

DISSERTATION ON

**“A STUDY TO ASSESS THE EFFECTIVENESS OF
STRUCTURED TEACHING PROGRAMME ON
KNOWLEDGE REGARDING CARE OF PRETERM BABIES
AMONG PARENTS AT NEONATAL INTENSIVE CARE
UNIT, INSTITUTE OF OBSTETRICS AND GYNAECOLOGY
AND GOVERNMENT HOSPITAL FOR WOMEN AND
CHILDREN AT EGMORE, CHENNAI -08”**

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

**COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE, CHENNAI-600 003**



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CHENNAI- 600 032**

In partial fulfillment of the requirement for the award of the degree of

MASTER OF SCIENCE IN NURSING

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This is to certify that this dissertation titled, “**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING CARE OF PRETERM BABIES AMONG PARENTS AT NEONATAL INTENSIVE CARE UNIT, INSTITUTE OF OBSTETRICS AND GYNAECOLOGY AND GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN AT EGMORE, CHENNAI -08**” is a bonafide work done by **Ms.G.ARTHIPRIYA**, M.Sc Nursing II year student, College of Nursing, Madras Medical College, Chennai-03, submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai. in partial fulfillment of the university rules and regulations towards the award of the degree of **MASTER OF SCIENCE IN NURSING BRANCH-II, CHILD HEALTH NURSING** under our guidance and supervision during academic year from 2016-2018.

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- Psalm 92:4

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ABSTRACT

Babies born before the gestational age of 37 weeks and weighing less than 2.5 grams are considered premature. Prematurity accounts for the largest number of admissions to NICUs and most common direct cause of newborn mortality. The goals of the preterm care are to promote normal growth and development and minimize morbidity and mortality. The care of preterm is a great challenge to parents. The baby cannot survive alone without a care taker.

TITLE: “A study to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at Neonatal Intensive care unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai -08.”

OBJECTIVES: To assess the knowledge on care of preterm babies among parents, to evaluate the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents and to find out the association between the post-test knowledge of parents on preterm care with demographic variables.

MATERIALS AND METHODS: This study was conducted with 60 samples (parents of preterm babies) in quantitative approach, Pre experimental one group pretest posttest design, convenient sampling technique. Pre-existing knowledge was assessed by using semi Structured questionnaires. After the pre-test, Structured teaching programme was given regarding care of preterm babies. After 7 days post-test was conducted by using same tool.

RESULTS: The findings of the study revealed that there is a statistical significance in knowledge on care of preterm babies which shows the

effectiveness of structured teaching programme with calculated paired 't' test value of $t=23.05$, $P=0.001$ level.

CONCLUSION: The knowledge of the parents regarding care of preterm babies improved significantly after they had undergone the structured teaching programme. The structured teaching programme found to be effective in improving the knowledge on care of preterm among the parents of preterm babies.

INDEX

Chapter	Content	Page No
I	INTRODUCTION	1
	1.1. Need for the study	4
	1.2. Statement of the problem	7
	1.3. Objectives	7
	1.4. Operational Definitions	7
	1.5. Assumptions	8
	1.6. Hypothesis	9
	1.7. Delimitation	9
II	REVIEW OF LITERATURE	
	2.1. Review of Literature	10
	2.2. Conceptual framework	29
III	METHODOLOGY	
	3.1. Research approach	32
	3.2. Research design	32
	3.3. Setting of the study	32
	3.4. Duration of the study	33
	3.5. Study population	33
	3.6. Study sample	33
	3.7. Sample size	33
	3.8. Sampling criterion	33
	3.8.1.(a) Inclusion criteria	
	3.8.2.(b) Exclusion criteria	
	3.9. Sampling technique	34

Chapter	Content	Page No
	3.10. Research variables 3.10.1.Independent variable 3.10.2. Dependent variable	34
	3.11.Development and description of the tool	34
	3.12. Content Validity	36
	3.13. Reliability of the tool	36
	3.14. Protection of Human Subjects	36
	3.15.Pilot study	37
	3.16.Data collection procedure	37
	3.17.Data entry and analysis	38
IV	ANALYSIS AND INTERPRETATION OF DATA	40
V	DISCUSSION	62
VI	SUMMARY, IMPLICATION, LIMITATION, RECOMMENDATION AND CONCLUSION	
	6.1.Summary	66
	6.2. Implications of the study	68
	6.3. Limitations	71
	6.4. Recommendations of the study	71
	6.5. Conclusion	72
	REFERENCES	
	APPENDICES	

LIST OF TABLES

TABLE NO.	TITLE	PAGE NO.
3.1	Table description of Research design	32
3.2	Scoring interpretation	35
3.3	Scoring procedure	36
3.4	Intervention protocol	38
4.1	Frequency, distribution and percentage of study participants according to their demographic variables	42
4.2	Domain-wise pretest percentage of knowledge on care of preterm babies among parents.	45
4.3	Over all pretest knowledge score	46
4.4	Pre-test level of knowledge	46
4.5	Knowledge score interpretation	47
4.6	Each domain-wise parents post-test percentage of knowledge regarding care of preterm babies.	47
4.7	Over all post-test knowledge score	48
4.8	Post-test level of knowledge	48
4.9	Comparison of pre-test and post-test knowledge score	49
4.10	Comparison of Overall knowledge score before and after structured teaching programme	52
4.11	Each domain-wise pretest and posttest percentage of knowledge	53
4.12	Comparison of pre-test and post-test knowledge	54

TABLE NO.	TITLE	PAGE NO.
4.13	Effectiveness and generalization of structured teaching programme	55
4.14	Association between pretest level of knowledge and their demographic variables	56
4.15	Association between post-test level of knowledge and their demographic variables	58
4.16	Association between knowledge gain score and demographic variables	60

LIST OF FIGURES

FIG. NO	TITLE
1.1	Causes of neonatal death in India
2.1	Ludwig Von Bertalanffy's 4 major aspects of system
2.2	Conceptual frame work based on General system theory Ludwig Von Bertalanffy – 1968
3.1	Schematic presentation of research design
4.1	Age-wise distribution of study participant
4.2	Gender-wise distribution of study participant
4.3	Educational status-wise distribution of study participants
4.4	Occupation-wise distribution of study participants
4.5	Religion-wise distribution of study participants
4.6	Monthly income -wise distribution of study participants
4.7	Type of family-wise distribution of study participants
4.8	Residence-wise distribution of study participants
4.9	Previous experience-wise distribution of study participants
4.10	Distribution of gestational age of the babies according to study participants
4.11	Distribution of weight of the babies according to study participants
4.12	Pre-test level of knowledge score
4.13	Post-test level of knowledge score
4.14	Box Plot Compares the parents pretest and posttest knowledge score
4.15	Domain wise pretest and posttest percentage of knowledge score
4.16	Domain percentage of knowledge gain score

FIG. NO	TITLE
4.17	Pre-test and post-test level of knowledge score
4.18	Association between posttest level of knowledge score and parents age
4.19	Association between posttest level of knowledge score and gender of parents
4.20	Association between posttest level of knowledge score and type family of parents
4.21	Association between posttest level of knowledge score and birth weight of the baby.
4.22	Association between knowledge score and demographic variables

LIST OF APPENDICES

S.NO	DESCRIPTION
1.	Certificate approval by Institutional Ethics Committee
2.	Certificate of content validity by Experts
3.	Letter seeking permission to conduct the study
4.	Study tool – Semi structured questionnaire
5.	Structured teaching programme care of preterm babies
6.	Informed consent form
7.	Coding sheet
8.	Certificate for Tamil Editing
9.	Certificate for English Editing
10	Photos

LIST OF ABBREVIATION

ABBREVIATION	EXPANSION
BCG	Bacillus Calmette Guerin
DPT	Diphtheria, Pertussis, Tetanus
ER	Evaporation Rate
FIC	Fully Immunized Child
IMCI	Integrated Management of Childhood Illness
INAP	India Newborn Action Plan
KMC	Kangaroo Mother care
MDG	Millennium Development Goal
MR	Measles-Rubella
NICU	Neonatal Intensive Care Unit
OPV	Oral Polio Vaccine
PCV	Pneumococcal Conjugate Vaccine
RMNCH	Reproductive Maternal Newborn and Child Health
STS	Skin to Skin
TT	Tetanus Toxoid
UNICEF	United Nations International children's Emergency Fund
VLBW	Very Low Birth Weight
VPT	Very Preterm
WHO	World Health Organization

CHAPTER- I INTRODUCTION

*“A child is precious and beautiful
A source of joy and happiness
A focus of love and care
A subject of dream for the future”*

- Jawaharlal Nehru

Children are the precious gift of God. Children are like clay in the potter's hand handle them with love and care. Dr. Abdul Kalam says, “Today's children are tomorrow's citizen and leaders. The resources spent on the care and health of the young are an investment for the future.”¹

In the present era of science and technology where quality is the supreme priority, quality of life can only be accredited by decreased morbidity and mortality rate of the new born babies. Prematurity accounts for the largest number of admissions to NICUs. Preterm birth is the most common direct cause of new born mortality. Small for gestational age and low birth weight are the important indirect causes of neonatal death. Babies born before the 37th week of gestation are considered premature and are sometimes referred to as ‘preemies’. Most premature babies are born [$>80\%$] are born between 32 and 37 weeks of gestation [moderate /late preterm] and die needlessly with lack of simple essential care such as warmth and feeding support. About 10% of preterm babies are born 28 to <32 weeks gestation. And in low income countries more than half will die but many could be saved with feasible care.²

Premature babies are small, with low birth weight (generally <2500 g), a short crown heel length (<47 cm) and small head circumference (<32 cm) and chest circumference (<30 cm). The babies

may be covered with lanugo hair with very little vernix caseosa. Their skin is thin, gelatinous, and appears pink. They have deficient ear cartilage, small or no breast nodules and no sole creases. Generally they display very little activity and are hypertonic with weak or absent crying. The external genitalia may not be fully developed. They may have sluggish or absent neonatal reflexes and may not have suck-swallow coordination.³

The problem of prematurity usually results from the immaturity of the different systems. Preterm infants are at a highest risk of mortality than term infants. They are at risk for numerous medical problems affecting different organ systems. Neurological problems include apnoea of prematurity, hypoxic-ischemic encephalopathy, retinopathy of prematurity, developmental disability, kernicterus, cerebral palsy and intraventricular haemorrhage, the latter affecting 25% of babies born preterm, usually before 32 weeks of pregnancy. Cardiovascular complications may arise from the failure of the ductus arteriosus to close after birth: patent ductus arteriosus. Respiratory problems are common, specifically the respiratory distress syndrome (previously called hyaline membrane disease). Another problem can be chronic lung disease. Gastrointestinal and metabolic issues can arise from neonatal hypoglycemia, feeding difficulties, rickets of prematurity, hypocalcemia, inguinal hernia, and necrotizing enterocolitis. A study of 241 children born between 22 and 25 weeks who were currently of school age found that 46 percent had severe or moderate disabilities such as cerebral palsy, vision or hearing loss and learning problems. 34 percent were mildly disabled and 20 percent had no disabilities, while 12 percent had disabling cerebral palsy.³

For preterm babies neonatal period is indeed a critical time in life. Adequate care is essential for preterm babies such as providing warmth, feeding, bathing, clothing and care of umbilical cord. The goals of the

preterm care are to promote normal growth and development and minimize morbidity and mortality. The care of preterm is a great challenge to parents. The baby cannot survive alone without a care taker. One of the most critical factors in the survival of new-born baby is the satisfactory maintenance of body temperature. Care during the first few critical days has important influence's establishing a healthy relationship within the family into which the baby has come. The mother satisfies their need by protecting, comforting and nurturing her baby. ⁴

The birth of premature or a sick baby is a traumatic and emotional event for the parents they will experience many emotions during this time such as:

- ❖ Fear of losing their child and /or long term problems for their baby.
- ❖ Guilt about not carrying the baby to term
- ❖ Anger –why my baby?
- ❖ Sense of loss of a full term /healthy pregnancy and the desired type of birth.
- ❖ Loss of experiences like that first hold and being discharged with their baby.
- ❖ It is also difficult for the families from lower or middle economic status of the society to meet the modern medical care expenses which mostly related for their preterm care.

Educating parents regarding preterm care have been found to be a valuable measure in reducing stress and anxiety, and improving parental confidence. Appropriate care of preterm babies including their feeding temperature maintenance hygienic cord, skin care, early detection and treatment of infections and complications can substantially reduce

mortality. Education will give them the opportunity to acquire adequate information and apply the knowledge to feel confident and competent in their new role as an involved parent. So the family member's knowledge in preterm care is very important.²

1.1 NEED FOR THE STUDY

"I never thought that this baby would survive; I thought it would die any time"

-Mother of preterm baby at home in Eastern Uganda [waiswa et al.,2010]

According to the World Health Organization, an estimation 5.9 million children under 5 years of age died in 2015, with a global under five mortality rate of 42.5 per 1000 live births of these deaths, 45% were new-born with a neonatal mortality rate of 19 per 1000 live births. The major cause of neonatal mortality in 2015 was prematurity. Across 184 countries, the rate of preterm birth ranges from 5% to 18% of babies born. According to WHO the 10 countries with the greatest number of preterm births: ⁵

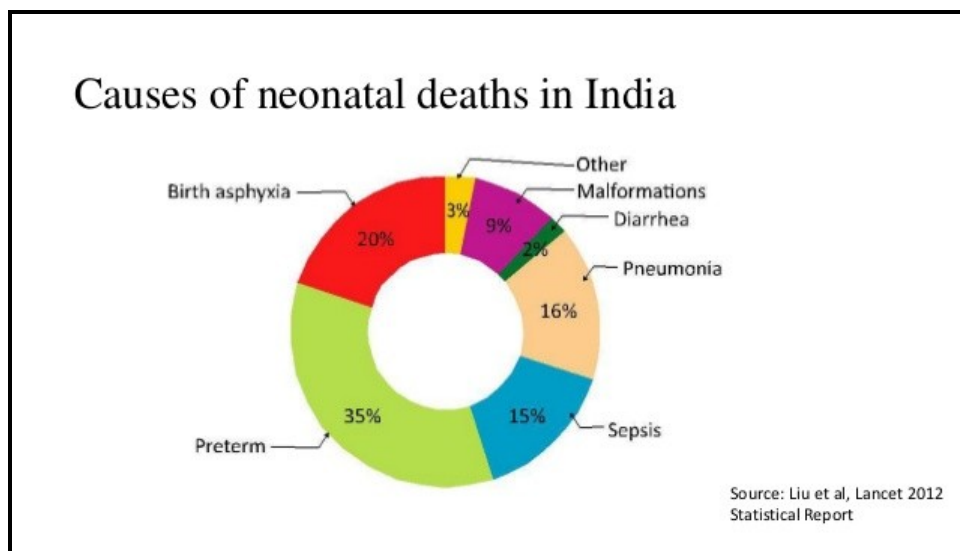
- ❖ India: 3 519 100
- ❖ China: 1 172 300
- ❖ Nigeria: 773 600
- ❖ Pakistan: 748 100
- ❖ Indonesia: 675 700
- ❖ United States of America: 517 400
- ❖ Bangladesh: 424 100
- ❖ Philippines: 348 900
- ❖ Democratic Republic of the Congo: 341 400
- ❖ Brazil: 279 300

In India out of 27 million babies born every year, 3.5 million babies born are premature. According to ‘The Hindu’ report 2016, India has the highest premature baby deaths. India New-born Action Plan [INAP] was launched in September 2014 with the aim of ending preventable new born deaths and still birth by 2030. The plan aims to attain single digit neonatal mortality and still birth rate by 2030. INAP’s main strategy is called kangaroo mother care.⁶

In Tamilnadu (2016) Proportion of total disease burden from Premature death: 62.0% , Disability or morbidity: 38.0%.⁷

In Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Preterm (<37 weeks gestation) admission statistics in the year 2016 was 37.2%, in 2017 was 36.8% in total admission.⁸

Figure 1.1: Causes of neonatal deaths in India⁹



17 November 2017 -- World Prematurity Day is an opportunity to call attention to the heavy burden of death and disability and the pain and suffering that preterm birth causes, as well as a chance to talk about solutions. This year the theme is "Let them thrive," focusing on quality,

equity and dignity. On this day, WHO and UNICEF have released a policy statement on ensuring equitable access to human milk for all infants.⁵

When an infant is born premature, parents often respond with shock and grief combined with guilt. The baby does not resemble their mental picture of a healthy infant. They worry about the eventual outcome and their ability to cope with this unexpected crisis. Physically, emotionally and financially, with the increased cost of living it is difficult for an individual from lower or middle economic state of the society to meet the modern medical care expenses.²

The parents feel helpless to care for the baby after discharge, even though the mothers are allowed to spend time with the preterm infant before discharge. Instructions regarding bathing, feeding, review in the hospital is given to the parents on the day of discharge but no structured teaching is available to impart knowledge. The parents has no means of clearing there doubts – once they are discharged from the hospital. The time spent in giving instruction to the parents is very less. These factors stimulated the investigator to select the problem for her study. The investigator has been prepared structured teaching programme to parents of preterm babies in Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore. Structured teaching programme has a great influence among parents about knowledge to take care of preterm babies which helps in reducing the morbidity and mortality rate and promote normal growth and development.

1.2 STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at Neonatal Intensive care unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai -08.”

1.3. OBJECTIVES

- 1) To assess the knowledge on care of preterm babies among parents
- 2) To evaluate the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents.
- 3) To find out the association between the post-test knowledge of parents on preterm care with demographic variables.

1.4. OPERATIONAL DEFINITION

Assess

It refers to any activity to estimate the outcome of the structured teaching and knowledge of parents regarding care of preterm babies as revealed by suitable knowledge questionnaires.

Effectiveness

It refers to the process of evaluating the outcome of structured teaching on preterm care among parents have preterm babies in Neonatal Intensive Care Unit with the statistical analysis.

Structured teaching programme

It is well prepared systematic design of education regarding care of preterm babies which includes thermoregulation [kangaroo mother care], skin care, eye care, umbilical cord care, elimination care, breast feeding, prevention of infection, immunization and follow up care for the parents of preterm baby by the investigator.

Knowledge

It refers to correct facts and information obtained by the parents of preterm baby assessed by answering semi structured questionnaire regarding care of preterm babies.

Preterm care

Refers to care of Preterm babies given or assisted with parents it includes specific aspects of thermoregulation [kangaroo mother care], skin care, eye care, umbilical cord care, elimination care, breast feeding, prevention of infection, immunization and follow up care.

Parents

It refers to a person who is a father or mother of the preterm babies who are admitted in Neonatal Intensive Care Unit.

Preterm babies

It refers to Babies born before the gestational age of 37 weeks and weighing less than 2.5 grams.

Neonatal Intensive Care Unit

Refers to the level 2 care area, where the preterm new-born babies with the gestational age of less than 37 weeks are admitted.

1.5. ASSUMPTIONS

Parents knowledge on preterm care can be strengthened through structured teaching programme

Adequate knowledge on preterm care may reduce the morbidity and mortality rate of preterm babies.

1.6. HYPOTHESIS

- H₁** There is significant difference between pre-test and post-test knowledge on care of preterm babies among parents subjected to structured teaching programme.
- H₂** There is a significant association between post- test level of knowledge with selected demographic variables of the parents of preterm babies.

1.7. DELIMITATIONS

The sample size was limited to 60

Data collection is limited for the duration of 4 weeks.

CHAPTER – II

REVIEW OF LITERATURE

Literature review is a key step in the research process. The main goal of literature review is to strong knowledge base to carry out 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. PART-I: Related studies and literature review

2.2. PART-II: Conceptual frame work

2.1. Part-I: Related studies and literature review

Studies related to knowledge aspects of preterm care.

- ❖ 2.1.1.Knowledge of preterm baby
- ❖ 2.1.2.Thermoregulation
- ❖ 2.1.3.Breast feeding
- ❖ 2.1.4.Immunization
- ❖ 2.1.5.Skin care
- ❖ 2.1.6.Umbilical cord care
- ❖ 2.1.7.Eye care
- ❖ 2.1.8.Elimination (napkin care) needs
- ❖ 2.1.9.Prevention of infection
- ❖ 2.1.10.Follow up care

2.1.1. KNOWLEDGE OF PRETERM BABY

Anna Clara F. Vieira, et al., (2018) had conducted a case–control study investigated oral, systemic, and socioeconomic factors associated with preterm birth in postpartum women. Participants were 279 postpartum women that gave birth to a singleton live-born infant. Cases were women giving birth before 37 completed weeks of gestation (preterm birth). Controls were women giving birth at term (≥ 37 weeks). They concluded that Complications related to preterm births were associated with increased costs of care, and had a direct impact on the health system of the countries. Therefore, it was important to address factors associated with preterm birth in order to provide prevention strategies.¹⁰

Dr.Ch.Lakshmi Sujani, Dr. Pilli Madhavi Latha (2017) had conducted descriptive study identified incidence and risk factors for spontaneous preterm births as well as iatrogenically induced preterm births. Incidence of preterm birth during the period of study was 10.29%. Incidence was higher in age group of 20-24years (50%), low socioeconomic group (61.8%). They concluded that the incidence of preterm births was rising mainly due to increase in the number of medically indicated preterm births. The main cause of the iatrogenic preterm birth in this study was preeclampsia.¹¹

Theresa Dall Helth, Mary Jarden (2013) had conducted a hermeneutic phenomenological qualitative study. In-depth, semi-structured interviews with five fathers of premature infants in the NICU, Copenhagen University Hospital, Hvidovre Hospital, Denmark. STS enhances the fathers' ability to play a caring role in their infant's life. Fathers consider themselves less important, as compared to the mother in relation to their infant. STS enhances an understanding of their own role as a father. Health professionals should focus on promoting the

abilities of both parents and on ascribing the fathers an equal and important role in their infant's care.¹²

Elisabeth O.C. Hall, et al., (2013) had conducted a qualitative secondary analysis was to investigate mothers' of very preterm infants' experiences of being a mother, the meaning of staying in the hospital on a 24-hour basis and the experience of home-coming. The knowledge from this study hopefully will allow neonatal nurses to tactfully continue guiding mothers of very preterm infants on their motherhood journey.¹³

Karen M Benzies (2013) had conducted a randomized controlled trials included an early intervention for preterm infants, involved parents, and had a community component. Of 2465 titles and abstracts identified, 254 full text articles were screened, and 18 met inclusion criteria. Eleven of these studies reported maternal outcomes of stress, anxiety, depressivesymptoms, self-efficacy and sensitivity/responsiveness in interactions with the infant. Meta-analyses using a random effects model were conducted with these 11 studies. Concluded that Positive and clinically meaningful effects of early interventions were seen in some psychosocial aspects of mothers of preterm infants.¹⁴

Lucilei Cristina Chiodi (2012) had conducted a randomized controlled trial demonstrated that parental participation was enhanced by the promotion of an educational intervention. The program differentiated itself by offering, by means of texts and audio recordings, information of an educational character about the growth and development of the premature infant and interaction between parent and baby in the neonatal unit. Implementation of educational activities that combine information with practical interventions performed with premature infants, increases the interaction between the members, the family's mental wellbeing, and decreases the length of hospitalization.¹⁵

2.1.2. THERMO REGULATION

Ravi Upadhyay , Zelee Hill , Nita Bhandari (2018) had conducted formative research to assess the feasibility, acceptability and adoption of KMC with the aim of designing an intervention package for a randomized controlled trial in LBW infants in Haryana, India. Qualitative methods included 40 in-depth interviews with recently delivered women and 6 focus group discussions, two each with fathers and grandfathers, grandmothers, and community health workers. Most mothers perceived benefits such as weight gain and increased activity in the infant. They came to a conclusion that the Community-initiated KMC was acceptable by mothers and adoption rates were high. Formative research was essential for developing a strategy for delivery of an intervention.¹⁶

Jong CheulLeePhD, et al., (2018) says that effects of bathing interval on skin condition and axillary bacterial colonization in preterm infants reducing the frequency of bathing in preterm infants was beneficial in reducing the risk of hypothermia and exposure to stress from frequent nursing contacts. The interval of bathing for preterm infants could be changed from every two days to every four days without increasing the incidence of skin condition problems or axillary skin colonization.¹⁷

Arti Madhukar Wasnik (2016) had conducted a quasi-experimental study conducted among 50 mothers from maternal ward of a tertiary rural hospital. Baseline data was collected using pre-designed and pre-tested questionnaire followed by skilled based teaching program. Result is Skilled based teaching was effective; as there was a 8 point increase in the post –test score (mean pre- test score - 11.46 and mean post- test score - 19.54) they concluded that Periodic skilled based teaching program is necessary to educate the postnatal mothers in

maternal area viz. kangaroo mother care to prevent mortality and morbidity rate among newborns.¹⁸

Mrs Sinmayee Kumari Devi, Ms Kalpana Badhei (2015) had conducted a quasi experimental study with pre and posttest without control group design was undertaken on 50 mothers of newborn at Capital Hospital, Bhubaneswar, Odisha. Findings revealed that the overall mean score in the pretest was (7.82+2.77) which is 19.55% of the total score revealing that the mothers had poor knowledge regarding care of newborn on prevention of hypothermia whereas the overall posttest knowledge score was (35.12+2.01) which is 87.8% of the total score revealing excellent knowledge score. Highly significant difference was found between pre and posttest knowledge scores statistical analysis of data revealed that STP was effective in improving knowledge of the mother regarding care of newborn to prevent hypothermia.¹⁹

Leila Valizadeh , et al., (2013) had conducted a descriptive study was carried out with the staff (23 nurses) of an NICU of a University Hospital in Iran. Data were collected through self-report method (Avant Maternal Attachment Behavior Scale) Findings are the majority of the participants had positive viewpoint on the subject of study. The affectionate behavioral subscale had the most effect on the mother-infant attachment, while the item " holding without skin contact" of proximity maintaining subscale was looked at as the most disagree and strongly disagree item (68.2%) of the attachment scale. Concluded that mother-infant attachment behavior are strengthened by applying the Kangaroo Mother Care. Furthermore, the benefits of this type of care are mentioned.²⁰

Rene'e Flacking, Uwe Ewald, and Lars Wallin (2011) had conducted a study on investigate the use of Kangaroo Mother Care (KMC) and its association with breastfeeding at 1 to 6 months of

corrected age in mothers of very preterm and preterm infants. A Prospective longitudinal study at Neonatal Intensive Care Units in four counties in Sweden. The study included 103 VPT (<32 gestational weeks) and 197 PT (32-36 gestational weeks) singleton infants and their mothers. Data on KMC, measured in duration of skin-to-skin contact/day during all days admitted to a neonatal unit, were collected using self-reports from the parents. VPT that breastfed at 1, 2, 5, and 6 months had spent more time in KMC per day than those not breastfeeding at these times. Concluded that this study shows the importance of KMC during hospital stay for breastfeeding duration in VPT. Hence, KMC has empowering effects on the process of breastfeeding, especially in those dyads with the smallest and most vulnerable infants.²¹

Gupta M, Jora R, & Bhatia R (2007) had conducted a descriptive study of 50 LBW (Birth weight >2 kilograms, range 28-32 weeks) were given KMC 4-6 hours/day in 3-4 sessions once thermally stable, no O₂ support, and tolerating enteral feeds (mean age when KC started = 4+/-1.78 days, and until discharge at >1.8kg, >34 weeks, and mother ready to go home. AT 8 weeks post discharge, 20/50 moms had continued KC in their home. Average weight gain was 1.135+/-0.121 kg, the number of infants exclusively breastfeeding was 16/50. Moms reported that KC helped increase milk production. No discomfort in moms about doing KC. At home, fathers, grandmothers, and sister-in-law did KC with good weight gain and thermal results. KMC is effective & safe in stable pre terms.²²

Charpak, N., Ruiz-Pelaez, J.G., Figueroa Z, & Kangaroo Research Team (2005) a cohort study Prospective descriptive study of 129 healthy preterm infants sent home on ambulatory KC and exclusive BF. In hospital, formula given to infants who did not gain 15 g/day for 3 consecutive days. At term age (at home by then?) 60/126 infants gained

weight adequately with exclusive BF, In 14 who need supplements, adequate weight gain achieved before term age and supplements were stopped. More immature infants need supplementation more frequently, infants with lower weight for GA at birth were less likely to achieve adequate weight by term age. Growth indices at term age in KMC group were between 10-25th percentile, similar to non KMC preterms.²³

2.1.3. BREAST FEEDING

Lucas RF1, Smith RL (2015) review of the literature was compiled between February 2013 and January 2015 by using the following databases: CINAHL, Cochrane Systematic Review, Scopus, and PubMed. Their review revealed that stable preterm infants maintain their physiological status during exposure to the breast as early as 27 to 28 weeks'. Several studies demonstrated infants during breastfeeding compared with bottle-feeding experienced variation in oxygen saturation and heart rate during feeding. Some infants exposed to the breast before 30 weeks' were exclusively breastfeeding at 32.8 weeks'. Skin-to-skin mother-infant contact is crucial to the successful transition to direct breastfeeding.²⁴

Ikonen R , Paarilainen E, et al., (2015) A systematic literature search from MEDLINE, CINAHL, PsycInfo, and Cochrane databases were performed. The search resulted in 20 qualitative and 3 quantitative studies. The data were analyzed by thematic analysis. Findings: Coping was the central theme in mothers' experiences. The benefits of breast milk served both as a supportive factor and an obstructive factor for the mothers, and breastfeeding was used to rebuild connection and motherhood. Expressing and breastfeeding are important for the mothers to contribute to their infants' care and to rebuild the interrupted connection.²⁵

Forgive Avorgbedor (2015) found 15 articles (8 quantitative, 6 qualitative and 1 multiple design) with sample sizes ranging from 10-386. Of 15 articles included in this review Found that Mothers with preterm infants were separated from their newborn during NICU admission, and did not have the opportunity to care for their newborn in the presence of supportive and knowledgeable staff, and thus faced difficulties and strived to cope with infant care after discharge. Concluded that Mothers' perceptions of their needs and readiness to transition from hospital or NICU to home varied by parity, previous experiences with newborn care and the health of their babies. Health care providers providing teaching should consider preterm care, and breastfeeding to better prepare the mothers to safely care for their babies at home.²⁶

R. Kaur , B. Bharti , S. K. Saini (2014) had conducted a randomized controlled trial to compare efficacy of burping versus no - burping in 71 mother–baby dyads in community setting. Primary outcome was reduction in event rates of colic and regurgitation episodes over 3 months. There was statistically significant reduction in colic episodes between burping and non - burping study subjects during 3 months of follow - up. Their study showed that burping significantly lower colic events.²⁷

Marie C.McCormick (2013) finds that Infection contributes to morbidity via a combination of immaturity of the immune system and exposure to invasive interventions such as ventilators and intravenous lines. The incidence of early-onset sepsis is ten times as high in VLBW than normal birth weight infants. The provision of breast milk to preterm infants appears to confer an advantage in providing some protection from a number of types of infection and as well as being associated with improved neurodevelopmental outcomes.²⁸

Shamsher Singh Dalal, et al., (2013) studied that stable neonates – 10 each in 28–30 weeks [group I] and 31–32 weeks gestation [group II], and offered them paladai feed the infants accepted paladai feedings in all behavioral states. In coordination between feeding and breathing was observed in about 25% of the sessions in both the groups. The proficiency of group I infants at median of 30.9 weeks were higher than that of group II infants at median 31.7 weeks. They concluded that Stable preterm neonates could be fed with Paladai from 30 weeks. The oropharyngeal ability was possibly influenced more by the postnatal experience than by maturity at birth.²⁹

Helen Smith , Nicholas D. Embleton (2013) had conducted a study on Breast milk is associated with a range of benefits in babies who are born preterm and/or sick. However, not all women may choose to initiate expression, and of those that do continued provision of breast milk may be challenging because of associated maternal anxiety and practical difficulties with expression. A quality improvement (QI) program was designed and led by a single member of nursing staff. This identified potentially remediable factors and sought to improve them. A QI program can result in dramatic improvements in provision of breast milk within a relatively short period and is likely to be associated with a range of improved baby, maternal and health care benefits.³⁰

Ahmed, Azza H (2008) had conducted an experimental design was used with a convenience sample of 60 mothers and their preterm infants who were born before 37 weeks of gestation. Data collection instruments included breastfeeding knowledge questionnaire, observational checklist of mother's breastfeeding practices, breastfeeding diary, infant's and mother's profile form, and demographic information. Findings are mother's knowledge significantly increased for the intervention group but not the control group ($p = 0.041$). The intervention group showed gradual improvement in breastfeeding

practices. Concluded that breastfeeding educational program was effective in improving breastfeeding knowledge and practices among mothers of preterm infants.³¹

Jennifer Callen, RNC, MSC (2005) Point out that Feeding human milk to preterm infants provides nutritional, gastrointestinal, immunological, developmental and psychological benefits that may impact their long-term health and development. Human milk is advocated as the best source of nutrition for preterm infants because it provides substances not supplied in formula. Human milk is beneficial for preterm infants because of its unique protein structure, its ability to promote fat absorption, and its pattern of fatty acids that promote growth and development. Human milk is also beneficial for the preterm infants' gastrointestinal system because gastric emptying is faster after feeding human milk than commercial bovine formula.³²

