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Original Research Article

Awareness and practices regarding post-partum diet among post-natal mothers

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ABSTRACT

Background: Postnatal mothers need about 500 extra calories each day, as well as plenty of protein, calcium and fluids to stay healthy and produce nutritious breast milk. Balanced diet during puerperal period must include lean meats, high-fiber foods, low-fat dairy products and plenty of fresh fruits and vegetables. Therefore, present study aims to assess the knowledge and dietary practices among the women during their puerperal period.

Method: Quantitative descriptive research design was utilized to carry out the study. A sample of women during their puerperal period admitted in district hospital, Tumkur, Karnataka, selected for the study using non probability convenient sampling technique.

Results: Study found that 87% participants had average and poor knowledge while 82% participants had average and poor practices regarding post-partum diet during their puerperal period. Age, educational status, occupational status, monthly income, type of family, obstetrical score, source of information from T.V., book and newspaper were significantly associated with knowledge score. Religion, educational status, occupational status, monthly income, place of residence, source of information from T.V., book, newspaper, friends and relatives were significantly associated with the practice score of the participants. There was significant correlation (r=0.304) found between knowledge and practice score regarding post-partum diet among participants.

Conclusions: Study concluded that there was less knowledge and poor practice among majority of the postnatal mothers regarding post-partum diet. Hence, proper awareness regarding importance of balanced post-partum diet must be given to the post-natal mothers.

Keywords: Post natal mothers, Post partum diet, Puerperal period, Knowledge, Practice

INTRODUCTION

The time period shortly after childbirth is known as the postnatal period. The first six weeks following childbirth are universal across cultures, and the WHO defines the postnatal phase as starting immediately after the infant is born and lasting up to six weeks (42 days) after birth. However, its duration varies depending on culture. The postpartum period is an important time in both mothers' and babies' lives. It is a period of adjusting to parenthood, of the newborn and young infant developing a secure attachment, and of the possibility of developing ties within the family and with the neighbourhood.¹

Both women and children's health, both short- and longterm, are impacted by their dietary intake throughout postnatal period. A postpartum diet that is unhealthy affects the mental and cardiovascular health of women who are of reproductive age.² Additionally, to support the increased nutrient needs for breastfeeding and to lessen postpartum weight retention, optimal food consumption during postpartum is essential.³

To promote ideal maternal health in the short- and longterm, it is crucial to adopt appropriate eating and exercise habits throughout the postpartum period. It has been demonstrated that eating a diet rich in fruit and vegetables and low in fat significantly lowers the risk for many diseases.⁴

Need of the study

"Maternal mortality" refers to the fatalities caused by complications during pregnancy or childbirth. According to UN inter-agency projections, the global maternal mortality ratio (MMR) decreased from 2000 to 2020 by 34%, going from 342 deaths to 223 deaths per 100,000 live births. This corresponds to a drop of 2.1% annually on average.⁵ The registrar general of India (RGI) stated that the MMR has declined from 8.1 in 2015-17 to 7.3 in 2016-18 at the national level.⁶

Due to the negative effects on both mothers and their children, poor maternal nutrition during and throughout pregnancy is a serious public health concern. Increased risk of maternal illness, premature births, and small-for-gestational-age newborns are all linked to maternal malnutrition.⁷ Poor maternal nutrition has a well-established correlation with inadequate nutritional quantity and quality. According to the global burden of disease study, inadequate diets were responsible for 11 million deaths in 2017, more than any other risk factor, including high sodium intake (3 million), a lack of the whole grains (2 million), and a lack of the fruits (1 million).⁸

In India, about 25% of women are overweight or obese, nearly 40% of women between the ages of 15 and 49 are underweight, and more than 50% of women are anaemic.⁹ According to surveys conducted by the national nutrition monitoring bureau (NNMB) in 10 Indian states, the majority of rural diets consist of cereals and millets, and only about half of pregnant women consume enough protein and energy.¹⁰

Researchers planned to perform a study with the goal of evaluating knowledge and dietary practices among women during their puerperal stage based on clinical experience and literature evaluation.

Problem statement

"A descriptive study to assess the knowledge and practices of the post-partum diet among the women during their puerperal period in selected hospitals at Tumkur, Karnataka."

