) காசநோய்
இ) பரம்பரை நோய்கள் / இருதய நோய்கள்
ஈ) நோய் எதுவும் இல்லை

8. குறைமாதக் குழைந்தைகளை வளர்பதைப் பற்றி தெரிந்துக் கொண்டது

அ) மருத்துவர்கள் வாயிலாக
ஆ) செவிலியர் வாயிலாக
இ) வீட்டில் உள்ளவர்கள் / தொலைக் காட்சி மூலமாக
ஈ) யாரும் இல்லை

9. குடும்பத்தின் வருமானம்

அ) 5000 கீழ்
ஆ) 5001-10000
இ) 10001-15000

10. தாயின் கர்ப்பக்கால வயது

அ) 28 - 30 வாரங்கள்
ஆ) 31 - 33 வாரங்கள்
இ) 34 - 37 வாரங்கள்

11. குழந்தையின் பிறப்பின் எடை
அ) 2000-2500 கிராம்
ஆ) 1500-2000 கிராம்
இ) 1000-1500 கிராம்

பகுதி - 2

தாயின் குறைமாத குழந்தைகள் பற்றிய அறிவு

1.குறைமாத குழந்தை என்பது

அ) 40 வாரத்திற்கு மேல் பிறப்பது ☐
ஆ) 37 வாரத்திற்குள் பிறப்பது ☐
இ) 38 - 39 வாரத்திற்குள் பிறப்பது ☐

2.குறைமாத குழந்தையின் எடை

அ) 2.0 - 2.5 கிலோ கீழ் இருப்பது ☐
ஆ) 2.5 - 3 கிலோ இருப்பது ☐
இ) 3.0 கிலோ மேல் இருப்பது ☐

3. பொதுவாக குறைமாத குழந்தைக்கு ஏற்படும் சிக்கல்களில் ஒன்று

அ) வயிற்றுப் போக்கு ☐
ஆ) உடல் வெப்பநிலை குறைந்து போகுதல் ☐
இ) உடல் மஞ்சள் நிறமாக மாறுவது ☐

4.குறைமாத பிரசவத்தை தவிர்க்கும் முறை

அ) கருத்தடை சாதனங்களை உபயோகிப்பது ☐
ஆ) கர்ப்பகால பரிசோதனைகள் செய்து கொள்வது ☐
இ) கர்ப்பகால பரிசோதனைகள் செய்யாமல் இருப்பது ☐

5. குறைமாத குழந்தைகளின் பராமரிப்பின் அவசியம்?

அ) உடல் வெப்பத்தை சீராக்கவும் ☐
ஆ) பால் கொடுப்பதற்கு ☐
இ) தூங்க வைப்பதற்கு ☐

சத்தான உணவு ஊட்டுதல் பற்றிய அறிவு

6.தாய்ப்பால் மட்டும் கொடுக்கப்பட வேண்டியது

அ) முதல் நான்கு மாதம் வரை ☐
ஆ) முதல் ஆறு மாதம் வரை ☐
இ) முதல் வருடம் வரை ☐

7.பால் கக்குவதை தடுக்க சிறந்த முறை

அ) பால் கொடுத்தவுடன் குப்புற படுக்க வைப்பது ☐
ஆ) ஏப்பம் விடச் செய்தல் ☐
இ) தாலாட்டுதல் ☐

8.இணை உணவு தொடங்கும் சரியான நேரம்

அ) ஆறு மாதத்துக்கு முன்பு ☐
ஆ) நான்கு மாதம் முடிந்தவுடன் ☐
இ) ஆறு மாதத்துக்கு பிறகு ☐

9.மாமிசம் தொடங்கும் வயது

அ) ஆறு மாதம் பிறகு ☐
ஆ) ஒரு வருடம் பிறகு ☐
இ) ஒன்பது மாதம் பிறகு ☐

10.6-12 மாதங்களில் இணை உணவு ஊட்டும் கால அளவு

அ) தாய்ப்பாலுடன் 3 வேளைக்கும் ஒரு கிண்ணம் நிறைய உணவு ☐
ஆ) தாய்ப்பாலுடன் 5 வேளைக்கும் ஒரு கிண்ணம் நிறைய உணவு ☐
இ) 5 வேளைக்கும் ஒன்றை கிண்ணம் உணவு ☐

நோய் தடுப்பதை பற்றி அறிவு

11.குறைமாத குழந்தைகளின் தோலுக்கு ஏற்ற ஆடை எது

அ) மென்மையான பருத்தி ஆடை
ஆ) துணி போடாமல் இருப்பது
இ) நைலான் ஆடை

12.குழந்தையின் கண்களை எப்படி துடைத்து பாதுகாப்பீர்கள்

அ) மென்மையான ஈரத்துணியால் உட்புறம் இருந்து வெளிபுரமாக துடைத்தல்
ஆ) கண்ணுக்குள் தண்ணீர் விட்டு துடைத்தல்
இ) கண்மை போடுதல்

13.குழந்தையின் பிறப்புறுப்புகளை துடைக்கும் முறை

அ) மேலிருந்து கீழாக துடைத்தல்
ஆ) கீழிருந்து மேல்புறமாக துடைத்தல்
இ) தண்ணீர் பிறப்புறுப்புகளில் ஊற்றுதல்

14.பெண்குழந்தைகளின் பிறப்புறுப்புகளை துடைக்கும் முறை

அ) மேலிருந்து கீழாக ஒரே முறை துடைத்தல்
ஆ) முன்பகுதியிலிருந்து பின்புறமாக துடைத்தல்
இ) கீழிருந்து மேல்புறமாக துடைத்தல்

15.தொற்று நோய் வராமல் இருப்பதற்கு செய்யவேண்டியது

அ) கைகளை நன்றாக சோப்புப் போட்டு கழுவிய பின் குழந்தையை தூக்குவது
ஆ) குழந்தையை தனியாக அறையில் வைப்பது
இ) தாய்ப்பால் கொடுப்பது

தடுப்பூசி போடுதல் பற்றிய அறிவு

16. B.C.G (தோல் ஊசி) தடுப்பூசி எந்த நோயைத் தடுக்கும்

அ) காச நோய் (குழந்தை காசநோய்)
ஆ) மஞ்சள் காமாலை
இ) அம்மை நோய்

17.இளம்பிள்ளை வாதம் தடுக்க போடப்படும் தடுப்பூசி எது

அ) B.C.G (தோல் ஊசி)
ஆ) போலியோ சொட்டு மருந்து
இ) தட்டம்மை தடுப்பூசி

18.9 மாதங்களில் போடப்படும் ஊசி

அ) மஞ்சள் காமாலை ஊசி
ஆ) தட்டம்மை தடுப்பூசி
இ) போலியோ சொட்டு மருந்து

19.பென்டாவேலென்ட் என்பது

அ) ஐந்து நோய்களை தடுக்கும் ஒரே மருந்து
ஆ) மூன்று நோய்களை தடுக்கும் ஒரே மருந்து
இ) இளம்பிள்ளைவாதம் நோய் தடுக்கும் ஊசி