2.1.4. IMMUNIZATION

Prashant Kumar Singh (2013) His study recommended that targeted intervention among the marginalized sections of society and addressing obstacles in the way of utilizing health services. Children were considered fully immunized when they receive vaccination against tuberculosis (BCG), three doses of diphtheria, whooping cough (pertussis), and tetanus (DPT) vaccine; three doses of poliomyelitis (polio) vaccine and one dose of the measles vaccine by the age of 12 months. BCG should be given at birth or at first clinical contact, DPT and polio require three vaccinations at approximately 4, 8, and 12 weeks of age, and the measles vaccine should be given at age 12 months or soon after reaching 9 months of age.³³

Olalekan A Uthman, Peter M Ndumbe and Gregory D Hussey (2013) had conducted a bibliometric analysis of childhood immunization research output from Africa, using research articles indexed in PubMed

as a surrogate for total research productivity. They identified 1,641 articles on childhood immunization indexed in PubMed between 1974 and 2010 with authors from Africa, which represent only 8.9% of the global output. They were come up with end that the lack of association between research productivity and immunization coverage may be an indication of lack of interactive communication between health decision-makers, program managers and researchers; to ensure that immunization policies and plans were always informed by the best available evidence.³⁴

Amy Lahood, MD, and Cathy A. Bryant, MD (2007) Stated that Vaccination for premature infants remains a critical component of preventive care and should be delivered according to chronologic (not adjusted) age. Routine immunization for diphtheria, tetanus, pertussis, Haemophilus influenzae type b, poliomyelitis, and pneumococcal disease remains unchanged.⁸⁻¹⁰ There are theoretical risks of increased adverse reactions in very low birth weight premature infants because of lower maternal antibody to rotavirus. The Advisory Committee on Immunization Practices supports rotavirus vaccination of premature infants if they are at least six weeks of age, discharged from the NICU, and clinically stable. For infants born weighing less than 2,000 g (70.55 oz), immunization against hepatitis B is dependent on maternal hepatitis B status.³⁵

Owino LO, Irimu G, Olenja J, Meme JS (2009) had Conducted a Cross section destructive study in Mathare valley slums in Central district of Nairobi, Kenya. Access to immunization services was excellent at 95.6%. However, utilisation of immunization services was found to be suboptimal as indicated by the low fully immunized child (FIC) percentage of 69.2% and the high dropout rate between the first and third Pentavalent vaccine coverage by card or history (12.0%). Factors that contribute to the low immunization coverage include

ignorance on need for immunizations and on return dates, fear of adverse events following immunization, negative attitude of health care providers and missed opportunities.³⁶

Kamau N., Esamai F.O (2001) a study done in Kenya by Amolo revealed 17.8% of postnatal mothers identified BCG and OPV at birth and 7% of postnatal mothers still believed vaccines are harmful. Uptake of vaccination services is dependent on several factors including knowledge and attitude of the mothers. Correct knowledge and positive attitude of the mothers on immunization contributes to the achievement of immunization high rates.³⁷

2.1.5. SKIN CARE

Ruth Davidge, Vinod K Paul, et al., (2013) Stated that Premature babies have a higher risk of bacterial sepsis. Hand cleansing is especially critical in neonatal care units. However basic hygienic practices such as hand washing and maintaining a clean environment are well known but poorly done. Unnecessary separation from the mother or sharing of incubators should be avoided as these practices increase spread of infections. For the poorest families giving birth at home, the use of clean birth kits and improved practices have been shown to reduce mortality.³⁸

B. Kja"llstro"m, G. Sedin, J. A°gren (2012) had investigated the effect of clothing during STS (skin to skin care) A semi-permeable membrane was placed on top of a water filled chamber heated to body temperature and kept in an incubator at relevant environmental conditions. The Evaporation Rate (ER) was determined by evaporimetry from the membrane surface alone or from the membrane covered with layers of fabric. The effect of fabric clothing was also determined in a group of extremely preterm infants during incubator care. In the infants, fabric clothing also resulted in a decreased ER. They came to an end by

saying that layers of a simple cotton fabric provided a significant barrier to vapour diffusion thereby reducing evaporative loss of water and heat.³⁹

Allwood, M (2011) had conducted a study is to develop evidence-based skin care guidelines for premature neonates aged 23-30 weeks' gestation being cared for in the Neonatal Intensive Care Unit . Research relating to the care of premature infants' skin will be critically analysed and parallels and differences will be reported. Using this scientific knowledge and through critiquing the literature, guidelines for the skin care of infants aged 23-30 weeks will be developed. The guidelines will include recommendations for bathing, emollient use, the use of semi-permeable membranes in relation to trans-epidermal water loss, humidity and the use of adhesives. Infants born between 23 and 30 weeks' gestation have different skin structures than infants born at full term. For this reason, their skin requires specialised care .⁴⁰

TiffanyField, MiguelDiego, MariaHernandez-Reif (2010) had conducted a study about preterm infant massage therapy. Massage therapy has led to weight gain in preterm infants when moderate pressure massage was provided. In studies on passive movement of the limbs, preterm infants also gained significantly more weight, and their bone density also increased. The weight gain was associated with shorter hospital stays and, thereby, significant hospital cost savings. Despite these benefits, preterm infant massage is only practiced in 38% of neonatal intensive care units. The increases noted in vagal activity, gastric motility, insulin levels following moderate pressure massage are potential underlying mechanisms.⁴¹

2.1.6. UMBILICAL CORD CARE

Jamlick Karumbi, et al., (2013) had conducted RCTs and cluster-RCTs (cRCTs) that compared different topical agents versus dry cord care, different cord cleansing antiseptics and single versus multiple use of cord cleansing antiseptics in newborn babies (both term and preterm) were eligible for inclusion. World Health Organization had advocated since 1998 for the use of dry umbilical cord care (keeping the cord clean without application of anything and leaving it exposed to air or loosely covered by a clean cloth, in case it had become soiled, it was only cleaned with water).⁴²

Jelka Zupan, Paul Garner, Aika A.(2004) had conducted randomized and quasi-randomized trials of topical cord care compared with no topical care, and comparisons between different forms of care. Twenty-one studies (8959 participants) were included, the majority of which were from high-income countries. No systemic infections or deaths were observed in any of the studies reviewed. No difference was demonstrated between cords treated with antiseptics compared with dry cord care or placebo. There was a trend to reduced colonization with antibiotics compared to topical antiseptics and no treatment. Antiseptics prolonged the time to cord separation.⁴³

Sharon Dore RNC, BSc N, Med, Donna Buchan RN, MHSc, et al., (1998) had conducted Prospective, randomized controlled trial. Tertiary-level university teaching hospital and level II community hospital. Newborns, from birth until separation of the cord, were randomized to either (a) umbilical cleansing with 70% isopropyl alcohol at each diaper change or (b) natural drying of the umbilical site without special treatment. Cord separation time was statistically significantly different (alcohol group, 9.8 days; natural drying group, 8.16 days; $t = 8.9$, $p = < .001$). Mothers described similar comfort with cord care and

relief with cord separation. Costs of alcohol drying while in the hospital were greater than those of natural drying.⁴⁴

2.1.7. EYE CARE

Milka Mafwiri, Aeesha NJ Malik, Clare Gilbert (2018) had conduct a pilot study in 2010 in RCH clinics in urban Salaam. The key activities which specifically relate to eye health. After the training session, the RCH workers had better knowledge of eye conditions and changed some practices, such as cleaning the eyes of newborn babies at delivery and instilling antibiotic or antiseptic and referring children with trauma, a white pupil, or red eyes. The study conducted in 2014 included facility surveys observational checklists interviews, the assessment of case management of eye conditions using images, and interviews with key informants. Findings from the planned evaluation will be used in advocacy so that other countries in Africa may include eye conditions in their IMCI training package.⁴⁵

Amolo L, Irimu G, Njai D, Wasunna A (2014) stated that Traditional practices by the primary caregiver such as the application of breast milk to treat eye infections are still ongoing. These have been shown to be ineffective in treating neonatal conjunctivitis and should not be used. WHO advocated for the use of silver nitrate or tetracycline eye ointment. The primary caregiver must recognize and act on signs of eye infection in order to avoid serious complications such as blindness due to corneal ulceration and scarification. Mothers should therefore, be advised to bring their babies to hospital if they notice any eye discharge, swelling or reddening and avoid applying traditional substances that may worsen the condition.⁴⁶

2.1.8. ELIMINATION (NAPKIN CARE) NEEDS

Raising children net. au (2018) says that many things can combine to cause nappy rash in babies. The main cause is wearing a wet or dirty nappy for too long. Prolonged dampness, friction and ammonia substances released from wee can irritate child's skin. Soaps and detergents left on cloth nappies after washing can also contribute to nappy rash. Sometimes eczema, psoriasis, thrush or impetigo, which might make nappy rash worse. Frequent nappy changes keep the nappy area dry and give child's skin a chance to heal. Check the child every hour or so to see whether his nappy is wet or soiled. When baby bath, use a gentle, soap-free wash and avoid soaps or bubble baths. After bathing, keep the baby's skin dry.⁴⁷

Phillips RM, Goldstein M, et al., (2013) stated that before opening the nappy, slide a clean nappy in under baby's bottom to avoid soiling the bed clothes. Have some wet warm cotton wool open the tabs on the soiled nappy and use this nappy to gently wipe down baby's bottom, and then leave it tucked in. If baby is awake and hungry, they may become impatient and restless during the nappy change and then may not be relaxed during the feed that follows. Conserve their energy by letting them feed first. If baby slows down during their feed, it may help to change their nappy. This gives the baby a chance to rest. They may then have energy to resume feeding or if not, the feed may be finished using a feeding tube. Note that babies feeding breast milk often dirty their nappy during feeds.⁴⁸

2.1.9. PREVENTION OF INFECTION

Amit Mukerji, et al., (2013) had conducted a pre-intervention and post-intervention observational study to evaluate the impact of implementing a simple, user-friendly eLearning module on hand hygiene compliance and infection rates. Participants are all neonates admitted to

the Neonatal Intensive Care Unit (NICU) over the study period were eligible for participation and were included in the analyses. Interventions in the preintervention and postintervention periods (phases I and II), all care providers were trained on hand hygiene practices. The study concluded that interventions to improve hand hygiene compliance are challenging to implement and sustain with the need for ongoing reinforcement and education.⁴⁹

Blencowe H, Cousens S, et al., (2011) had conducted a systematic review of multiple databases. Low quality evidence supports a reduction in all-cause neonatal mortality cord infection and neonatal tetanus with birth attendant hand washing. No relationship was found between birth place and cord infections or sepsis mortality. For postnatal clean practices, all-cause mortality is reduced with chlorhexidine cord applications in the first 24 hours of life and antimicrobial cord applications. One study of postnatal maternal hand washing reported reductions in all-cause mortality (44% (95% c.i. 18–62%) and cord infection (24% (95% c.i. 5-40%).⁵⁰

Pessoa –Silva CL, et al., (2007) had conducted a study in Switzerland on infection control through hand hygiene promotion interventions rarely result in sustained improvement and an assessment of their impact on individual infection risk has been lacking. Hand hygiene promotion on health care worker compliance and health care associated infection risk among neonates. A multifaceted hand hygiene education programme was introduced with compliance assessed during successive observations surveys. Health care associated infections were prospectively monitored.⁵¹

2.1.10. FOLLOW UP CARE

Esther Abena Adama, Sara Bayes, Deborah Sundin (2016) Reported that the difficulties of caring for preterm infants and associated psychological stress incurred by parents of preterm infants admitted to Neonatal Intensive Care Unit (NICU) have been well established. However, much less is known about parents' experiences of caring for preterm infant at home after NICU discharge. This study synthesized qualitative studies on this phenomenon. Parents' experiences of caring for preterm infants post-NICU discharge is constructed as a process that requires support to improve caring confidence. Thus, NICU nurses must endeavor to provide appropriate support for parents in order to increase their caring confidence after discharge.⁵²

Joy E Lawn (2013) Stated in article that Premature babies are at increased risk of infection, and these may occur risks for death and disability . Implementation of a systematic pre discharge check of women and their babies would be an opportunity to prevent complications or increase care seeking, advising mothers on common problems, basic home care and when to refer their baby to a professional. Improved care involves early detection of such danger signs and rapid treatment of infection, while maintaining breastfeeding if possible Identification is complicated by the fact that ill premature babies may have a low temperature, rather than fever.⁵³

Jean M. Schlittenhart, MN, RNC-NIC (2011) stated that Preparation for discharge and transition to parents' care of infants hospitalized in the Neonatal Intensive Care Unit (NICU) is a process that begins on admission. Identifying parents' educational needs requires thoughtful assessment by experienced nurses. Caring for these infants can be daunting to parents, and participating in a discharge class can be very helpful in easing the transition to home. This article describes a NICU discharge informational DVD/video that was

developed to deliver parent education and promote informed and safe transition from hospital to home.⁵⁴

Dongre AR, Deshmukh PR, Garg BS (2008) had conducted A cross-sectional study was undertaken in three of the 27 primary health centres of Wardha district with a population of 88187. Out of 1675 expected mothers, 1160 mothers in the area were interviewed by house-to-house visits About 67.2 % mothers knew at least one newborn danger sign. Majority of mothers (87.4%) responded that the sick child should be immediately taken to the doctor.As told by mothers, the reasons for not taking actions even in presence of danger signs/symptoms were ignorance of parents, lack of money, faith in supernatural causes, non-availability of transport, home remedy, non-availability of doctor and absence of responsible person at home.. Concluded that comprehensive intervention strategies are required to change behavior of caregivers along with improvement in capacity of Government health care services and National Health Programs to ensure newborn survival in rural area.⁵⁵

2.2. PART – II: CONCEPTUAL FRAMEWORK

The conceptual framework was based on the Ludwig Von Bertalanffy's General system theory of law.

Ludwig Von Bertalanffy's General Systems Theory (1968) was known in various areas of in health care sciences, such as health care practices and in nursing. Bertalanffy's system theory provided new development and foundations. This meant that in modern health care delivery, new theories could be introduced to form modern approaches to improve the general system through better information, communication and feedback. However, the theory acknowledged the challenges that may come along with the implementation of new general models. In this study structured teaching aids were applied to teach the parents of preterm babies regarding preterm care.

Input

Input is the information needed by the system.

Throughput

Throughput is the activity phase. It is a process that allows the input to be changed.

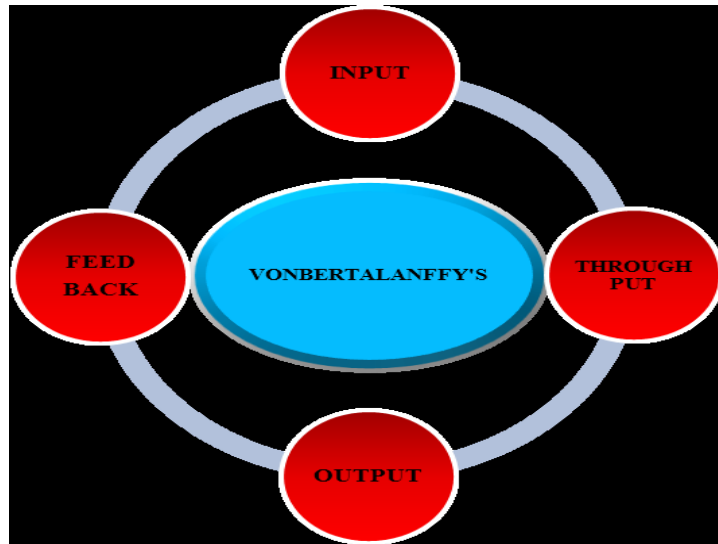
Output

The information are continuously proceed through the system and released as output in an altered state.

Feedback

The feedback is the environment responses to the system. Feedback may be positive or negative or neutral.

Figure -2.1: Von Bertalanffy's explained that any system had 4 major aspects



INPUT

It was the type of information; the input was the assessment of existing level of knowledge regarding preterm baby care among parents with 10 aspects

- 1) Knowledge of preterm baby
- 2) Thermo regulation
- 3) Breast feeding
- 4) Immunization
- 5) Skin care
- 6) Umbilical cord care
- 7) Eye care
- 8) Elimination (napkin care) needs
- 9) Prevention of infection
- 10) Follow up care

THROUGHPUT

It was the operation phase or manipulation and activity phase. It was the process that allowed the input to be changed, in the study throughput was the structured teaching programmer regarding preterm care to parents.

OUTPUT

It was any information that leaved the system and extends the environment through system boundaries. This level of knowledge either.

Adequate → Moderately Adequate → Inadequate

Knowledge after structured teaching programme.

FEEDBACK

It was the process by which information was received from each of the level of the system, which was feed back into the input to guide evaluation. This would give allow to either increase or restrict its input, of the output, the evaluation done by the same questionnaire and the result was indicated the need for follow up care in home set up. Feedback strengthened the Input.

CHAPTER –III METHODOLOGY

This chapter includes research design, setting of the study, population, sample size, sampling technique, inclusion and exclusion criteria for selection of sample, description of tool, content validity, pilot study, data collection procedure and plan for data analysis.

3.1. RESEARCH APPROACH

Quantitative research approach.

3.2. RESEARCH DESIGN

The research design selected for the study was the pre experimental design (one group pretest post-test design) to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents.

Table 3.1: Diagrammatic Representation of the Research Design

Group	Pretest	Treatment	Post-test
Pre experimental group	O1	X	O2

Key:

O₁: Assessment of knowledge of group of study participants.

X: Administration of structured teaching programme.

O₂: post- test assessment knowledge of the same group of the study participants.

3.3. SETTING OF THE STUDY

The study was conducted in at Neonatal Intensive care unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai-08

3.4. DURATION OF THE STUDY

Four weeks

3.5. STUDY POPULATION

Target Population

Parents who were having preterm baby admitted in Neonatal Intensive care unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai-08

Accessible Population

Parents of preterm babies admitted in Neonatal Intensive Care Unit and available at the time of data collection period.

3.6. STUDY SAMPLE

Parents of preterm babies admitted in Neonatal Intensive Care Unit, available at the time of data collection period and who were fulfilling the inclusion criteria.

3.7. SAMPLE SIZE

60 parents of preterm babies admitted in Neonatal Intensive Care Unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai-08 who met the inclusion criteria.

3.8. SAMPLING CRITERIA

3.8.1 Inclusion Criteria

The parents who

- ❖ Had the preterm babies born before 37 weeks and with a weight below 2.5 Kg
- ❖ Were available and willing to participate in this study.
- ❖ Can understand and speak Tamil, English.

3.8.2 Exclusion Criteria

The parents who

- ❖ Had sick and ventilator supported preterm babies.
- ❖ Had babies with congenital anomalies.

3.9. SAMPLE TECHNIQUE

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

3.10. RESEARCH VARIABLES

3.10.1.Independent variables: It refers to structured teaching programme on improving the knowledge among parents on preterm care.

3.10.2. Dependent variable: It refers to level of knowledge on preterm care among parents of preterm babies.

3.11. DEVELOPMENT AND DESCRIPTION OF THE TOOL

Development of the Tool

A semi structured questionnaire tool has been developed after extensive and in depth review of literature and obtained experts opinion and content validity from Medical, Nursing, and statistical experts. Construction and pretesting of tool was done during pilot study. Direct assessment of client was performed during data collection.

Description of the tool

The semi structured questionnaire consists of two sections.

Section – 1

It deals with the demographic variables of the subject that includes parent's age, religion, occupation, education, type of family,

and area of residence, family history, gestational age of the baby and birth weight of the baby.

Section – 2

It consists of multiple choice questions which were prepared to assess the knowledge among parents of preterm baby.

The questions were related to knowledge aspects of preterm care, thermoregulation, assisted in feeding, skin care, umbilical cord care, elimination care, immunization, eye care, prevention of infection and follow up care.

Table 3.2: Score Interpretation

The semi structured questionnaire was used to assess the knowledge among parents on preterm care. It contains 30 multiple choice questions with 10 sub division.

S. No	Knowledge Aspects	Total No. of Items	Score
1	Knowledge regarding Preterm baby	3	3
2	Knowledge regarding maintaining thermo regulation	3	3
3	Knowledge regarding breast feeding of the baby	3	3
4	Knowledge regarding in immunization	3	3
5	Knowledge regarding skin care of the preterm baby	3	3
6	Knowledge regarding umbilical cord care	3	3
7	Knowledge regarding eye care	3	3
8	Knowledge regarding elimination (napkin care) needs.	3	3
9	Knowledge regarding prevention of infection	3	3
10	Knowledge regarding follow up care	3	3
	Total	30	30

Table 3.3: Scoring Procedure

The scores given for preterm care are as follows

For correct answer : '1' score.

For wrong answer : '0' score.

Marks	Percentage	Level of Knowledge
Less than 15	Less than 50%	Inadequate
16 - 22	50 – 75%	Moderate
23- 30	Above 75%	Adequate

3.12. CONTENT VALIDITY

The content validity of structured teaching programme obtained from Medicine and Nursing experts in the field of Child Health. They suggested certain modifications and the expert suggestion were incorporated in the tool. Then structured teaching programme got its final shape and used for the 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 coefficient value is 0.86. This correlation coefficient is very high and it is good tool for assessing effectiveness of structured teaching knowledge about care of preterm among parents of preterm babies.

3.14. PROTECTION OF HUMAN SUBJECTS

The permission for conducting the study was obtained from Institutional Ethics Committee and Director of Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children. Researcher explained the procedure and written consent was obtained from each participant of the study before starting the data collection all respondents were carefully informed about the purpose of

the study and their part during the study and how the privacy will be guarded. The freedom was given to the clients to leave the study at her without assigning any reason. The study information was kept confidential. Confidentiality of the results and anonymity were assured to the subjects. Routine care was not disturbed the investigator followed the ethical guidelines during the data collection procedure.

3.15. PILOT STUDY

In order to test the feasibility, relevance and practicability of the study was conducted among 10 parents of preterm babies in the same manner as that of original study at Neonatal Intensive Care Unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai-08. Data are analyzed to find the suitability to statistical method. It revealed that the study was feasible. There was no modification done in the tool after the pilot study. These study participants are excluded in the main study.

3.16. DATA COLLECTION PROCEDURE

The researcher introduced herself to the selected study participants of parents of preterm babies. Informed and written consent was obtained from each participant after giving full information about study and assurance of confidentiality. The parents were informed that they are having the freedom to leave the study with their own reason. The investigator ensure that privacy, religion, cultural belief and ethical values were respected during the process of data collection and maintained by the researcher.

The period of study extended for four weeks, the data was collected from Monday to Saturday between 8am to 3pm. Each day data was collected from available study participants in the Neonatal Intensive Care Unit and they were gathered as a group. The parents were interviewed by using the structured teaching programme. The pretest

was conducted for 25 minutes. The intervention strategy was implemented on the same day for 45 minutes using flash cards, power point pictures and pamphlets which was prepared by the researcher after consulting with the specialist. The parents participated with interest and they were alert and enthusiastic. Certain points were repeated for better understanding and doubts were clarified and pamphlet was given to each mother at the end of the session.

After seven days of interval, post test was conducted for 25 minutes among the same study participants using the same questionnaire and evaluated the effectiveness of structured teaching programme on preterm care among parents of preterm babies.

Table 3.4: Intervention Protocol

Place	Neonatal Intensive Care Unit, IOG, Chennai-08
Structured teaching tool	Structured teaching programme
Duration	45 minutes
Frequency	One-time teaching
Time	8am- 4pm
Administered by	Investigator
Recipient	Parents of preterm babies

3.17. DATA ENTRY AND ANALYSIS

After data collection 3-5 data were entered in the coding sheet using the SPSS package. At the end of the data collection the data were analyzed based on the objective of the study. The collected data was arranged and tabulated to represent the findings of the study. Both descriptive and inferential statistics were used.

DISCRIPTIVE STATISTICS INCLUDES

- ❖ Demographic variables were given in frequencies with their percentage and test of association was done to assess selected demographic data to knowledge.
- ❖ 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 structured teaching programme.

Difference between pretest and posttest difference on effectiveness of study was analyzed using mean difference with 95%CI. $P < 0.001$ was considered statically significant.

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with the classification, analysis and interpretation of the data collected from selected group of the participants who are parents of preterm babies. The data collected were tabulated, analysed and presented based on the objectives and hypothesis.

Descriptive and inferential statistics were used for the analysis of the data. According to the study objectives the interpretation has been tabulated and organized as follows.

OBJECTIVES

- 1) To assess the knowledge on care of preterm babies among parents.
- 2) To evaluate the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents.
- 3) To find out the association between the post-test knowledge of parents on preterm care with demographic variables.

ORGANIZATION OF DATA

Section –A : Distribution of demographic variables of study participants

Section – B : Knowledge scores of parents of preterm babies before and after Structured teaching programme

Section – C : Comparison of mean scores between pre -test and post-test knowledge of structured teaching programme on care of preterm babies among parents.

Section – D : Effectiveness of structured teaching programme on care of pre-term babies among parents.

Section – E : Association between post test level of knowledge with the selected Demographic variables.

STATISTICAL ANALYSIS

- ❖ Demographic variables in categories were given in frequencies with their percentages. Knowledge score were given in mean and standard deviation.
- ❖ Association between demographic variables and knowledge score were analysed using Pearson chi-square test
- ❖ Quantitative knowledge score in pretest and posttest were compared using student's paired t-test.
- ❖ Qualitative level of knowledge in pretest and posttest were compared using Stuart-Maxwell test /extended McNemar test
- ❖ Association between knowledge gain score/ practice gain score with demographic variables are assessed using one way ANOVA F-test and student independent t –test.
- ❖ Simple bar diagram, Multiple bar diagram, Pie diagram, subdivided bar diagram and Box plot were used to represent the data .
- ❖ $P < 0.05$ was considered statistically significant. All statistical test are two tailed test.

SECTION-A: DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF STUDY PARTICIPANTS

Table-4.1: Frequency, distribution and percentage of study participants according to their demographic variables

Demographic information		No. of parents	%
Age	20 -25 years	24	40.0%
	26 -30 years	21	35.0%
	31 -35 years	10	16.7%
	> 35 years	5	8.3%
Sex	Male	17	28.3%
	Female	43	71.7%
Education	No formal education	0	0.0%
	Primary school	2	3.3%
	Higher secondary school	41	68.4%
	Graduate	15	25.0%
	Post Graduate	2	3.3%
Occupation	Employed	33	55.0%
	Unemployed	27	45.0%
Religion	Hindu	48	80.0%
	Muslim	5	8.3%
	Christian	7	11.7%
Income	Less than Rs.5000	2	3.3%
	Rs.5001- Rs.10000	22	36.7%
	Rs10001- Rs.15000	31	51.7%
	More than Rs.15000	5	8.3%
Type of family	Joint family	34	56.7%
	Nuclear family	26	43.3%

Demographic information		No. of parents	%
Residence	Rural	16	26.7%
	Urban	44	73.3%
Previous experience	Yes	3	5.0%
	No	57	95.0%
Gestational age	<30 weeks	7	11.7%
	31 -32 weeks	23	38.3%
	33 -34 weeks	10	16.7%
	35 -37 weeks	20	33.3%
Birth weight	Less than 1000 gram	5	8.3%
	1001 – 1500 gram	22	36.7%
	1501 – 2000 gram	29	48.3%
	2000 – 2500 gram	4	6.7%

The above table shows

Out of 60 participants age of the parents between 20-25 years of age were 24(40.0%), between 26-30 years of age were 21 (35.0%), 31-35 years of age were 10 (16.7%), and >35 years of age were 5 (8.3%).

Nearly 17 (28.3%) were male and remaining 43 (71.7%) were female.

Nearly 2 (3.3%) parents were underwent primary school education, 41 (68.4%) were underwent secondary school education, 15 (25.0%) were graduates and 2 (3.3%) were post graduates.

Majority 33 (55.0%) are employed and remaining 27 (45.0%) are unemployed.

Majority 48 (80.0%) belong to Hinduism, 7(11.7) belong to Christianity, and only 5 (8.3%) belong to Muslim religion.

Most of the parents 31 (51.7%) had their family monthly income between Rs.10001-15000, 22 (36.7%) between Rs.5001-10000, 5(8.3%) above Rs.15000 and 2 (3.3%) below Rs.5000.

Majority 34 (56.7%) parents were in joint family, 26 (43.3%) were in nuclear family.

Fourth three 44 (73.3%) parents were in urban area and 16 (26.7%) were in rural area.

Majority 57 (95.0%) parents had no previous experience in care of preterm baby.

Gestational age of the baby between 31-32 weeks were 23 (38.3%), between 35-37 weeks were 20 (33.3%), between 33-34 weeks were 10 (16.7%) and <30 weeks were 7 (11.7%).

Birth weight of the baby between 1501-2000 gram were 29 (48.3%), between 1001-1500 gram were 22 (36.7%), between 2000-2500 gram were 4 (6.7%) and <1000 gram were 5 (8.3%).

SECTION – B: KNOWLEDGE SCORES OF PARENTS OF PRETERM BABIES BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME

Table-4.2: Domainwise Pretest Percentage of Knowledge on Care of Preterm Babies among Parents

Domains	No. of questions	Min – Max score	Knowledge score		
			Mean	SD	% of mean score
Knowledge regarding preterm baby	3	0 - 3	1.45	1.02	48.33%
Thermoregulation	3	0 - 3	0.53	0.54	17.67%
Breast feeding	3	0 - 3	1.97	0.71	65.56%
Immunization	3	0 - 3	1.25	0.79	41.67%
Skin care	3	0 - 3	1.33	0.60	44.44%
Umbilical cord care	3	0 - 3	0.62	0.83	20.56%
Eye care	3	0 - 3	1.42	0.72	47.22%
Elimination need	3	0 - 3	1.45	0.70	48.33%
Prevention of infection	3	0 - 3	1.70	0.72	56.67%
Follow-up care	3	0 - 3	1.50	0.79	50.00%
Total	30	0 - 30	13.22	3.43	44.07%

Table 4.2 shows each domain wise pre-test percentage of knowledge on care of preterm babies among parents. They are having maximum knowledge in **Breast feeding** (65.56%) and minimum knowledge score in **Thermoregulation** (17.67%).

Table 4.3: Overall Pretest Knowledge Score

	No. of questions	Min – Max score	knowledge score	
			Mean \pm SD score	%
Overall score	30	0 -30	13.22 \pm 3.43	44.07%

Table4.3 shows, pre-test percentage of knowledge on care of preterm babies among parents.

Overall pre-test percentage of knowledge score is 44.07% among parents.

Table 4.4: Pretest Level of Knowledge

Level of knowledge	No. of Parents	%
Inadequate knowledge	41	68.3%
Moderate knowledge	19	21.7%
Adequate knowledge	0	0.0%
Total	60	100%

Table No.4.4 shows the parents level of knowledge on care of preterm babies. In general 68.3% of parents are having inadequate knowledge and 21.7% of them having moderate knowledge and none of them are having adequate knowledge.

Table 4.5 Knowledge score interpretation:

Min=0 Max=1 Total questions=30 Maximum marks= 30

S No.	Grade	Percentage	Marks
1.	Adequate knowledge	76 – 100%	23-30
2.	Moderate knowledge	50 – 75%	16-22
3.	Inadequate knowledge	0 – 50 %	< 15

Table 4.6 : Each Domainwise Parents Posttest Percentage of Knowledge Regarding Care of Preterm Babies

	Domains	No. of questions	Min – Max score	Knowledge score		
				Mean	SD	% of mean score
1	Knowledge regarding preterm baby	3	0 - 3	2.73	0.63	91.11%
2	Thermoregulation	3	0 - 3	2.23	0.70	74.44%
3	Breast feeding	3	0 - 3	2.75	0.44	91.67%
4	Immunization	3	0 - 3	2.55	0.65	85.00%
5	Skin care	3	0 - 3	2.32	0.75	77.22%
6	Umbilical cord care	3	0 - 3	2.62	0.61	87.22%
7	Eye care	3	0 - 3	2.48	0.50	82.78%
8	Elimination need	3	0 - 3	2.50	0.72	83.33%
9	Prevention of infection	3	0 - 3	2.48	0.70	82.78%
10	Follow-up care	3	0 - 3	2.53	0.65	84.44%
	TOTAL	30	0 - 30	25.20	1.47	84.00%

Table 4.6 shows each domain wise post-test percentage of knowledge on care of preterm babies among parents. They are having maximum knowledge in **Breast feeding** (91.6%) and minimum knowledge score in **Thermoregulation** (74.44%).

Table 4.7: Overall Post-test Knowledge Score

	No. of questions	Min – Max score	Knowledge score	
			Mean ±SD score	%
Overall score	30	0 -30	25.20±1.47	84.00%

Table 4.7 shows, post-test percentage of knowledge on care of preterm babies among parents.

Overall post-test percentage of knowledge score is 84.00% among parents.