Objective

Objectives were to assess the knowledge and practice level regarding post-partum diet among the women during their puerperal period, to assess the postpartum dietary practices among the women during their puerperal period and to find out the association between the knowledge and practice score of the post-partum diet with their selected demographic variables and to find out the relationship between the knowledge and practices of the post-partum diet among the women during their puerperal period.

Hypothesis

All the hypothesis are tested at the level of p<-0.05. H₁-There is a significant association between knowledge and practice score of the post-partum diet with their selected demographic variables. H₂-There is a significant relationship between the knowledge and practices of the post-partum diet among the women during their puerperal period.

METHODS

The study was of quantitative approach. The study design was descriptive research design. The study conducted from October 2012 to November 2012. The study conducted at govt. hospital Tumkur, Karnataka. The patients involve were the 100 post-natal mothers. Convenient sampling technique was used for the current study.

Inclusion criteria

Hospitalized women during puerperal period in selected hospitals of Tumkur were included in the study.

Exclusion criteria

Hospitalized women with other gynaecological problems were excluded from the study.

Tool

The tool consisted of three sections which are discussed as follows:

Section A

Socio demographic variables consisting of items for obtaining information about the selected factors such as age, religion, educational, occupation, monthly family income, place of residence, type of family, obstetrical score and source of information etc.

Section B

Structured questionnaire of knowledge regarding postpartum diet.

Section C

Practice scale with 21 statements indicating daily routine practices regarding dietary habits.

Validity

The develop tool along with objectives was sent to 8 experts including six nursing personnel from the field of maternal health nursing, one "gynaecologist" and one statistician and their valuable suggestions were incorporated.

Ethical consideration

Ethical clearance was obtained from the institute ethics committee. Written informed consent taken from the subjects. The study participants were assured that the obtained findings would be used for the research purpose only.

Procedure for data collection

Written permission was obtained from the administrative authority of the Institution prior to data collection. The investigator collected data from 100 post-natal mothers during their puerperal period admitted in district hospital, Tumkur, Karnataka. Purpose of study was to assess the knowledge and the practice level regarding post-partum diet.

The confidentiality was assured. A questionnaire method used for assessing knowledge and practice level. The average time taken to assess each participant was 30 min.

Investigator terminated data collection process by thanking respondent for their co-operation and the participation.

Frequency, percentage and chi square test was used to taste the hypothesis of the study.

RESULTS

According to Table 1, out of 100 participants, 43% respondents were in 20-25 years age group, 28% were in 25-30 years, 18% were in <20 years and 11% were in >30 years age group. According to religion 56% were Hindu 34% were Muslim and 10% were Christian, 38% participants had primary education, 22% were illiterate, 16% had high school education, 15% had higher secondary education and 8% had graduation, 47% participants were unemployed, 17% were private employee, 21% were labourer as well as the 15% had self-occupation. The 73% participants had monthly income of 5001-10000/-Rs., 21% had monthly income of 1001-5000/-Rs. as well as the 6 % had monthly income of >10000/-Rs. The 72% participants were living in urban areas while 28% were living in rural areas. 48% participants belonged to the nuclear family, 37% belonged to the joint family and 15% belonged to the extended family. The 71% participants were multiparous while 29% were primiparous. According to source of information, 79% got information from their relatives, 71% from friends, 66% from television, 52% from book, 56% from newspaper and 45% from radio.

Table 2 revealed that, 52% women had poor knowledge and score between 1-10, 35 percentages women had average knowledge and score between 11-20 and only 13% women had good knowledge and score between 21-30 regarding post-natal diet during their puerperal period. Mean knowledge score of the participants was 11.60±7.056.

Table 3 revealed that 27% women had poor practices and score between 1-7, 55% women had average practices and score between 8-14 and only 18% women had good practices and score between 15-21 regarding post-natal diet during their puerperal period. Mean practice score of the participants was 10.37 ± 3.484 .

Table 4 showed that there is a moderately positive correlation (r=0.304) between knowledge and practice scores of post-partum diet among women during their puerperal period.