20.பென்டாவேலென்ட் போடும் காலம்

அ) குழந்தை பிறந்தவுடன்
ஆ) 6,10,14 வது வர்ரங்களில்
இ) 9 வது மாதத்தில்

தொடர் பராமரிப்பு பற்றிய அறிவு

21.தொடர் பராமரிப்பின் அவசியம்

அ) குழந்தை வளர்ச்சி பராமரிக்க ☐
ஆ மருந்துகளை தொடர்வதர்க்கு ☐
இ) தடுப்பூசி போடுவதற்கு ☐

22.எந்த அறிகுறி இருந்தால் குழந்தையை உடனடியாக மருத்துவரிடம் கொண்டுவர வேண்டும்

அ) மூச்சு விட திணறுதல் ☐
ஆ) இருமல் தும்பல் இருந்தால் ☐
இ) அரைமணி நேரம் அழுந்துகொண்டு இருந்தால் ☐

23.குழந்தை தொடர்ச்சியாக தாய்ப்பால் குடிக்க மறுத்தால்

அ) பசும்பால் கொடுக்கலாம் ☐
ஆ) மருத்துவரிடம் எடுத்துச் செல்ல வேண்டும் ☐
இ) புட்டிபால் ,பால்பௌடர் கொடுக்கலாம் ☐

24.வீட்டில் இருக்கும்போது செய்யகூடாதவை

அ) வசம்பு ,கிரேப் வாட்டர் கொடுத்தல் ☐
ஆ) பாலாடையில் தாய்ப்பால் கொடுத்தல் ☐
இ) குழந்தையை உறவினர்கள் தூக்காமல் இருத்தல் ☐

25.மருத்துவரின் ஆலோசனையுடன் செய்யவேண்டியவை

அ) தாய்ப்பால் கொடுக்க வேண்டும் ☐
ஆ) தடுப்பூசி போட வேண்டும் ☐
இ) குழந்தையை தூக்கி கொஞ்ச வேண்டும் ☐

வீடியோ மூலம் வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்வு

தலைப்பு	குறைமாத குழந்தைகளின் தாய்மார்களுக்கு குறைமாத குழந்தைகள் நலம் பேணுதல் பற்றிய அறிவுத்திறன் நிலைக்கான வரையறுக்கப்பட்ட நிகழ்ச்சியின் செயல்திறன்.
பெறுநர்	குறைமாத குழந்தைகளின் தாய்மார்கள்
இடம்	பொது பிரிவு குழந்தைகள் நல மருத்துவமனை எழும்பூர்,சென்னை - 08
நேரம்	40 - 50 நிமிடங்கள்
கற்பிக்கும் முறை	வீடியோ மூலம் விரிவுரையாடல் மற்றும் கலந்துரையாடல்
மைய நோக்கம்	வீடியோ மூலம் வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்வு மூலமாக குறைமாத குழந்தைகளின் தாய்மார்கள் குறைமாத குழந்தை பேணுதலை பற்றி அறிந்து , அதற்கேற்ற அறிவுத்திறனை பெற்று குழந்தை பேணுதலின் மூலமாக குழந்தை இறப்பு மற்றும் குழந்தை நோய் சதவிகதத்தை குறைக்க வேண்டும்.
துணை நோக்கங்கள்	வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்வுக்குப்பின் குறைமாத குழந்தைகளின் தாய்மார்கள் கீழ்கண்டவற்றை அறிந்து கடைப்பிடித்தல் வேண்டும்.

- குறைமாத குழந்தையைப் பற்றி விளக்குதல்
- குறைமாத குழந்தை பராமரிப்பின் நோக்கங்களை பட்டியலிடுதல்
- ஒரு வருட வயதுக்குள் உட்பட்ட குறைமாத குழந்தை பராமரிப்பு பற்றி பல அம்சங்களை கலந்துரையாடல்
- தாய்பால் ஊட்டுதல் , இணை உணவு கொடுக்கும் முறைகள்
- நோய் தொற்றுதலை தடுக்கும் முறைகள்
    - கண் பராமரிப்பு
    - தோல் பராமரிப்பு
    - மல,ஜல தூய்மை படுத்துதல்
    - எண்ணெய் மசாஜ்
- தடுப்பூசி போடுதல்
- தொடர் பராமரிப்பு முறைகள்

சுயமுகவுரை

காலை வணக்கம், நான் சென்னை மருத்துவக் கல்லூரி , செவிலியர் கல்லூரியில் முதுகலை பிரிவில் இரண்டாம் ஆண்டு பயில்கிறேன் . நான் குறைமாத குழந்தையைப் பற்றியும் மற்றும் வீட்டிற்குச் சென்ற பிறகு தாய்மார்கள் குழந்தையை எப்படி பாதுகாப்பாக பே ணுதல் வேண்டும் என்பதைப் பற்றியும் கலந்துரையாட வந்துள்ளேன். தயவு கூர்ந்து இந்தவிளக்க உரையில் பங்கேற்று உரையின் இறுதியில் ஏதேனும் சந்தேகங்கள் இருப்பின் கேட்டு தெளிவு பெறவும்

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
1	குறைமாத குழந்தையைப் பற்றி விளக்குதல்	**<u>வரையறை</u>** கர்ப்ப காலத்தின் 37-வது வாரத்திற்கு முன்பு பிறக்கும் மற்றும் எடை 2-5 கிலோ கிராமுக்கு குறைவாக (எடை குறைந்த குழந்தை) இருந்தால் குறைமாத குழந்தை என்று வரையறுக்கப்படுகிறது. நம் தமிழ்நாட்டில் பல்லாயிரக்கணக்கான குழந்தைகள் எடை குறைவாகவும் , குறைமாதத்தில்தான் பிறக்கின்றது. **<u>முன்குறி காரணிகள்</u>** குறைமாத குழந்தை பிறப்பிற்கான முன் காரணிகள் ❖ சமூக பொருளாதார காரணிகள், ❖ தாய்குரிய காரணிகள், ❖ குழந்தைக்குரிய காரணிகள், ❖ கர்ப்பபைக்குரிய காரணிகள், ❖ நஞ்சுக்கொடி காரணிகள், **<u>சமூக பொருளாதார காரணிகள்</u>**	விளக்கமளித்தல்	கவனித்தல்