Table 4.8 : Post-test Level of Knowledge

Level of knowledge	No. of parents	%
Inadequate knowledge	0	0.0%
Moderate knowledge	10	16.7%
Adequate knowledge	50	83.3%
Total	60	100%

Table No.4.8 shows the parents level of knowledge on care of preterm babies.

In general none of the parents are having inadequate level of knowledge score , 16.7% of them having moderate level of knowledge score and 83.3% of them are having adequate level of knowledge score.

SECTION – C: COMPARISON OF MEAN SCORES BETWEEN PRE -TEST AND POST-TEST KNOWLEDGE OF STRUCTURED TEACHING PROGRAMME ON CARE OF PRETERM BABIES AMONG PARENTS

Table-4.9: Comparison of Pretest and Posttest Knowledge Score

S. no	Knowledge on	Pre-test		Post-test		Mean Difference	Student's paired t-test
		Mean	SD	Mean	SD		
1	Knowledge regarding preterm baby	1.45	1.02	2.73	0.63	1.28	t=8.52 P=0.001 *** DF= 59 , Significant
2	Thermoregulation	0.53	0.54	2.23	0.70	1.7	t=13.21 P=0.001 *** DF= 59 , Significant
3	Breast feeding	1.97	0.71	2.75	0.44	0.78	t=6.71 P=0.001 *** DF= 59 , Significant
4	Immunization	1.25	0.79	2.55	0.65	1.3	t=9.21 P=0.001 *** DF= 59 , Significant
5	Skin care	1.33	0.60	2.32	0.75	0.99	t=8.36 P=0.001 *** DF= 59 , Significant
6	Umbilical cord care	0.62	0.83	2.62	0.61	2.00	t=14.43 P=0.001 *** DF= 59 , Significant
7	Eye care	1.42	0.72	2.48	0.50	1.06	t=9.60 P=0.001 *** DF= 59 , Significant

S. no	Knowledge on	Pre-test		Post-test		Mean Difference	Student's paired t-test
		Mean	SD	Mean	SD		
8	Elimination need	1.45	0.70	2.50	0.72	1.05	t=8.29 P=0.001 *** DF= 59 , Significant
9	Prevention of infection	1.70	0.72	2.48	0.70	0.78	t=5.08 P=0.001 *** DF= 59 , Significant
10	Follow-up care	1.50	0.79	2.53	0.65	1.03	t=8.88 P=0.001 *** DF= 59 , Significant

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$

Table no 4.9 shows the comparison of pre test and post test knowledge score regarding care of preterm babies among parents.

Knowledge regarding

Preterm baby: In pre test, parents are having 1.45 score whereas in post test they are having 2.73 score. Difference is 1.28. This difference is large and it is statistically significant difference.

Thermoregulation: In pre test, parents are having 0.53 score whereas in post test they are having 2.23 score. Difference is 1.7. This difference is large and it is statistically significant difference.

Breast feeding: In pre test, parents are having 1.97 score whereas in post test they are having 2.75 score. Difference is 0.78. This difference is large and it is statistically significant difference.

Immunization- In pre test, parents are having 1.25 score whereas in post test they are having 2.55 score. Difference is 0.99. This difference is large and it is statistically significant difference.

Skin care: In pre test, parents are having 1.33 score whereas in post test they are having 2.32 score. Difference is 2.00. This difference is large and it is statistically significant difference.

Umbilical cord care: In pre test, parents are having 0.98 score whereas in post test they are having 2.22 score. Difference is 1.24. This difference is large and it is statistically significant difference.

Eye care: In pre test, parents are having 1.42 score whereas in post test they are having 2.48 score. Difference is 1.06. This difference is large and it is statistically significant difference.

Elimination need- in pre test, parents are having 1.45 score whereas in post test they are having 2.50 score. Difference is 1.05. This difference is large and it is statistically significant difference.

Prevention of infection: In pre test, parents are having 1.70 score whereas in post test they are having 2.48 score. Difference is 0.78. This difference is large and it is statistically significant difference.

Follow up care: In pre test, parents are having 1.50 score whereas in post test they are having 2.53 score. Difference is 1.03. This difference is large and it is statistically significant difference.

Significance of difference between pre test and post test score was calculated using student paired t-test.

Table-4.10: Comparison of Overall Knowledge Score before and after Structured Teaching Programme

	No. of parents	Pre test Mean±SD	Post test Mean±SD	Mean difference Mean ± SD	Student's paired t-test
Overall Knowledge Score	60	13.22 ± 3.43	25.20 ± 1.47	11.98 ± 4.03	t=23.05 P=0.001*** DF = 59, significant

* significant at $P \leq 0.05$ ** highly significant at $P \leq 0.01$ *** very high significant at $P \leq 0.001$.

Table no 4.10 shows the comparison of overall knowledge before and after the administration of STP.

On an average, parents have improved their knowledge from 13.42 to 25.20 after the administration of structured teaching programme. In pre-test they are able to answer only 13 questions before administration of STP, after administration of STP they are able to answer up to 25 questions. Due to STP they are able to answer 12 more questions correctly. This difference is statistically significant. Statistical significance was calculated by using student's paired 't' test.

SECTION – D: EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON CARE OF PRE TERM BABIES AMONG PARENTS.

Table 4.11: Each Domainwise Pretest and Posttest Percentage of Knowledge

S. No	Domains	Posttest knowledge	Pretest knowledge	% of knowledge gain
1	Knowledge regarding preterm baby	91.11%	48.33%	42.78%
2	Thermoregulation	74.44%	17.67%	56.77%
3	Breast feeding	91.67%	65.56%	26.11%
4	Immunization	85.00%	41.67%	43.33%
5	Skin care	77.22%	44.44%	32.78%
6	Umbilical cord care	87.22%	20.56%	66.66%
7	Eye care	82.78%	47.22%	35.56%
8	Elimination need	83.33%	48.33%	35.00%
9	Prevention of infection	82.78%	56.67%	26.11%
10	Follow-up care	84.44%	50.00%	34.44%

Table-4.11 shows each domain wise knowledge gain score among the parents of preterm babies.

Table 4.12: Comparison of Pretest and Posttest Level of Knowledge Score

Level of knowledge	Pretest		Posttest		Generalized McNemar's test
	n	%	n	%	
Inadequate knowledge	41	68.3%	0	0.0%	$\chi^2=5.26$ P=0.02*(S)
Moderate knowledge	19	21.7%	10	16.7%	
Adequate knowledge	0	0.0%	50	83.3%	
Total	60	100.0%	60	100.0%	

*significant at $p < 0.05$ level

Table no 4.12 shows the pre-test and post-test level of knowledge among parents

Before STP, 68.3% of the parents are having inadequate level of knowledge score, 21.7% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score.

After STP, none of the parents are having inadequate level of knowledge score, 16.7% of them having moderate level of knowledge score and 83.3% of them are having adequate level of knowledge score.

Level of knowledge gain of between pre-test and post-test was calculated using Generalised McNemar's chisquare test.

Table-4.13: Effectiveness and Generalization of Structured Teaching Programme

	Max score	Mean score	Mean Difference of knowledge gain score with 95% Confidence interval	Percentage Difference of knowledge gain score with 95% Confidence interval
Pretest	30	13.22	11.98 (10.94 – 13.02)	39.93% (36.47% –43.40%)
Posttest	30	25.20		

Table no 4.13 shows the effectiveness of structured teaching programme among parents pretest on care of preterm babies

On an average, in posttest after having STP, parents are gained 39.93% more knowledge score than pretest score.

Differences and generalization of knowledge gain score between pretest and posttest score was calculated using and mean difference with 95% CI and proportion with 95% CI.

SECTION – E: ASSOCIATION BETWEEN POST TEST LEVEL OF KNOWLEDGE WITH THE SELECTED DEMOGRAPHIC VARIABLES

Table 4.14: Association between Pretest Level of Knowledge and their Demographic Variables

Demographic variables		Pretest level of knowledge score						Total	Chi-square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Age	20 -25 years	18	75.0%	6	25.0%	0	0.0%	24	$\chi^2=2.38$ P=0.49 (NS)
	26 -30 years	14	66.7%	7	33.3%	0	0.0%	21	
	31 -35 years	5	50.0%	5	50.0%	0	0.0%	10	
	> 35 years	4	80.0%	1	20.0%	0	0.0%	5	
Sex	Male	12	70.6%	5	29.4%	0	0.0%	17	$\chi^2=0.05$ P=0.81 (NS)
	Female	29	67.4%	14	32.6%	0	0.0%	43	
Education	No formal education	0	0.0%	0	0.0%	0	0.0%	0	$\chi^2=5.41$ P=0.14 (NS)
	Primary school	2	100.0%	0	0.0%	0	0.0%	2	
	Higher secondary school	28	68.3%	13	31.7%	0	0.0%	41	
	Graduate	11	73.3%	4	26.7%	0	0.0%	15	
	Post Graduate	0	0.0%	2	100.0%	0	0.0%	2	
Occupation	Employed	25	75.8%	8	24.2%	0	0.0%	33	$\chi^2=1.86$ P=0.17 (NS)
	Unemployed	16	59.3%	11	40.7%	0	0.0%	27	
Religion	Hindu	31	64.6%	17	35.4%	0	0.0%	48	$\chi^2=1.60$ P=0.44 (NS)
	Muslim	4	80.0%	1	20.0%	0	0.0%	5	
	Christian	6	85.7%	1	14.3%	0	0.0%	7	
Income	Less than Rs.5000	1	50.0%	1	50.0%	0	0.0%	2	$\chi^2=3.51$ P=0.31 (NS)
	Rs.5001- Rs.10000	14	63.6%	8	36.4%	0	0.0%	22	
	Rs10001- Rs.15000	24	77.4%	7	22.6%	0	0.0%	31	
	More than Rs.15000	2	40.0%	3	60.0%	0	0.0%	5	

Demographic variables		Pretest level of knowledge score						Total	Chi-square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Type of family	Joint family	24	70.6%	10	29.4%	0	0.0%	34	$\chi^2=0.18$ P=0.66 (NS)
	Nuclear family	17	65.4%	9	34.6%	0	0.0%	26	
Residence	Rural	10	62.5%	6	37.5%	0	0.0%	16	$\chi^2=0.34$ P=0.55 (NS)
	Urban	31	70.5%	13	29.5%	0	0.0%	44	
Previous experience	Yes	1	0.0%	2	100.0%	0	0.0%	3	$\chi^2=1.78$ P=0.18 (NS)
	No	40	71.9%	17	28.1%	0	0.0%	57	
Gestational age	<30 weeks	4	57.1%	3	42.9%	0	0.0%	7	$\chi^2=0.85$ P=0.83 (NS)
	31 -32 weeks	17	73.9%	6	26.1%	0	0.0%	23	
	33 -34 weeks	7	70.0%	3	30.0%	0	0.0%	10	
	35 -37 weeks	13	65.0%	7	35.0%	0	0.0%	20	
Birth weight	Less than 1000 gram	4	80.0%	1	20.0%	0	0.0%	5	$\chi^2=2.50$ P=0.47 (NS)
	1001 – 1500 gram	14	63.6%	8	36.4%	0	0.0%	22	
	1501 – 2000 gram	19	65.5%	10	34.5%	0	0.0%	29	
	2000 – 2500 gram	4	100.0%	0	0.0%	0	0.0%	4	

Table no 4.14 shows the association between pretest level of knowledge and their demographic variables.

None of the demographic variables are significantly associated with their pretest level of knowledge score

Statistical significance was calculated using Pearson chi square test.

Table 4.15: Association between Posttest Level of Knowledge and their Demographic Variables

Demographic variables		Posttest level of knowledge score						Total	Chi-square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Age	20 -25 years	0	0.0%	8	25.0%	16	75.0%	24	$\chi^2=8.57$ P=0.04* (S)
	26 -30 years	0	0.0%	2	9.5%	19	90.5%	21	
	31 -35 years	0	0.0%	0	0.0%	0	0.0%	10	
	> 35 years	0	0.0%	0	0.0%	0	0.0%	5	
Sex	Male	0	0.0%	6	35.3%	11	64.7%	17	$\chi^2=5.92$ P=0.02* (S)
	Female	0	0.0%	4	9.3%	39	90.7%	43	
Education	No formal education	0	0.0%	0	0.0%	0	0.0%	0	$\chi^2=2.12$ P=0.54(NS)
	Primary school	0	0.0%	1	50.0%	1	50.0%	2	
	Higher secondary school	0	0.0%	7	17.1%	34	82.9%	41	
	Graduate	0	0.0%	2	13.3%	13	86.7%	15	
	Post Graduate	0	0.0%	0	0.0%	2	100.0%	2	
Occupation	Employed	0	0.0%	7	21.2%	26	78.8%	33	$\chi^2=1.09$ P=0.29 (NS)
	Unemployed	0	0.0%	3	11.1%	24	88.9%	27	
Religion	Hindu	0	0.0%	7	14.6%	41	85.4%	48	$\chi^2=2.13$ P=0.34 (NS)
	Muslim	0	0.0%	2	40.0%	3	60.0%	5	
	Christian	0	0.0%	1	14.3%	6	85.7%	7	
Income	Less than Rs.5000	0	0.0%	0	0.0%	2	100.0%	2	$\chi^2=1.56$ P=0.66 (NS)
	Rs.5001- Rs.10000	0	0.0%	4	18.2%	18	81.8%	22	
	Rs10001- Rs.15000	0	0.0%	6	19.4%	25	80.6%	31	
	More than Rs.15000	0	0.0%	0	0.0%	5	100.0%	5	

Demographic variables		Posttest level of knowledge score						Total	Chi-square test
		Inadequate		Moderate		Adequate			
		n	%	n	%	n	%		
Type of family	Joint family	0	0.0%	2	5.9%	32	94.1%	34	$\chi^2=6.57$ P=0.01** (S)
	Nuclear family	0	0.0%	8	30.8%	18	69.2%	26	
Residence	Rural	0	0.0%	1	6.3%	15	93.8%	16	$\chi^2=1.70$ P=0.19 (NS)
	Urban	0	0.0%	9	20.5%	35	79.5%	44	
Previous experience	Yes	0	0.0%	0	0.0%	3	100.0%	3	$\chi^2=1.13$ P=0.28 (NS)
	No	0	0.0%	10	17.5%	47	82.5%	57	
Gestational age	<30 weeks	0	0.0%	1	14.3%	6	85.7%	7	$\chi^2=3.96$ P=0.27 (NS)
	31 -32 weeks	0	0.0%	2	8.7%	21	91.3%	23	
	33 -34 weeks	0	0.0%	1	10.0%	9	90.0%	10	
	35 -37 weeks	0	0.0%	6	30.0%	14	70.0%	20	
Birth weight	Less than 1000 gram	0	0.0%	0	0.0%	5	100.0%	5	$\chi^2=9.91$ P=0.02* (S)
	1001 – 1500 gram	0	0.0%	0	0.0%	22	100.0%	22	
	1501 – 2000 gram	0	0.0%	9	31.0%	20	69.0%	29	
	2000 – 2500 gram	0	0.0%	1	25.0%	3	75.0%	4	

Table no 4.15 shows the association between pos-ttest level of knowledge and their demographic variables.

Age , Sex, Type of family and Birth weight of babies status are significantly associated with their posttest level of knowledge.

Elder ages, Female parent , joint family parent, < 1500 gm. Birth weight babies parents are gained more knowledge score than others.

Statistical significance was calculated using Pearson chi square test.

Table-4.16: Association between Knowledge Gain Score and Demographic Variables

Demographic variables		N	Knowledge gain score						Oneway ANOVA F-test/t-test
			Pretest		Posttest		Gain score=Post-Pre		
			Mean	SD	Mean	SD	Mean	SD	
Age	20 -25 years	24	13.29	3.09	23.04	1.83	9.75	4.17	F=2.77 P=0.05* (S)
	26 -30 years	21	12.71	3.77	25.02	1.03	12.31	4.05	
	31 -35 years	10	14.00	3.86	26.90	1.56	12.90	3.61	
	> 35 years	5	13.40	3.44	27.13	1.14	13.73	3.05	
Sex	Male	17	13.24	3.33	24.06	1.20	10.82	3.64	t=2.09 P=0.04* (S)
	Female	43	13.21	3.52	26.46	1.57	13.25	4.21	
Education	Primary school	2	13.00	1.41	25.00	1.41	12.00	.00	F=0.28 P=0.83 (NS)
	Higher secondary school	41	13.32	3.64	25.17	1.63	11.85	4.36	
	Graduate	15	12.47	3.00	25.07	.96	12.60	3.58	
	Post Graduate	2	17.00	1.41	27.00	.00	10.00	1.41	
Occupation	Employed	33	12.61	2.93	25.12	1.43	12.52	3.67	t=1.13 P=0.26 (NS)
	Unemployed	27	13.96	3.90	25.30	1.54	11.33	4.41	
Religion	Hindu	48	13.52	3.49	25.29	1.44	11.77	4.03	F=2.58 P=0.09 (NS)
	Muslim	5	14.20	2.05	24.20	2.17	10.00	3.74	
	Christian	7	10.43	2.70	25.29	.95	14.86	3.13	
Income	Less than Rs.5000	2	16.50	2.12	25.50	2.12	9.00	.00	F=0.73 P=0.53 (NS)
	Rs.5001-Rs.10000	22	13.41	3.96	25.14	1.67	11.73	4.85	
	Rs10001-Rs.15000	31	12.48	2.93	25.03	1.33	12.55	3.60	
	More than Rs.15000	5	15.60	3.05	26.40	.89	10.80	3.03	
Type of family	Joint family	34	13.44	3.52	26.40	1.48	12.96	4.17	t=2.03 P=0.05* (S)
	Nuclear family	26	14.07	3.37	24.88	1.42	10.81	3.91	

Demographic variables		N	Knowledge gain score						Oneway ANOVA F-test/t-test
			Pretest		Posttest		Gain score=Post-Pre		
			Mean	SD	Mean	SD	Mean	SD	
Residence	Rural	16	14.31	3.36	24.94	1.24	10.63	4.01	t=1.59 P=0.11 (NS)
	Urban	44	12.82	3.41	25.30	1.55	12.48	3.96	
Previous experience	Yes	3	18.33	.58	26.67	.58	8.33	1.15	t=1.63 P=0.10 (NS)
	No	57	12.95	3.31	25.12	1.46	12.18	4.04	
Gestational age	<30 weeks	7	14.14	5.08	26.00	1.41	11.86	5.24	F=1.19 P=0.32 (NS)
	31 -32 weeks	23	12.96	3.14	25.13	1.14	12.17	3.64	
	33 -34 weeks	10	12.20	3.39	26.00	1.33	13.80	3.58	
	35 -37 weeks	20	13.70	3.23	24.60	1.67	10.90	4.15	
Birth weight	Less than 1000 gram	5	12.20	4.87	26.00	1.00	13.80	5.63	F=2.86 P=0.05* (S)
	1001 - 1500 gram	22	14.05	3.11	27.50	1.23	13.45	3.55	
	1501 - 2000 gram	29	12.69	3.51	23.24	1.59	10.55	4.00	
	2000 - 2500 gram	4	13.50	3.11	23.55	2.50	10.05	5.25	

Table no 4.16 shows the association between level of knowledge gain score and their demographic variables.

Age, Sex, Type of family and BW of babies status are significantly associated with their knowledge gain score.

Elder age parents, Female parents, joint family parents, < 1500gm BW babies parents are gained more knowledge score than others.

Statistical significance was calculated using one way analysis of variance F-test and student independent t-test.

CHAPTER-V DISCUSSION

This chapter deals with the discussion of the results of the data analyzed based on the objectives of the study hypothesis and the purpose of study was to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at Neonatal Intensive care unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai -08.

5.1. FINDINGS BASED ON OBJECTIVES

Objective 1: To assess the knowledge on care of preterm babies among parents

The level of knowledge before the structured teaching programme among the parents of preterm baby reveals that majority 63.8% of the parents are having inadequate knowledge score, 21.7% of them are having moderate knowledge score but none of them are having adequate level of knowledge score.

The post-test level of knowledge after the structured teaching programme among the parents of preterm baby reveals that none of the parents are having inadequate knowledge score, 16.7% of them are having moderate knowledge score and 83.3% of them are having adequate level of knowledge score.

Objective 2: To evaluate the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents

In comparing the post-test knowledge score regarding the structured teaching programme in improving the knowledge on care of preterm among parents of preterm babies which reveals that in the pre-test, parents are having 13.22 knowledge score where as in post-test they

are having 25.20 score, so the difference is 11.98. The difference between pre test and post test score is large and it is statistically significant which was analysed using students paired t-test.

On an average, parents have gained 39.93% of knowledge score after administration of structured teaching programme. Difference between pre-test and post-test score was analysed using proportion with 95% confidence interval. This 39.93% knowledge gain shows the effectiveness of structured teaching programme.

H₁: There is significant difference between pre-test and post-test knowledge on care of preterm babies among parents subjected to structured teaching programme.

The difference between pre-test and post test score is large and it is statistically significant. So Hypothesis 1 was accepted.

This finding was consistent with the following similar studies.

Arti Madhukar Wasnik (2016) had conducted a quasi experimental study conducted among 50 mothers from maternal ward of a tertiary rural hospital. Baseline data was collected using pre-designed and pre-tested questionnaire followed by skilled based teaching program. Result is Skilled based teaching was effective; as there was a 8 point increase in the post-test score (mean pre- test score -11.46 and mean post- test score - 19.54). They concluded that Periodic skilled based teaching program is necessary to educate the postnatal mothers in maternal area viz. kangaroo mother care to prevent mortality and morbidity rate among newborns.

Mrs. Sinmayee Kumari Devi, Ms. Kalpana Badhei (2015) Conducted a quasi experimental study with pre and post test without control group design was undertaken on 50 mothers of new born at Capital Hospital, Bhubaneswar, Odisha. And the samples were selected

by purposive sampling technique. Data were collected by the use of structured closed ended questionnaire and analyzed by using descriptive & inferential statistics. Findings revealed that the overall mean score in the pre-test was (7.82+2.77) which is 19.55% of the total score revealing that the mothers had poor knowledge regarding care of new born on prevention of hypothermia where as the overall post test knowledge score was (35.12+2.01) which is 87.8% of the total score revealing excellent knowledge score. Highly significant difference was found between pre and post test knowledge scores statistical analysis of data revealed that STP was effective in improving knowledge of the mother regarding care of new born to prevent hypothermia

Objective 3: To find out the association between the knowledge gain score of parents on preterm care with demographic variables.

H₂: There is a significant association between post- test level of knowledge with the selected demographic variables of the parents of preterm babies.

Association between post-test level of knowledge score and demographic and clinical variables of parents of preterm babies is age group 26-30 years , especially females, parents from joint family, who's baby's birth weight less than 1000 to 1500 grams have gained more knowledge than others after structured teaching programme. It was confirmed using chi square test.

So, the hypothesis II was accepted.

This findings was consistent with the following similar studies.

UK Essays, 2013, Single group pretest, posttest pre experimental design experimental design study was conducted at KMCH maternity wards and NICU, Coimbatore, the sample size for this study was included 40 mothers with premature babies. Purposive sampling

technique was adapted for this study. And the conceptual frameworks for this study were developed by applying Ludwig von Bertalanffy (1968) General system theory. The outcome measure of this study was knowledge regarding caring skills of mothers were assessed before and after educational intervention through administration of structured questionnaire and the coping abilities of mothers were assessed through modified coping health inventory for parents (MCHIPS) computer assisted teaching was given to the mothers. There is a association between pretest and posttest knowledge score of the respondents on caring skills of mothers with premature babies and their education, occupation, income, type of family. The conclusions of the study were the teaching intervention of the caring skills of premature babies has significantly improved their knowledge and coping abilities.

Rene´e Flacking, Uwe Ewald, and Lars Wallin (2011) had conducted a study on investigate the use of Kangaroo Mother Care (KMC) and its association with breastfeeding at 1 to 6 months of corrected age in mothers of very preterm (VPT) and preterm (PT) infants. A Prospective longitudinal study at Neonatal Intensive Care Units in four counties in Sweden. The study included 103 VPT (o32 gestational weeks) and 197 PT (32-36 gestational weeks) singleton infants and their mothers. Data on KMC, measured in duration of skin-to-skin contact/day during all days admitted to a neonatal unit, were collected using self-reports from the parents. Data on breastfeeding were obtained by structured questionnaire. Concluded that this study shows the importance of KMC during hospital stay for breastfeeding duration in VPT. Hence, KMC has empowering effects on the process of breastfeeding, especially in those dyads with the smallest and most vulnerable infants. the sample size or certain inherent biological and social factors may affect the outcomes.

CHAPTER –VI

SUMMARY, IMPLICATION, LIMITATION, RECOMMENDATION, AND CONCLUSION

6.1 SUMMARY OF THE STUDY

Investigator undertook the study to assess the effectiveness of structured teaching program on knowledge regarding care of preterm babies among parents at Neonatal Intensive care unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai -08.

The conceptual framework of the study was based on the Ludwig Von Bertalanffy's General Systems Theory (1968) A pre experimental one group pre test post test design was used. The independent variable was structured teaching program, dependent variable was knowledge and practice of parents of preterm babies.

The study period was 4 weeks from 2.1.18 to 28.1.18. Totally 60 parents were selected as samples using convenient sampling technique. The data was collected using semi structured questionnaire.structured teaching program and pamphlet was given. The reliability of the tool was test retest method, the data analysis and interpretation were done by using descriptive and inferential statistics.

BASED ON DEMOGRAPHIC DATA FINDINGS

In demographic variables majority 40.0%of parents between 20-25 years of age, majority 71.7% of parents were female, majority 68.4% of parents underwent higher secondary school education, majority 33% of parents are employed, majority 80% of parents were belongs to Hindu religion, majority 51.7% samples had their family monthly income Rs10001- Rs15000, majority 56.7% of parents were in joint family, majority 73.3% of parents residence at urban area, majority 95.0% of them had no previous experience of care of preterm babies, majority

38.3% of preterm baby's gestational age was 31-32 weeks, majority 48.3% of preterm baby's birth weight was 1001-1500 grams.

BASED ON KNOWLEDGE SCORE OF PARENTS BEFORE AND AFTER STRUCTURED TEACHING PROGRAMME

The level of knowledge before the structured teaching programme among the parents of preterm baby reveals that majority 63.8% of the parents are having inadequate knowledge score, 21.7% of them are having moderate knowledge score but none of them are having adequate level of knowledge score.

The post-test level of knowledge after the structured teaching programme among the parents of preterm baby reveals that none of the parents are having inadequate knowledge score, 16.7% of them are having moderate knowledge score and 83.3% of them are having adequate level of knowledge score.

BASED ON COMPARISON OF PRE AND POST-TEST KNOWLEDGE SCORE

Comparing the post-test knowledge score regarding the structured teaching programme in improving the knowledge on care of preterm among parents of preterm babies which reveals that in the pre-test, parents are having 13.22 knowledge score where as in post-test they are having 25.20 score, so the difference is 11.98. The difference between pre-test and post test score is large and it is statistically significant which was analysed using students paired t-test.

FINDINGS BASED ON THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME

Regarding the effectiveness of structured teaching programme on an average, parents have gained 39.93% of knowledge score after administration of structured teaching programme. Difference between pre-test and post-test score was analysed using proportion with 95%

confidence interval. This 39.93% knowledge gain shows the effectiveness of structured teaching programme.

ASSOCIATION BETWEEN POST-TEST LEVEL OF KNOWLEDGE SCORE AND DEMOGRAPHIC AND CLINICAL VARIABLES OF PARENTS OF PRETERM BABIES

Association between post-test level of knowledge score and demographic and clinical variables of parents of preterm babies is age group 26-30 years, especially females, parents from joint family, who's baby's birth weight less than 1000 to 1500 grams have gained more knowledge than others after structured teaching programme. It was confirmed using chi square test.

6.2. IMPLICATIONS

Numerous implications can be drawn from the present study for practice which promotes and creates new dimension to Nursing Profession.

Implications for Nursing practice

- ❖ Health education is the vital role of the Nurses. The parents need information regarding care of preterm babies. It is mandatory that Nurses supply the needed information to the parents.
- ❖ Structured teaching is an independent nursing intervention; Nurses can play a major role in educating parents on care of preterm babies.
- ❖ Will focus on social supports which help to eliminate worries, harmful traditional practices and promote their mental strength to take care of the preterm babies.
- ❖ Nurses can utilize the findings of this study in the practice.

- ❖ The findings of the study enlighten the importance of the role of nurses in improving the knowledge on care of preterm babies and thus helping the babies to achieve the normal growth and development.

Implications for Nursing education

- ❖ The study had proved that improved knowledge on care of preterm among mothers of preterm babies could change their practice.
- ❖ To impart the knowledge to the community, the Nursing personnel needed to be equipped with adequate knowledge.
- ❖ Structured teaching programme can be prepared by the educator for care of preterm babies for enhancing student's knowledge.
- ❖ Student nurse should be motivated in participating and organizing teaching programme on the various aspects whenever posted in clinical settings.
- ❖ Nurses at the post graduate level need to develop their skill, in preparing health teaching materials.
- ❖ The health educational materials especially structured teaching programme prepared for this study can be utilized by the Nursing students in clinical practice and home visits.
- ❖ Nurse educator should motivate the parents to participate in any teaching programme regarding home care management of preterm babies in hospital and any other health organization.
- ❖ Nurse educator should take initiative to publish books and articles in journal regarding carer of preterm babies.

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

Implications for Nursing administration

- ❖ The Nurse administrator can participate in formulating the policies and protocols related to structured teaching programme on care of preterm babies.
- ❖ Nurse administrator can disseminate the research knowledge in to the paediatric nurses. So that the parents will be benefited.
- ❖ Nurse administrator should encourage the community health nurse to follow up the cases.
- ❖ An effective role is found in every Nursing administrator in organizing these programmes.
- ❖ Plan for staff development programme for nurses on care of preterm babies to update their knowledge periodically.

Implications for Nursing research

- ❖ The present study results can be utilized to conduct a study on a large population.
- ❖ The present study can be utilized to conduct further post-operative research studies.
- ❖ Research should be done on practicing newer methods of teaching, focusing on interest, quality and cost effectiveness.
- ❖ This study provides the scope for further research related to other aspects of care of preterm babies. 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 Nurse practitioner as well educator.

6.3. LIMITATIONS

- ❖ The researcher could not generalize the study findings as the sample size is small and also conducted the study in a single setting.
- ❖ The researcher does not conduct this study in a large group and also for a longer duration.
- ❖ The post test was conducted after seven days and many study participants are dropped out from the study.

6.4. RECOMMENDATIONS

- ❖ A similar study can be conducted for a large group in different areas on a long term basis.
- ❖ Similar study can be conducted among other health personnel.
- ❖ Similar study can be conducted by using true experimental design.
- ❖ Similar study can be conducted by using different teaching strategies.
- ❖ A comparative study can be conducted to assess the knowledge and practice in care of premature babies among normal delivery and LSCS mothers

6.5.CONCLUSION

The following conclusions were drawn from the study.

- ❖ The knowledge of the parents regarding care of preterm babies improved significantly after they had undergone the structured teaching programme.
- ❖ The structured teaching programme found to be effective in improving the knowledge on care of preterm among the parents of preterm babies.
- ❖ The study proved that there was an association between post-test level of knowledge score and demographic and clinical variables of parents of preterm babies is age group 26-30 years , especially females, parents from joint family, who's baby's birth weight less than 1000 to 1500 grams have gained more knowledge than others after structured teaching programme.

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DATA COLLECTION TOOL

SAMPLE NO:

DATE:

INSTRUCTION:

The questionnaire has two sections, A- requires your responses with regards to your personnel characteristics and section B- consists of semi structured questionnaire regarding various aspects in knowledge on care of preterm babies. Each question carries one mark. Kindly go through the questionnaire and put tick mark for correct answer. I assure you that the information given by you will be kept confidential.