According to Table 5, the association found between knowledge of post-natal diet among post-natal mothers with selected socio demographic variables like age (χ^2 =16.21), educational status (χ^2 =42.75), occupational status (χ^2 =18.33), place of residence (χ^2 =9.49) and source of information from T.V. (χ^2 =7.33), book (χ^2 =16.27), newspaper (χ^2 =15.65). There is no significant association between Knowledge score and selected demographic variable like religion (χ^2 =8.96), monthly income (χ^2 =3.99), type of family (χ^2 =7.48), obstetrical score (χ^2 =3.86) and source of information: newspaper (χ^2 =4.62), friends (χ^2 =0.15), and relatives (χ^2 =0.31).

According to the Table 6, the association found between practice score of post-natal diet among post-natal mothers with the selected socio-demographic variables like religion (χ^2 =29.03), educational status (χ^2 =33.02), occupational status (χ^2 =39.77), monthly family income (χ^2 =16.39), place of residence (χ^2 =6.37), source of information from T.V. (χ^2 =6.04), book (χ^2 =7.01), newspaper (χ^2 =6.33), and the relatives (χ^2 =4.75). There was no significant association found between practice score or the selected demographic variables like age (χ^2 =4.00), type of the family (χ^2 =5.87), obstetrical score (χ^2 value-.63), source of the information: radio (χ^2 =4.33) as well asfriends (χ^2 =3.69).

On the basis of result from Table 5 and 6, study confirms that there is significant association between the knowledge and practices score of the post-partum diet among the women during their puerperal period with majority of socio demographic variables, hence hypothesis H_1 and H_2 is partially accepted.

Table 1: Distribution of sample according to socio demographic variables, (n=100).

Demographic variables	N	Percentages (%)
Age (In years)		
<20	18	18
21-25	43	43
26-30	28	28
>30	11	11
Religion		
Hindu	56	56
Christian	10	10
Muslim	34	34
Education		
Illiterate	22	22
Primary education	38	38
High school	16	16
Higher secondary education	15	15
Graduation	08	8
Post graduation	01	1
Occupation		
Unemployed	47	47
Govt. employee	00	00
Private employee	17	17
Labourer	21	21
Self	15	15
Monthly family income		
<1000Rs./-per month	00	00
1001-5000Rs./-per month	21	21
5001-10000Rs./-per month	73	73
>10000Rs./-per month	06	06
Place of residence		
Urban	72	72
Rural	28	28
Type of family		
Nuclear family	48	48
Joint family	37	37
Extended family	15	15
Obstetrical score		
Primiparous	29	29
Multiparous	71	71
Source of information		
Radio	45	45
Television	66	66
Book	52	52
Newspaper	56	56
Friends	71	71
Relatives	79	79

Table 2: Analysis of level of the knowledge of post-natal mother regarding post-natal diet, (n=100, maximum score-30).

Level of knowledge	Category	Respondent	S	Mean	SD
		Ν	%		
Poor knowledge	Score 1-10	52	52		
Average knowledge	Score 11-20	35	35	11.60	7.056
Good knowledge	Score 21-30	13	13		

Table 3: Analysis of the practice score of post-natal mother regarding post-natal diet, (n=100, maximum score 21).

Level of practice	Category	Respondents	5	Mean	SD
		Ν	%		
Poor practice	Score 1-7	27	27		
Average practice	Score 07-14	55	55	10.37	3.484
Good practice	Score 15-21	18	18		

Table 4: Correlation between knowledge and practices of post-natal dietamong women during their puerperal period, (n=100).

Voriables	Max. score	Respondents					
variables		Mean	SD				
Knowledge	30	11.60	7.056				
Practices	21	10.37	3.484				
Correlation		0.304					

Table 5: Association between knowledge score of post-natal diet of women during puerperal period with their selected socio demographic variables.

Dama sugarkia uguiaklas	NT	Knowledge score			Df	·· ² ····] ····
Demographic variables	N	Poor	Average	Good	DI	χ ⁻ value
<20	18	10	08	00		
21-25	43	26	14	03	6	16 21 8
25-30	28	12	11	05	0	10.21 5
>30	11	04	02	05		
Religion						
Hindu	56	24	22	07		8.96NS
Christian	10	04	02	04	4	
Muslim	34	21	11	02		
Education						
Illiterate	22	14	08	00		
Primary education	38	22	15	01		42.75 S
High school	16	07	06	03	10	
Higher secondary	15	09	04	02	10	
Graduation	08	00	02	06		
Post graduation	01	00	00	01		
Occupation						
Unemployed	47	29	17	01		
Govt. employee	00	00	00	00		
Private employee	17	02	06	09	8	18.33 S
Labourer	21	13	07	01		
Self	15	08	05	02		
Monthly family income						
<1000Rs./per month	00	00	00	00		
1001-5000Rs./per month	21	04	12	05	6	2 00 NS
5001-10000Rs./per month	73	46	21	06	0	5.99 INS
>10000Rs./per month	06	02	02	02		
Place of residence						
Urban	72	33	28	11	2	0.40 \$
Rural	28	19	07	02	2	9.49 3
Type of family						
Nuclear family	48	31	15	02		
Joint family	37	13	18	06	4	7.48 NS
Extended family	15	08	02	05		
Obstetrical score						
Primiparous	29	21	07	01	2	3.86 NS