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		❖ குறைவான சத்துணவு/சத்துக்குறைந்த உணவுகளை உட்கொள்ளுதல். ❖ பெரிய குடும்பம். ❖ தாய்மார்களின் அலட்சியம். ❖ வேலைக்கு செல்வதால் குழந்தை கவனிப்பு குறைதல் குடும்பம் வருமான பிரச்சனை. **தாய்க்குறிய காரணிகள்** ❖ இரத்த சோகை,அதிகமான வெள்ளைபடுதல், ❖ தாயின் வயது 16 கீழ் அல்லது 35 மேல் இருப்பது ❖ உயரம் குறைவு, ❖ சத்து மாத்திரைகளை உட்கொள்வதால், ❖ ப்ரி எக்லம்ஷியா, ❖ கர்ப்பக்காலத்தில் போதை மாத்திரை(மருந்து) உட்கொள்ளுதல், **குழந்தைகூறிய காரணிகள்** ❖ மூச்சு திணறல், ❖ பல கருவளர், ❖ எரித்ரோபிலாஸ்ட் பீடாலீஸ். **நஞ்சுக்கொடிக்குறிய காரணிகள்** ❖ நஞ்சுக்கொடியில் கோளாறுகள்,		

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		❖ வழியாக நஞ்சுக்கொடி முன்(பிளஸன்டா ப்ரிவியா), ❖ அப்ரப்ஷியோ பிளஸன்டா. **<u>கர்ப்பபைக்குறிய காரணிகள்</u>** ❖ பைகாருனேட் யுட்ரஸ், ❖ இங்காப்புனன்ட் சர்வீக்ஸ். இவ்வாறு காரணங்களால் குறைமாத குழந்தைகள் பிறக்க அதிக வாய்ப்புகள் உண்டு. பொதுவாக குறைமாத குழந்தைக்கு ஏற்படும் சிக்கல்கள் ❖ உடல்வெப்பநிலை குறைந்து போகுதல், ❖ தாய்ப்பால் குடிக்க மறுத்தல்,மந்தமாய் இருத்தல், ❖ உடல் மஞ்சள்நிறமாக இருப்பது, ❖ மூச்சுவிடதிணறுதல், ❖ இருதய தொந்தரவு ஏற்படுவது, ❖ வலிப்பு போன்று நரம்பு சம்பந்தமான பிரச்சனைகள் ஏற்படுவது, ❖ தாதுபொருட்கள் சீராக இல்லாமல் இருப்பது, ❖ நோய் எதிர்ப்பு சக்தி குறைந்திருப்பது,		

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		❖ எடை குறைந்திருப்பது, ஊட்டச்சத்து பிரச்சனைகள் ஏற்படுவது. போன்ற பிரச்சனைகள் குறைமாத குழந்தைகளுக்கு ஏற்படும். குறைமாத பிரசவத்தை தவிர்க்க ❖ கர்ப்பகாலத்தின் போது பரிசோதனைகள் செய்துக் கொள்ளவேண்டும் ❖ சத்தான உணவு உட்கொள்ளவேண்டும் ❖ மருத்துவரின் ஆலோசனைப்படி தடுப்பூசி மற்றும் மருந்துகளை பின்பற்றவேண்டும் ❖ கர்ப்பகாலத்தில் இரும்புசத்து மாத்திரை உட்கொள்ளவேண்டும் ❖ சுத்தமாக இருக்கவேண்டும் ❖ மரபணு கருத்துரை வழங்கல் பெற்று இருக்க வேண்டும்		
2	குறைமாத குழந்தை பராமரிப்பின் நோக்கத்தை வரிசைப்படுத்துதல்	**<u>குறைமாத குழந்தை பராமரிப்பின் நோக்கங்கள்</u>** அவ்வாறு குறைமாத குழந்தைகள் பிறந்தால் எவ்வாறு பராமரிக்க வேண்டும் என்று தெரிய வேண்டும். ❖ குறைமாத குழந்தைகள் பற்றி அறிதல், ❖ குழந்தை உடல் வெப்பநிலை சீராக வைத்தல்,	விளக்கமளித்தல்	கவனித்தல்

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		❖ தாய்ப்பால் ஊட்டுதல் மற்றும் இணை உணவு தொடங்கும் முறைகள், ❖ தொற்றுநோய் வராமல் தடுத்தல் • தோல் பராமரிப்பு • கண்கள் பராமரிப்பு • பிறப்புறுப்புகளின் பராமரிப்பு • எண்ணெய் மசாஜ் • கை கழுவும் முறை பின்பற்றுதல் ❖ தடுப்பூசி போடுதல், ❖ அபாய அறிகுறி கவனித்தல், ❖ தொடர் பராமரிப்பு, முக்கியமாக குழந்தையை காப்பாற்றுவதற்காகவும்.		
3	1 வருட (வயதுக்கு) உட்பட்ட குறைமாத குழந்தை பராமரிப்பு பற்றி பல அம்சங்களை	ஒரு வயதுக்குள் உட்பட்ட குறைமாத குழந்தைகளை வீட்டில் தாய்மார்கள் எவ்வாறு பராமரிக்க வேண்டும் என்று பல அம்சங்களை காண்போம். **<u>தாய்ப்பால் ஊட்டுதல்</u>** தாய்ப்பால் ஊட்டுதல் என்பது குழந்தைகளுக்கு நேரடியாக தாயின் மார்பகங்களில் இருந்து பால் கொடுக்குப்படுவதாகும். குறைமாத குழந்தைக்கு தாய்ப்பால் மிக அவசியமான ஒன்றாகும்.	தாய்ப்பால் கொடுக்கும் முறை மற்றும் பாலாடை மூலம் கொடுக்கும் முறையை வீடியோ மூலம் விளக்குதல்	கவனித்தல்

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
	கலந்துரையாடல்	**<u>தாய்ப்பால் ஊட்டுதலின் முக்கிய நன்மைகள்</u>** ❖ எளிதில் கிடைக்கும் ❖ தொற்று நோய் கிருமிகள் கிடையாது ❖ தாயிடம் பாசப்பிணைப்பு ஏற்படுத்துகிறது ❖ ஒவ்வாமையிலிருந்து காக்கிறது ❖ நோய் எதிர்ப்பு சக்தி அடங்கியுள்ளது. முதல் ஆறு மாததிற்கு தாய்ப்பால் மட்டுமே கொடுக்கவேண்டும் இணை உணவு தேவையில்லை. குறைமாத குழந்தைகளின் உறிஞ்சும் திறன் இருந்தால் ஆறுமாத காலத்திற்கு தாய்ப்பால் மட்டுமே கொடுக்கவேண்டும். சீம்பால் (colostrum) குறைமாத குழந்தைக்கு மிக அவசியம்,அதில் நோய் எதிர்ப்பு திறன்,ஊட்டசத்து வைட்டமின்கள்,தாதுபொருட்கள் நிறைந்துள்ளது.இது குழந்தையின் உடல் மற்றும் மன வளர்ச்சிக்கு அவசியமானது.		