SECTION - A: DEMOGRAPHIC DATA

1. Participant's age in years

- a) 20-25 ()
- b) 26-30 ()
- c) 31-35 ()
- d) >35 ()

2. Sex of the participant

- a) Male [father] ()
- b) Female [mother] ()

3. Educational status

- a) No formal education ()
- b) Primary school ()
- c) Higher secondary school ()
- d) Graduate ()
- e) Post graduate ()

4. Occupation of the participant

- a) Employed ()
- b) Unemployed ()

5. Religion

- a) Hindu ()
- b) Muslim ()
- c) Christian ()
- d) Other ()

6. Family monthly income

- a) Less than Rs.5000 ()
- b) Rs.5001- Rs.10000 ()
- c) Rs10001- Rs.15000 ()
- d) More than Rs.15000 ()

7.Type of family

- a) Joint family ()
- b) Nuclear family ()

8.Types of residence

- a) Rural ()
- b) Urban ()

9.Previous experience of handling preterm baby

- a) Yes ()
- b) No ()

10.Gestational age of the baby is

- a) <30 weeks of gestation ()
- b) 31-32 weeks of gestation ()
- c) 33-34 weeks of gestation ()
- d) 35-37weeks of gestation ()

11.Birth weight of the baby is

- a) Less than 1000 gram ()
- b) 1001 – 1500 gram ()
- c) 1501 – 2000 gram ()
- d) 2000 – 2500 gram ()

SECTION - B

KNOWLEDGE REGARDING PRETERM CARE

1. Preterm baby means

- a) 37- 38 weeks of gestation ()
- b) 20 - 37 weeks of gestation ()
- c) 38-42 weeks of gestation ()

2. Preterm delivery is caused by

- a) Pregnancy induced hypertension ()
- b) Hereditary ()
- c) Cardiac problems ()

3. Purpose of preterm care is

- a) Prevention of diabetes ()
- b) prevention of heart diseases ()
- c) To maintain the appropriate growth and development as per age ()

THERMOREGULATION [KANGAROO MOTHER CARE]

4. Normal body temperature of the baby is

- a) Between 36.7 C to 37.3 C ()
- b) Between 35.3 C to 36.2 C ()
- c) Between 38.2 C to 39.3 C ()

5. Ways to maintain normal body temperature

- a) Wrap the baby with cotton cloth ()
- b) Give warm milk ()
- c) Provide skin to skin contact ()

6. Kangaroo care can be given by

- a) All parents except children and sick ()
- b) Mother and father only ()
- c) Nurses only ()

BREAST FEEDING

7. Exclusive breast feeding should be given

- a) Up to 6 month ()
- b) Up to 4 month ()
- c) Up to 2 month ()

8. The best way to prevent regurgitation is

- a) Giving more feeds ()
- b) Place prone position immediately after feeding ()
- c) Burping ()

9. The correct method of feeding expressed breast milk is by

- a) Bottle feeding ()
- b) Paladai feeding ()
- c) Through syringe ()

IMMUNIZATION

10. The importance of giving immunization is to

- a) Prevent disease ()
- b) Treat disease ()
- c) Care the infection ()

11. The BCG vaccine is given to prevent which disease

- a) TB[primary complex] ()
- b) Jaundice ()
- c) Chicken pox ()

12. Vaccines given at birth are

- a) Mumps, Measles, Rubella ()
- b) Diphtheria, Pertussis, Tetanus ()
- c) B.C.G, Hepatitis B, Oral polio ()

SKIN CARE

13. Suitable cloth for preterm baby's skin is

- a) Soft cotton cloth ()
- b) Silk cloth ()
- c) Nylon cloth ()

14. The wet napkin should be changed

- a) After 1 hours ()
- b) At night time only ()
- c) Immediately after wetting ()

15. Preterm baby should be bathed

- a) After 1 month ()
- b) Daily morning ()
- c) Every 3 days once. ()

UMBILICAL CORD CARE

16. The cord stump dry and fall of between

- a) 3-10 days ()
- b) After 1 month ()
- c) Soon after birth ()

17. Infection in umbilical cord will show the signs and symptoms of

- a) Umbilical cord not fall for long time ()
- b) Blood in the cord, discharge or pus from the cord ()
- c) Dryness of the site ()

18. The umbilical cord to be kept clean by

- a) Apply turmeric powder ()
- b) Apply coconut oil ()
- c) No need to apply anything ()

EYE CARE

19. Eyes should be cleaned from

- a) Outer to inner canthus ()
- b) Inner canthus to outer canthus ()
- c) Bottom to top ()

20. The practice of applying kajal is

- a) Harmful to baby sight ()
- b) Beautification ()
- c) Prevent evil eye ()

21. If any eye discharge

- a) Apply self medication ()
- b) Apply breast milk in baby's eye ()
- c) Immediately seek medical intervention ()

ELIMINATION NEED

22. Adequacy of urine out put can be assessed by

- a) Number of times diaper changed ()
- b) Seeing how many times baby cries ()
- c) Collect the urine in the bottle and see ()

23. The best kind of napkins use for the baby is

- a) silk /nylon napkins ()
- b) Cotton Cloth napkins ()
- c) Adhesive tape napkins ()

24. The method of cleaning the baby after elimination is

- a) Wipe with paper ()
- b) Use warm water with soft cloth from upper to lower direction ()
- c) Wipe with dry cloth. ()

PREVENTION OF INFECTION

25. The earliest sign of infection is

- a) Fever with not taking feeds ()
- b) Baby will drink more milk ()
- c) Baby will be slept many hours ()

26. The best method to prevent infection is

- a) Daily bath ()
- b) Proper hand washing before touching the baby ()
- c) Wrap the baby with blanket ()

27. The infection will be reduced by

- a) Avoiding to take bath ()
- b) Giving formula feeds ()
- c) Avoiding exposure to infected person ()

FOLLOW UP CARE

28. The first month follow up for the preterm baby is

- a) 7 days once ()
- b) Once in a year ()
- c) Once in a month ()

29. The danger signs of baby to seek medical attention if

- a) Severe respiratory distress ()
- b) Having hiccups ()
- c) Passing yellowish stool ()

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

- a) Maintain warmth ()
- b) Show to the doctor ()
- c) Give natural medicine ()

SCORING KEY FOR QUESTIONNAIRE:

1.	b
2.	a
3.	c
4.	a
5.	c
6.	a
7.	a
8.	c
9.	b
10.	a
11.	a
12.	c
13.	a
14.	c
15.	c
16.	a
17.	b
18.	c
19.	b
20.	a
21.	c
22.	a
23.	b
24.	b
25.	a
26.	b
27.	c
28.	a
29.	a
30.	b

குறை மாத குழந்தை பராமரிப்பு முறைக்கான அறிவுத்திறன் வினாக்கள்

குறிப்பு:

இந்த வினாத்தாள் இரண்டு பகுதிகளை பெற்றிருக்கிறது. பகுதி 1 கேள்விகளுக்கு உங்களது சுய குணாதிசயங்களை சார்ந்த பதில்கள் தேவைப்படுகிறது. பகுதி 2 கேள்விகள் குறை மாத குழந்தைகளை பேணுவதற்கான பல்வேறு தரப்பட்ட அறிவுச்சார்ந்த, வரையறுக்கப்பட்ட கேள்விகளை பெற்றிருக்கிறது. ஒவ்வொரு வினாவுக்கு ஒரு மதிப்பெண் கொடுக்கப்படும். தயவு கூர்ந்து கேள்விகளை நன்றாக படித்துப் பார்த்து சரியான பதிலுக்கு சரிக் குறியீடை போடவும். உங்களால் அளிக்கப்படுகின்ற எல்லா தகவல்களும் பிறருக்கு தெரிவிக்கப்படாமல் நம்பிக்கையாக பாதுகாக்கப்படும் என்று உறுதியளிக்கிறேன்.

பகுதி 1

சுய சமூக குறிப்பு:

1.பங்கேற்பவரின் வயது ஆண்டுகளில்

- அ) 20-25 ()
ஆ) 26-30 ()
இ) 31-35 ()
ஈ) >35 ()

2. பாலினம்

- அ) ஆண் ()
ஆ) பெண் ()

3. கல்வித்தகுதி

- அ) படிக்கவில்லை ()
ஆ) ஆரம்பக்கல்வி ()
இ) மேல்நிலைக்கல்வி ()
ஈ) பட்ட மேற்படிப்பு ()
உ) முதுகலை பட்டம் ()

4.வேலை விவரம்

- அ) வேலைக்கு செல்பவர் ()
ஆ) வேலைக்கு செல்லாதவர் ()

5.மதம்

- அ) இந்து ()
ஆ) முஸ்லீம் ()
இ) கிறிஸ்தவர் ()
ஈ) மற்றவை ()

6. குடும்பத்தின் மாத வருமானம்

- அ) ரூ . 5000 கீழ் ()
ஆ) ரூ .5001 - ரூ 10,000 ()
இ) ரூ 10001 - ரூ 15000 ()
ஈ) > ரூ .15000 ()

7.குடும்ப வகை

- அ) கூட்டுக் குடும்பம் ()
ஆ) தனிக்குடும்பம் ()

8. வாழ்விடம் / இருப்பிடம்

- அ) கிராமப்பகுதி ()
ஆ) நகரப்பகுதி ()

9. குறைமாத குழந்தைகளை வளர்ப்பதில் முன் அனுபவம் உள்ளவரா?

- அ) ஆம் ()
ஆ) இல்லை ()

10. குழந்தையின் கர்ப்பக்கால வயது

- அ) 30 வாரத்திற்கு கீழ் ()
ஆ) 31-32 வாரங்கள் ()
இ) 33-34 வாரங்கள் ()
ஈ) 35-37 வாரங்கள் ()

11. பிறக்கும் போது குழந்தையின் எடை

- அ) 1000 கிராமிற்கும் குறைவான எடை ()
ஆ) 1001 - 1500 கிராம் ()
இ) 1501 - 2000 கிராம் ()
ஈ) 2001 - 2500 கிராம் ()

பகுதி 2

குறைமாதக் குழந்தை பராமரிப்பு

1) குறைமாதக் குழந்தை என்பது

அ) 37- 38 கர்ப்பக்கால வாரம் ()

ஆ) 20- 37 கர்ப்பக்கால வாரம் ()

இ) 38- 42 கர்ப்பக்கால வாரம் ()

2) குறைமாத பிறப்பிற்கான காரணம்

அ) கர்ப்பத்தினால் வரும் இரத்தகொதிப்பு ()

ஆ) பரம்பரை தொற்று நோய் ()

இ) இருதய வியாதி ()

3) குறைமாத குழந்தை பராமரிப்பின் நோக்கம்

அ) சர்க்கரை நோய் வராமல் தடுப்பதற்காக ()

ஆ) இருதய நோய் வராமல் தடுப்பதற்காக ()

இ) குழந்தை வயதிற்கேற்ற தகுந்த உடல் வளர்ச்சியை
அடைவதற்காக ()

உடல் வெப்பநிலை பராமரிப்பு

4) குழந்தைகளின் சரியான உடல் வெப்ப நிலை

அ) 36.7 C முதல் 37.3 C வரை ()

ஆ) 35.3 C முதல் 36.2 C வரை ()

இ) 38.2 C முதல் 39.3 C வரை ()

5) சரியான உடல் வெப்ப நிலையை பராமரிப்பதற்கான வழிகள்

அ)குழந்தையை பருத்தி துணியால் சுற்றி வைத்தல் ()

ஆ)வெதுவெதுப்பான பால் கொடுத்தல் ()

இ) உடலோடு உடல் சேர்த்து அணைத்தல் ()

6) கங்காரு தாய் பராமரிப்பு யாரால் கொடுக்கப்படலாம்?

அ) நோயாளிகள் மற்றும் குழந்தைகள் தவிர எல்லோராலும்

கொடுக்கப்படலாம்

()

ஆ) தாய் மற்றும் தந்தை மட்டும்

()

இ) செவிலியர்களால் மட்டும்

()

தாய்ப்பால் ஊட்டுதல்

7) தாய்ப்பால் மட்டும் கொடுக்க வேண்டியது

அ) முதல் 6 மாதம் வரை

()

ஆ) முதல் 4 மாதம் வரை

()

இ) முதல் 2 மாதம் வரை

()

8) பால் கக்குவதை தடுக்க சிறந்த முறை

அ) மேலும் பால் கொடுப்பது

()

ஆ) பால் கொடுத்தவுடன் குப்புற படுக்க வைப்பது

()

இ) ஏப்பம் விடச் செய்வது

()

9) எடுக்கப்பட்ட தாய்ப்பால் கொடுக்கப்படும் சரியான முறை

அ) பாட்டில் மூலமாக

()

ஆ) பாலாடை மூலமாக

()

இ) ஊசிக்குழல் மூலமாக

()

தடுப்பூசி போடுதல்

10) தடுப்பூசி போடுவதின் அவசியம்

அ) நோய் வராமல் தடுப்பதற்கு

()

ஆ) வந்த நோயை குணமாக்குவதற்கு

()

இ) நோய்த்தொற்று உள்ளவர்களுக்கு சிகிச்சை அளிப்பதற்கு

()

11) BCG (தோல் ஊசி தடுப்பூசி) எந்த நோயைத் தடுக்கும்?

அ) காச நோய்

()

ஆ) மஞ்சள் காமாலை

()

இ) அம்மை நோய்

()

12) பிறந்தவுடன் போட வேண்டிய தடுப்பூசி

- அ) தட்டம்மை ,பொண்ணுக்கு வீங்கி ,ரூபெல்லா ஊசி ()
- ஆ) தொண்டை அடைப்பான் , கக்குவான் , இரணஜன்னி ஊசி ()
- இ)B.C.G (தோல் ஊசி) ,மஞ்சள் காமாலை ஊசி ,
போலியோ சொட்டு மருந்து ()

தோல் பராமரிப்பு

13) குறைமாத குழந்தைகளின் தோலுக்கு ஏற்ற ஆடை

- அ) மென்மையான பருத்தி ஆடை ()
- ஆ) பட்டு ஆடை ()
- இ) நைலான் ஆடை ()

14) ஈரமான நாப்கீன்களை மாற்றும் நேரம்

- அ) ஈரமான ஒரு மணி நேரம் கழித்து ()
- ஆ) இரவில் மட்டும் மாற்றலாம் ()
- இ) ஈரமான உடன் ()

15) குறைமாத குழந்தையை எப்போது குளிக்க வைப்பீர்கள்?

- அ) 1 மாதம் கழித்து ()
- ஆ) தினமும் காலையில் ()
- இ) மூன்று நாட்களுக்கு ஒரு முறை ()

தொப்புள் கொடி பராமரிப்பு

16) தொப்புள் கொடி எப்பொழுது காய்ந்து விழும்?

- அ) 3 - 10 நாட்களுக்குள் ()
- ஆ) 1 மாதம் கழித்து ()
- இ) பிறந்தவுடன் ()

17) தொப்புள் கொடியில் தொற்று ஏற்பட்டால் எப்படி கண்டுப்பிடிப்பது?

- அ) தொப்புள் கொடி விழாமல் இருப்பது ()
- ஆ) தொப்புள் கொடியில் இரத்தக்கசிவு / சீழ் வடிதல் ()
- இ) தொப்புள் கொடி காய்ந்திருப்பது ()

18) தொப்புள் கொடி இடத்தை எப்படி பாதுகாப்பீர்கள்?

- அ) மஞ்சள் தடவுதல் ()
- ஆ) தேங்காய் எண்ணெய் தடவுதல் ()
- இ) எதுவும் தடவாமல் இருத்தல் ()

கண் பாதுகாப்பு

19) குழந்தையின் கண்களை எப்படி துடைப்பீர்கள்?

- அ) வெளிப்புறத்தில் இருந்து உட்புறமாக துடைத்தல் ()
ஆ) உட்புறத்தில் இருந்து வெளிப்புறமாக துடைத்தல் ()
இ) கீழிருந்து மேலாக துடைத்தல் ()

20) கண் மை வைக்கும் பழக்கம்

- அ) குழந்தையின் கண்களுக்கு கெடுதல் ()
ஆ) அழகைக் கொடுக்கும் ()
இ) திருஷ்டி போகும் ()

21) குழந்தையின் கண்களில் நீர்வடிந்தால் என்ன செய்ய வேண்டும்?

- அ) நாட்டு வைத்தியம் செய்ய வேண்டும் ()
ஆ) தாய்ப்பாலை கண்ணில் ஊற்ற வேண்டும் ()
இ) உடனே மருத்துவரை அணுக வேண்டும் ()

மல ஜல தூய்மை பராமரிப்பு

22) குழந்தையின் சிறுநீரக அளவை எப்படி கண்டுபிடிப்பீர்கள்?

- அ) எத்தனை முறை நாப்கீன் நனைகிறது என்பதை வைத்து ()
ஆ) எத்தனை முறை குழந்தை அழுகிறது என்பதை வைத்து ()
இ) சிறுநீரை பாட்டிலில் பிடித்து சேமிப்பதன் மூலம் ()

23) எந்த வகை நாப்கீன்கள் ஈரத்தை நன்றாக உறிஞ்சி தோலை பாதுகாக்கும்?

- அ) நைலான், பட்டு போன்ற வகை நாப்கீன்கள் ()
ஆ) பருத்தி துணியால் ஆன நாப்கீன்கள் ()
இ) ஒட்டும் வகை நாப்கீன்கள் ()

24) குழந்தையின் பிறப்புறுப்புகளை துடைக்கும் முறை

அ) பேப்பர் கொண்டு துடைக்க வேண்டும் ()

ஆ) வெதுவெதுப்பான தண்ணீரைக் கொண்டு மிருதுவான துணியால்
மேலிருந்து கீழாக ஒரே ஒரு முறை துடைத்து எடுக்க வேண்டும். ()

இ) காய்ந்த துணியால் துடைக்க வேண்டும் ()

நோய்த்தொற்று வராமல் தடுத்தல்

25) குழந்தைக்கு நோய்த்தொற்று உள்ளதற்கான முதல் அறிகுறி

அ) காய்ச்சல் மற்றும் சரியாக பால் அருந்தாது ()

ஆ) அதிக அளவு பால் அருந்துவது ()

இ) அதிக மணிநேரம் தூங்குவது ()

26) நோய்த்தொற்று வராமல் இருப்பதற்கு செய்ய வேண்டியது

அ) தினமும் குளிப்பாட்டுவது ()

ஆ) கைகளை நன்றாக கழுவியபின் குழந்தையை தூக்குவது ()

இ) கம்பளியால் குழந்தையை சுற்றி வைப்பது ()

27) நோய்த்தொற்று ஏற்படுவதை இதன் மூலம் குறைக்கலாம்

அ) குளிக்க வைக்காமல் இருப்பது ()

ஆ) கடைப்பால் கொடுப்பது ()

இ) நோய்த்தொற்று உள்ளவர்களிடம் குழந்தையை கொடுக்காமல்
இருப்பது ()

தொடர் பராமரிப்பு

28) முதல் மாத தொடர் பராமரிப்பு

அ) ஏழு நாட்களுக்கு ஒரு முறை ()

ஆ) ஒரு வருடத்திற்கு ஒரு முறை ()

இ) ஒரு மாதத்திற்கு ஒரு முறை ()

29) எந்த அறிகுறி இருந்தால் குழந்தையை உடனடியாக மருத்துவரிடம்

கொண்டு வர வேண்டும்?

அ) மூச்சு விட திணறுதல் ()

ஆ) விக்கல் வருதல் ()

இ) மஞ்சளாக மலம் கழித்தல் ()

30) குழந்தை தொடர்ச்சியாக தாய்ப்பால் குடிக்க மறுத்தால்?

அ) குழந்தையை வெதுவெதுப்பாக வைக்க வேண்டும் ()

ஆ) மருத்துவரிடம் எடுத்துச் செல்ல வேண்டும் ()

இ) இயற்கை மருத்துவம் செய்ய வேண்டும் ()

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STRUCTURED TEACHING PROGRAMME ON CARE OF PRETERM BABIES



TEACHING MODULE

TOPIC	: Structured teaching programme on care of preterm babies
GROUP	: Parents of preterm babies
VENUE	: Neonatal Intensive care unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai -08.
TIME DURATION	: 45 minutes
METHOD OF TEACHING	: Lecture cum Discussion
METHOD OF INSTRUCTION	: Tamil and English
AUDIOVISUAL AIDS	: Power point images, Flash card, Pamphlets.
RESEARCH GUIDE	: Mrs.G.Mary, M.Sc (N)., MBA., Lecturer, HOD, Department of Child Health Nursing.
NAME OF THE INVESTIGATOR	: G.Arthipriya, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai.

CENTRAL OBJECTIVES:

At the end of this structured teaching programme the parents will acquire knowledge regarding care of preterm baby and to develop desirable skill and attitude to practice this knowledge in their home care settings.

SPECIFIC OBJECTIVES:

At the end of this structured teaching programme the parent's will be able to

1. define preterm baby
2. list out the causes of preterm delivery
3. enumerate the purpose of preterm care
4. explain about the importance of thermoregulation
5. discuss about the importance of breast feeding
6. explain about the importance of immunization
7. describe the skin care of the preterm baby
8. explain about the care of umbilical cord
9. describe the eye care
10. narrate the elimination need of the preterm baby
11. describe the prevention of infection on preterm baby
12. explain about the follow up care

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	RESEARCH'S ACTIVITY	PARENT'S ACTIVITY	AV AIDS	EVALUATION
			<p>INTRODUCTION:</p> <p>Babies born before the 37th week of gestation are considered premature and are sometimes referred to as 'preemies'. Most premature babies are born [>80%] between 32 and 37 weeks of gestation [moderate /late preterm] and die needlessly with lack of simple essential care such as warmth and feeding support. Premature infant who misses his due time in uterus is unable to catch up with growth rate once he is born. The growth in fact is very slow due to factors such as low energy stores, poorly developed digestive system and inadequate nutrition they may have problems in breathing and can also suffer from other complications including infection. Appropriate care of preterm babies including their feeding, temperature maintenance, hygienic cord, skin care, early detection and treatment of infections and complications can substantially reduce mortality. The goals of the preterm care are to promote normal growth and development and to minimize morbidity and mortality. The care of preterm is a great challenge to parents. The baby cannot survive alone without a care take.</p> <p>-</p>				

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	RESEARCH'S ACTIVITY	PARENT'S ACTIVITY	AV AIDS	EVALUATION
1	2min	define preterm baby	Preterm baby : “It refers to Babies born before the gestational age of 37 weeks and weighing less than 2.5 grams”	explaining	listening	PPT	What is preterm baby?
2	3min	list out the causes of preterm delivery	Causes of preterm delivery: <u>Socioeconomic factors:</u> <ul style="list-style-type: none"> ➤ Malnutrition ➤ Anaemia ➤ More work load <u>Maternal factors:</u> <ul style="list-style-type: none"> ➤ Mother’s age less than 16 and more than 30 ➤ Gestational diabetes ➤ Multiple gestation ➤ Premature rupture of membrane ➤ Pregnancy induced hypertension <u>Fetal factors:</u> <ul style="list-style-type: none"> ➤ Intra uterine growth retardation ➤ Congenital anomalies 	explaining	listening	PPT	What are the causes of preterm delivery?
3	2min	enumerate the purpose of preterm care	Purpose of preterm care: <ul style="list-style-type: none"> ➤ To regulate the body temperature ➤ To provide adequate nutrition ➤ To prevent infection ➤ To monitor the sign of infections in preterm continually ➤ To maintain the appropriate growth and ➤ development as per age 	explaining	listening	PPT	What are the purposes of preterm care?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	RESEARCH'S ACTIVITY	PARENT'S ACTIVITY	AV AIDS	EVALUATION
4	6min	explain about the importance of thermoregulation.	<p>Thermoregulation:</p> <p>In premature babies more amount of heat loss is from the head. First sign of hypothermia is the extremities become cold and clammy.</p> <p>The baby should be kept in warm room, rapped with clean cloth, babies head should be covered and the hands and legs also covered up with gloves and stocks.</p> <p>Mother of the preterm baby can regulate the temperature by keeping the baby closer to her skin [skin to skin contact] this method is called kangaroo mother care.</p> <p>If the mother need take rest the family members except children and sick can follow this method to regulate the baby's body temperature.</p>	explaining	listening	Flash card	How will you prevent hypothermia on preterm baby?
4	5 min	discuss the importance of breast feeding	<p>Breast feeding:</p> <p>The main advantages of breast milk:</p> <ul style="list-style-type: none"> ➤ Highly nutritious ➤ Has immunological properties ➤ Encourage bonding ➤ Sterile and easily available <p>Exclusive breast feeding should be given up to 6 month of age. Sugar water, honey, donkey's milk should be strictly avoided.</p> <p>Every 2 hours once the mother should give breast milk to the baby. If the baby is sleeping wake up the</p>	explaining	listening	Flash card	What are all the importance of breast milk?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	RESEARCH'S ACTIVITY	PARENT'S ACTIVITY	AV AIDS	EVALUATION																				
			<p>baby by stimulation and give the breast milk.</p> <p>If the sucking ability of the preterm baby is dull or the baby is unable to suck express the milk and give through paladai.</p> <p>Breast milk can be preserved from 4 to 6 hours in a room temperature of 28⁰c to 30⁰ c.</p> <p>Burp the baby after each feeds to prevent regurgitation.</p>																								
5	5min	explain about immunization	<p>Immunization:</p> <p>The importance of giving immunization is to prevent diseases. As per the doctor's advice immunization should be started for preterm baby while come for follow up-1 week after discharge.</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Vaccine</th> </tr> </thead> <tbody> <tr> <td>Birth</td> <td>BCG, OPV, Hepatitis B – BIRTH DOSE</td> </tr> <tr> <td>6 weeks</td> <td>OPV-1, Penta-1, Rota 1, PCV-1</td> </tr> <tr> <td>10 weeks</td> <td>OPV-2, Rota-2</td> </tr> <tr> <td>14 weeks</td> <td>OPV-3, Penta-2, PCV-2</td> </tr> <tr> <td>6 month</td> <td>Penta-3, PCV-3, Vitamin A -1</td> </tr> <tr> <td>9 month</td> <td>Measles-1</td> </tr> <tr> <td>16-24 month</td> <td>DPT, OPV, MR vaccine</td> </tr> <tr> <td>5-6 years</td> <td>DPT</td> </tr> <tr> <td>10 years</td> <td>TT</td> </tr> </tbody> </table>	Age	Vaccine	Birth	BCG, OPV, Hepatitis B – BIRTH DOSE	6 weeks	OPV-1, Penta-1, Rota 1, PCV-1	10 weeks	OPV-2, Rota-2	14 weeks	OPV-3, Penta-2, PCV-2	6 month	Penta-3, PCV-3, Vitamin A -1	9 month	Measles-1	16-24 month	DPT, OPV, MR vaccine	5-6 years	DPT	10 years	TT	explaining	listening	Flash card	What is the purpose of vaccination?
Age	Vaccine																										
Birth	BCG, OPV, Hepatitis B – BIRTH DOSE																										
6 weeks	OPV-1, Penta-1, Rota 1, PCV-1																										
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S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	RESEARCH'S ACTIVITY	PARENT'S ACTIVITY	AV AIDS	EVALUATION
			BCG injection is given to protect the baby preventing from tuberculosis. After injection it should not be rubbed. Vaccination should be avoided if the baby is having cold and fever.				
6	3min	describe about skin care of the preterm baby	<p>Skin care:</p> <ul style="list-style-type: none"> • Nature of preterm baby skin is shiny, thin, delicate and pink so suitable cloth for preterm baby's skin is soft cotton cloth • The preterm should be bathed once in 3 days. • Wet napkins should be changed immediately after wetting. • Soft soap has to be used for the baby and avoid highly flavored beauty devices • The baby's cloth should be washed separately without mingling with the cloths of others and washed many times to maintain the competency. • Avoid applying perfume and powder on the baby's skin 	explaining	listening	Flash card	How to take care of the preterm baby's skin?
7	3min	explain about care of umbilical cord	<p>Umbilical cord care:</p> <p>After the birth of the baby the cord stump will dry and fall between 5 to 10 days. Do not apply the items such as powder, oil, ghee, and cow dung etc., but that site should be cleaned and kept dry. The diaper should be placed below the umbilical cord to prevent infection.</p> <p>If any symptoms like redness around the umbilical</p>	explaining	listening	Flash card	What are the signs of umbilical cord infection?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	RESEARCH'S ACTIVITY	PARENT'S ACTIVITY	AV AIDS	EVALUATION
			cord discharges, swelling and raising temperature approach the doctor because it is the symptoms of umbilical cord infection.				
8	3min	describe about eye care	Eye care: <ul style="list-style-type: none"> • The eyes should be cleaned with clean wet cotton • Eyes should be cleaned from inner canthus to outer canthus. • The practice of applying kajal is harmful to babies sight • If any eye discharges immediately seek medical assistance. 	explaining	listening	Flash card	How will you clean the eyes of preterm baby?
9	3min	explain about the elimination need of the preterm baby	Elimination need of the preterm baby: <ul style="list-style-type: none"> ❖ Adequacy of urine output can be assessed by number of times the diaper is changed. ❖ After the baby passes urine or motion it should be cleaned immediately with soft wet cloth. Always use cotton cloth napkins. ❖ Clean the perianal area from upward to downward direction. Do not apply anything on the genital area. ❖ If the baby passes white color stool seek medical help immediately because it is a caused by problem of biliary system. 	explaining	listening	Flash card	What are the elimination needs of the preterm baby?
10	5min	describe about prevention of infection on	prevention of infection: The preterm babies are more prone to infection due to immature immune system. So before touching the	explaining	listening	Flash card	How will you prevent infection?

S.NO	TIME	SPECIFIC OBJECTIVES	CONTENT	RESEARCH'S ACTIVITY	PARENT'S ACTIVITY	AV AIDS	EVALUATION
		preterm baby	<p>child and before feeding wash hands with soap and water. The early sign of infection is fever with not taking feeds.</p> <p>The common practice which produce infection to baby is nose and mouth blowing by infected person The infection will reduced by avoiding exposure of infected person.</p>				
11	5min	explain about the follow up care	<p>Follow up care:</p> <ul style="list-style-type: none"> ❖ The first month follow up for the preterm baby is once in 7 days. ❖ The danger signs of baby to seek medical attention are severe respiratory distress. ❖ If the baby refuse to take breast feed continuously then take the baby to the hospital. ❖ The breast feeding is to be continued even if the baby is passing stools after every feeds. ❖ If the baby is having warning signs such as high fever, high pitch cry, refuse to drink milk, vomiting very often, the color of the skin changes in to yellow or blue, fits, diarrhea seek medical help immediately. 	explaining	listening	Flash card	What are the warning signs

SUMMARY:

Purpose of preterm care is to regulate the body temperature, provision of nutrition, prevention of infection, check the symptoms of infectious diseases appear in the child. Mother of the preterm baby can regulate the temperature by keeping the baby closer to her skin [skin to skin contact] this method is called kangaroo mother care. Exclusive breast feeding should be given up to 6 month of age .sugar water, honey, donkey's milk should be strictly avoided. Once in 2 hours once the mother should give breast milk to the baby, even if the baby sleeping wake up the baby by stimulation and give the breast milk. The importance of giving immunization is to prevent diseases. As per the doctor's advice we should start vaccination. Nature of preterm baby skin is shiny, thin, delicate and pink. So suitable cloth for preterm baby's skin is soft cotton cloth. After the birth of the baby the cord stump will dry and fall between 5 to 10 days .should not apply the items such as powder, oil, ghee, and cow dung etc. The site should be cleaned and kept dry. The eyes should be cleaned with clean wet cotton. Eyes should be cleaned from inner canthus to outer canthus. Clean the perianal area from upward to downward direction. Do not apply anything on the genital area. The preterm babies are more prone to infection due to immature immune system so before touching the child and before feeding wash hands with soap and water. The first month follow up for the preterm baby is once in 7 days. The danger signs of baby to seek medical attention is severe respiratory distress. If the baby refuse to take breast feed continuously then take the baby to the hospital.

குறை மாத குழந்தைகளின் நலம் பேணல் பற்றிய
வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்வு



பாடத்திட்டம்

தலைப்பு	:	குறை மாத குழந்தைகளின் பெற்றோர்களுக்கு குறை மாத குழந்தைகளின் நலம் பேணல் பற்றிய அறிவுத்திறன் நிலைக்கான கற்பித்தல் நிகழ்வு.
பெறுநர்	:	குறை மாத குழந்தைகளின் பெற்றோர்கள்
இடம்	:	பச்சிளம் குழந்தைகளின் பிரிவு அரசினர் தாய் சேய் நல மருத்துவமனை, எழும்பூர், சென்னை - 08.
நேரம்	:	45 நிமிடங்கள்
கற்பிக்கும் முறை	:	விரிவுரையாடல் மற்றும் கலந்துரையாடல்
கற்பிக்கும் மொழி	:	தமிழ்
உதவிப்பொருள்	:	மின்னட்டை, துண்டு பிரசுரம், மற்றும் விளக்கக்காட்சி
ஆராய்ச்சி வழிகாட்டி :		திருமதி .ஜா. மேரி, M.Sc (N), MBA., விரிவுரையாளர், துறைத்தலைவர்.
ஆய்வாளர் பெயர்	:	கோ .ஆர்த்தி பிரியா, முதுநிலை இரண்டாம் ஆண்டு மாணவி

மைய நோக்கம் :

கற்பித்தலின் முடிவில் பெற்றோர்கள் குறை மாத குழந்தைகளின் நலம் பேணல் பற்றியும் நிஜ வாழ்க்கையில் எவ்வாறு பின்பற்ற வேண்டும் என்பதின் வழிமுறைகளையும் அறிய முடியும்

துணை நோக்கங்கள் :

வரையறுக்கப்பட்ட கற்பித்தல் நிகழ்வுக்குப் பின் குறைமாத குழந்தைகளின் பெற்றோர் கீழ்க்கண்டவற்றை அறிந்து கடைபிடித்தல் வேண்டும்.