Continued.

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Domographic verichles	N	Knowlee	lge score	Df	w ² wolno	
Demographic variables	IN	Poor	Average	Good	DI	χ ⁻ value
Multiparous	71	31	28	12		
Source of information						
Dadia	45	23	13	09	2	7.33 S
Kaulo	55	29	22	04	2	
Television	66	28	27	11	2	16.2 S
relevision	34	24	08	02	2	
D 1	52	17	25	10	2	15.65 S
DOOK	48	35	10	03	2	
Newsponer	56	20	24	12	2	4.62 NS
Newspaper	44	32	11	01	2	
Friends	71	38	27	06	2	0.15 NS
	29	14	08	07	2	
Relatives	79	41	27	11	2	0.31 NS
	21	11	08	02	2	

Table 6: Association between practice score of post-natal diet of women during puerperal period with their selected socio demographic variables.

Demographic variables N Poor Average Good Dr χ^* value Age (In years)	Denserall's secolation	NT	Practice score			DC	~ ² ~ ~ h ~ ~
Age (In years) <20	Demographic variables	N	Poor	Average	Good	DI	χ value
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Age (In years)						
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	<20	18	07	08	03		
26-252808130764.00 hs>3011020702ReligionHindu56083711Christian10010306429.03 S	21-25	43	10	27	06	6	4.00 NG
>3011020702ReligionHindu56083711Christian100103064	26-25	28	08	13	07	0	4.00 NS
Religion Hindu 56 08 37 11 Christian 10 01 03 06 4 29.03 S	>30	11	02	07	02		
Hindu56083711Christian10010306429.03 S	Religion						
Christian 10 01 03 06 4 29.03 S	Hindu	56	08	37	11		
	Christian	10	01	03	06	4	29.03 S
Muslim 34 18 15 01	Muslim	34	18	15	01		
Education	Education						
Illiterate 22 07 14 01	Illiterate	22	07	14	01		
Primary education 38 14 23 01	Primary education	38	14	23	01		33.02 S
High school 16 03 09 04 10 22 02 S	High school	16	03	09	04	10	
Higher secondary 15 03 06 06 10 33.02 S	Higher secondary	15	03	06	06	10	
Graduation 08 00 03 05	Graduation	08	00	03	05		
Post graduation 01 00 00 01	Post graduation	01	00	00	01		
Occupation	Occupation						
Unemployed 47 19 27 01	Unemployed	47	19	27	01		
Govt. employee 00 00 00 00	Govt. employee	00	00	00	00		
Private employee 17 01 04 12 8 39.77 S	Private employee	17	01	04	12	8	39.77 S
Labourer 21 05 13 03	Labourer	21	05	13	03		
Self 15 02 11 02	Self	15	02	11	02		
Monthly family income	Monthly family income						
<1000Rs./per month 00 00 00 00	<1000Rs./per month	00	00	00	00		
1001-5000Rs./per month 21 09 09 03	1001-5000Rs./per month	21	09	09	03	6	16 20 8
5001-10000Rs./per month 73 18 43 12 0 10.59 S	5001-10000Rs./per month	73	18	43	12	0	10.39 5
>10000Rs./per month 06 00 03 03	>10000Rs./per month	06	00	03	03		
Place of residence	Place of residence						
Urban 72 16 38 17 2 6 27 S	Urban	72	16	38	17	2	6 27 8
Rural 28 11 16 01 2 0.57 5	Rural	28	11	16	01	2	0.37 3
Type of family	Type of family						
Nuclear family 48 17 25 06	Nuclear family	48	17	25	06		
Joint family 37 06 22 09 4 5.87 NS	Joint family	37	06	22	09	4	5.87 NS
Extended family 15 04 08 03	Extended family	15	04	08	03		
Obstetrical score	Obstetrical score						
Primiparous 29 09 16 04 2 0.63 NS	Primiparous	29	09	16	04	2	0.63 NS

Continued.