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		<u>தாய்ப்பால் கொடுக்கும் முறைகள்</u> ❖ குழந்தையின் தலை பகுதியும் உடற்பகுதியும் ஒரே நேர்கோட்டில் இருக்க வேண்டும். ❖ குழந்தையின் முகம் தாயின் மார்பகத்தினை நோக்கியும் அதன் மூக்கு பகுதி தாயின் மார்பக காம்பின் எதிர்மறையாக இருக்க வேண்டும். ❖ குழந்தையின் உடல் தாயின் உடலுடன் அரவணைத்து இருக்க வேண்டும். ❖ பால்கொடுக்கும் தருணத்தில் முழுஅரவணைப்பு தரவேண்டும். **<u>அரவணைப்பின்போது கவனிக்க வேண்டிய விஷயங்கள்</u>** ❖ குழந்தையின் தாடை பகுதி தாயின் மார்பகத்தை தொட்டுகொண்டு இருக்கவேண்டும். ❖ குழந்தையின் கீழ் உதடு வெளிபுறம் நோக்கி இருக்க வேண்டும். ❖ குழந்தை பால் அருந்தும் போது தாயின் மார்பகத்தின் மேற்பகுதியின் கருப்புள்ளிகள் தெரிய வேண்டும். ➢ குறைமாத குழந்தைகளுக்கு இரண்டு மணி நேரத்திற்கு ஒருமுறை பால் கண்டிப்பாக கொடுக்கவேண்டும்.		

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		➢ தூங்கினால் தூண்டுதல் மூலம் எழுப்பி பால் கொடுக்க வேண்டும். **<u>பாலாடையில் பால் கொடுக்கும் முறைகள்</u>** பாலடையில் பால் கொடுப்பதற்கு முன்பாக கையை சுத்தமாக கழுவவேண்டும். பாலாடை,மேஜை கரண்டி,டம்ளர் போன்றவற்றை சுடுநீரில் கொதிக்க வைத்து பிறகு பயன்படுத்த வேண்டும். கூர்ல்லாத மழுங்கிய முனையுடை பாலாடையால் குழந்தையின் கீழ் உதட்டின் நடு பகுதியில் வைத்து பொறுமையாக கொடுக்க வேண்டும். பாலூட்டிய பிறகு குழந்தையின் முதுகில் லேசாக தட்டி,காற்று வெளியேறுமாறு செய்ய வேண்டும். பால்பவுடர்,மாட்டுபால் போன்றவற்றை குழந்தைகளுக்கு தரக்கூடாது. **<u>இணை உணவு தொடங்கும் முறைகள்</u>** இணை உணவு என்பது குழந்தையின் ஆறுமாத காலத்திற்கு பிறகு தாய்ப்பாலுடன் சேர்த்து தரப்படும் உணவாகும். தாய்பாலின் அளவு ஆறுமாத காலத்திற்கு பிறகு குறைய தொடங்குவதால் குழந்தையின் வளர்ச்சிக்கு பற்றாகுறை ஏற்படும் எனவே இணை உணவை சேர்த்துக்கொள்ள வேண்டும். முதலில் திரவ உணவில் தொடங்கி மெதுவாக திட உணவு கொடுக்க	இணை உணவு கொடுக்கும் முறைகளை பற்றி விளக்குதல்	

<table>
<tr><th>வரிசை எண்</th><th>துணை நோக்கங்கள்</th><th>பொருளடக்கம்</th><th>ஆசிரியரின் செயல்பாடு</th><th>தாய்மார்களின் செயல்பாடு</th></tr>
<tr><td></td><td></td><td>
வேண்டும்.
6 - மாததிற்கு - திரவ உணவு
8 - மாததிற்கு - திண்ம உணவு
12 - மாததிற்கு - திட உணவு
கொடுக்க வேண்டும்.
<u>இணை உணவு கொடுக்கும் முறையின் அட்டவணை</u>
<table>
<tr><th>உணவு வகைகள்</th><th>வயது (மாதம்)</th><th>புகட்டப்படும் கால அளவு</th></tr>
<tr><td>மசித்த சாதம் / பிஸ்கட் இனிப்பான,நீர்க்கப்படாத பாலோடு கலந்து
அல்லது
மசித்த சாதம் / பருப்பு கலந்த சாதம் / எண்ணெய் / நெய் கலந்த கிச்சடி, மசித்த உருளை, கேரட்டுகள், பச்சை காய் கறிகள், மஞ்சள் பூசணி போன்றவற்றை கலந்து தரலாம்.
அல்லது
பால் சேர்த்து சமைக்கப்பட்ட சேமியா / கோதுமை ரவை / அல்வா / பாயசம் அல்லது எந்த ஒரு பருப்பிலும் செய்யப்பட்ட பால்விட்ட கஞ்சி.
அல்லது</td><td>6 - 12 மாதங்கள்</td><td>தாய்ப்பாலுடன் கூடுதலாக தினமும் 3 வேளை ஒரு கிண்ணம் நிறைய இணை உணவு குழந்தைக்கு ஊட்டலாம் தாய்ப்பாலை நிறுத்திவிட்டால் தினமும் 5 வேளை ஊட்ட வேண்டும்.</td></tr>
</table>
</td><td></td><td>கவனித்தல்</td></tr>
</table>

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்			ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		வேகவைத்து மசிக்கப்பட்ட / வறுத்த உருளைகள் அல்லது பருவக்காலத்தில் கிடைக்கும் பழங்கள் (வாழை / சப்போட்டா) முதலியன அல்லது இறைச்சி மீன், முட்டை ஆகியன தரலாம்.				
			12 - 24 மாதங்கள்	ஒன்றரை கிண்ணம் அளவு தினசரி 5 முறைகள் ஊட்ட வேண்டும்.குடும்பத்தில் வழக்கமாக உண்ணும் உணவுகளையும் குழந்தைக்கும் சேர்த்து அளிக்கவேண்டும்.		
		சாதம், பருப்பு , சப்பாத்தி (தானியங்கள் அல்லது கம்பு), இனிப்பான தயிர், அந்தந்தப் பருவத்தில் கிடைக்கும் பழங்கள் (வாழை, கொய்யா,ஆரஞ்சு, சப்போட்டா போன்றவை) உருளை,கேரட்டுகள், பீன்ஸ் போன்ற காய்கறிகள்.	24 மாதங்களுக்கு மேல்	தினசரி 3 வேளைகள்		
		வேக வைத்த சுண்டல், பால் விட்ட கஞ்சி, இன்னும் பிற ஊட்டச்சத்தான ஆகாரத்தை சேர்த்துக்கொள்ளவும்.		2 வேளை உணவுக்கு இடையே 2 முறை		