1. குறை மாத குழந்தை பற்றிய வரையறை
2. குறைமாத பிறப்பிற்கான காரணிகளை பட்டியலிடுதல்
3. குறை மாத குழந்தை பராமரிப்பிற்கான நோக்கங்களை எண்ணிக்கையிடுதல்
4. வெப்பநிலை பராமரிப்பு பற்றி விளக்குதல்
5. தாய்ப்பால் ஊட்டுதலின் முக்கியத்துவம் பற்றி கலந்துரையாடல்
6. தடுப்பூசி போடுதல் பற்றி விளக்குதல்
7. தோல் பராமரிப்பு பற்றி விவரித்தல்
8. தொப்புள் கொடி பராமரிப்பு பற்றி விளக்குதல்
9. கண் பராமரிப்பு பற்றி விவரித்தல்
10. மல ஜல தூய்மை பராமரிப்பு பற்றி விளக்குதல்
11. நோய்த்தொற்றிலிருந்து தடுத்தல் பற்றி விவரித்தல்
12. தொடர் பராமரிப்பு பற்றி விளக்குதல்

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
			<p>முகவுரை:</p> <p>கருவுற்ற காலத்தில் இருந்து 37 வாரங்களுக்கு முன்பிறக்கும் குழந்தையானது, ஒரு முதிராத குழந்தை என்று கருதப்படுகிறது மேலும் . சில வாரங்கள் குழந்தை கருவில் வளராததால் சராசரியை விட குறைந்த எடையில் பிறக்கிறது. இந்தக்குறைவான எடையைக்கொண்டிருக்கும் குழந்தைகளுக்குத் தொற்றுநோய்க்கான வாய்ப்புகள் மிக அதிகவாச பிரச்சனைகள். நரம்பியல் பிரச்சினைகள் மற்றும் இரைப்பை குடல் பிரச்சினைகள் ஏற்பட வாய்ப்புகள் உள்ளது. குறை மாதக் குழந்தைகளின் வளர்ச்சி இயல்பான குழந்தைகள் மாதிரி இருக்காது அவர்களின் . வளர்ச்சி மெதுவாகத் தான் இருக்கும். உட்காருதல், தவழ்தல் மற்றும் நடத்தல் எல்லாம் மெதுவாகத்தான் நடக்கும். குறைமாத குழந்தையை பற்றியும் மற்றும் வீட்டுக்கு சென்ற பிறகு பெற்றோர் குழந்தையை எப்படி பாதுகாப்பாக பேணல் வேண்டும் என்பதை பற்றியும் ஒவ்வொரு பெற்றோரும் தெரிந்துக்கொள்ள வேண்டும்.</p>				

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
1	2 நிமிடங்கள்	குறை மாத குழந்தையை பற்றி விளக்குதல்	வரையறை: 1. கர்ப்ப காலத்தின் 37 வது வாரத்திற்கு முன்பு பிறந்தும் மற்றும் எடை 2.5 கிராமிற்கு குறைவாகவும் இருந்தால் குழந்தை குறை மாத குழந்தை என்று வரையறுக்கப்படுகிறது.	விவரித்தல்	கவனித்தல்	விளக்ககாட்சி	குறைமாத குழந்தை என்றால் என்ன?
2.	3 நிமிடங்கள்	குறைமாத குழந்தை பிறத்தலுக்கான காரணிகளை பட்டியலிடுதல்	குறைமாத பிறப்பிற்கான காரணிகள்: 1) சமூக பொருளாதார காரணிகள்: > ஊட்டச்சத்து குறைபாடு > இரத்த சோகை > அதிகமான வேலைப்பளு 2) தாய்க்குரிய காரணிகள்: > தாயின் வயது 16 க்கு கீழ் மற்றும் 30 க்கு மேல் > கர்ப்பத்தினால் வரும் நீரிழிவு நோய்	விவரித்தல்	கவனித்தல்	விளக்ககாட்சி	குறைமாத குழந்தை பிறத்தலுக்கான காரணங்கள் என்ன?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
			<ul style="list-style-type: none"> > குறைமாதத்தில் பனிக்குடம் உடைதல் > கர்ப்பத்தினால் வரும் இரத்த கொதிப்பு 3) குழந்தைக்குரிய காரணிகள்: <ul style="list-style-type: none"> > கருப்பையில் குழந்தை வளர்ச்சி இல்லாமல் இருத்தல் > குறைபாடுகளுடன் பிறத்தல் 				
3.	2 நிமிடங்கள்	குறைமாத குழந்தை பராமரிப்பிற்கான நோக்கங்களை எண்ணிக்கையிடுதல்	குறைமாத குழந்தை பராமரிப்பின் நோக்கங்கள்: <ul style="list-style-type: none"> > குழந்தை உடல் வெப்பநிலை சீராக வைத்தல் > ஊட்டச்சத்து அளித்தல் > தோற்று நோய் வராமல் தடுத்தல் > ஏதாவது குறிப்பிட்ட தோற்று நோய்க்கான அறிகுறி தென்படுகிறதா என தொடர்ந்து கவனித்தல் > குழந்தை வயதிற்கேற்ற தகுந்த உடல் வளர்ச்சியை அடைந்துள்ளதா என்று கவனித்தல் 	விவரித்தல்	கவனித்தல்	விளக்ககாட்சி	குறைமாத குழந்தை பேணலின் நோக்கம் என்ன?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
4.	6 நிமிடங்கள்	வெப்பநிலை பராமரிப்பை குறித்து விவரித்தல்	<p>வெப்பநிலை பராமரிப்பு:</p> <p>குறை மாத குழந்தை உடல் வெப்பம் அதிகமாக தலை வழியாக வெளியேறும். உடல் வெப்ப நிலை குறைந்து போவதற்கான முதல் அறிகுறி குழந்தையின் உடல் பகுதி சூடாகவும், உள்ளங்கால் மற்றும் உள்ளங்கை முதலில் குளிர்ந்தும் அதை தொடர்ந்து நீல நிறமாகும்.</p> <p>> குழந்தையை வெதுவெதுப்பான அறையில் நல்ல சுத்தமான துணியால் சுற்றி வைக்கப்பட வேண்டும். தலையை குல்லாய் கொண்டும் கை மற்றும் கால்களை உறைகளாலும் மூடி வைக்க வேண்டும்.</p> <p>> தாய் தன் குழந்தையை உடலோடு (தோல் தோல் சார்ந்து) சேர்த்து வைத்தும் வெப்ப நிலையை சீராக வைக்கலாம். அதற்கு கங்காரு தாய் பராமரிப்பு முறை என்று பெயர்.</p>	விவரித்தல்	கவனித்தல்	மின்னட்டை	குறைமாத குழந்தையை வெப்பநிலை மாறுதலிலிருந்து எப்படி பாதுகாக்கலாம்

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
5	5 நிமிடங்கள்	தாய்ப்பால் ஊட்டுதலின் முக்கியத்துவத்தை பற்றி கலந்துரையாடல்	<p><u>தாய்ப்பால் ஊட்டுதலின் முக்கியத்துவம்:</u></p> <ul style="list-style-type: none"> > அதிக ஊட்டச்சத்து மிக்கது > அதிக எதிர்ப்பு சக்தி மிக்கது > தாய் குழந்தை பாசப்பிணைப்பை அதிகரிக்கும் > சுத்தமானது மற்றும் எளிதில் கிடைக்கும் <p>முதல் குழந்தை பிறந்த முதல் 6 மாதத்திற்கு தாய்ப்பால் மட்டும் கொடுக்க வேண்டும். சர்க்கரை தண்ணீர், தேன், கழுதைப்பால் ஆகியவற்றை கண்டிப்பாக தவிர்க்க வேண்டும்.</p> <ul style="list-style-type: none"> > குறை மாத குழந்தைக்கு ஒவ்வொரு இரண்டு மணி நேரத்திற்கு ஒரு முறை தாய்ப்பால் கொடுக்க வேண்டும். குழந்தை தூங்கிக் கொண்டு இருந்தாலும் தூண்டி எழுப்பி பால் கொடுக்க வேண்டும். > குறைமாத குழந்தையின் உறிஞ்சும் திறன் 	விவரித்தல்	கவனித்தல்	மின்னட்டை	தாய்ப்பாலின் முக்கியத்துவம் என்றால் என்ன?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
			<p>மந்தமாக இருந்தாலோ, உறிஞ்ச முடியாமல் இருந்தாலோ மாற்று முறையாக பாலாடை மூலம் பாலூட்டலாம்.</p> <p>> தாயிடமிருந்து எடுக்கப்பட்ட தாய்ப்பாலை 6 முதல் 8 மணி நேரம் 28 ° C இருந்து 39 ° C வரையிலான அறை வெப்ப நிலையில் பாதுகாக்கலாம்.</p> <p>> பாலூட்டிய பிறகு குழந்தையின் முதுகில் லேசாக தட்டி காற்று வெளியேறுமாறு செய்வதன் மூலம் குழந்தை பால் கக்குவதை தடுக்கலாம்.</p>				
6.	5 நிமிடங்கள்	தடுப்பூசி போடுதல் பற்றி விளக்குதல்	<p><u>தடுப்பூசி போடுதல் :</u></p> <p>நோய் வராமல் தடுப்பதே தடுப்பூசி போடுதலின் முக்கியத்துவமாகும். மருத்துவரின் ஆலோசனைப்படி தடுப்பூசி போட தொடங்க வேண்டும். டிஸ்சார்ஜ் ஆகி ஒரு வாரம் கழித்து வரும்போது மருத்துவரின் பரிந்துரைப்படி தடுப்பூசி போட வேண்டும்.</p>	விவரித்தல்	கவனித்தல்	துண்டு பிரசாரம்	தடுப்பூசி போடுதலின் நோக்கம் என்ன?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்		ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
			பிறந்தவுடன்	பி .சி .ஜி போலியோ சொட்டு மஞ்சள்காமாலை B ஊசி				
			1 ½ மாதம்	பென்டா போலியோ சொட்டு ரோட்டா சொட்டு போலியோ ஊசி				
			2 ½ மாதம்	பென்டா போலியோ சொட்டு ரோட்டா சொட்டு				
			3 ½ மாதம்	பென்டா போலியோ சொட்டு ரோட்டா சொட்டு போலியோ ஊசி				
			9 மாதம்	எம் .ஆர் போலியோ சொட்டு				
			16-24 மாதம்	டி .பி .டி போலியோ சொட்டு எம் .ஆர்				
			5-6 வருடம்	டி .பி .டி				
			10 வருடம்	டி .டி				

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
			<p>தோல் ஊசி காச நோய் வராமல் தடுக்கிறது.</p> <p>தோல் ஊசி போட்டபின் தோலை தேய்த்து விடக்கூடாது.</p> <p>குழந்தைக்கு சளி மற்றும் காய்ச்சல் இருந்தால் குழந்தைக்கு தடுப்பூசி போடக் கூடாது.</p>				
7.	3 நிமிடங்கள்	குறைமாத குழந்தையின் தோல் பராமரிப்பை குறித்து விவரித்தல்	<p><u>தோல் பராமரிப்பு:</u></p> <p>குறை மாத குழந்தையின் தோல் பளபளப்பாக இளஞ்சிவப்பு நிறத்தில் மெல்லியதாக இருக்கும். குறை மாத குழந்தையை 3 நாட்களுக்கு ஒருமுறை குளிக்க வைக்க வேண்டும்.</p> <p>> ஈரமான நாப்கினை உடனடியாக மாற்ற வேண்டும்.</p> <p>> மென்மையான சோப்பு உபயோகிக்க வேண்டும்.</p> <p>> அதிக வாசனையுள்ள அழகு சாதனங்களை தவிர்க்க வேண்டும்.</p>	விவரித்தல்	கவனித்தல்	மின்னட்டை	குறைமாத குழந்தையின் தோலை எப்படி பேணலாம்?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
			<p>> குழந்தையின் துணியை மற்றவர்களின் துணியோடு கலந்து விடாமல் தனியாக துவைத்த பின் சோப்பு முற்றிலும் நீங்கும்படி அலசப்பட வேண்டும்.</p> <p>> தேவையில்லாத தோல் திரவியம் மற்றும் பவுடரை குழந்தையின் சருமத்தின் மீது போடுவதை தவிர்க்க வேண்டும்.</p>				
8	3 நிமிடங்கள்	தொப்புள் கொடி பராமரிப்பு பற்றி விளக்குதல்	<p><u>தொப்புள் கொடி பராமரிப்பு:</u></p> <p>குழந்தை பிறந்த 5 நாளிலிருந்து 10 நாட்களுக்குள் தொப்புள்கொடி காய்ந்து விழுந்து விடும். அதற்கு மருந்து போட தேவையில்லை. தினமும் அப்பகுதியை சுத்தமாக வைத்திருந்தாலே போதும்.</p> <p>தொப்புள் மேல் பவுடரோ, எண்ணெயோ, நெய்யோ அல்லது பசுவின் சாணமோ வைக்கக் கூடாது.</p> <p>நாப்கின்கள் தொப்புள் கொடியின் மீது படாதவாறு தொப்புள் கொடிக்கு கீழே இருக்கும்படி அணிய</p>	விவரத்தல்	கவனித்தல்	மின்னட்டை	தொப்புள் கொடி தொற்று நோயின் அறிகுறி என்ன?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
			<p>வேண்டும். இது நோய்த் தோற்று ஏற்படாமல் தடுக்கும்.</p> <p>தொப்புளைச் சுற்றி சிவந்திருந்தாலோ, கசிவு இருந்தாலோ அல்லது வெப்பம் இருந்தாலோ அது தொப்புள் கொடி தொற்று நோயின் அறிகுறி. அதற்கு மருத்துவரை அணுக வேண்டும்.</p>				
9.	3 நிமிடங்கள்	கண் பராமரிப்பைப் பற்றி விளக்குதல்?	<p><u>கண் பராமரிப்பு:</u></p> <p>> குழந்தையின் கண்களில் நீர்க்கசிவு ஏற்பட்டால் சுத்தமான நீரில் நனைத்த பஞ்சுக் கொண்டு சுத்தம் செய்ய வேண்டும்.</p> <p>> கண்ணின் முன் உள்பக்கத்திலிருந்து வெளிப்பக்கமாக ஒரே ஒரு முறை துடைத்து சுத்தம் செய்ய வேண்டும்.</p> <p>> கண் தொற்று நோய்களிலிருந்து தடுக்க கண்களுக்கு மை இடுவதை தவிர்க்க வேண்டும்.</p> <p>> கண்களிலிருந்து நீர்க்கசிவு ஏற்பட்டாலோ, வீக்கம் மற்றும் நிறம் மாறி இருந்தாலோ உடனடியாக மருத்துவரை அணுக வேண்டும்.</p>	விவரித்தல்	கவனித்தல்	மின்னட்டை	குழந்தையின் கண்களை எப்படி சுத்தம் செய்ய வேண்டும்?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
10.	3 நிமிடங்கள்	மல ஜல தூய்மையின் அவசியம் குறித்து விளக்குதல் ?	<p><u>மல ஜல தூய்மை பராமரிப்பு:</u></p> <p>> குழந்தையின் சிறுநீர் அளவை மாற்றின டயப்பர்களின் எண்ணிக்கையை வைத்து கணக்கிடலாம்.</p> <p>> குழந்தை சிறுநீர் அல்லது மலம் கழித்தப் பின் உடனடியாக மென்மையான ஈரத்துணிக் கொண்டு சுத்தம் செய்ய வேண்டும்.</p> <p>> சுத்தமான பருத்தி உள்ளாடைகளை அணிய வேண்டும்.</p> <p>> பிறப்புறுப்பை மேலிருந்து கீழ் நோக்கி துடைத்து சுத்தம் செய்ய வேண்டும்.</p> <p>> பிறப்புறுப்பில் பவுடர் முதலிய எதையும் போடக்கூடாது.</p> <p>> குழந்தை வெள்ளை நிறத்தில் மலம் கழித்தால் உடனடியாக மருத்துவரை அணுக வேண்டும். இது பித்தப் பையில் பிரச்சனையாக இருக்கலாம்.</p>	விவரித்தல்	கவனித்தல்	மின்னட்டை	குறை மாத குழந்தையின் மல ஜல தூய்மை என்றால் என்ன?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
11	5 நிமிடங்கள்	குறைமாத குழந்தையை தொற்றுநோய் தாக்காமல் தடுத்தல் பற்றி விளக்குதல்	<p><u>தொற்றுநோய் தாக்காமல் தடுத்தல்:</u></p> <p>குறைமாத குழந்தைகளின் நோய் எதிர்ப்பு சக்தி குறைவாக இருப்பதால் நோய்த்தொற்று அதிகமாக ஏற்பட வாய்ப்புண்டு. எனவே குறைமாத குழந்தைகளை தொடுவதற்கும், பால் கொடுப்பதற்கும் முன்பு கைகளை சுத்தமாக சோப்பு போட்டு கழுவ வேண்டும். நோய்த்தொற்றுக்கான ஆரம்ப அறிகுறி குழந்தைக்கு காய்ச்சல் ஏற்படும், குழந்தை பால் குடிக்க மறுக்கும்,</p> <p>நோய்த்தொற்று உள்ளவர்கள் குழந்தைகளின் வாய் மற்றும் மூக்கில் ஊதுவதின் மூலம் குழந்தைகளுக்கு நோய்த்தொற்று ஏற்படுகிறது. குழந்தைகளை நோய்த்தொற்று உள்ள நபரிடமிருந்து விலக்கி வைப்பதன் மூலம் தொற்று நோய்களிலிருந்து பாதுகாக்கலாம்.</p>	விவரித்தல்	கவனித்தல்	மின்னட்டை	நோய்த்தொற்றை எப்படி தடுப்பது?

வ. எண்	நேரம்	துணை நோக்கங்கள்	பொருளடக்கம்	ஆராய்ச்சி யாளர் செயல்பாடு	பெற்றோர் களின் செயல்பாடு	ஒளி- ஒலி அமைப்பு	மதிப்பீடு
12.	5 நிமிடங்கள்	தொடர் பராமரிப்பைப் பற்றி விளக்குதல்	<p><u>தொடர் பராமரிப்பு முறை:</u></p> <p>> முதல் ஒரு மாதத்திற்கு 7 நாட்களுக்கு ஒரு முறை மருத்துவமனைக்கு வர வேண்டும்.</p> <p>> குழந்தை பால் குடிப்பதில் மந்தமாக இருந்தாலோ அல்லது குடிக்காமல் இருந்தாலோ குழந்தையை மருத்துவமனைக்கு கொண்டு வர வேண்டும்.</p> <p>> குழந்தை ஒவ்வொரு முறை பால் குடித்தப்பின் மலம் கழித்தாலும், தாய்ப்பால் கொடுப்பதை நிறுத்தக்கூடாது.</p> <p>> குழந்தைக்கு காய்ச்சல், வீரிட்டு அழுதல், பால் குடிக்க மறுத்தல், அடிக்கடி வாந்தி எடுத்தல், தோலின் நிறம் மஞ்சளாகவோ, நீல நிறமாகவோ இருந்தாலோ, வலிப்பு ஏற்பட்டாலோ, வயிற்றுப்போக்கு ஏற்பட்டாலோ உடனடியாக மருத்துவமனைக்கு செல்ல வேண்டும்.</p>	விவரித்தல்	கவனித்தல்	மின்னட்டை	அபாயகரமான அறிகுறிகள் என்றால் என்ன?

முடிவுரை:

கர்ப்ப காலத்தின் 37 வது வாரத்திற்கு முன்பு பிறந்தும் மற்றும் எடை 2.500 கிராமிற்கு குறைவாகவும் இருந்தால் குழந்தை குறை மாத குழந்தை என்று வரையறுக்கப்படுகிறது. கர்ப்பத்தினால் வரும் நீரிழிவு நோய், குறைமாதத்தில் பனிக்குடம் உடைதல், கர்ப்பத்தினால் வரும் இரத்த கொதிப்பு ஆகியவை குறைமாத பிறப்பிற்கான காரணிகள் ஆகும். தாய் தன குழந்தையை உடலோடு (தோல் தோல் சார்ந்து) சேர்த்து வைத்தும் வெப்ப நிலையை சீராக வைக்கலாம். அதற்க்கு கங்காரு தாய் பராமரிப்பு முறை என்று பெயர். குறைமாத குழந்தையின் உறிஞ்சும் திறன் மந்தமாக இருந்தாலோ, உறிஞ்ச முடியாமல் இருந்தாலோ மாற்று முறையாக பாலாடை மூலம் பாலூட்டலாம் பாலூட்டிய பிறகு குழந்தையின் முதுகில் லேசாக தட்டி காற்று வெளியேறுமாறு செய்வதன் மூலம் குழந்தை பால் கக்குவதை தடுக்கலாம். நோய் வராமல் தடுப்பதே தடுப்பூசி போடுதலின் முக்கியத்துவமாகும். மருத்துவரின் ஆலோசனைப்படி தடுப்பூசி போட தொடங்க வேண்டும். டிஸ்சார்ஜ் ஆகி ஒரு வாரம் கழித்து வரும்போது மருத்துவரின் பரிந்துரைப்படி தடுப்பூசி போட வேண்டும். ஈரமான நாங்கினை உடனடியாக மாற்ற வேண்டும் குழந்தை சிறுநீர் அல்லது மலம் கழித்தப் பின் உடனடியாக மென்மையான ஈரத்துணிக் கொண்டு சுத்தம் செய்ய வேண்டும். குழந்தை பிறந்த 5 நாளிலிருந்து 10 நாட்களுக்குள் தொப்புள்கொடி காய்ந்து விழுந்து விடும். அதற்கு மருந்து போட தேவையில்லை. தினமும் அப்பகுதியை சுத்தமாக வைத்திருந்தாலே போதும். குறைமாத குழந்தைகளின் நோய் எதிர்ப்பு சக்தி குறைவாக இருப்பதால் நோய்த்தொற்று அதிகமாக ஏற்பட வாய்ப்புண்டு. எனவே குறைமாத குழந்தைகளை தொடுவதற்கும், பால் கொடுப்பதற்கும் முன்பு கைகளை சுத்தமாக சோப்பு போட்டு கழுவ வேண்டும் குழந்தைக்கு காய்ச்சல், வீரிட்டு அழுதல், பால் குடிக்க மறுத்தல், அடிக்கடி வாந்தி எடுத்தல், தோலின் நிறம் மஞ்சளாகவோ, நீல நிறமாகவோ இருந்தாலோ, வலிப்பு ஏற்பட்டாலோ, அரிசி கஞ்சி போன்று வயிற்றுப்போக்கு ஏற்பட்டாலோ உடனடியாக மருத்துவமனைக்கு செல்ல வேண்டும்.

INFORMATION TO PARTICIPANT

TITLE:

“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING CARE OF PRETERM BABIES AMONG PARENTS AT NEONATAL INTENSIVE CARE UNIT, INSTITUTE OF OBSTETRICS AND GYNAECOLOGY AND GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN AT EGMORE, CHENNAI -08.”

Sample no :
Name of participant :
Age /sex :
Name of the investigator : G.ARTHIPRIYA
Name of the Institution : Institute of Obstetrics and Gynaecology and
Government Hospital for Women and Children.
Egmore, Chennai- 08
Enrollment No :
Date :

You are invited to take part in this research/study/procedures. The information in this document is meant to help you to 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 at Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai-08

What is the purpose of the research (explain briefly)

This research is conducted “A study to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at Neonatal Intensive Care Unit , Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai-08” for which I have obtained permission from the institutional ethics committee

Study procedure:

- Study will be conducted after the approval of ethics committee
- A written formal permission will be obtained from authorities Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai-08 to conduct study.
- The purpose of study will be explained to the participants.
- The investigator will obtain informed consent.
- The investigator will assess the knowledge level of each participant before the structured teaching programme by using a structured questionnaire.
- The procedure of will be explained to them with the help of structured teaching programme.
- Following that the level of knowledge will be assessed after structured teaching programme.

Possible risk to you:

No risk involved

Possible benefits to the parents:

The result of the research may provide benefits to the parents regarding care of preterm baby and to practice this knowledge in their home care settings.

Confidentiality of the information obtained from you

You have the right of confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

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

Your decisions not to participate in this research study will not affect your activity of daily living, nursing care or your relationship with investigator or the institution.

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. Your Privacy in this research will be maintained throughout study. In the event of any publications or presentation resulting from the research, no personally identifiable information will be shared.

Signature of Investigator

Signature of participants

Date :

Date:

CONSENT FORM

TITLE: “A study to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at Neonatal Intensive Care Unit , Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai-08”

Sample no :

Name of participant :

Date :

Age :

Name of the investigator : G.ARTHIPRIYA

Name of the Institution : Institute of Obstetrics and Gynaecology and
Government Hospital for Women and Children.
Egmore, Chennai- 08

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 form (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 choices, hereby give my consent to be included as a participant in this 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 informed about the nature of this study.
- My rights and responsibilities have been explained to me by the Investigator.
- I aware the fact that I can opt out from the study at any time without giving any reason and this will not affect my future service in this hospital.

- I hereby given permission to the investigator to release the information obtained from me as result of participation in this study to the sponsors, regulatory authorities. Government agencies and IEC.
- I have understood that my identity will be kept confidential if my data are published or presented.
- I had answered the questions to my satisfaction.
- I have decided to be a part in this research study.
- I am aware that if I have question during this study, I should contact the investigator. By signing this consent form 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 consent document.

Name and signature or thumb impression of the participant (Legal representative can sign if the participant is minor or incompetent).

Name -----

Signature-----

Date-----

Name and signature of the investigator or his representative obtaining consent:

Name -----

Signature-----

Date-----

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு :

சென்னை, எழும்பூர், அரசினர் தாய் சேய் நல மருத்துவமனை, பச்சிளம் குழந்தைகள் பிரிவில் உள்ள குறை மாத குழந்தைகளின் பெற்றோர்களுக்கு குறை மாத குழந்தைகளின் நலம் பேணல் பற்றிய அறிவுத்திறன் நிலைக்கான கற்பித்தல் நிகழ்வு.

ஆராய்ச்சியாளர் பெயர் : கோ. ஆர்த்தி பிரியா

ஆராய்ச்சியில் பங்கேற்பாளர் பெயர் : வயது:

ஆராய்ச்சி சேர்க்கை எண் : தேதி :

நான் சென்னை, எழும்பூர், அரசினர் தாய் சேய் நல மருத்துவமனை, பச்சிளம் குழந்தைகள் பிரிவில் உள்ள குறை மாத குழந்தைகளின் பெற்றோர்களுக்கு குறை மாத குழந்தைகளின் நலம் பேணல் பற்றிய அறிவுத்திறனாய்வு மேற்கொள்கிறேன்.

இந்த திறனாய்வின் மூலம் பெற்றோர்களுக்கு குறை மாத குழந்தைகளின் நலம் பேணல் பற்றிய அறிவு மற்றும் நடைமுறை போன்ற அனைத்து விவரங்களும் புரியும் என நம்புகிறேன்.

பெற்றோர்கள் தங்கள் சொந்த விருப்பத்தின் பேரில் ஆராய்ச்சியில் இணைக்கப்படுவர் விருப்பமில்லை எனில் எந்த நேரமும் ஆராய்ச்சியிலிருந்து விலகிக்கொள்ளலாம். இதனால் பெற்றோர்களுக்கு எந்த வித பாதிப்பும் ஏற்படாது.

ஆராய்ச்சியில் பங்கேற்பாளர் பெயர், அடையாளங்கள், தெரிவிக்கும் கருத்துக்கள் மற்றும் முடிவுகளை வெளியிடமாட்டேன் என்பதை தெரிவித்துக் கொள்கிறேன்.

ஆய்வினால் ஏற்படும் நன்மைகள்:

இந்த ஆய்வில் கலந்து கொள்வதின் மூலம் நீங்கள் குறை மாத குழந்தைகளின் நலம் பேணல் பற்றிய அறிவு மற்றும் நடைமுறைகளில் முன்னேற்றம் பெறலாம்.

மேலும் வருங்காலத்தில் வரவிருக்கும் இன்னல்களை தவிர்த்து பயன் பெற இந்த ஆய்வு உதவியாக அமையும்.

ஆராய்ச்சி தகவல் குறித்த விவரங்கள்:

உங்களைக்குறித்த தகவல்கள் (பெயர் மற்றும் ஆய்வு முடிவுகள்) இரகசியமாக பாதுகாக்கப்படும். இந்த தகவல் தாளில் கையெழுத்திடுவதின் மூலம் உங்களை பற்றிய குறிப்புகள் மற்றும் ஆராய்ச்சி முடிவுகள் பற்றி ஆய்வாளரோ நிறுவன நெறிமுறைக்குழுவை சேர்ந்தவர்களோ தேவைப்பட்டால் அறிந்துக்கொள்ளலாம் என்று சம்மதிக்கிறீர்கள்.

நீங்களும் இந்த ஆராய்ச்சியில் பங்கேற்க நாங்கள் விரும்புகிறோம் இந்த ஆராய்ச்சியில் உங்களிடம் இருந்து பெறப்பட்ட தகவல்களை ஆராய்வோம் அதனால் தங்களது பணியில் எந்தவித பாதிப்பும் ஏற்படாது என்பதை தெரிவித்துக் கொள்கிறோம்.

இந்த ஆராய்ச்சியில் பங்கேற்பது தங்களுடைய விருப்பத்தின் பேரில்தான் இருக்கிறது மேலும் நீங்கள் எந்நேரமும் இந்த ஆராய்ச்சியில் இருந்து பின்வாங்கலாம் என்பதையும் தெரிவித்துக்கொள்கிறேன்.

இந்த முடிவுகள் ஆராய்ச்சியின் போது அல்லது ஆராய்ச்சி முடிவின் போது தங்களுக்கு அறிவிக்கப்படும் என்பதையும் தெரிவித்துக் கொள்கிறோம் .

ஆராய்ச்சியாளர் கையொப்பம்

பங்கேற்பாளர் கையொப்பம்

நாள்

இடம்

சுய ஒப்புதல் படிவம்

ஆராய்ச்சி தலைப்பு :

சென்னை, எழும்பூர், அரசினர் தாய் சேய் நல மருத்துவமனை, பச்சிளம் குழந்தைகள் பிரிவில் உள்ள குறை மாத குழந்தைகளின் பெற்றோர்களுக்கு குறை மாத குழந்தைகளின் நலம் பேணல் பற்றிய அறிவுத்திறன் நிலைக்கான கற்பித்தல் நிகழ்வு.

ஆராய்ச்சியில் பங்கேற்பாளர் பெயர் :

வயது:

ஆராய்ச்சி சேர்க்கை எண் :

தேதி :

ஆராய்ச்சியாளர் பெயர் : கோ. ஆர்த்தி பிரியா

----- என்பவராகிய நான் இந்த ஆய்வின் விவரங்களும் அதன் நோக்கங்களும் முழுமையாக அறிந்துக்கொண்டேன். இந்த ஆய்வில் முழு சுதந்திரத்துடன் மற்றும் சுயநினைவுடன் பங்குபெற சம்மதிக்கிறேன்.

1. நான் இந்த சுயஒப்புதல் படிவம், தகவல் தாள் படித்து புரிந்துக்கொண்டேன்
2. இந்த சுயஒப்புதல் படிவம் பற்றி எனக்கு விளக்கப்பட்டது.
3. எனக்கு விளக்கப்பட்ட விவரங்களை புரிந்துக்கொண்டு எனது முழு சம்மதத்தை தெரிவிக்கிறேன்.
4. இந்த ஆராய்ச்சி பற்றிய அனைத்து தகவல்களும் எனக்கு தெரிவிக்கப்பட்டது.
5. இந்த ஆராய்ச்சியில் எனது உரிமை மற்றும் பங்கினைப்பற்றி அறிந்துக்கொண்டேன்.
6. நான் ஆராய்ச்சியாளருக்கு முழு ஒத்துழைப்பு அளிப்பேன்.

இந்த ஆராய்ச்சியில் பிறரின் நிர்பந்தமின்றி எனது சொந்த விருப்பத்தின் பேரில் பங்கு பெறுகிறேன் மற்றும் நான் இந்த ஆராய்ச்சியிலிருந்து எந்நேரமும் பின்வாங்கலாம் என்பதையும் அதனால் எந்தவித பாதிப்பும் ஏற்படாது என்பதையும் நான் புரிந்துக்கொண்டேன்.

இந்த ஆராய்ச்சியில் கலந்து கொள்வதன் மூலம் என்னிடம் பெறப்படும் தகவல்களை ஆராய்ச்சியாளர் மற்றும் நிறுவன நெறிமுறைக் குழுவை சார்ந்தவர்கள் தேவைப்பட்டால் அறிந்துக்கொள்ளலாம் என்று சம்மதிக்கிறேன்.

இந்த ஆராய்ச்சியின் முடிவுகளை வெளியிடும்போது ஆராய்ச்சியில் பங்கேற்பாளர் பெயர் மற்றும் அடையாளங்கள் வெளியிடப்படாது என்பதை அறிந்துக்கொண்டேன்.

இந்த ஆராய்ச்சியில் பங்கேற்கும்போது ஏதேனும் சந்தேகம் ஏற்பட்டால் உடனே

ஆராய்ச்சியாளரை தொடர்புக்கொள்ளலாம் என்று அறிந்துக்கொண்டேன்.