Domographic veriables	N	Practice	score	Df	w ² walno	
Demographic variables	1	Poor	Average	Good		L value
Multiparous	71	18	39	14		
Source of information						
Radio	45	12	21	12	C	4 22 NG
	55	15	34	06	2	4.55 INS
Television	66	15	39	16	2	6.04 S
relevision	34	12	16	02		
Pool	52	18	22	12	2	7.01 S
DOOK	48	09	33	06	2	
Newsponer	32	13	28	15	2	6.33 S
Newspaper	68	14	27	03	2	
Friends	71	18	42	11	2	3.69 NS
	29	09	13	07	2	
Relatives	79	18	48	13	2	4.75 S
	21	09	07	05	2	

DISCUSSION

The present study has been undertaken to assess the knowledge of post-natal diet among women during their puerperal period

Study found that mean knowledge score of the participants regarding post-natal diet was 11.60 ± 7.056 . The 52% participants had poor knowledge, 35% had average knowledge score and only 13% participants had good knowledge score regarding post-natal diet during their puerperal period. Gomase et al also revealed that 53% women were having average level of knowledge about food practices among postnatal mothers.¹¹ Wagh revealed a contradictory finding that 74% samples had good knowledge score, 20% had average knowledge score and 6% had poor knowledge score regarding postnatal diet among postnatal mothers. Javed et al also found that 76.67% mothers had poor knowledge score regarding postnatal diet among postnatal mothers.^{12,13}

Our Study also revealed that mean practice score of the participants regarding post-natal diet was 10.37±3.484. 55% participants had average practice score, 27% had poor practices and 18% participants had good practice score regarding post-natal diet during their puerperal period. Rajani revealed approximately similar findings in both aspects, 39.4% had inadequate knowledge, 48.8% had moderately adequate knowledge, 11.9% had adequate knowledge.¹⁴ The 51.2% had poor expressed practice, 46.9% had average expressed practice, 1.9% had good expressed practice. Review conducted by Pandey et al on knowledge and practice regarding postnatal diet among postnatal mothers also revealed similar findings.¹⁵ Our study shows that there is a moderately positive relationship between knowledge and practices scores regarding postpartum diet among women during their puerperal period with the obtained (r) value is 0.304. Rajani and Pandey et al also found similar findings of correlation between knowledge and practices scores regarding post-partum diet.14,15 Yogita and Chaturvedi also revealed similar correlation while conducting research on knowledge and practice among mothers about diarrhea management.¹⁶ While Rajani found that there was no significant correlation between knowledge and expressed practice regarding postnatal diet among postnatal mothers.¹⁴

Our study revealed significant association between socio demographic variables of the participants like age, educational status, occupational status, place of residence and source of information from T.V., book, newspaper with knowledge score about post-partum diet. There was significant association between religion, educational status, occupational status, monthly family income, place of residence, source of information from T.V., book, newspaper, and relatives with practice score about postpartum diet. Oli et al found age, religion, monthly income, occupation was associated KAP scores regarding diet among mothers.¹⁷ John et al found that age and education of the post-natal mothers was associated with the dietary intake of the green leafy vegetables. Contradictory findings about no association of knowledge and practice regarding post-partum diet was revealed by Gomase et al, Wagh and Javed et al.¹¹⁻¹³

Limitation

Study limited to the postnatal mothers only. Standard tool was not used and no open-ended questions were asked.

CONCLUSION

Study revealed that there was less knowledge and poor practice among majority of the postnatal mothers regarding post-partum diet. Improper and inadequate postpartum diet may lead to adverse health outcomes in both mother and newborn. Our study also confirmed that educational status was associated with both knowledge and practice score of the participants regarding postpartum diet during puerperium. Hence, proper awareness regarding importance of balanced post-partum diet must be given to the post-natal mothers. Funding: No funding sources Conflict of interest: None declared Ethical approval: The study was approved by the Institutional Ethics Committee

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