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		➢ குழந்தைக்கு வலுகட்டாயபடுத்தி கொடுக்க கூடாது. ➢ கொஞ்சம் கொஞ்சமாய் உணவின் அளவை அதிகரிக்க வேண்டும். ➢ சுத்தமான முறையில் வேகவைத்து மசித்து கொடுக்க வேண்டும். ➢ உணவு வழங்கும் போது நன்றாக கைகளை கழுவிய பிறகு கொடுக்க வேண்டும். **<u>நோய் தொற்றுதலை தடுக்கும் முறைகள்</u>** ➢ தோல் பராமரிப்பு ➢ கண்கள் பராமரிப்பு ➢ பிறப்புறுப்புகளின் பராமரிப்பு ➢ எண்ணெய் மசாஜ் ➢ கை கழுவும் முறை பின்பற்றுதல் **<u>தோல் பராமரிப்பு</u>** குறைமாத குழந்தைக்கு தோல் பராமரிப்பு மிகவும் அவசியமானது அதில் எண்ணெய் தேய்க்கும் முறை அவசியமானதாகும்.இதனால் தோல் சுருக்கம் நிவர்த்தி அடையும் எடை அதிகரிக்கும் மற்றும் இரத்த ஓட்டம் சீராக அமையும்.	வீடியோ மூலம் நோய் தொற்றுதலை தடுக்கும் முறைகள் காட்டுதல்	கவனித்தல்

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		எண்ணெய் மசாஜ் முறைகள் வீடியோ மூலம் காட்டுதல். ➢ பருத்தி துணிகளை உபயோகிக்க வேண்டும். ➢ மற்றவர்கள் துணிகளுடன் கலந்துவிடாமல் தனியாக வைக்க வேண்டும். ➢ பவுடர் மற்றும் வாசனை திரவியங்களை சருமத்தில் போடுவதை தவிர்க்க வேண்டும். ➢ நனைந்த நேப்கின்களை(Napkin) உடனடியாக மாற்ற வேண்டும். ➢ மென்மையான சோப்புகள் உபயோகிக்க வேண்டும். **<u>கண்கள் பராமரிப்பு</u>** ➢ தாய் தன் கைகளை கழுவிய பிறகு தன் குழந்தையை தொட வேண்டும். ➢ பின்பு சுத்தமான தண்ணீரில் நனைந்த பஞ்சு துணியால் கண்ணின் உட்புறம் இருந்து வெளிபுறமாக துடைக்க வேண்டும். ➢ ஒரு பஞ்சு ஒரு முறைதான் பயன்படுத்த வேண்டும். ➢ அதுபோல் மறுகண்ணையும் துடைக்க வேண்டும். ➢ ஒரு நாளைக்கு இருமுறை துடைக்கலாம் இல்லையெனில் தேவைப்படும் போது அந்த முறையை பயன்படுத்தலாம். **<u>பிறப்புறுப்புகளின் பராமரிப்பு</u>** ➢ குழந்தைகள் சிறுநீர் அல்லது மலம் கழித்தபின் அந்த இடத்தை		

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		சுத்தம் செய்ய வேண்டும். ➢ மென்மையான ஈரமான துணியால் மேலிருந்து கீழ்புறமாக துடைக்க வேண்டும். ➢ பெண்குழந்தைக்கு கீழ்பகுதியை சுத்தம் செய்யும் போது முன் பகுதியிலிருந்து பின்பகுதியை துடைக்க வேண்டும்.இதனால் சிறுநீர் துவாரம் மற்றும் பிறப்புறுப்புகளில் கழிவுகள் சேர்வதை தடுக்கலாம். ➢ பிறப்புறுப்புகளில் பௌடர் போட தேவையில்லை. ➢ டயப்பர் வெகுநேரமாக பயன்படுத்த வேண்டாம். ➢ குறைந்தபட்சம் 4 முதல் 6 ம்ணி நேரத்துக்கு ஒருமுறை டயப்பர்களை மாற்ற வேண்டும். ➢ டயப்பர் நனைந்திருந்தால் உடனடியாக மாற்ற வேண்டும்,இல்லையெனில் தொற்றுநோய், பிறப்புறுப்புகளில் புண்கள் ஏற்படும். ➢ பிறப்புறுப்பின் இடத்தை ஈரமாக இல்லாமல் உலர்ந்த நிலையில் வைத்துக்கொள்ள வேண்டும். ➢ பருத்தி அல்லது மெலிந்த துணியை உபயோகிக்க வேண்டும். **<u>நோய் தடுப்பு முறைகள்</u>**		

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		குறைமாத குழந்தைக்கு நோய் எதிர்ப்புதிறன் குறைவாக இருக்கும் எனவே குழந்தை தூக்குவதறகும் முன்பும், பாலூட்டுவதற்கு கைகளை கழுவ வேண்டும். **<u>கைகழுவும் முறைகள்</u>** ❖ **WHO** வெளியிட்ட கை கழுவும் முறைகளை பின்பற்றவேண்டும் ❖ முத்தம் கொடுப்பதையும்,முகத்தோடு முகம் வைப்பதையும் தவிர்க்க வேண்டும். ❖ காச நோய்,இருமல் மற்றும் தும்மல் போன்ற பிரச்சனைகள் உள்ளவர்கள் குழந்தையை அனுகவேண்டாம். ❖ வீடு மற்றும் சுற்றுபுறம்,தூய்மையாக இருக்கவேண்டும். ❖ குளிக்க வைத்தல்,நகம் வெட்டுதல்,தலைவாரிவிடுதல் போன்றவற்றை தொடர்ச்சியாக செய்ய வேண்டாம். **<u>தடுப்பூசி போடுதல்</u>** ➢ "தடுப்பூசி" -நோய் வராமல் தடுப்பதே தடுப்பூசி போடுதலின் முக்கியத்துவமாகும். ➢ மருத்துவரின் ஆலோசனைப்படி தடுப்பூசி போட தொடங்கவேண்டும். ➢ தடுப்பூசி போடுவதால் குழந்தைகளுக்கு உயிர்கொல்லியான	கைகழுவும் முறையை செய்து காட்டுதல்.	கவனித்தல்

<table>
<tr><th>வரிசை எண்</th><th>துணை நோக்கங்கள்</th><th>பொருளடக்கம்</th><th>ஆசிரியரின் செயல்பாடு</th><th>தாய்மார்களின் செயல்பாடு</th></tr>
<tr><td></td><td></td><td>

காசநோய்
இளம்பிள்ளைவாதம்
தொண்டை அடைப்பான்
கக்குவான் இரும்பல்
தட்டம்மை
இரணஜன்னி போன்ற ஆறுவிதமான

நோயை தடுக்கலாம்.