இந்த சுயஒப்புதல் படிவத்தில் கையெழுத்திடுவதின் மூலம் இதிலுள்ள அனைத்து தகவல்களும் எனக்கு தெளிவாக விளக்கப்பட்டது என்று ஒப்புக்கொள்கிறேன். இந்த சுயஒப்புதல் படிவத்தின் ஒரு நகல் ஆராய்ச்சியில் பங்கேற்பவருக்கு கொடுக்கப்படும் என்பதை அறிந்துக்கொண்டேன்.

ஆராய்ச்சியாளர் கையொப்பம்

பங்கேற்பாளர் கையொப்பம்

நாள்

இடம்

PRE TEST		DEMOGRAPHIC DATA										KNOWLEDGE DATA																														PERCENTAGE						
sample	date	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		30	score				
1	3.1.18	a	b	c	b	b	a	b	b	d	d	1	1	1	0	0	0	1	1	1	0	0	1	1	1	1	0	1	0	1	0	0	1	0	0	1	1	1	0	0	1	1	0	0	1	0	15	50%
2	3.1.18	a	b	c	b	a	c	a	a	b	a	b	0	1	1	0	0	0	1	1	1	1	0	1	1	0	0	1	1	0	0	1	0	0	1	0	0	1	1	0	0	1	0	0	1	0	14	47%
3	3.1.18	a	b	c	a	a	c	b	b	d	c	0	0	1	0	0	1	1	0	1	1	0	1	1	1	1	1	0	0	0	0	1	0	1	1	1	0	1	1	1	0	1	0	1	0	16	53%	
4	3.1.18	b	a	c	a	a	c	b	b	d	c	0	1	0	0	0	0	1	0	0	1	0	1	1	0	0	1	0	0	0	1	1	0	1	1	0	1	1	1	0	1	0	1	0	12	40%		
5	3.1.18	b	b	c	b	a	d	a	b	b	b	1	1	1	0	0	0	1	1	0	1	0	1	1	1	1	1	0	0	1	0	1	1	0	1	1	0	1	1	1	0	1	0	1	0	18	60%	
6	3.1.18	b	a	c	a	a	c	a	b	b	b	0	1	1	0	0	1	1	0	0	1	0	1	1	0	0	1	1	0	0	1	0	0	0	1	0	1	1	0	0	0	0	1	1	14	47%		
7	4.1.18	b	b	d	a	a	d	b	a	b	b	0	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	1	1	0	1	1	0	0	1	0	0	1	0	0	0	0	1	1	11	37%		
8	4.1.18	a	b	c	b	a	c	a	b	b	b	0	0	1	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	1	0	1	1	0	1	1	10	33%			
9	4.1.18	c	a	c	a	a	c	a	b	b	b	0	0	0	0	0	1	1	0	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	1	0	1	1	0	1	0	10	33%			
10	4.1.18	a	b	d	a	a	d	b	b	b	b	1	1	1	0	0	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0	0	1	0	1	12	40%		
11	4.1.18	c	a	c	a	a	c	b	b	b	b	0	0	0	0	0	0	1	0	1	0	0	1	1	0	1	0	0	0	0	0	0	1	0	1	1	1	0	1	0	1	1	12	40%				
12	5.1.18	c	b	c	b	a	b	a	a	b	b	a	1	1	1	0	0	0	0	1	0	1	0	1	1	0	0	1	1	0	0	1	1	0	0	1	1	0	0	1	1	1	1	1	17	57%		
13	5.1.18	d	a	c	a	a	b	a	a	b	b	a	1	0	1	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	1	1	1	0	1	0	1	1	0	1	1	13	43%				
14	5.1.18	a	b	c	b	a	c	a	a	b	d	b	0	0	1	0	0	0	1	0	1	1	0	0	1	1	0	1	0	1	1	1	1	0	0	0	1	0	0	0	1	1	14	47%				
15	5.1.18	a	b	c	a	a	c	a	a	b	c	b	0	0	0	0	0	0	1	1	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	1	1	1	0	0	1	0	9	30%				
16	5.1.18	a	b	b	b	b	c	a	a	b	a	a	1	1	0	0	0	0	1	0	1	0	0	0	1	1	0	0	0	0	0	1	1	0	1	1	0	1	1	0	1	1	13	43%				
17	6.1.18	c	b	c	b	a	b	a	b	b	c	1	1	0	0	1	0	1	1	1	1	0	1	1	0	1	0	0	1	0	1	0	0	1	1	0	1	1	1	1	1	1	18	60%				
18	6.1.18	d	a	c	a	a	b	a	b	b	c	0	1	0	0	1	0	0	1	0	1	1	0	0	1	1	0	0	0	0	0	1	1	1	0	1	0	0	0	0	1	1	12	40%				
19	6.1.18	a	b	c	b	a	a	b	a	b	d	a	0	0	1	0	1	0	1	1	0	1	0	0	1	1	0	1	1	1	0	0	1	0	0	1	1	0	1	0	1	0	15	50%				
20	6.1.18	a	b	c	a	a	c	a	a	b	d	d	0	0	1	0	0	0	1	0	0	1	0	1	1	1	0	0	0	0	0	0	1	1	0	1	1	1	1	1	0	1	0	13	43%			
21	8.1.18	a	b	c	b	a	c	a	b	b	d	b	0	0	1	0	0	0	1	1	1	0	0	0	1	1	0	1	1	0	0	1	0	1	1	1	1	0	1	0	1	0	15	50%				
22	8.1.18	b	a	d	a	a	c	a	b	b	d	b	0	0	0	0	0	0	1	0	1	1	0	0	1	1	0	0	0	0	1	0	1	0	1	1	1	1	0	1	1	1	14	47%				
23	8.1.18	c	b	c	b	a	a	a	a	a	b	1	1	1	0	1	0	1	1	1	1	1	0	0	1	1	0	1	0	1	1	1	0	1	1	0	0	0	1	1	19	63%						
24	9.1.18	b	b	d	a	a	c	b	a	b	b	1	1	1	0	0	0	1	1	0	1	1	1	1	0	0	0	0	0	0	1	1	0	1	1	1	0	1	1	0	1	1	17	57%				
25	9.1.18	c	a	d	a	a	c	b	a	b	b	1	0	1	1	0	0	1	1	0	1	0	1	1	0	0	0	0	0	1	1	1	0	0	1	1	0	1	1	1	1	1	17	57%				
26	9.1.18	a	b	c	b	c	c	b	b	b	d	c	0	1	1	0	0	0	1	1	0	1	1	1	1	0	0	0	0	1	1	0	1	0	0	1	1	0	1	0	1	1	16	53%				
27	10.1.18	a	a	c	b	a	b	a	b	b	d	c	1	0	1	0	1	0	1	1	1	1	1	1	1	1	0	1	1	0	0	0	0	0	0	1	0	1	1	1	1	0	0	18	60%			
28	10.1.18	d	a	c	a	a	b	b	b	a	a	b	1	1	0	0	1	0	1	1	0	1	0	1	1	0	1	1	0	1	1	0	1	1	1	0	1	1	1	0	1	1	19	63%				
29	10.1.18	b	b	d	b	a	c	a	b	b	d	c	0	1	1	0	0	0	1	0	1	1	0	0	1	1	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	0	16	53%				
30	10.1.18	b	b	e	b	a	d	a	b	a	c	c	0	1	1	0	0	0	1	1	1	1	0	0	1	1	0	0	1	0	0	1	1	0	1	1	1	1	0	1	1	1	18	60%				
31	10.1.18	a	b	c	b	a	b	a	a	b	c	b	0	1	1	1	1	0	1	1	1	1	0	0	1	0	0	1	0	0	1	1	0	0	1	0	1	0	1	0	1	0	17	57%				
32	10.1.18	a	b	c	b	b	b	a	b	b	d	c	0	0	1	0	0	0	1	1	1	1	0	0	1	0	0	0	0	0	0	1	0	1	1	1	0	1	0	1	1	14	47%					
33	11.1.18	d	b	c	a	a	c	a	b	b	a	b	0	1	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	1	1	0	0	1	1	0	1	0	1	0	10	33%				
34	11.1.18	d	a	c	a	a	b	a	b	b	c	0	0	0	0	0	0	1	1	1	1	0	0	1	1	0	0	1	0	0	1	1	0	0	1	0	0	1	0	0	1	0	12	40%				
35	11.1.18	b	b	d	a	a	b	b	a	b	b	1	1	1	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0	0	1	0	1	1	1	1	1	1	1	1	1	1	17	57%				
36	11.1.18	c	a	c	a	a	b	b	b	b	d	c	1	1	1	0	0	0	1	1	1	1	0	1	1	1	0	1	0	0	0	0	1	0	1	1	0	1	1	1	0	17	57%					
37	11.1.18	a	b	c	b	a	c	b	b	b	a	c	0	1	1	0	1	0	1	1	0	1	0	0	1	1	0	0	1	0	1	1	1	0	1	1	1	0	1	1	1	0	18	60%				
38	12.1.18	a	b	d	a	c	c	b	b	b	b	c	1	1	1	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	1	0	11	37%				
39	12.1.18	b	a	d	a	c	c	b	b	b	b	c	0	0	0	0	0	0	1	1	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	1	0	1	0	1	0	9	30%					
40	12.1.18	b	a	c	a	b	b	a	b	b	d	c	1	1	1	0	1	0	1	1	0	1	0	1	1	0	0	0	1	0	0	0	1	0	1	1	1	0	1	0	1	0	16	53%				
41	12.1.18	a	b	c	b	b	b	a	b	b	d	c	0	1	0	0	0	0	1	1	0	1	0	0	1	0	0	1	0	0	0	1	0	1	0	0	1	0	0	1	0	11	37%					

PRE TEST		DEMOGRAPHIC DATA										KNOWLEDGE DATA																														PERCENTAGE				
sample	date	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		30	score		
42	12.1.18	a	b	d	a	c	c	b	b	b	d	d	1	1	1	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	1	1	1	1	0	0	1	0	11	37%	
43	12.1.18	b	a	d	a	c	c	b	b	b	d	d	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	1	1	0	0	0	1	0	9	30%
44	13.1.18	b	b	c	b	a	b	a	b	b	c	c	0	1	0	0	1	0	1	1	0	1	0	0	1	0	0	0	0	0	0	0	1	0	1	1	1	1	0	0	0	1	0	11	37%	
45	13.1.18	c	a	c	a	a	b	a	b	b	c	c	0	0	0	0	0	0	1	1	0	0	0	1	1	0	0	0	0	0	0	0	1	1	0	0	1	1	0	1	0	1	0	10	33%	
46	13.1.18	b	b	c	b	a	b	a	b	b	b	c	1	1	0	0	0	0	1	1	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	0	1	0	1	0	1	1	12	40%		
47	17.1.18	a	b	c	a	a	b	a	b	b	c	c	1	1	0	0	0	0	1	1	0	1	0	0	1	0	0	0	0	0	0	1	0	1	1	1	1	0	1	0	0	0	11	37%		
48	17.1.18	b	b	c	b	a	b	a	a	b	a	a	0	1	0	0	0	0	1	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	17%		
49	17.1.18	a	b	c	b	a	b	a	b	b	d	c	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	1	0	0	1	0	0	0	6	20%		
50	17.1.18	b	b	d	a	c	c	b	b	b	c	c	1	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	1	0	1	1	1	0	9	30%		
51	17.1.18	c	a	c	a	c	c	b	b	b	d	c	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	1	1	0	1	0	0	0	8	27%		
52	18.1.18	b	b	c	b	a	c	b	b	b	c	c	0	1	0	0	0	0	1	1	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	10	33%		
53	18.1.18	c	b	d	a	a	c	b	b	b	d	c	1	0	0	0	0	0	1	0	0	1	1	1	1	0	0	0	0	0	0	0	1	0	1	1	1	1	0	1	0	1	0	12	40%	
54	18.1.18	b	b	c	a	a	c	b	b	b	c	c	0	1	1	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1	1	1	1	0	0	0	1	0	10	33%	
55	18.1.18	b	b	e	a	a	d	b	b	b	c	c	1	0	0	0	1	0	1	1	1	1	1	1	1	0	0	0	0	0	0	1	1	0	0	1	1	0	1	0	1	1	16	53%		
56	18.1.18	a	b	d	a	a	c	b	b	b	b	b	0	1	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	1	0	0	1	1	0	10	33%	
57	19.1.18	a	b	b	b	a	b	a	a	b	b	b	0	1	0	0	0	1	1	0	0	1	1	0	1	0	0	1	0	0	1	0	1	0	0	1	0	0	1	0	0	1	0	12	40%	
58	19.1.18	b	b	c	b	a	b	a	b	b	b	c	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	1	0	0	1	0	0	0	1	0	0	1	1	0	1	0	9	30%		
59	19.1.18	b	b	d	a	a	c	b	b	b	b	b	0	1	0	0	0	1	0	1	0	1	0	0	1	1	0	0	0	0	0	1	0	0	1	0	1	1	0	0	0	10	33%			
60	19.1.18	a	b	c	b	a	c	b	b	b	b	c	0	1	0	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	1	0	9	30%		

**INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003**

EC Reg.No.ECR/270/Inst./TN/2013
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To

G.Arthipriya
M.Sc. (N) I Year Student
College of Nursing
Madras Medical College
Chennai 600 003

Dear G.Arthipriya,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING CARE OF PRETERM BABIES AMONG PARENTS AT NEONATAL INTENSIVE CARE UNIT, INSTITUTE OF OBSTETRICS AND GYNAECOLOGY AND GOVERNMENT HOSPITAL FOR WOMEN AND CHILDREN, EGMORE, CHENNAI 600 008 "** - NO.08072017

The following members of Ethics Committee were present in the meeting hold on **11.07.2017** conducted at Madras Medical College, Chennai 3

- | | |
|---|----------------------|
| 1. Prof.Dr.C.Rajendran, MD., | :Chairperson |
| 2. Prof.R.Narayana Babu,MD.,DCH.,Dean,MMC,Ch-3 | : Deputy Chairperson |
| 3. Prof.Sudha Seshayyan,MD., Vice Principal,MMC,Ch-3 | :Member Secretary |
| 4. Prof.S.Mayilvahanan,MD,Director,Inst. of Int.Med,MMC, Ch-3 | : Member |
| 5. Prof.A.Pandiya Raj,Director, Inst. of Gen.Surgery,MMC | : Member |
| 6. Prof.Remam Chandramohan,Prof.of Paediatrics,ICH,Chennai | : Member |
| 7. Prof. Susila, Director, Inst. of Pharmacology,MMC,Ch-3 | : Member |
| 8.Thiru S.Govindasamy, BA.,BL,High Court,Chennai | : Lawyer |
| 9.Tmt.Arnold Saulina, MA.,MSW., | :Social Scientist |
| 10.Tmt.J.Rajalakshmi, JAO,MMC, Ch-3 | : Lay Person |

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 COMMITTEE
MADRAS MEDICAL COLLEGE
CHENNAI-600 003

REQUISITION LETTER

From

G.ARTHIPRIYA,
M.sc (N) – II year student,
College of Nursing,
Madras Medical College, Chennai-3.

To

The Director,
Institute of Obstetrics and Gynaecology and Government Hospital for Women
and children,
Egmore, Chennai-08.

Through,

Principal,
College of nursing, Madras Medical College, Chennai – 03

Respected Sir/Madam,

Sub: Requesting permission to conduct research at Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Chennai-08- Regarding

I, M. Sc Nursing II-year student have to conduct the research study for the fulfillment of M.Sc.(N) Programme. My topic is “A study to assess the Effectiveness of structured teaching Programme on knowledge regarding care of preterm babies among parents at Neonatal Intensive Care Unit , Institute of Obstetrics and Gynecology and Government Hospital for Women and Children, Egmore Chennai-08” The data collection period is from 02/01/2018 to 27/01/2018 at 8am-4pm. I assure that I will not disturb the routine activities of the ward.

With due respect, I request your good self to kindly permit me to conduct this study.

Thanking You

Signature of H.O.D

Yours sincerely,
G. Arthipriya
(G.ARTHIPRIYA)

Encl: Copy of Institutional Ethics Committee Approval Letter.

Permitted
19/12/17.
Director and Superintendent
Institute of Obstetrics and Gynecology
and Govt. Hospital for Women & Children
Egmore, Chennai-600 008.

REQUISITION LETTER

From

G.ARTHIPRIYA,
M.sc (N) – II year student,
College of Nursing,
Madras Medical College, Chennai-3.

To

Head of the Department,
Department of Neonatology,
Institute of Obstetrics and Gynecology and Government Hospital for Women
and children,
Egmore, Chennai-08.

Through,

Principal,
College of nursing, Madras Medical College, Chennai – 03

Respected Sir/Madam,

Sub: Requesting permission to conduct research at Institute of Obstetrics and Gynecology and Government Hospital for Women and Children, Chennai-08- Regarding

I, M. Sc Nursing II-year student have to conduct the research study for the fulfillment of M.Sc.(N) Programme. My topic is "A study to assess the Effectiveness of structured teaching Programme on knowledge regarding care of preterm babies among parents at Neonatal Intensive Care Unit , Institute of Obstetrics and Gynecology and Government Hospital for Women and Children, Egmore Chennai-08" The data collection period is from 02/01/2018 to 27/01/2018 at 8am-4pm. I assure that I will not disturb the routine activities of the ward.

With due respect, I request your good self to kindly permit me to conduct this study.

Thanking You

Signature of H.O. D

Yours sincerely,

G. Arthipriya
(G.ARTHIPRIYA)

Encl: Copy of Institutional Ethics Committee Approval Letter.

*No objection,
forwarded to Director IOL
for permission
A. Arasu Avelar.
12/12/17.*

The Professor
Dept. of Neonatology,
IOL, Egmore, Chennai-08.

*Forwards
Shank
6.12.17.
for*

*PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003*

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Ms.G.ARTHI PRIYA, M.Sc, (Nursing) II year student, College of Nursing, Madras Medical College which is to be used in her study titled, "A study to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at neonatal intensive care unit, Institute of Obstetrics and gynaecology and Government hospital for women and children, Egmore, Chennai-08" has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

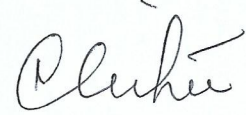
Name : Dr. Zealous Mary, M.Sc(N), PhD.,
Designation : HOD & Professor
College : College of Nursing, Madras Medical Mission,
Chennai.
Place : *Nolambur, Chennai*
Date : *19/12/17*

19/12/17
Signature with seal
HOD-CHILD HEALTH NURSING
MMM COLLEGE OF NURSING
No. 131, SAKTHI NAGAR,
NOLAMBUR,
CHENNAI - 600 095.



CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool constructed by Mrs. G.ARTHI PRIYA, M.Sc (Nursing) II year student College of Nursing, Madras Medical College which is to be used in her study titled ,“A study to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at neonatal intensive care unit, Institute of Obstetrics and gynaecology and Government hospital for women and children, Egmore, Chennai-08”has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.



Signature with seal

Name : Ms.R.Chitra, M.Sc (N)
Designation : Reader
child health nursing
College : MAC College of nursing,
Chennai



Place : Chennai
Date : 02/07/2018.

CERTIFICATE OF ENGLISH EDITING

This is to certify that the dissertation work topic "A study to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at Neonatal Intensive care unit , Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai - 08."done by Mrs. G.ARTHIPRIYA, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03 was edited for English language appropriateness.

NAME : A. JOSEPH SANTHA SEELAN.

DESIGNATION : B.T. ASST. (ENGLISH).

DATE : 19.06.2018.

PLACE : VITTALAPURAM.

SIGNATURE WITH SEAL :



A. Joseph Santha Seelan, M.A., M.A., B.Ed., M.Phil.,
B.T. Assistant (English)
Govt. High School
Vittalapuram-604 002., Vpm. Dt.

CERTIFICATE OF TAMIL EDITING


This is to certify that the dissertation work topic "A study to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at Neonatal Intensive care unit, Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children at Egmore, Chennai - 08." done by Mrs. G.ARTHIPRIYA, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03 was edited for Tamil language appropriateness.

NAME : K. SHAMEEMBANU, M.A, B.Ed, M.Phil

DESIGNATION : B.T. ASST (TAMIL)

DATE : 14.06.2018

PLACE : THIRUVANNAMALAI

SIGNATURE WITH SEAL : 
க.ஷமீம்பாது.
எம்.ஏ., பி.எட்., எம்.ஃபில்
தமிழாசிரியை.
நகராட்சி மேலாண்மைப் பகுதி.
திருவான்மலை மாவட்டம்

LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY

From

Mrs. G.ARTHI PRIYA
M.Sc.,(N) II year,
College of Nursing,
Madras Medical College,
Chennai-03.

To

Dr. Zealous Mary, M.Sc (N), Ph.D.,
HOD & Professor,
Department of Child Health Nursing,
College of nursing, Madras Medical Mission,
Chennai.

Through

The Principal,
College of nursing ,
Madras medical college,
Chennai

Respected Madam,

Requisition for expert opinion on suggestion for content validity of
the tools.

I, G.Arthi priya, M.Sc (Nursing) II year student at College of Nursing,
Madras Medical College, Chennai -3, affiliated to Dr. M.G.R. Medical university,
Chennai. As a partial fulfillment of the requirement in the M.Sc (Nursing)
programme, I have to complete my dissertation and the topic I have selected is titled ,
,"A study to assess the effectiveness of structured teaching programme on
knowledge regarding care of preterm babies among parents at neonatal intensive
care unit, Institute of Obstetrics and gynaecology and Government hospital for
women and children, Egmore, Chennai-08". Herewith, I have enclosed the
developed tool for content validity and for your expert opinion and valuable
suggestions.

Thanking you,

Yours Sincerely,

Signature of HOD (6/12/17)
K.KANNAN

(G.ARTHI PRIYA)

Enclosures

1. Statement and objectives of the study
2. Blueprint of the tool
3. Content validity certificate

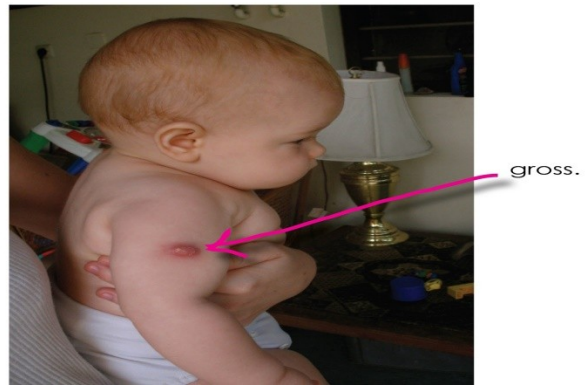
உடல் வெப்பநிலை பராமரிப்பு



தாய்ப்பால் ஊட்டுதல்



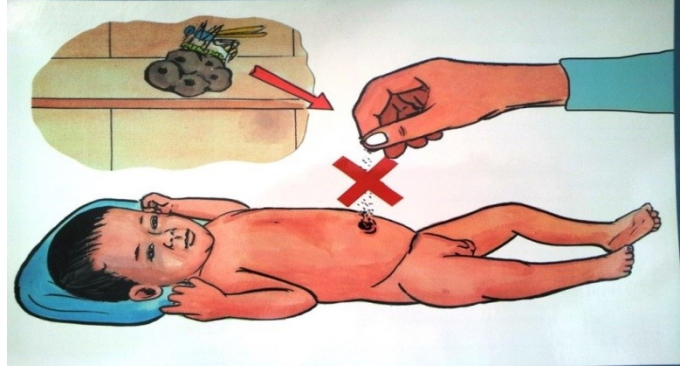
தடுப்பூசி போடுதல்



தோல் பராமரிப்பு



கண் மற்றும் தொப்புள்கொடி பராமரிப்பு



நோய்த்தொற்றிலிருந்து பாதுகாத்தல்



LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY

From

Mrs. G. ARTHI PRIYA
M.Sc.,(N) II year student,
College of Nursing,
Madras Medical College,
Chennai-03.

To

Ms.R.Chitra, M.Sc (N)
Reader,
MAC College of nursing,
Chennai



M.A. Chidambaram College of Nursing
VHS Campus, Chennai - 600 113.

Through

The Principal,
College of nursing ,
Madras medical college,
Chennai

Handwritten note:
18/12/17


PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003

Respected Madam,

Sub: Requisition for expert opinion on suggestion for content validity of the tools.

I, G.Arthi priya, M.Sc (Nursing) II year student at College of Nursing, Madras Medical College, Chennai -3, affiliated to Dr. M.G.R. Medical university, Chennai. As a partial fulfillment of the requirement in the M.Sc (Nursing) programme, I have to complete my dissertation and the topic I have selected is titled , ,“A study to assess the effectiveness of structured teaching programme on knowledge regarding care of preterm babies among parents at neonatal intensive care unit, Institute of Obstetrics and gynaecology and Government hospital for women and children, Egmore, Chennai-08”. Herewith, I have enclosed the developed tool for content validity and for your expert opinion and valuable suggestions.

Thanking you,


Signature of HOD
K. KANNAN
16/12/17

Yours Sincerely,


(G. ARTHI PRIYA)

Enclosures

1. Statement and objectives of the study
2. Blueprint of the tool
3. Content validity certificate

FIG-2.2: CONCEPTUAL FRAME WORK BASED ON GENERAL SYATEM THEORY LUDWIG VON BERTALANFFY -1968

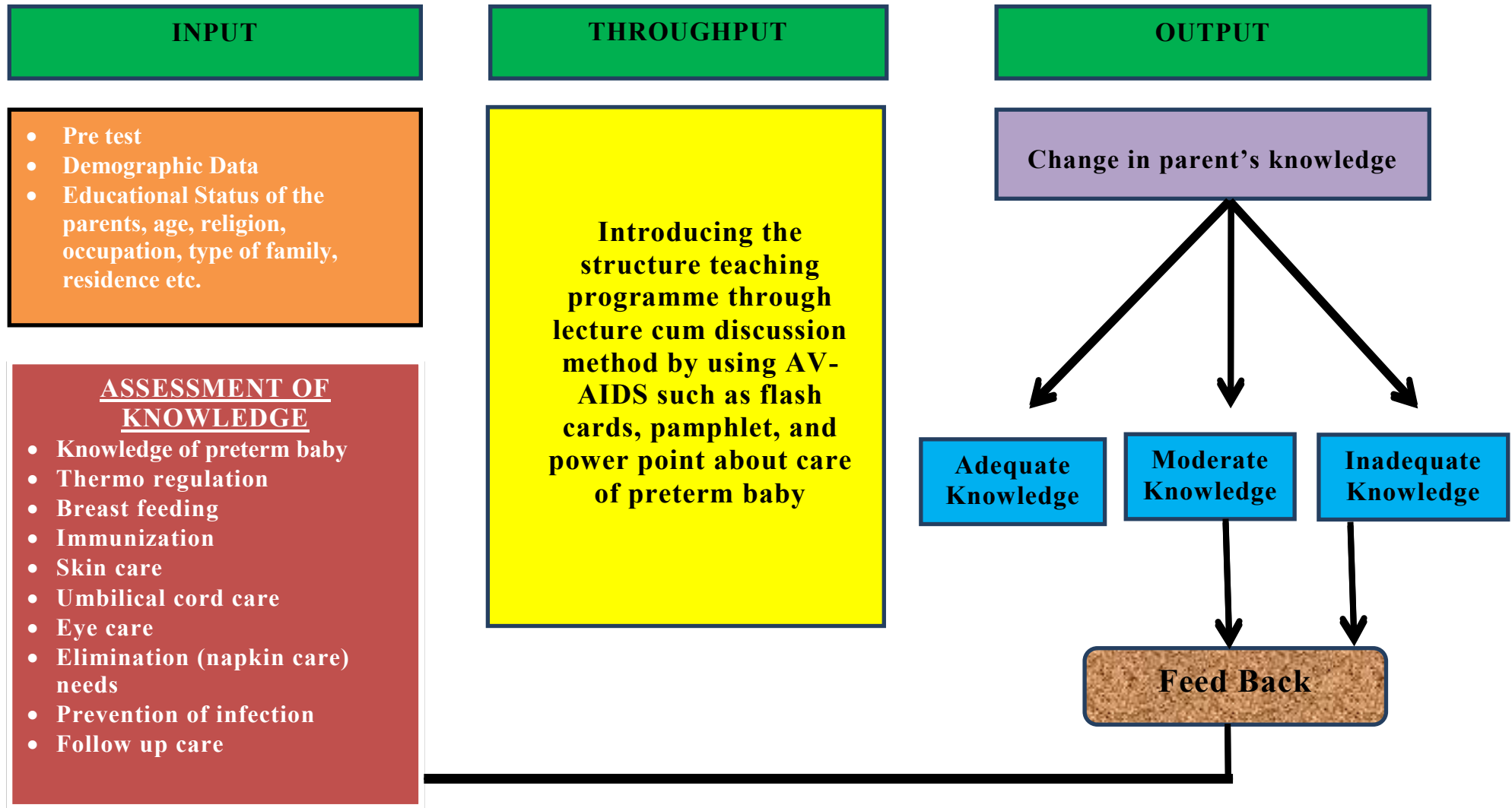
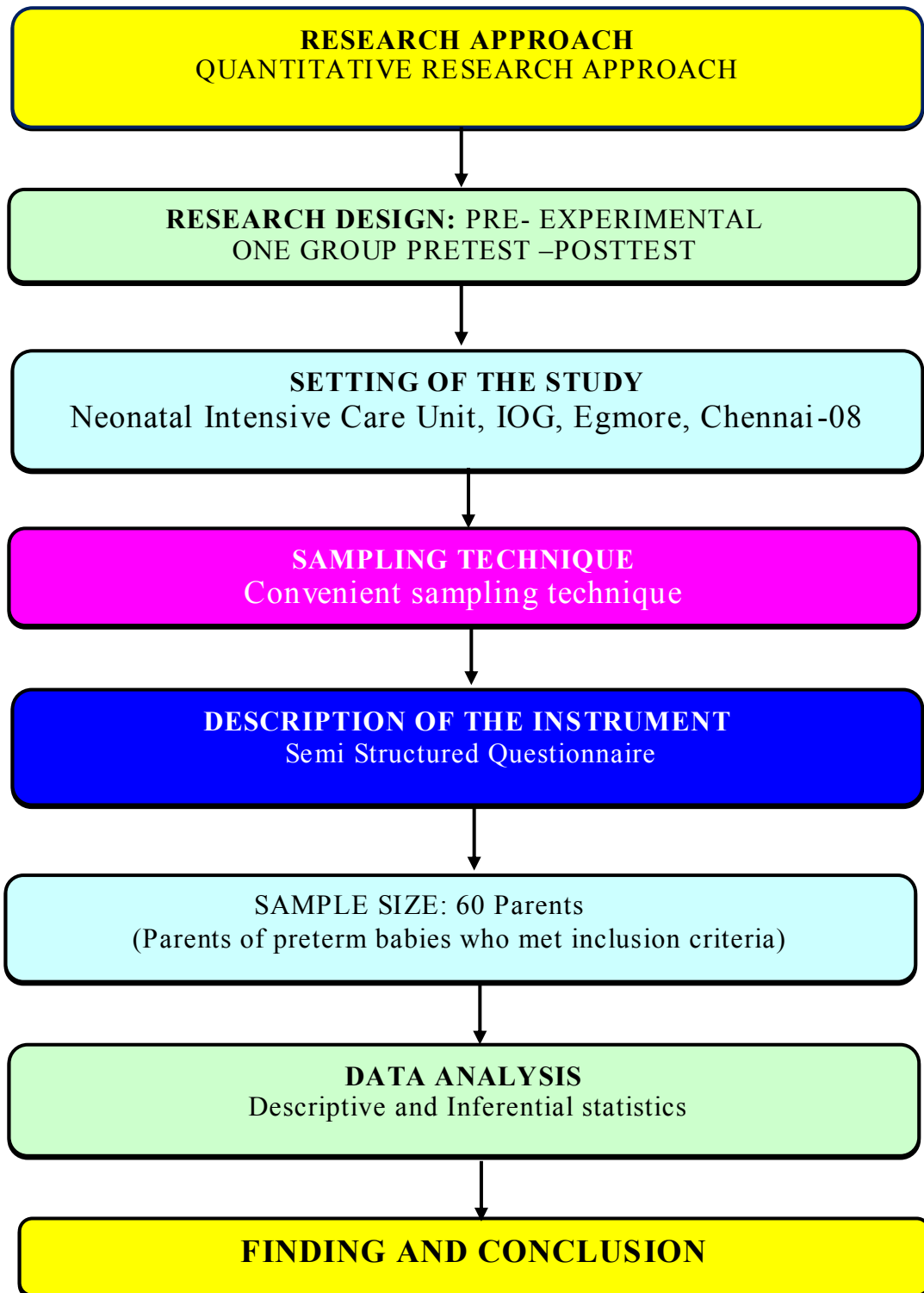


