



Assessing the Knowledge towards implementing Practice of Kangaroo Mother Care in Postnatal Mothers

Debajani Nayak

Lecturer, Department of Obstetrics and
Gynaecological Nursing, SUM Nursing College,
Siksha 'O' Anusandhan University,
Bhubaneswar, 751003, Odisha, India

Sasmita Prusty

P.B.Bsc Nursing, 2nd Year, SUM Nursing College,
Siksha 'O' Anusandhan University,
Bhubaneswar, 751003, Odisha, India

ABSTRACT

Kangaroo Mother Care is a key component of effort to reduce the neonatal mortality, enhance the mother knowledge and practice to improve the child health. The use of simulation for increase the knowledge, practice of the mother for effective KMC has been widespread growth and adaption across maternity institution. The present study aimed to assess the effectiveness of simulation on knowledge and practice among the mother or family member in order to improve the mother knowledge and practice level, also enhance the neonatal health. The objective of the study were to assess the knowledge and practice of the mother about KMC and to find out correlation of knowledge with practice on KMC. An experimental research with one group pre-test post-test design having 50 sample were collected by convenience sampling technique. The study found that; the mean of post-test(6.12) is significantly higher than mean pre-test (4.16) knowledge scores and the mean of post-test(8.22) practice score also higher than mean pre-test (4.32) practice scores. Hence it was concluded that KMC is the best method for both mother and baby. Stimulation based study assist confidence while enhancing the mother ability to knowledge and practice about KMC.

Keyword: Knowledge, Practice, Postnatal mother, Kangaroo Mother Care (KMC)

Introduction:

Kangaroo mother care (KMC) is the early skin to skin contact between the baby & the mother. It should be ideally start at birth, but it also helpful at any time.

KMC facilitates mother –infant bonding, improves breastfeeding, make the mother to be more comfortable and relax. Low birth weight (LBW; <2500 g), which is often associated with preterm birth, is a common problem in India. Both are recognized risk factors for neonatal mortality⁷. Kangaroo Mother Care (KMC) implies placing the new born baby in intimate Skin to Skin contact with the mother's chest & abdomen coupled with frequent & preferably exclusive breast feeding KMC is a low cost method for new born care that provides warmth, touch, & security, improve breast feeding practice & cardio respiratory stability in infants without negative effects.

KMC improves bonding and attachment between mother and her newborn. It also reduces maternal postpartum depression and psychosis and anxiety of the baby as well as felt secure. Helps for longer duration of breastfeeding so that growth of newborn occurs and weight gain improved. Through frequent breast feeding. It maintains the mother and infant relationship¹.

Kangaroo Mother Care should begin as soon as possible after birth, be applied as continuous skin-to-skin contact to the extent that this is possible and appropriate and continue for as long as appropriate.¹

Designed to increase the relationship between mother and their preterm infant and to keep the infant physiologically stable,⁴. Its main aim is to provide continuous, and prolonged skin-to-skin contact between mother and infant as much as possible. The

skin to skin care will improved the outcomes in terms of breastfeeding, weight gain, body temperature, respiration rate, heartrate of the infant, duration of hospital stay, and infant–maternal bonding.^{3,2} KMC practice had a great advantage for low birth weight infants in India.

KMC improves growth in low birth weight infants and has a significant role in protecting the LBW infant from hypothermia, hypoglycaemia and sepsis. It is definitely feasible, acceptable to mothers and can be continued at home in the Indian set up.⁵The purpose of this study was to determine the knowledge and implement the practice of KMC upon postnatal mothers and their infants.

Statement of the problems:

Assess the knowledge and practice of mother regarding kangaroo mother care in a selected hospital of Odisha.

Objective of the study:

1. To assess the knowledge of the mother about KMC.
2. To impliment the practice of mother about KMC.

Methodology

Aquassi experimental research approach with Pre-experimental one group pre-test post-test design was adopted for this study. 50 postnatal mothers were collected by convenience sampling technique. The tools used for the study were knowledge questionnaire and checklist to assess practice of the mother regarding KMC. The tool was consisted of 3 section. Section A consists demographic characteristics of mother, SectionB consists of 10 question of checklist regarding knowledge aspect and Section C consists of 10 multiple choice question of practice aspectThe tools were validated by seven experts in the field of the nursing. . The experts were requested to give their suggestion and opinion regarding the relevance, adequacy and appropriateness of the items in the tool. The reliability and feasibility was established by administering the tool to 10 postnatal mother. The obtained data was analysed by using descriptive and inferential statistics in terms of frequency, percentage, and mean, median. 't' value and co relation test.

RESULT AND DISCUSSION

Distribution study samples according to the SocioDemographic variables

As regards age of the sample, 48% of samples were in less than 20 years of age, 28% in between 20-30 years of age and 24% in greater than 30 years of age.

Religion of the sample women shows that 50% of samples were Hindu, 28% of sample were Christian and 22% of sample were Muslim.

In education status of the samples 48% of samples had primary education, 30% of samples were illiterate and 22% of samples had high school education.

The maximum 70% of samples are house wife and 30% of samples were working mother.

Almost half of the samples that 50% of samples were stay in hospital from 3-7 days, 30% of samples were stay in hospital more than 7 days and 20% of samples were stay in hospital less than 3 days.

For parity of the mothers 42% of samples were multipara, 36% of samples were primipara and 22% of samples were grandmulti para.

Finding related to evaluation ofknowledge regarding KMC

Table -1: Mean,Median,SD,'t' Value and P Value of pretest and posttest knowledge scores of sample mothers regarding kangaroo mother care.

N=50

Group	Mean	Med	SD	df	't' Value	P Value
Pretest	4.16	4	0.841			
Post	6.12	6	1.189	49	13.46*	0.14

* Significant at 0.05 level of significance

The described in table 1 show that the post-test knowledge scores of mean(6.12),median (6),SD (1.189) was higher than the pre-test mean (4.16),median (4) and SD(0.84 which was found to be statistically significant as evident from 't' value of 13.46 for df49 at 0.05 level of significance. Thisshows that the obtained mean difference between the pretest and the posttest knowledge score was a

true difference and not by chance. This indicates that the knowledge score of the posttest was significantly higher than the pretest. Which found that posttest knowledge of sample mothers were increased than pretest.

Table -2: Mean, Median, SD, 't' Value and P Value of pretest and posttest practice scores of sample mothers regarding kangaroo mother care.

N=50

Group	Mean	Med	SD	df	T Value	P Value
Pretest	4.32	4	0.998	49	23.01*	0.17
Post	8.22	8	0.840			

* Significant at 0.05 level of significance

Data shows in table 10 found that:

The post-test practice score of mean(8.22),median (8),SD (0.998) was higher than the pre-test mean (4.32),median (4) and SD (0.840) which was found to be statistically significant as evident from 't' value of 23.01 for df49 at 0.05 level of significance. This shows that the obtained mean difference between the pretest and the posttest practice score was a true difference and not by chance. This indicates that the practice score of the posttest was significantly higher than the pretest.

Ethical consideration: The research problem and objectives were approved by the research committee. Informed consent was obtained from the postnatal mothers in IMS and SUM Hospital. Explanation was given regarding the purpose of the study and confidentiality was ensured. Due permission from authorities has been sought and obtained

CONCLUSION

The conclusion was drawn after concluding the study. The study shows that there was significant gain in knowledge and practice of KMC by postnatal mothers after the procedure done. Which found that posttest knowledge and practice of KMC of sample mothers were increased than pretest. The findings conclude that demonstration of KMC by the researcher was found to be helpful in enhancing knowledge and also the mothers implemented into practice with more satisfaction

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