குறைமாத குழந்தைகளுக்கு கர்ப்பகால வயது வைத்து தடுப்பூசி போட தொடங்க வேண்டும்.
குழந்தைக்கு தடுப்பூசி போடும் முதல் நாளிலிருந்து தான் தடுப்பூசி அட்டவணையை பின்பற்ற வேண்டும்

<table>
<tr><th colspan="4">தடுப்பூசி கால அட்டவணை</th></tr>
<tr><th>பயன் அடைவோர்</th><th>தடுப்பூசிகள்</th><th>முறைகள்</th><th>பாதுகாப்பு அடைவது</th></tr>
<tr><td>கர்ப்ப காலத்தில்</td><td>இரணஜன்னி தடுப்பூசி</td><td>2</td><td>இரணஜன்னி</td></tr>
</table>
</td><td></td><td></td></tr>
</table>

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்				ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		பிறந்தவுடன்	பி.சி.ஜி	1	காசநோய்		
			போலியோ:சொ.ம	1	போலியோ		
			ஹெபாடைடில்-B (மஞ்சள்காமாலை தடுப்பூசி)	1	மஞ்சள்காமாலை		
		6,10,14- வது வாரங்களில் முறையே	ஐந்து தடுப்பூசி (பென்டாவேலண்ட்)	3	கக்குவான், தொண்டை அடைப்பான், இரணஜன்னி, மஞ்சள் காமாலை, மூளைக்காய்ச்சல்		
			போலியோ	2,3,4 - வது	போலியோ		
		10 – வது மாதத்தில்	தட்டம்மை தடுப்பூசி	1	தட்டம்மை		
		16-24 – வது மாதம்(ம) 5-6	முத்தடுப்பூசி	I & I	கக்குவான், தொண்டை அடைப்பான், இரணஜன்னி		

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		<table><tr><td>வருடத்தில்</td><td></td><td></td><td></td></tr><tr><td>10 & 16 வயதில்</td><td>இரணஜன்னி தடுப்பூசி</td><td>I & I</td><td>இரணஜன்னி</td></tr></table> **<u>தொடர் பராமரிப்பிகள்</u>** ❖ அபாய அறிகுறிகளை கண்டறிதல் ➢ குழந்தை தொடர்ந்து அழுதுக்கொண்டு இருப்பது. ➢ பால் குடிக்காமல் மந்த நிலையில் காணபடுவது ➢ சோர்ந்த நிலையில் இருப்பது ➢ வலிப்பு கூறிய அறிகுறிகள் தெண்படுவது ➢ கை,கால்,தோல்,முகம் நீல நிறமாக மாறுதல் ➢ கால்கள் குளிர்ச்சியாக இருக்கும் போது-> வெப்பநிலை 35° C கீழிருத்தல். ➢ அதிகமான காய்ச்சல் 40° C மேல் இருத்தல் ➢ மூச்சுவிட திணறுதல் ➢ தோல் மஞ்சள் நிறமாக மாறுவது ➢ கை,கால்,கண்கள் போன்றவற்றை மஞ்சள் நிறமாக மாறுவது. மேற்கண்ட அறிகுறகள் இருந்தால் உடனே அருகிலுள்ள	விளக்கமளித்தல்	கவனித்தல்

வரிசை எண்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆசிரியரின் செயல்பாடு	தாய்மார்களின் செயல்பாடு
		மருத்துவமனையை அணுகவும். ❖ தொடர் பராமரிப்பு அவசியம் தொடர் பராமரிப்பின் அவசியம் குழந்தைகளின் வளர்ச்சியை பராமரிக்க வேண்டும். ➢ மருத்துவமனையிலிருந்து வீட்டிற்கு சென்றபிறகு குறைமாத குழந்தையின் பராமரிப்பு மிக அவசியமாகும். ➢ வீட்டில் இருக்கும்போது வசம்பு,கிரேப்வாட்டர் கொடுத்தல்,மூக்கில் எண்ணெய் விடுதல், தலைகீழாக தொங்கவிடுதல் போன்ற அபாயகரமான செயல்களை விட்டுவிட வேண்டும். ➢ அபாயகரமான அறிகுறிகளை கவனிக்க வேண்டும். ➢ மருத்துவரின் ஆலோசனைபடி தடுப்பூசி தொடங்க வேண்டும்,மருந்துகளை கொடுக்க வேண்டும். ➢ எந்தவிதசந்தேகமும்,பிரச்சனைகளும் ஏற்பட்டால் மறுபரிசோதனைக்கு வரும்போது மருத்துவரின் ஆலோசனை அனுகவேண்டும். ➢ குழந்தையின் வளர்ச்சி விகிதத்தையும் மற்றும் எடை பார்க்க/கவனிக்க வேண்டும். ➢ சுத்தமான உணவுகளை கொடுக்க வேண்டும். ➢ தாயின் அரவணைப்பில் குழந்தைகள் இருக்க வேண்டும்		

முடிவுரை :

இதுவரை, நான் உங்களுக்கு குறைமாத குழந்தைகளைப் எப்படி வீட்டிற்கு சென்றபின் கவனித்துக்கொள்ள வேண்டும் என்பதை வீடியோ மூலம் காண்பித்தேன்.குறைமாத குழந்தைகள் பராமரிப்பு பற்றிய எல்லா விஷயங்களையும் கேட்டு தெரிந்திருப்பீர்கள் என்று நம்புகிறேன். இவ்வளவு நேரமும் பொறுமையாக இருந்து என் வீடியோ மூலம் செய்திகளை கேட்டதற்கு மிகவும் நன்றி.இது உங்களுக்கு உங்கள் குழந்தைகளை வீட்டிற்கு சென்றவுடன் கவனிக்க உபயோகமாக இருக்கும் என்று நம்புகிறேன்.

\

INFORMATION TO PARTICIPANTS

TITLE: A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING OF FOLLOW UP CARE FOR PRIMI MOTHERS OF PRETERM INFANTS IN THE CARE OF PRETERM INFANTS AFTER DISCHARGE FROM MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN, CHENNAI.

Investigator : Priyadarshini. M.S

Name of Participant :

Age/Sex :

You are invited to take part in this research/ study /procedures. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to participate in this study being conducted in Institute of child health and hospital for children, Egmore – 8.

What is the Purpose of the Research study? (explain briefly)

In the way to display video about preterm care to achieve reduction of infant mortality rate so we have to follow this care after discharge from medical wards in hospital like maintain proper thermoregulation, prenatal nutrition, Like breast feeding for six month after that how to start the weaning for preterm infant, prevention of infection, personal hygiene practice in home set up, growth monitoring, promote good rest and sleep, continue the immunization doses regularly without missing the dose in home and watch the danger signs If u maintain this things properly for preterm infant during follow up care means. we can easily reduce the infant mortality rate

We have obtained permission from the Institutional Ethics Committee.

The Study Design

Pre experimental study - One group pre test and post test control design.

Study procedure:

1. The study will be undertaken after approval from institutional ethics committee.
2. Those who are willing to participate will be enrolled and informed consent will be obtained.
3. The Preterm infant mothers who fulfil the inclusion criteria and exclusion criteria are selected the groups.
4. The level of awareness about follow up care of preterm is assessed with structured questionnaire pre test to preterm infant mothers.
5. To display the fourty five minutes video about the follow up care like Preterm birth, nutritional like breast feeding and weaning, personal hygiene, prevention of infection, rest and sleep, growth monitoring, immunisation, watch danger signs.
6. After that assess the knowledge regarding follow up care after saw the video teaching guidance.
7. After seven days Analysis the effectives of video teached method about follow up care after practice in home set up.
8. Result of the study will be analysed by using descriptive and inferential statistics.