FIGURE-3.1: SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



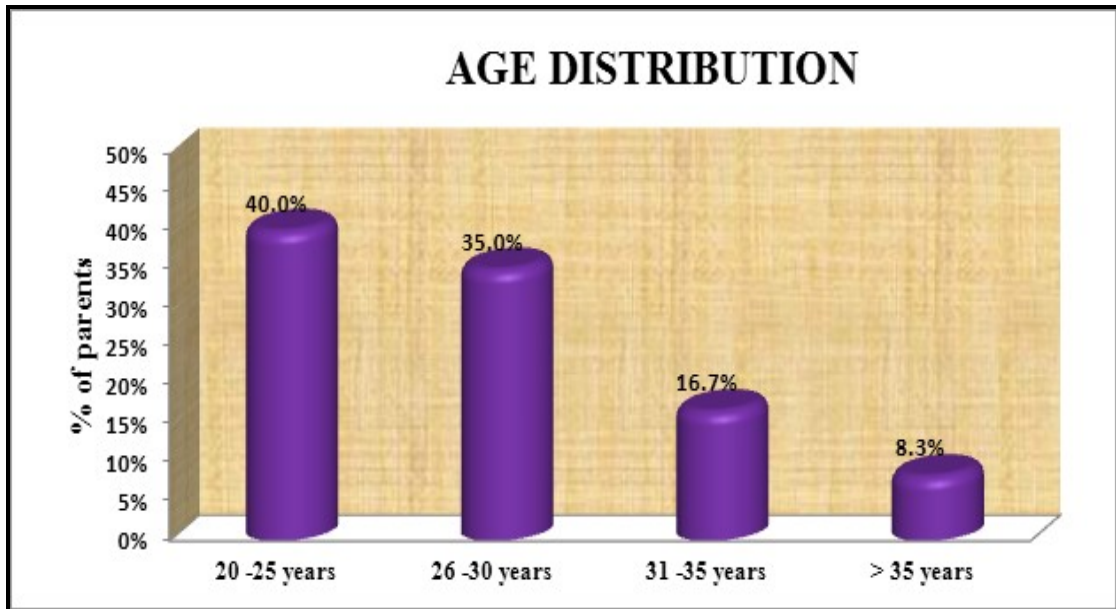


Figure 4.1: Age-wise distribution of the study participants

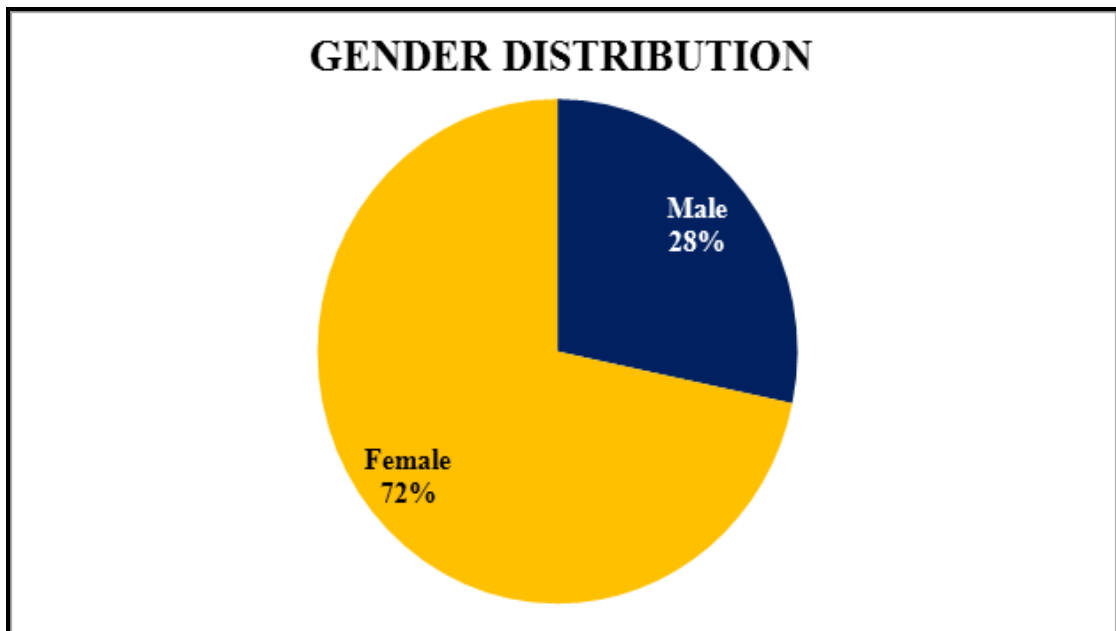


Figure 4.2: Gender wise distribution of the study participants

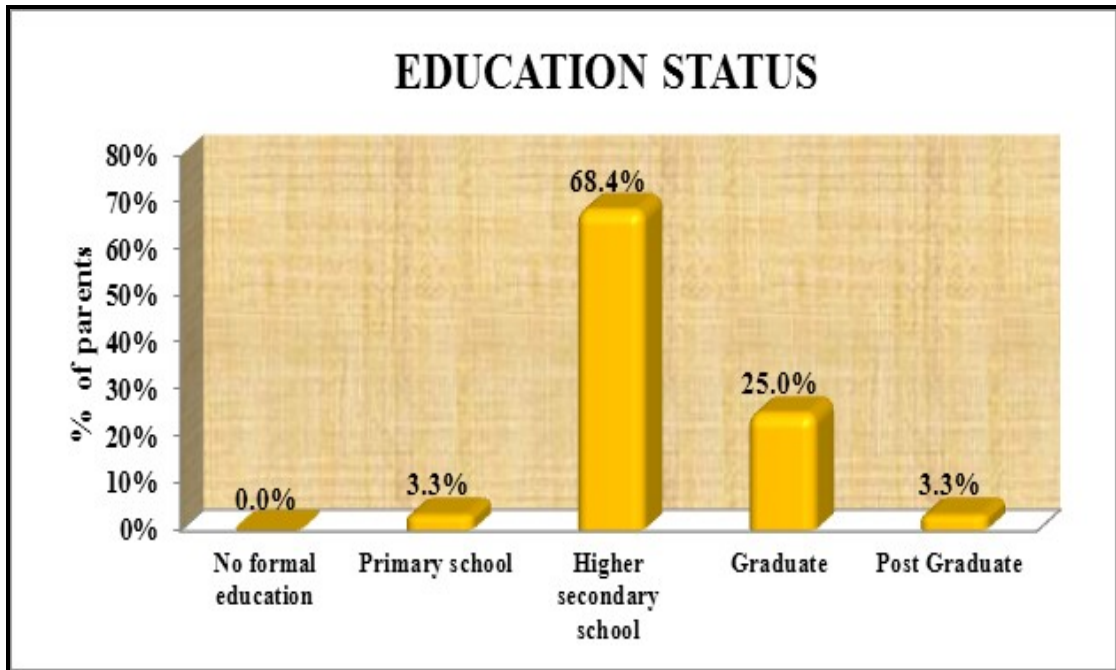


Figure 4.3: Education status-wise distribution of the study participants

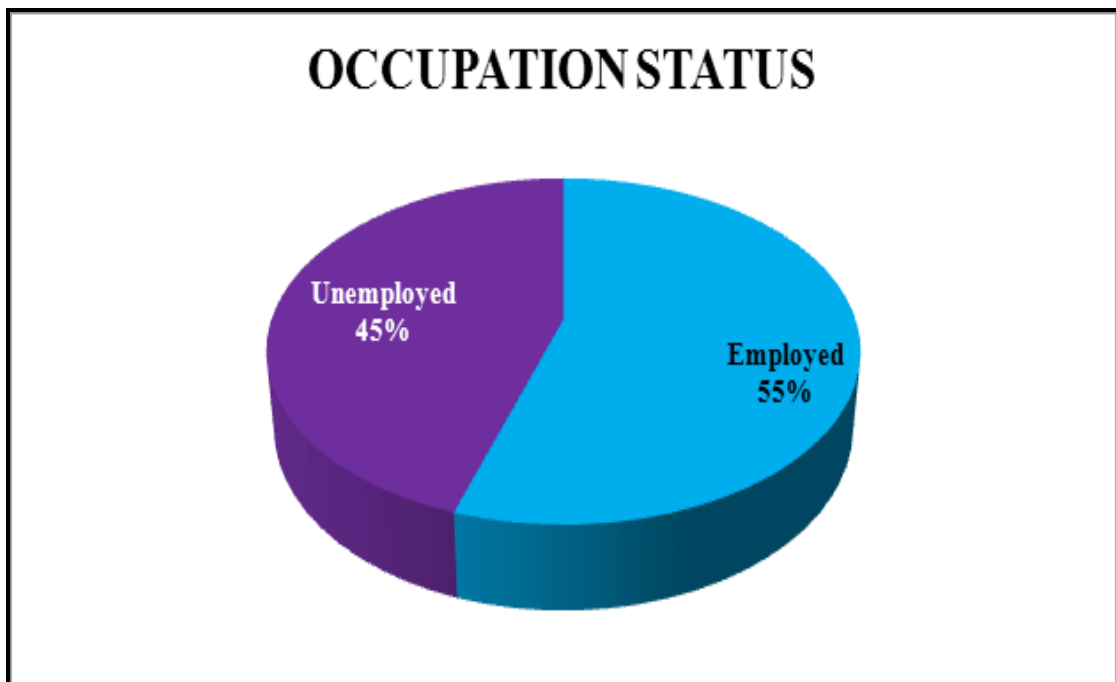


Figure 4.4: Occupation status-wise distribution of the study participants

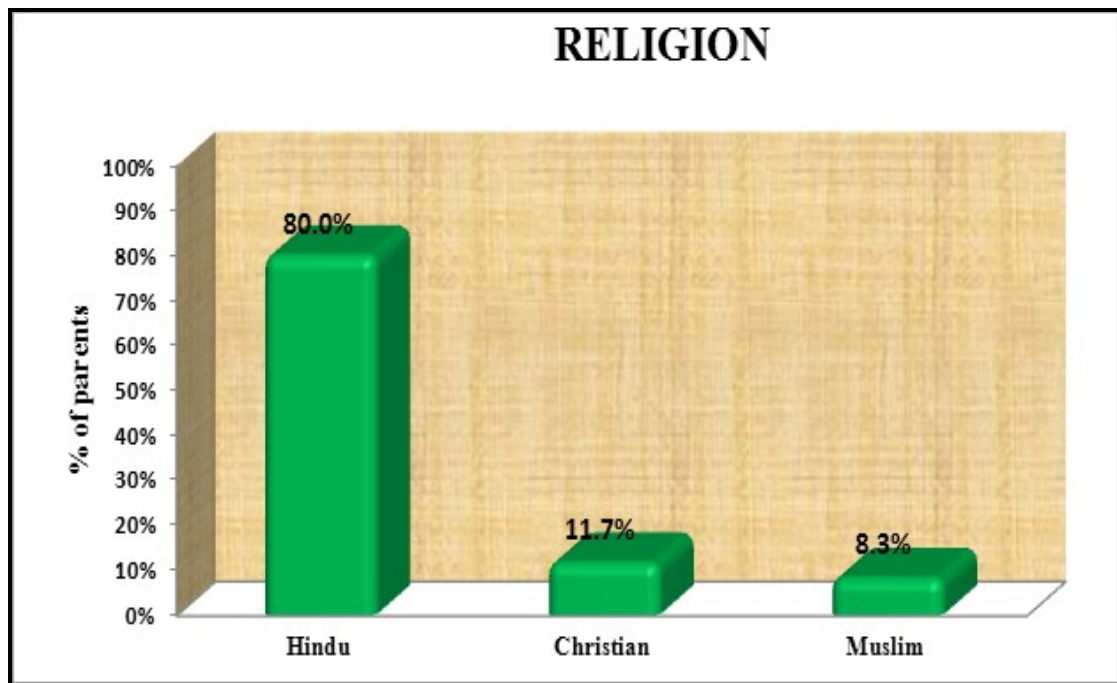


Figure 4.5: Religion-wise distribution of the study participants

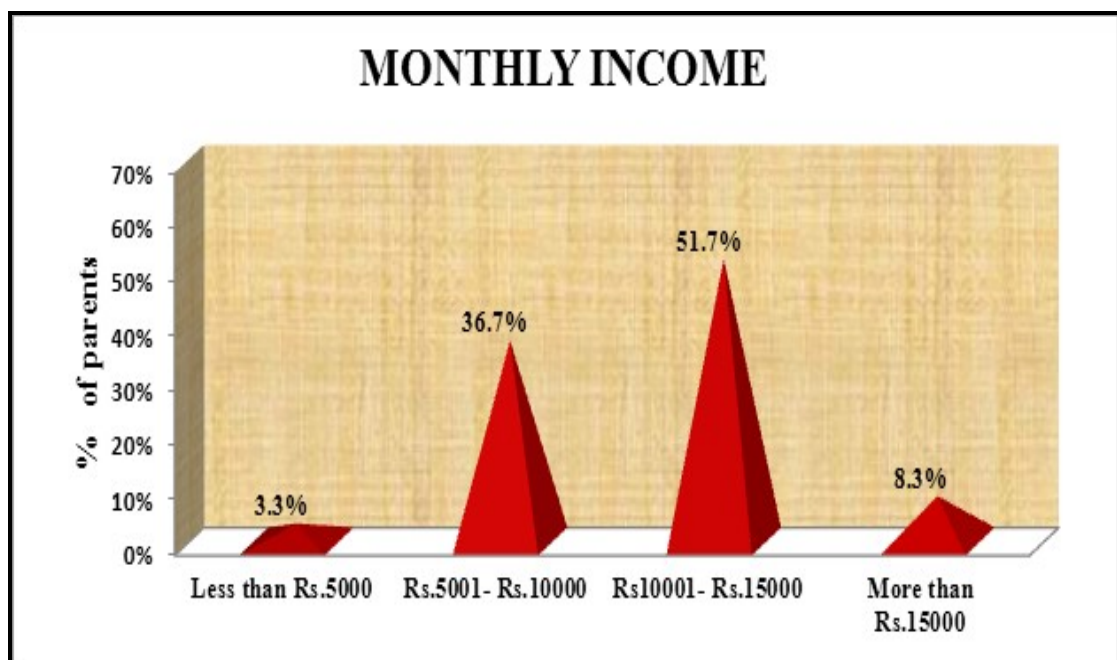


Figure 4.6: Monthly income-wise distribution of the study participants

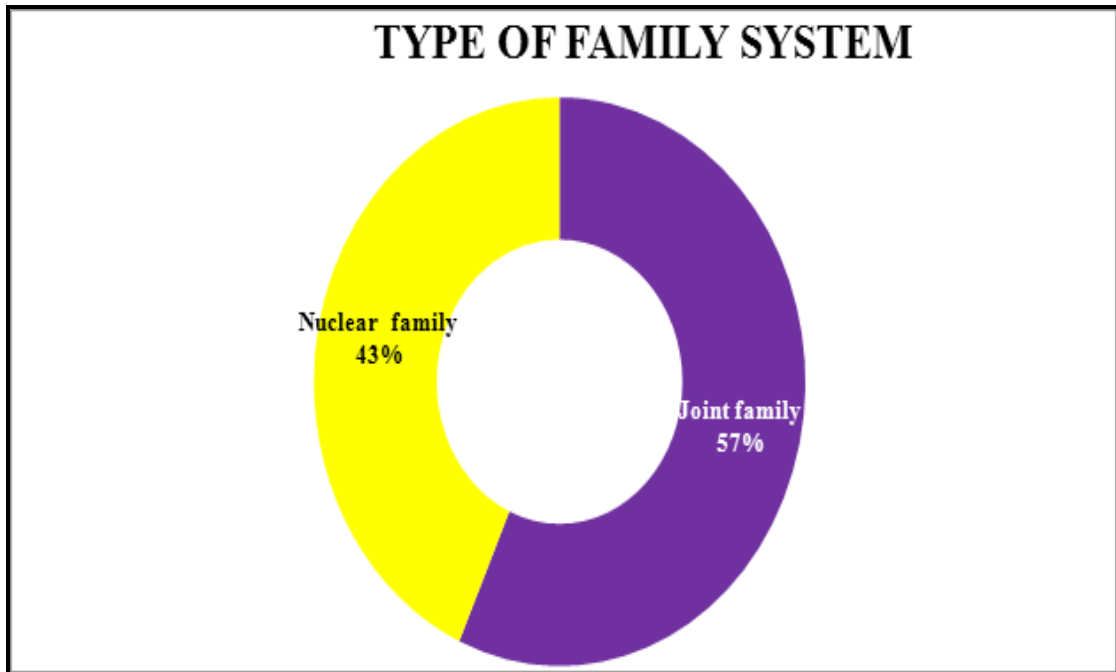


Figure 4.7: Type of family-wise distribution of the study participants

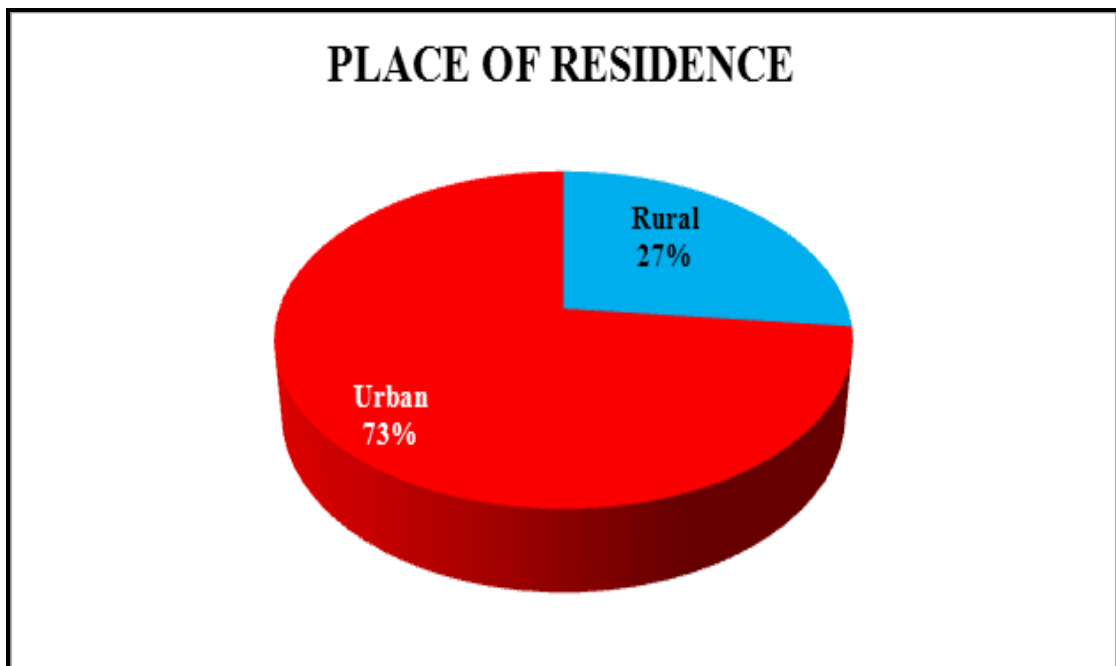


Figure 4.8: Place of residence-wise distribution of the study participants

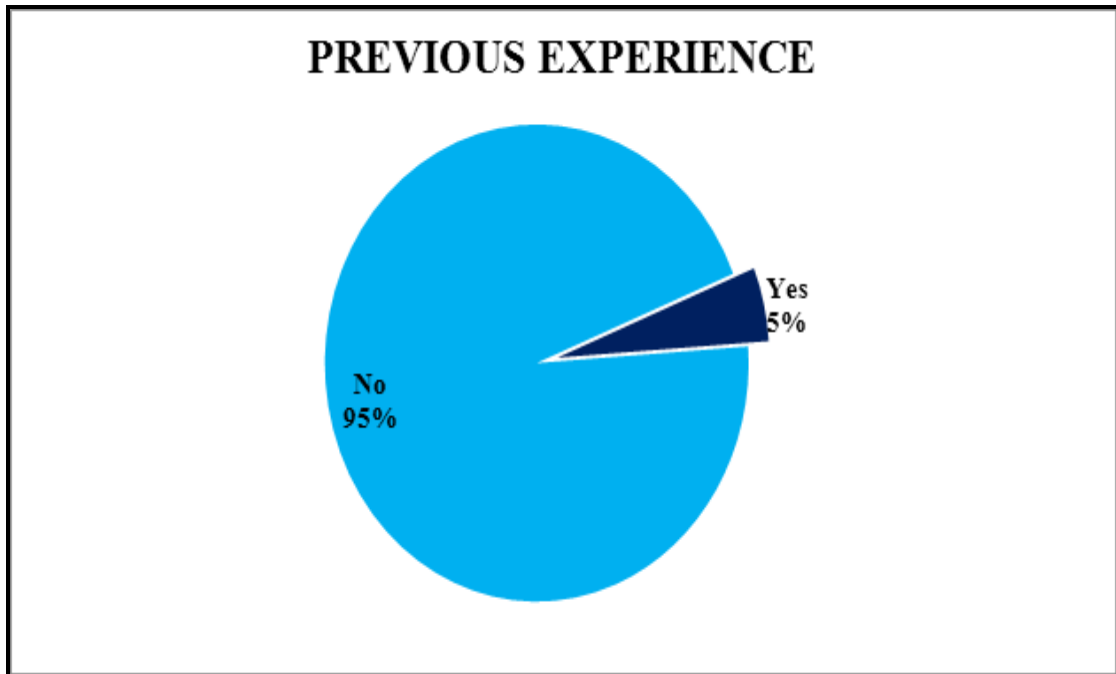


Figure 4.9: Previous experience-wise distribution of the study participants

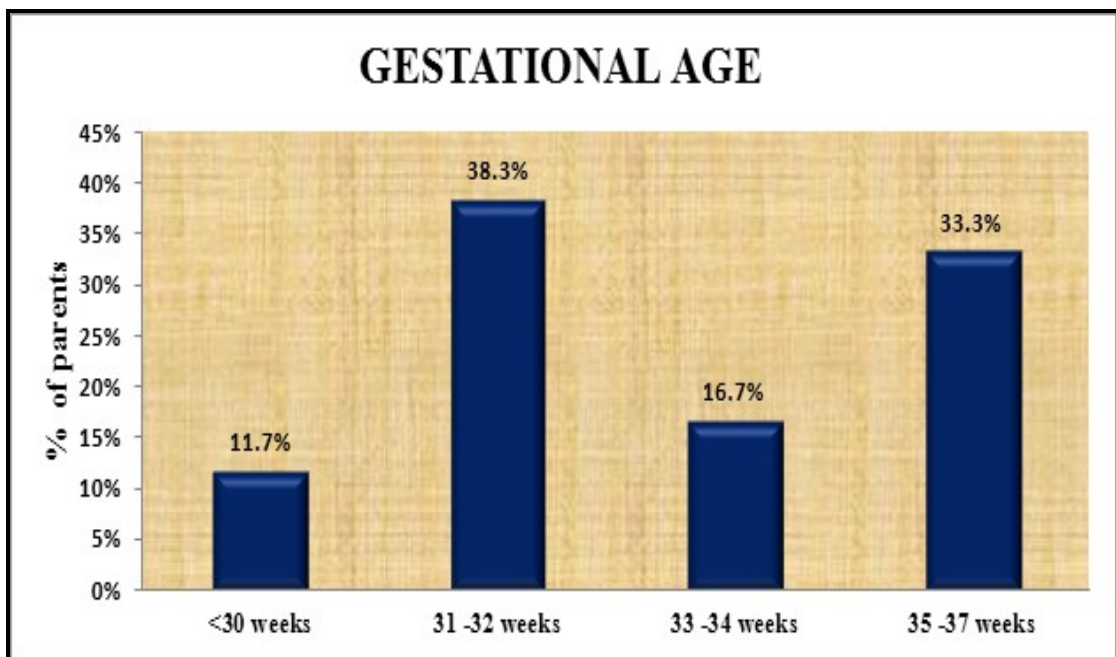


Figure 4.10: Distribution of gestational age of the babies according to the study participant

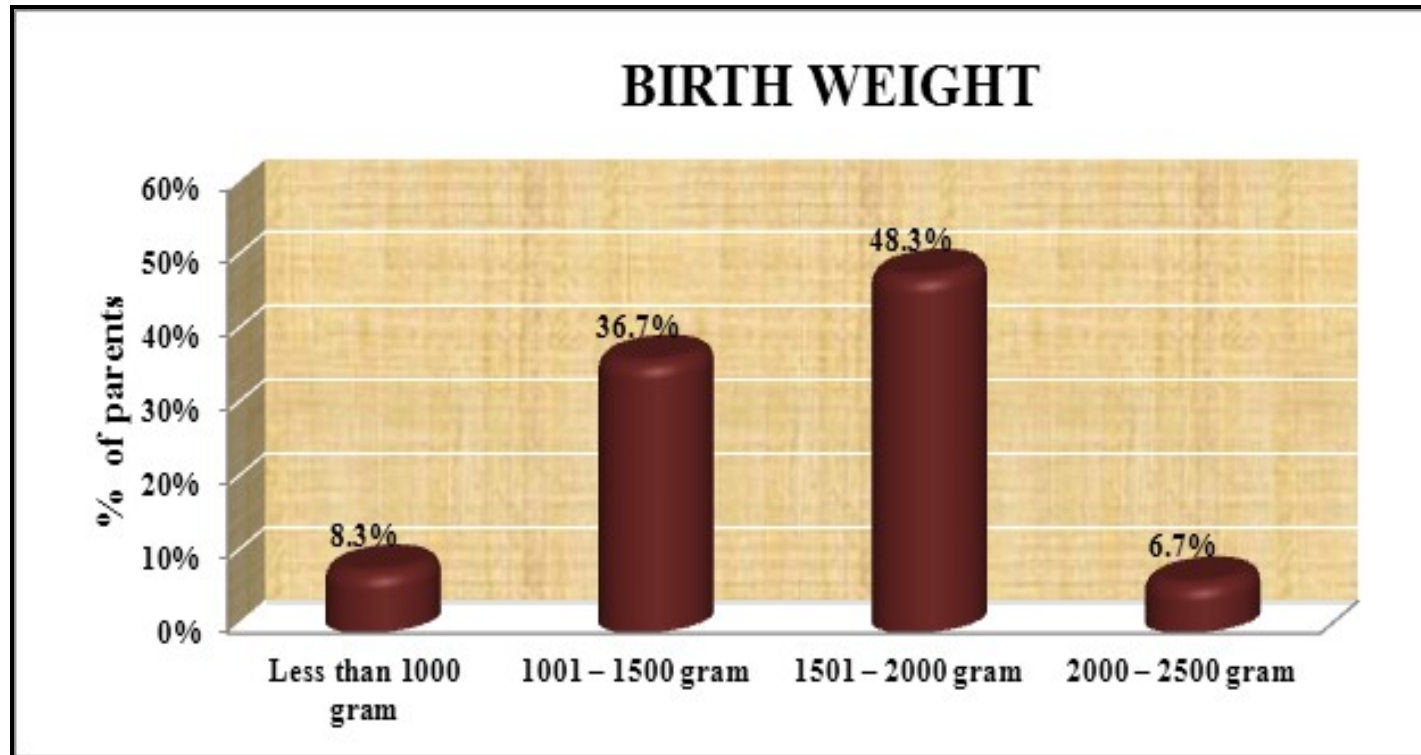


Figure 4.11: Distribution of birth weight of the babies according to the study participants

