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An RCT on comparative impact of the two training strategies on the status of maternity preparedness among primigravida women in PGIMER, Chandigarh

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Abstract

1) To compare the impact of the two training strategies (5 contacts) on the status of maternity care preparedness among primigravida women in the study population
2) To ascertain the feasibility of operating a maternity care room in Gyne/Obst OPD of a tertiary care hospital of north India.

Research Design: A two group randomized controlled trial design was used.

Research Setting: Out Patient Department, Antenatal Clinic, Labour Room, Postnatal Wards.

Target population and Study Unit: Primigravida mothers

Visit 1. Topics covered in Training Package - I (13-20 weeks of gestation) Minor disorders during pregnancy, Warning signals during pregnancy, Self care during pregnancy. Training package (TP1) Group B received manual as well as counseling & Group A received only manual for self reading.
Visit 2. Topics covered in Training Package 2 (30-32 weeks of gestation) Anatomy & Physiology of labor, what to do during labor, warning signals during labor, self-care during pregnancy and labor.
Visit 3. Topics of Training Package 2 were repeated.
Visit 4. Topics covered in Training package 3 (on the first day after delivery)

1. Anatomy & Physiology of breast, self care of mothers during puerperium, care of the baby

   Warning signals for mothers and babies.

Visit 5. Follow-up (6 weeks after delivery):

Schedule for collection of data pertaining to outcome variables

Visit 1	Initial Assessment + TP_1	13-20 weeks
Visit 2	Follow-up 1 + TP_2	30-32 weeks
Visit 3	Follow-up 2 + TP_2-R	On the day of admission in labor room
Visit 4	Follow-up 3 + TP3	On the first day after delivery
Visit 5	Follow-up 4 (Observation)	6 weeks after delivery

Analysis: using percentage, range, mean and standard deviation summarized the data. The finding of the study was presented in the form of contingency tables, bar/ pie

Results: The total mean (±SD) scores for cases (counseling and manual group) were 8.48(±2.82) and 35.01(±4.14) for first and second visits of the respondents to the hospital (schedule 2a - assessment of knowledge and practices related to common problems in pregnancy for cases only) respectively. The visit scores of schedule 2a for cases (counseling and manual group) increased by a mean value of 26.53 (with its 95% C.I: -27.38 to -25.68) from visit 1 to visit 2 among cases. This jump in visit scores was highly significant for cases (p-value <0.0001).
Similarly, controls (manual alone group) also showed a mean rise of 19.20 (with 95% C.I.: -20.13 to -18.27) in scores from visit 1 to visit 2 of schedule 2a. This was again a highly significant difference (p-value <0.0001). The total mean (±SD) scores for controls were 9.82±3.31 and 29.02±4.25 for first and second visits of schedule 2a respectively.
Total scores for cases (counseling and manual group) increased significantly from 9.30±2.09 on visit 1 of schedule 2b to 23.61±1.85 of visit 2 of schedule 2b. The mean difference of -14.30 score between visit 1 & visit 2 was statistically significant (with 95% C.I: -14.81 to -13.80; p-value <0.0001).
On visit 4, 40.6% women did not know when the first feed should be given to the baby, while 11.2% told that it should be given immediately after birth, 18.2% mentioned that after 2-3 hours, 16.1% as told by doctor/nurse, 3.5% after 4 hours, 2.8% after 6 days and only 0.7% responded as told by doctor/nurse, 3.5% after 4 hours, 2.8% after 6 days and only 0.7% responded 'depend on baby condition'. After teaching, there was improvement of the knowledge; on visit 5th (at 6 weeks after birth) in both groups i.e. cases 82.7% responded "immediate after birth and control (manual only) 79.7% while 14.8% responded after 2 Hours. (Table-145)

Conclusion: Most of these symptoms can be managed by women themselves without any medicine if they are aware how to deal with them. The present study demonstrated successfully that the pregnant women can easily be trained to manage these symptoms themselves. On the bases of it counseling room set for regular counseling.

Biography

Avinash Kaur Rana has completed her Ph.D at the age of 54+ years from Post Graduate Institute of Medical Education and Research, Chandigarh, INDIA . She is working as a Lecturer in National Institute of Nursing Education, Post Graduate Institute of Medical Education and Research, Chandigarh, INDIA. Awarded WHO Fellowship from 18th July -12th Aug. 2005 and attended Course on Community Health care and Research at Khon Koen University, Thailand. Under GFATM project organized twenty seven workshops on “HIV/AIDS and Anti retroviral therapy” from April 2010 to Aug. 2013 which were funded by Indian Nursing Council.(Act as a Principal Coordinator).Life member of various National Organizations. She has published more than 15 papers in reputed journals and written chapters in books. Attended number of conferences and presented papers and chaired many sessions.

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