Possible Risks to you -Briefly Mention

No risks involve

Possible benefits to you

After finishing this study, investigator will provide adequate awareness about follow up care after discharge from medical wards. It will reduce the infant mortality rate and promote good health to preterm infant.

Possible benefits to other people

The result of the research may provide benefits to the society in terms of advancement of medical knowledge and/or follow up care for preterm infant in future.

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your medical information (personal details, results of physical examinations, investigations and your medical history). The information from this study, if

published in scientific journals or presented at scientific meetings, will not reveal your identity.

Your privacy in the research will be maintained throughout the study in the event of any publication or presentation resulting from research, no personally identify able information will be shared.

How will your decision to not participate in the study affect you?

Your decisions to not participate in this research study will not affect your activity of daily living, medical care or your relationship with investigator or the institution. Your doctor will still take care of you and you will not lose any benefits to which you are entitled.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during course of the study without giving any reasons.

However, it advisable that you talk to the research team prior to stopping the treatment/ discontinuing of procedures etc

The result of this study will be informed to you at the end of the study

Signature of the investigator Signature of the parent /gaurdian

Date : Date

PATIENT CONSENT FORM

TITLE: A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING OF FOLLOW UP CARE FOR PRIMI MOTHERS OF PRETERM INFANTS IN THE CARE OF PRETERM INFANTS AFTER DISCHARGE FROM MEDICAL WARDS AT INSTITUTE OF CHILD HEALTH AND HOSPITAL FOR CHILDREN,CHENNAI.

Name of the participant :

Date :

Age / sex :

Name of the principal :

Investigator : Priyadarshini. M.S

Name of the Institution : Institution of child health,

Egmore, Chennai – 8.

Enrollment No :

Documentation of the informed consent: (legal representative can sign if the participant is minor or incompetent).

- I _____ have read the information in this from (or it has been read to me). I was free to ask any questions and they have been answered. I am over 18 years of age and exercising my free power of choice, hereby give my consent to be included as a participant in the study.
- I have read and understood this consent form and the information provided to me.
- I had the consent document explained in detail to me.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the investigator. .

- I aware of the fact that I can option out of the study at any time without having to give any reason and this will not affect my future treatment in this hospital.
- I hereby give permission to the investigator to release the information obtained from me as result of participation in this study to the sponsors, regulatory authorities, Govt, agencies, and IECI, understand that they are publicly presented.
- I have understood that my identity will be kept confidential if my data are publicly presented.
- I have had my questions answered to my satisfaction.
- I have decided to be in the research study

  I am aware that if I have any question during this study, I should contact the investigator. By signing this consent from I attest that the information given in this document has been clearly explained to me and understood by me, I will be given a copy of this consent document.

1. Name and Signature / thumb impression of the participant (or legal representative if participant incompetent)

   Name _____ Signature _____

   Date _____

2. Name and signature of impartial witness(required for illiterate parents)

   Name _____ Signature _____

   Date _____

   Address and contact number of the impartial witness

Name and signature of the investigator or his representative obtaining consent

Name _____ Signature _____

Date _____

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு : குறைமாத பிரசவத்தில் பிறந்த குழந்தைகளுக்கு விடியோ உதவியினால் , குழந்தை பொது பிரிவிலிருந்து வெளியேற்றிய பிறகு குழந்தைகளுக்கு தொடர்ந்து பின்பற்றவேண்டிய கவனிப்பு முறைகளை பற்றி முதல் அங்கீகார தாய்மார்களுக்கு கற்பிக்கும் முறையினால் விளையும் நன்மைகளின் பற்றி ஆய்வு.

ஆய்வாளர் : பிரியதர்ஷினி.மு. ச

பங்கேற்பாளர் :

இந்த ஆய்வு அரசு குழந்தைகள் நலம் மற்றும் குழந்தைகள் மருத்துவமனையில் நடைபெற உள்ளது. தாய்மார்கள் இந்த ஆய்வில் பங்கேற்க நாங்கள் விரும்புகிறோம். இதிலுள்ள தகவலின் அடிப்படையில் இந்த ஆய்வில் பங்கேற்பதா அல்லது வேண்டாமா என்று நீங்கள் முடிவு செய்து கொள்ளலாம். உங்களது சந்தேகங்களை எங்களிடம் கேட்டு நிவர்த்தி செய்து கொள்ளலாம்.

இந்த ஆய்வின் நோக்கம் :

குறை மாத குழந்தைகள் நம் தமிழ் நாட்டில் பல்லாயிரம் காணக்கான குழந்தைகள் பிறக்கின்றன .இதனால் குறை மாத குழந்தைகள் இறப்பு விகிதம் அதிகமாய் உள்ளது. வீடியோ மூலம் குறை மாத குழந்தைகளை எவ்வாறு வீட்டுக்கு சென்ற பிறகு பராமரிக்க வேண்டும் என்று கற்பிப்பதன் மூலம் பெரும்பாலான இறப்புகளை தவிர்க்கலாம்

இந்த ஆய்விற்கு இன்ஸ்டிட்யூசனல் எத்திகல் கமிட்டி சம்மதம் பெற்றிருக்கிறோம்.

ஆய்வின் செயல் முறை :

பொது பிரிவுகளில் இருக்கும் குறை மாத குழந்தைகளின் தாய்மார்களுக்கு டிஸ்சார்ஜ் ஆன பிறகு குறை மாத குழந்தைகள் பராமரிப்பு பற்றி சில கேள்விகள் கேட்கபடும் அதன் மூலம் தாய்மாரின் அறிவு திறன் அறியமுடியும் .பிறகு வீடியோ மூலம் குறை மாத குழந்தைகளை எவ்வாறு பராமரிக்க வேண்டும் என்று விளக்கபடும் . ஏழு நாள் பிறகு அதே கேள்விகளை கேட்க்கபடும் .பிறகு தாய்மார்களின் அறிவு திறனை சோதிக்கபடும்

ஆய்வினால் ஏற்படும் நன்மைகள்:

இந்த ஆய்வில் குழந்தைகளின் தாய்மார்கள் கலந்து கொள்வதன் மூலம் குறை மாத குழந்தைகளின் பெரும்பாலான இறப்புகளை தவிர்க்கலாம் மேலும், வருங்காலத்தில் குறை மாத குழந்தைகள்
பிறக்காமல் தவிர்க்கலாம். மேலும் குறை மாத குழந்தைகளுக்கு இந்த ஆய்வு உதவியாக அமையும்.