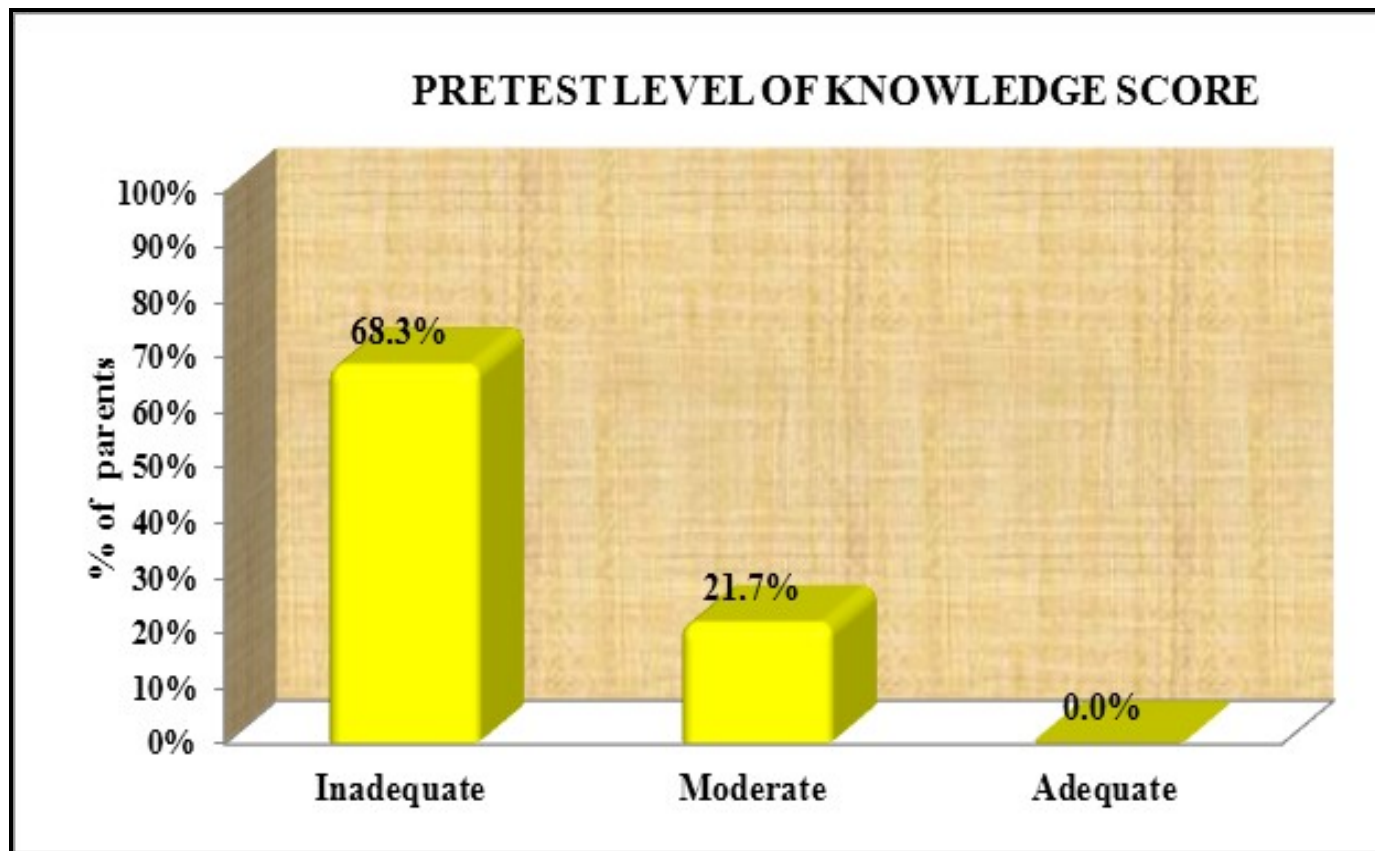


Figure 4.12: Pre-test level of knowledge score

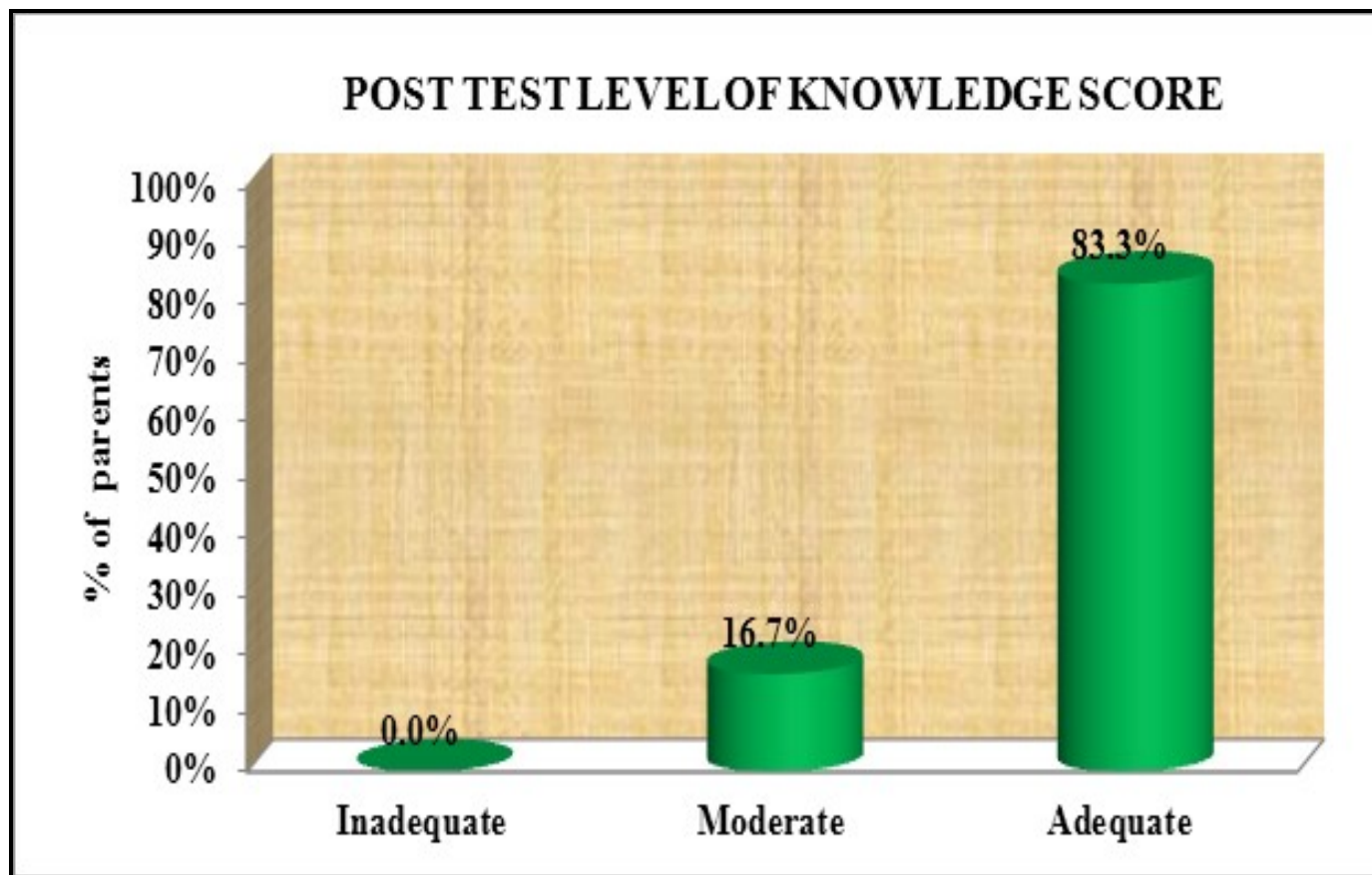


Figure 4.13: Post-test level of knowledge score

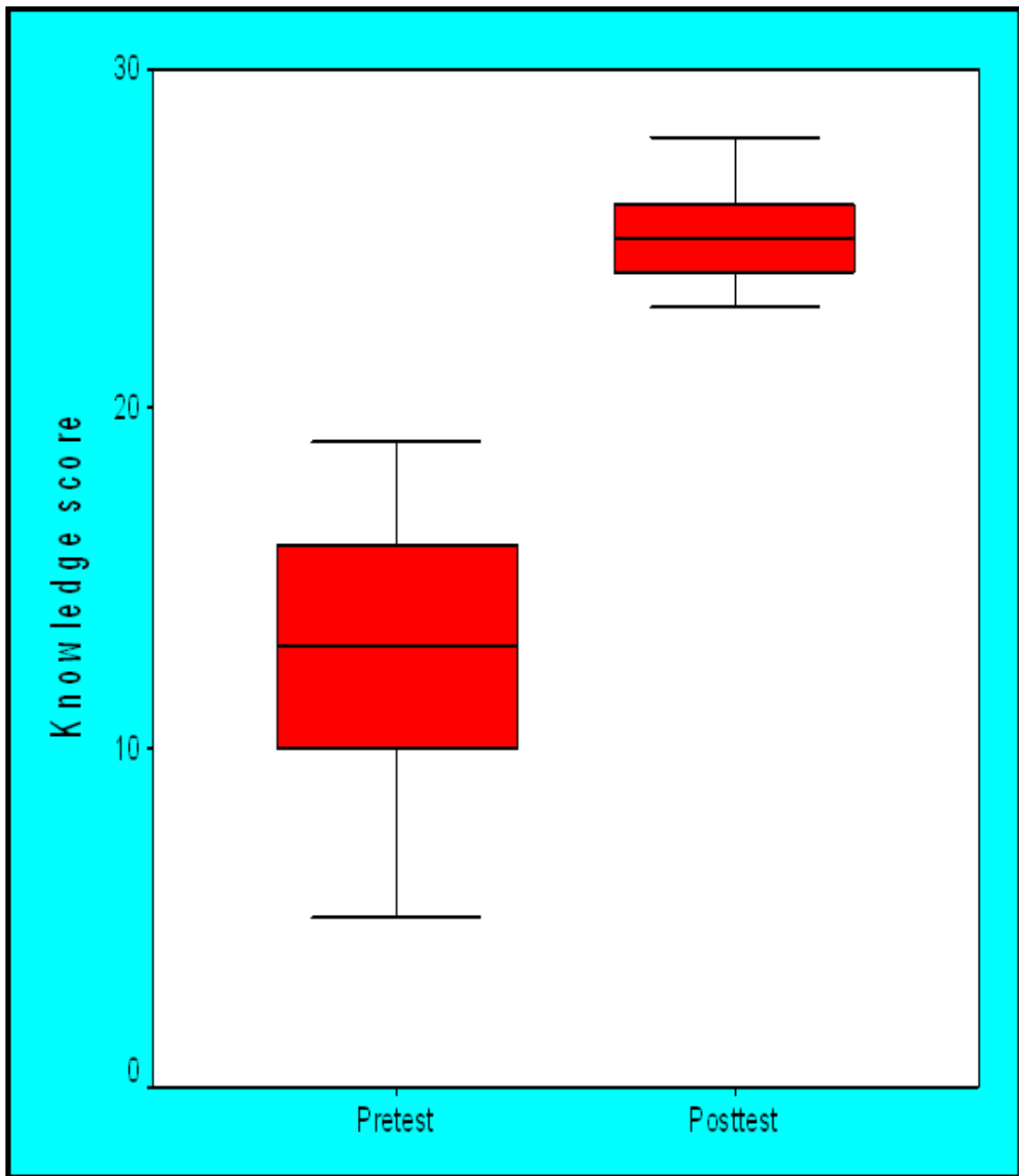


Figure 4.14: Box Plot Compares the parents pretest and posttest knowledge score

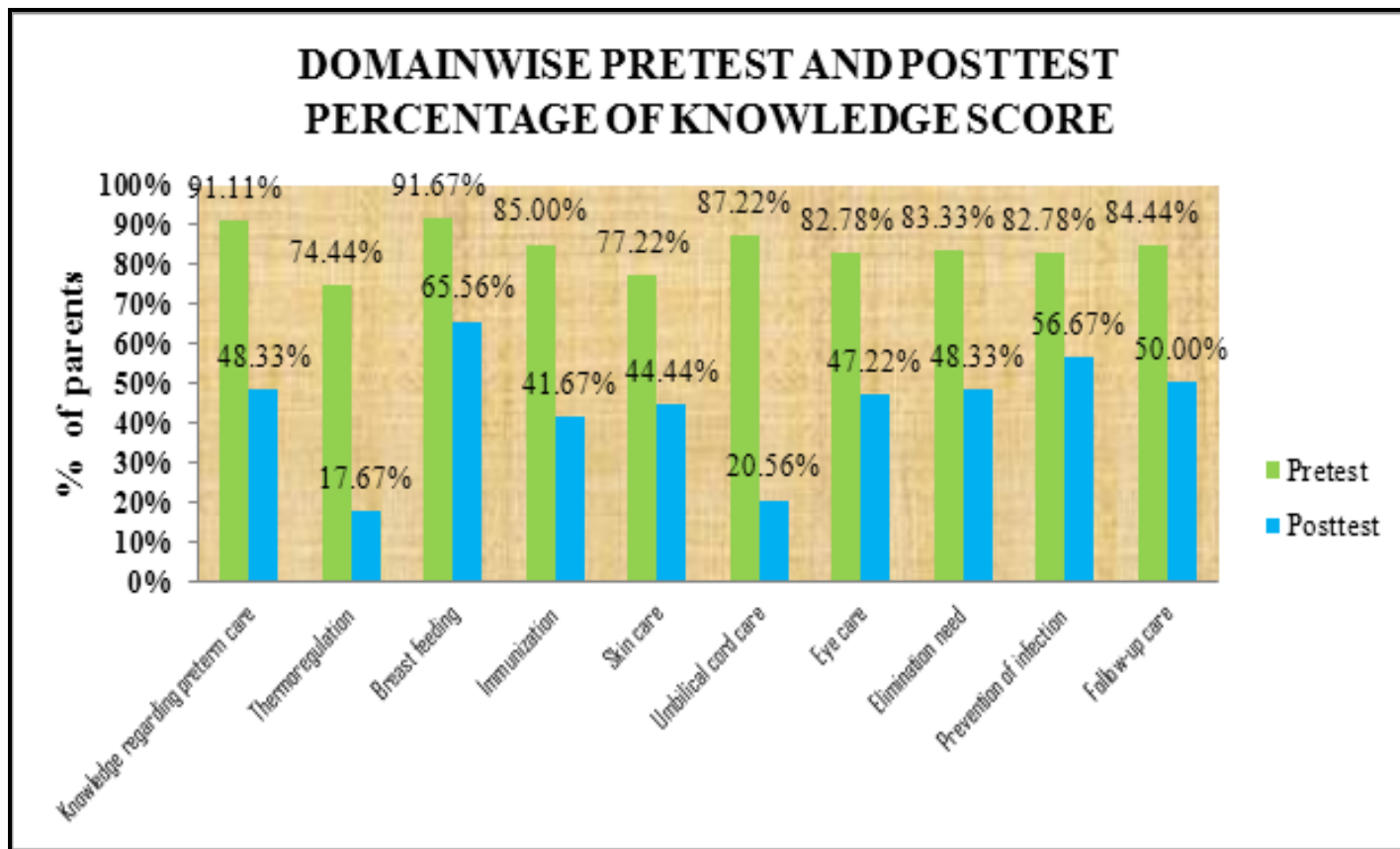


Figure 4.15: Domain wise pretest and posttest percentage of knowledge score

DOMAINWISE PERCENTAGE OF KNOWLEDGE GAIN SCORE

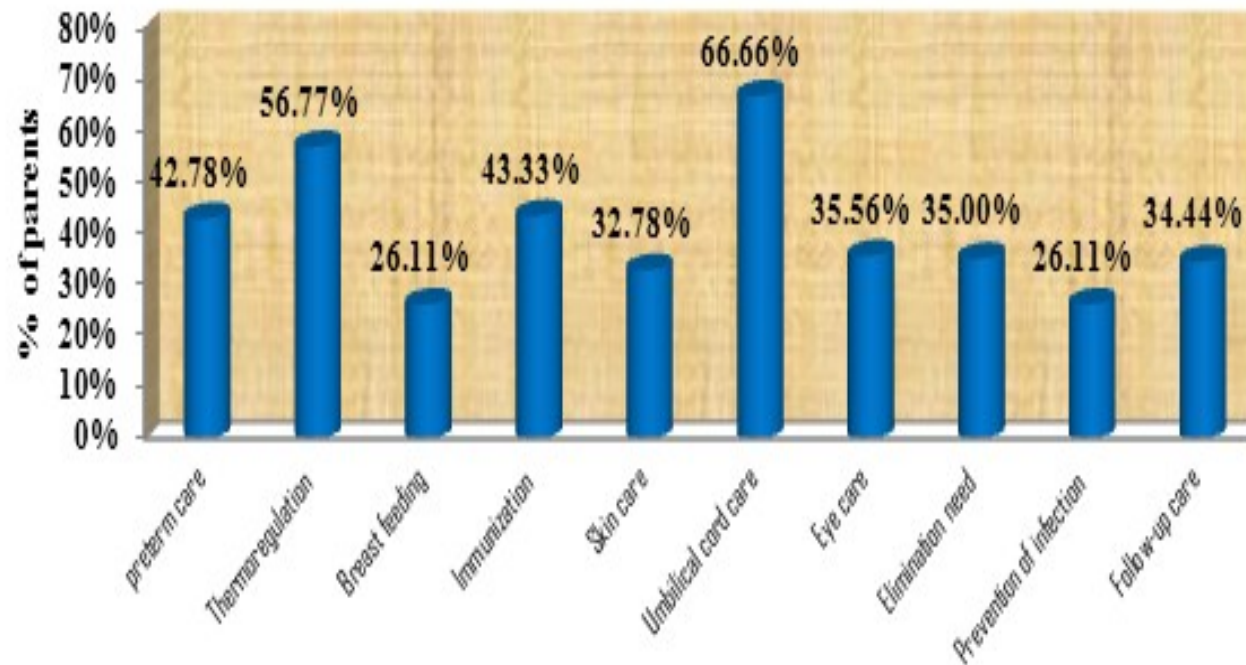


Figure 4.16: Domain percentage of knowledge gain score

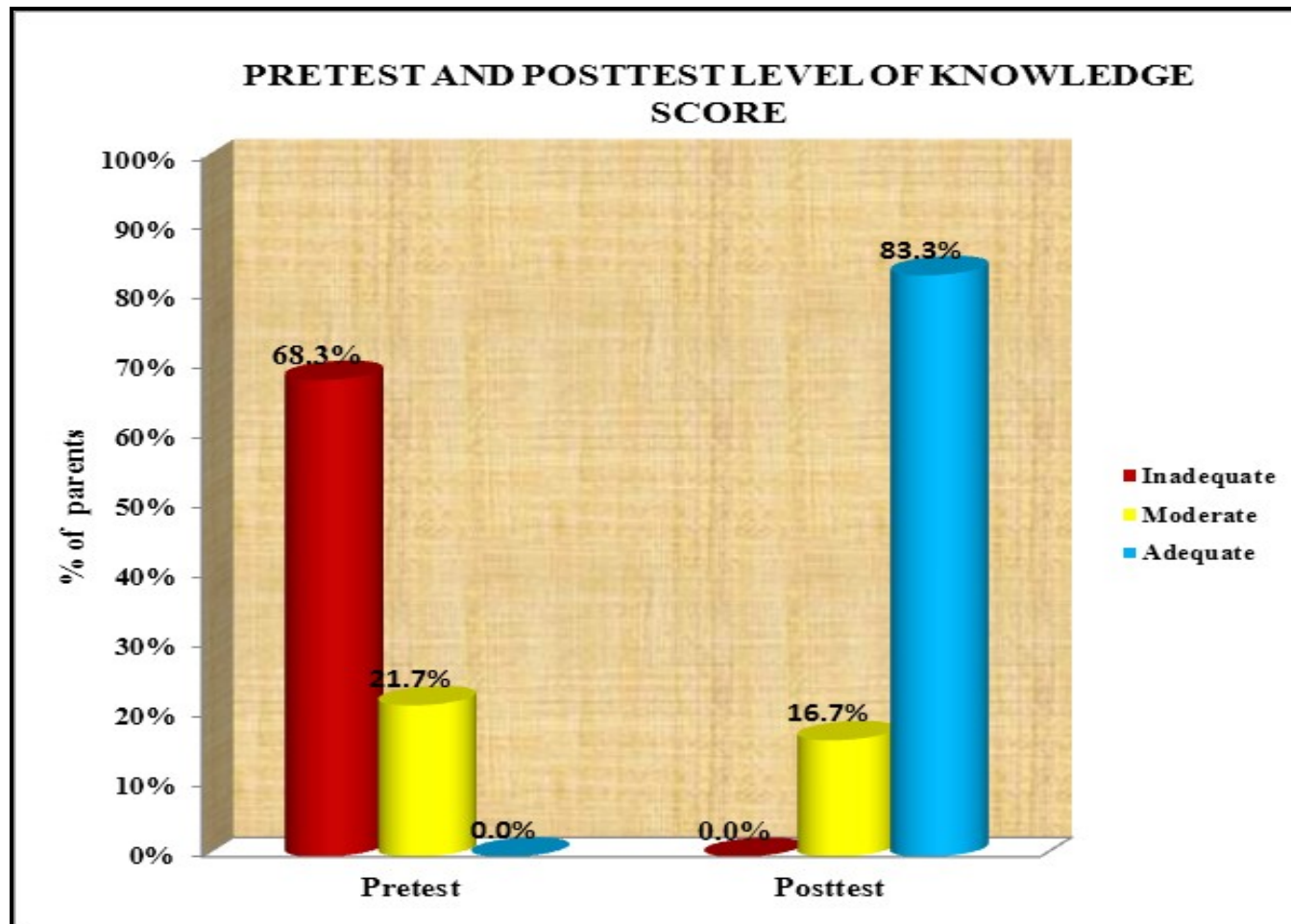


Figure 4.17: Pretest and posttest level of knowledge score

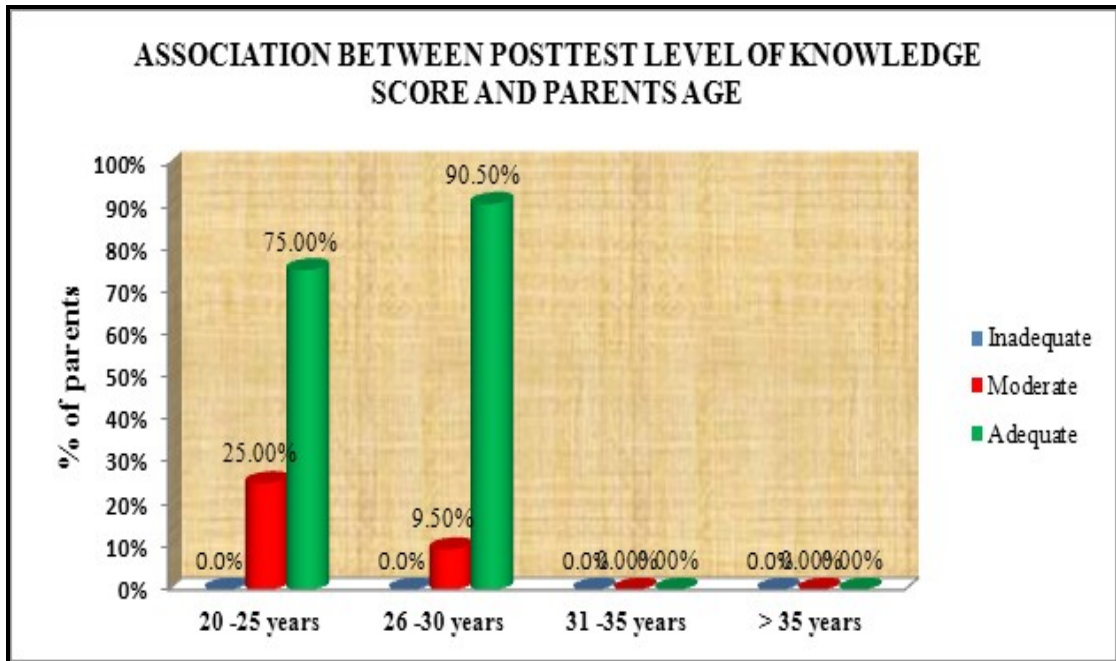


Figure 4.18: Association between posttest level of knowledge score and parents age

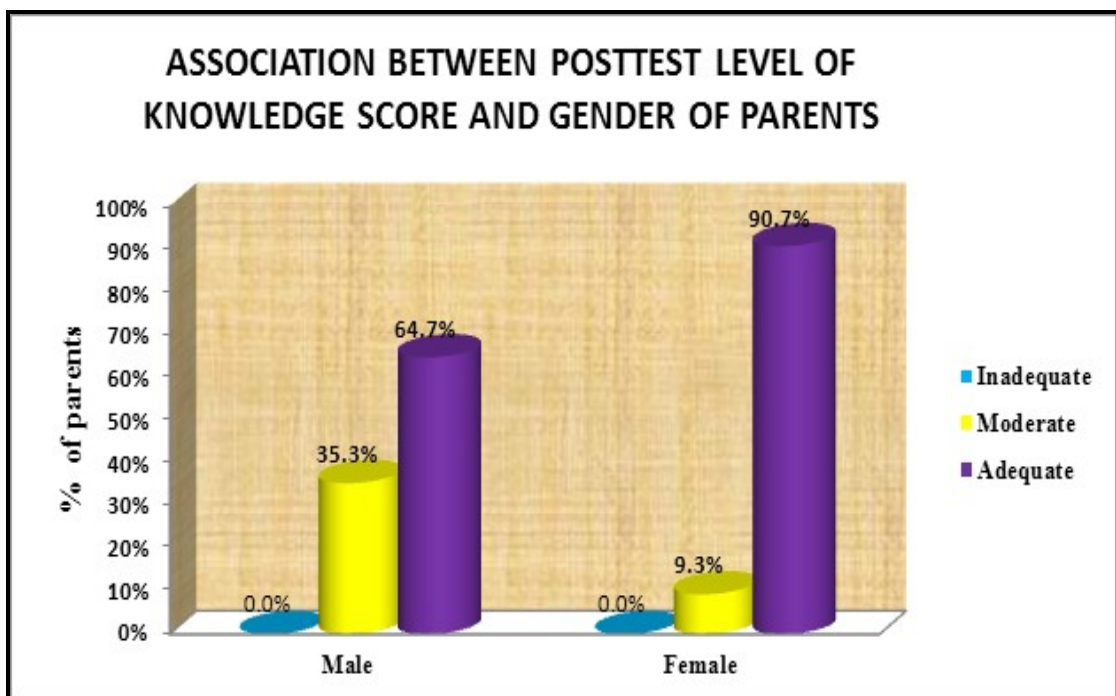


Figure 4.19: Association between posttest level of knowledge score and gender of parents

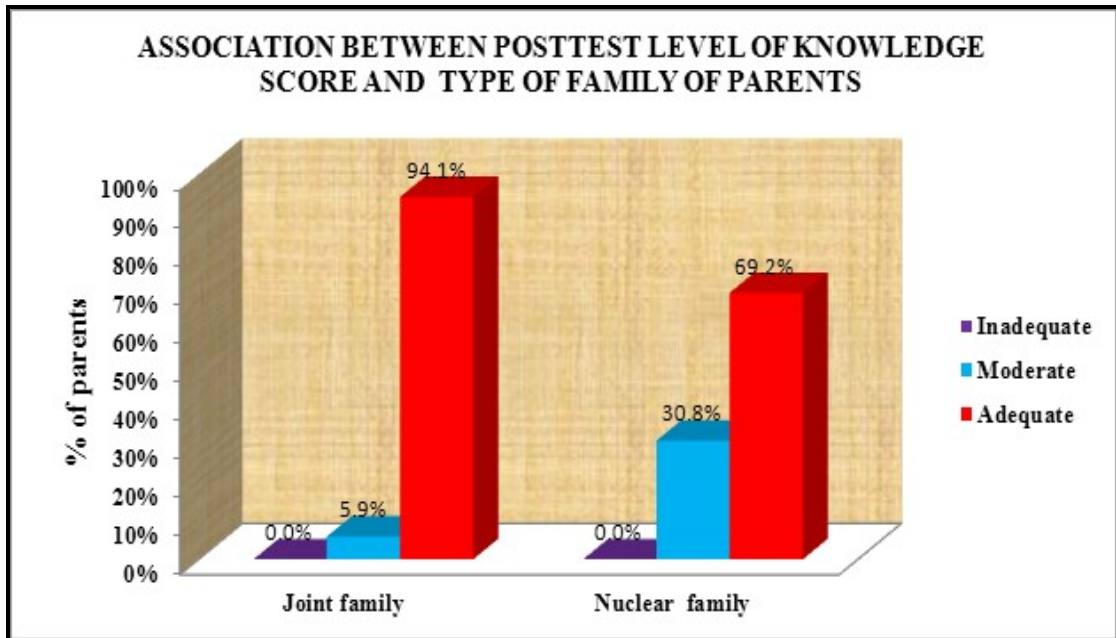


Figure 4.20: Association between posttest level of knowledge score and type family of parents

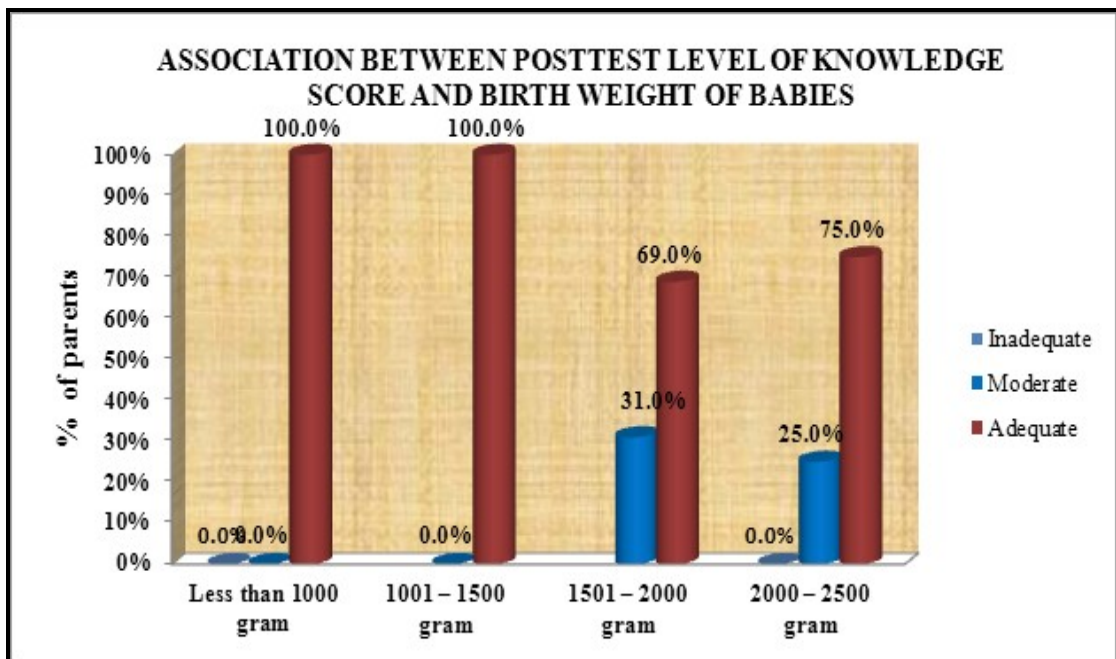


Figure 4.21: Association between posttest level of knowledge score and birth weight of the baby.

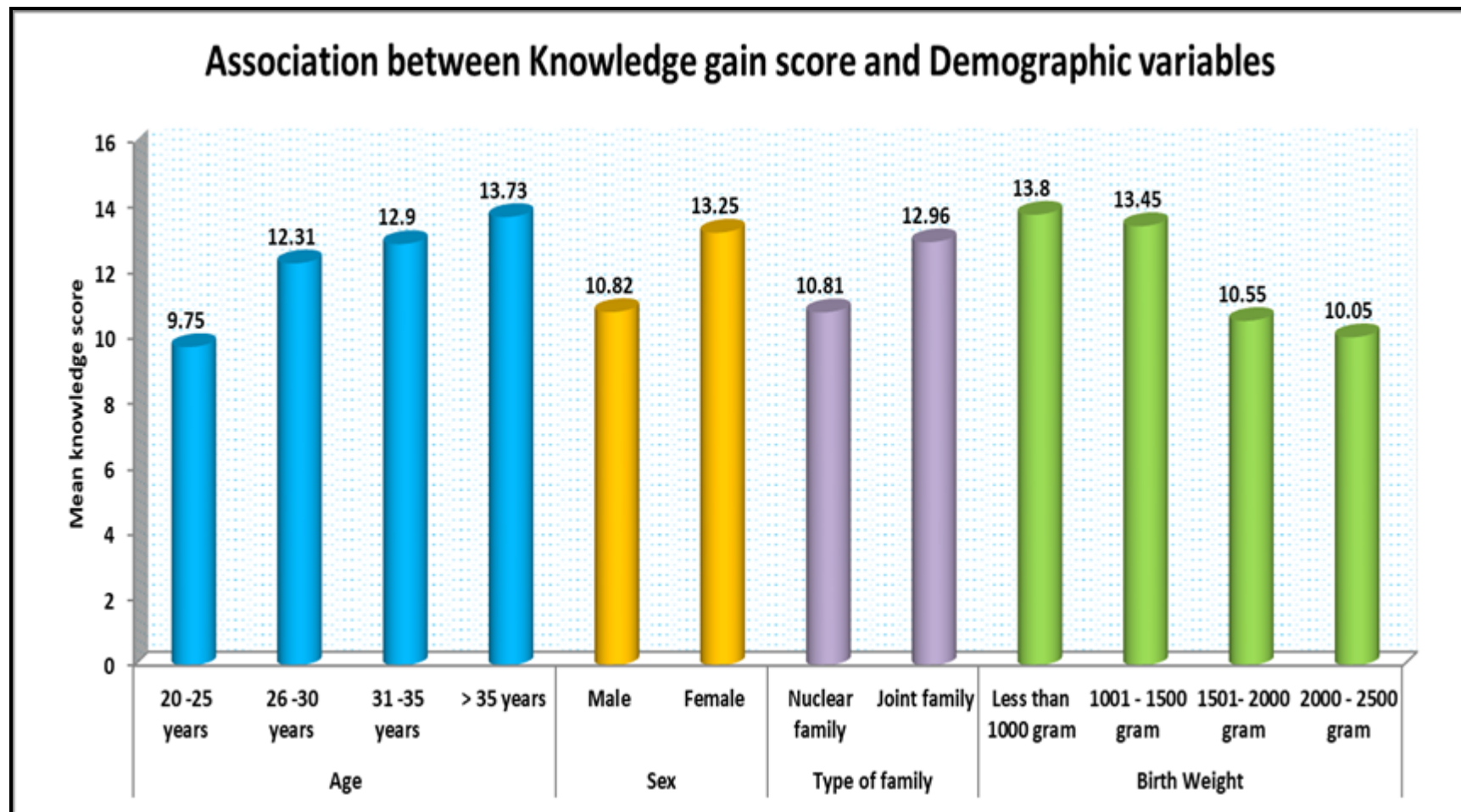


Figure 4.22: Association between knowledge score and demographic variables

வெப்பநிலை பராமரிப்பு:



குறை மாத குழந்தை உடல் வெப்பம் அதிகமாக தலை வழியாக வெளியேறும். குழந்தையை வெதுவெதுப்பான அறையில் நல்ல சுத்தமான துணியால் சுற்றி வைக்கப்பட வேண்டும். தலையை குல்லாய் கொண்டும் கை மற்றும் கால்களை உறைகளாலும் மூடி வைக்க வேண்டும்.



உடல் வெப்ப நிலை குறைந்து போவதற்கான முதல் அறிகுறி குழந்தையின் உடல் பகுதி சூடாகவும், உள்ளங்கால் மற்றும் உள்ளங்கை முதலில் குளிர்ந்தும் அதை தொடர்ந்து நீல நிறமாகும்.

கங்காரு தாய் பராமரிப்பு



தாய் தன் உடலோடு தன் குழந்தையின் உடல் சேர்த்து வெப்ப நிலையை சீராக வைக்கலாம். அதற்கு கங்காரு தாய் பராமரிப்பு முறை என்று பெயர்.

தாய்ப்பால் ஊட்டுதலின் முக்கியத்துவம்:

- > அதிக நோய் எதிர்ப்பு சக்தி மிக்கது
- > அதிக ஊட்டச்சத்து மிக்கது
- > தாய் குழந்தை பாசப்பிணைப்பை அதிகரிக்கும்
- > சுத்தமானது மற்றும் எளிதில் கிடைக்கும்

குழந்தை பிறந்த முதல் 6 மாதத்திற்கு தாய்ப்பால் மட்டும் கொடுக்க வேண்டும். சர்க்கரை தண்ணீர், தேன், கழுதைப்பால் ஆகியவற்றை கண்டிப்பாக கொடுக்கக்கூடாது



தடுப்பூசி போடுதல் :

நோய் வராமல் தடுப்பதே தடுப்பூசி போடுதலின் முக்கியத்துவமாகும்.. குறை மாதகுழந்தை டிஸ்சார்ஜ் ஆகி ஒரு வாரம் கழித்து மருத்துவ ஆலோசனைக்கு வரும்போது மருத்துவரின் பரிந்துரைப்படி தடுப்பூசி போட வேண்டும்.

பிறந்தவுடன்	பி .சி .ஜி போலியோ சொட்டு மஞ்சள்காமாலை B ஊசி
1 ½ மாதம்	பென்டா போலியோ சொட்டு ரோட்டா சொட்டு போலியோ ஊசி
2 ½ மாதம்	பென்டா போலியோ சொட்டு ரோட்டா சொட்டு
3 ½ மாதம்	பென்டா போலியோ சொட்டு ரோட்டா சொட்டு போலியோ ஊசி
9 மாதம்	எம் .ஆர் போலியோ சொட்டு
16-24 மாதம்	டி .பி .டி போலியோ சொட்டு எம் .ஆர்
5-6 வருடம்	டி .பி .டி
10 வருடம்	டி .டி

நோய்த்தொற்று தாக்காமல் தடுக்கல்:



குறைமாத குழந்தைகளின் நோய் எதிர்ப்பு சக்தி குறைவாக இருப்பதால் நோய்த்தொற்று அதிகமாக ஏற்பட வாய்ப்புண்டு. எனவே குறைமாத குழந்தைகளை தொடுவதற்கும், பால் கொடுப்பதற்கும் முன்பு கைகளை சுத்தமாக சோப்பு போட்டு கழுவ வேண்டும். குழந்தைகளை நோய்த்தொற்று உள்ள நபரிடமிருந்து விலக்கி வைப்பதன் மூலம் தொற்று நோய்களிலிருந்து பாதுகாக்கலாம்

குறை மாத குழந்தைகளின் நலம் பேணல்



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சென்னை மருத்துவக்கல்லூரி,
சென்னை - 03.