மருத்துவ சிகிச்சையின் தகவல்கள் குறித்த விவரங்கள்

உங்கள் குழந்தையின் மருத்துவ சிகிச்சை குறித்த தகவல்கள் ரகசியமாக பாதுகாக்கப்படும் (பெயர், மருத்துவ பரிசோதனை முடிவு, மருத்துவ ஆய்வு முடிவு) இந்த தகவல் தாளில் கையெழுத்திடுவதின் மூலம் உங்கள் குழந்தையின் பற்றிய குறிப்புகளோ, எடுத்து கொண்ட சிகிச்சை முறையை பற்றியோ ஆய்வாளரோ இன்ஸ்டிட்யூசன் எத்திக்கல் கமீட்டியை சார்ந்தவர்களோ தேவைப்பட்டால் அறிந்து கொள்ளலாம். என்று சம்மதிக்கிறீர்கள்.முடிவுகளை அல்லது கருத்துகளை வெளியிடும் போதோ அல்லது ஆய்வின் போதோ தங்களது குழந்தையின் பெயரையோ அல்லது அடையாளங்களையோ வெளியிடமாட்டோம் என்பதையும் தெரிவித்துக் கொள்கிறோம்.

இந்த ஆய்வில் தாய்மார்கள் பங்கேற்காவிட்டாலும் நீங்கள் வழக்கமான சிகிச்சையை தொடர்ந்து பெறலாம்.

இந்த ஆய்வில் பங்கேற்பது தங்களுடைய விருப்பத்தின் பேரில் தான் இருக்கிறது. மேலும் நீங்கள் எந்நேரமும் தங்கள் குழந்தையை இந்த ஆய்விலிருந்து பின் வாங்கலாம் என்பதையும் தெரிவித்துக் கொள்கிறோம்.

இந்த சிறப்பு சிகிச்சையின் முடிவுகளை ஆய்வின் போதோ அல்லது ஆய்வின் முடிவின் போதோ தங்களுக்கு அறிவிப்போம் என்பதையும் தெரிவித்துக் கொள்கிறோம்.

ஆய்வாளர் கையாப்பம் பெற்றோர்/ பாதுகாவலர் கையாப்பம்

தேதி:

ஆராய்ச்சி சுய ஒப்புதல் படிவம்

ஆய்வு தலைப்பு:
குறைமாத பிரசவத்தில் பிறந்த குழந்தைகளுக்கு விடியோ உதவியினால் , குழந்தை பொது பிரிவிலிருந்து வெளியேற்றிய பிறகு குழந்தைகளுக்கு தொடர்ந்து பின்பற்றவேண்டிய கவனிப்பு முறைகளை பற்றி முதல் அங்கீகார தாய்மார்களுக்கு கற்பிக்கும் முறையினால் விளையும் நன்மைகளின் பற்றி ஆய்வு.

பெயர்: வயது: தேதி : உள்நோயாளி எண்:

_____ என்பவராகிய நான் என் குழந்தையை இந்த ஆய்வின் விவரங்களும் அதன் நோக்கங்களும் முழுமையாக அறிந்து கொண்டேன். எனது சந்தேகங்கள் அனைத்திற்கும் தகுந்த விளக்கம் அளிக்கப்பட்டது.இந்த ஆய்வில் முழு சுதந்திரத்துடன் நான் பங்குகொள்ள சம்மதிக்கிறேன்

எனக்கு விளக்கப்பட்ட விஷயங்களை நான் புரிந்து கொண்டு நான் எனது சம்மதத்தைத் தெரிவிக்கிறேன். இச் சுய ஒப்புதல் படிவத்தை பற்றி எனக்கு வளக்கப்பட்டது.இந்த ஆய்வினை பற்றிய அனைத்து தகவல்களும் எனக்கு தெரிவிக்கப்பட்டது. இந்த ஆய்வில் எனது குழந்தையின் உரிமை மற்றும் பங்கினை பற்றி அறிந்து கொண்டேன்.

இந்த ஆய்வில் பிறரின் நிர்பந்தமின்றி என் சொந்த விருப்பத்தின் பேரில் நான் பங்கு பெற சம்மதிக்கிறேன் மற்றும் நான் இந்த ஆராய்ச்சியிலிருந்து எந்நேரமும் பின் வாங்கலாம்.என்பதையும் அதனால் எந்த பாதிப்பும் ஏற்படாது என்பதையும் நான் புரிந்து கொண்டேன்.

இந்த ஆய்வில் கலந்து கொள்வதன் மூல்ம் என்னிடம் இருந்து பெறப்படும் தகவலை ஆய்வாளர் இன்ஸ்டிட்யூசனல் எதிக்க்ல் கமிட்டியினரிடமோ, அரசு நிறுவனத்திடமோ தேவைப்பட்டால் பகிர்ந்து கொள்ளலாம் என சம்மதிக்கிறேன்.

இந்த ஆய்வின் முடிவுகளை வெளியிடும்போது எனது குழந்தையின் பெயரோ, என் பெயரோ, அடையாளமோ வெளியிடப்படாது என அறிந்து கொண்டேன்.இந்த ஆய்வின் விவரங்களைக் கொண்ட தகவல் தாளைப் பெற்றுக் கொண்டேன்.இந்த ஆய்வில் பங்கேற்கும் பொழுது ஏதேனும் சந்தேகம் ஏற்பட்டால், உட்னே ஆய்வாளரை தொடர்பு கொள்ள வேண்டும் என அறிந்து கொண்டேன்.

இச்சுய ஒப்புதல் படிவத்தில் கையெழுத்திடுவதின் மூல்ம் இதிலுள்ள அனைத்து வஷயங்களும் எனக்கு தெளிவாக விளக்கப்பட்டது என்று தெரிவிக்கிறேன் என்று புரிந்து கொண்டேன். இச்சுய ஒப்புதல் படிவத்தின் ஒரு நகல் எனக்கு கொடுக்கப்படும் என்று தெரிந்து கொண்டேன்.

பெற்றோர்/பாதுகாவலர் கையாப்பம்
தேதி:

ஆய்வாளர் கையாப்பம்
தேதி:

CERTIFICATE OF ENGLISH EDITING

This is to certify that the dissertation work topic "A study to assess the effectiveness of Video assisted teaching of follow up care for Primi mothers of Preterm Infants in the care of Preterm Infants after discharge from Medical Wards at Institute of Child Health and Hospital for Children, Chennai" done by Miss. PRIYADARSHINI.M.S, M.Sc(N) II Year, College of Nursing, Madras Medical College, Chennai -03 is edited for English language appropriateness .

NAME : A. VALARMATHI

DESIGNATION : B.T. Assr (English)

DATE : 8-2-2016

PLACE : TIRUVANNAMALAI

SIGNATURE WITH SEAL :

A. Valarmathi

A. VALARMATHI, M.A., B.Ed.,
B. T. Assistant (English)
P.U. Middle School, Japthikariyandal,
Pudupalayam Union, Chengam Tk.
Tiruvannamalai Dt. 606 702.