

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING
PROGRAMME ON KNOWLEDGE REGARDING KANGAROO MOTHER
CARE AMONG POSTNATALMOTHERS AT SELECTED HOSPITAL IN
CHENNAI**



**A PROJECT SUBMITTED TO
SATHYABAMA INSTITUTE OF SCIENCE ANDTECHNOLOGY,
CHENNAI.**

**IN PARTIAL FULFILMENT OF REQUIREMENT FOR THE
DEGREE OF
BACHELOR OF SCIENCE IN NURSING
2019-2023**



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BONAFIDE CERTIFICATE

This is to certify that the project report **“A study to assess the effectiveness of structured teaching program on knowledge regarding kangaroo mother care among postnatal mothers at selected hospital in Chennai”** is a bonafide work of Veronica.P(39904028) and Mouriya.R(39904019) of Sathyabama College of Nursing, submitted for the partial requirement of Degree Bachelor of Science in Nursing.

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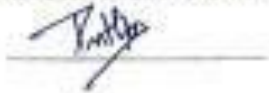
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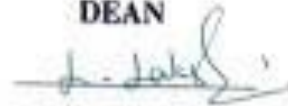
ENDORSEMENT BY THE GUIDE

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RESEARCH GUIDE



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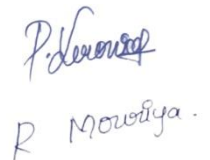
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DECLARATION

We hereby declare that the present project report entitled “**A study to assess the effectiveness of structured teaching program on knowledge regarding kangaroo mother care among postnatal mothers at selected hospital in Chennai**” is the outcome of the original research work undertaken and carried out by us under the guidance of Ms. Precillaselvakumari Msc(N), Sathyabama College of Nursing, Chennai. We also declare that the material of this project report has not found anywhere, the basis for the award of any degree in this university or any other university.

BY

Handwritten signature in blue ink, appearing to read 'R. Mowdya'.

(Sathyabama College of Nursing)

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ABSTRACT

Premature birth imposes a tremendous stress for both the baby and the mother. To save the baby life, infant is monitored under the incubator and warmer surrounded by unfamiliar sounds like buzzers, bells but lies all by himself in warmer. The treatment and routine care giving procedures cause pain and discomfort making it difficult for very low birth weight infants to experience restful and undisturbed periods of sleep. An alternative method, which is easy and cheap to practice, having more advantage is kangaroo care provided for the satisfactory improvement in infant health.

A study to assess the effectiveness of structured teaching programme on knowledge regarding kangaroo mother care among post-natal mothers at selected hospital in Chennai. The objective of the study was To assess the level of knowledge regarding kangaroo mother care among postnatal mothers, to evaluate the effectiveness of structured teaching program on knowledge regarding kangaroo mother care among post-natal mothers in selected hospitals, To associate the posttest level of knowledge regarding kangaroo mother care with selected demographic variables of postnatal mothers, a sample of 30 postnatal mothers who fulfilled the inclusion criteria were selected as the samples using non probability purposive sampling technique, data was collected using a structured questionnaire, pre and post administration of structured teaching program regarding kangaroo mother care. The data collected were analysed using descriptive and inferential statistics.

The study findings revealed that 5(16.66%) of mothers had adequate knowledge, 9(30%) of the mothers had moderate knowledge, 16(53.33%) of mothers had inadequate knowledge. While comparing overall mean, SD, mean percentage of pre and posttest knowledge scores shows that overall pretest mean score was 1.9 ± 2.01 which is 57.52 % whereas in posttest the mean score was 2.8 ± 2.0 which is 83.85 % revealing the difference of 70.60 % shows the effectiveness of STP. The study findings revealed that association between the level of knowledge and their selected demographic variables. It was interpreted that there was significant association found between knowledge scores of postnatal mothers regarding Kangaroo Mother Care with their demographic variables such as Source of information ($P < 0.05$). No significant association was found between knowledge scores of postnatal mothers regarding Kangaroo Mother Care with their other demographic variables such as age,

religion, education, family income, type of delivery. Significant association was found between knowledge scores of post-natal mothers regarding kangaroo mother care such as (occupation, type of family, no of children, weight of the preterm baby, health services) in $p > 0.05$. There was no significant association between the level of knowledge with demographic variables. The present study assessed the knowledge regarding Kangaroo mother care and found the mothers had inadequate knowledge. After structured teaching program on Kangaroo mother care there is significant improvement on post-natal mother knowledge. The study concluded that the structured teaching program was effective in improving knowledge regarding Kangaroo mother care.

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CHAPTER- I

INTRODUCTION

CHAPTER-1

INTRODUCTION

“Children are the wealth of the Nation; take care of them, if you wish to have a strong India”

-Nehru

Child health is the foundation of the family and wealth of the Nation. Newborn is the very important personality of the home. All family members give him or her warm welcome.

Globally about 25 million Low Birth Weight babies are born each year consisting of 17% of all live births. Approximately 16 to 18% neonates born in developing world are of Low Birth Weight having a weight of less than 2500 gram (about 5.51 lb). The World Health Organization defines low birth weight infants (irrespective of gestational age) as neonates born less than 2500 grams (5 pounds) and extremely low birth weight as less than 1500 grams (about 3.31 lb). Of these babies, approximately one third dies before stabilization or in the first twelve hours.

Premature birth imposes a tremendous stress for both the baby and the mother. To save the baby life, infant is monitored under the incubator and warmer surrounded by unfamiliar sounds like buzzers, bells but lies all by himself in warmer. The treatment and routine care giving procedures cause pain and discomfort making it difficult for very low birth weight infants to experience restful and undisturbed periods of sleep. An alternative method, which is easy and cheap to practice, having more advantage is kangaroo care provided for the satisfactory improvement in infant health.

Infants who weigh less than 2500 grams (about 5.51 lb) at birth represents about 26% of all live births in India. More than half of these are born at term. The preterm infants with greater body surface area in relation to their body weight and have difficulty in maintaining normal body weight due to inadequate brown fat stores. He further explains that premature infants have a disproportionate ratio of body surface to body weight, thin skin, fewer fat stores, immature neurological system and less available metabolic substrate than full

term infants and adults. Therefore, heat transfer through internal gradient is increased four times more in preterm infant in adult.

Kangaroo Mother Care was initially conceived in Bogota, Colombia in 1978 as an alternative to incubator care for the low birthweight baby. Kangaroo Mother Care is a humane, low-cost method of care of low birth weight (LBW) infants particularly for those weighing less than 2000gram (about 4.41Lb) at birth. It consists of skin-to-skin contact, exclusive breast-feeding early discharge and with an adequate follow-up

Thus, Kangaroo Care ensures people from all economic standards to give the needed care for their preterm babies. The preterm babies gain temperature slowly and prevent hypothermia. Therefore, the preterm baby becomes calm and relaxed. It also helps the baby to conserve energy and bring the organs to normal functioning

Need For the Study

In general, prematurity and intra uterine growth retardation or low birth weight are the leading cause of neonatal morbidity and mortality. WHO (2001) stated that 16% of infant deaths (109.5 per 1000 live births) is due to specified low birth weight.

Infant mortality rate is 60 per 1000 live births and neonatal mortality rate is 40 per 1000 live births in India and 44 per 1000 live births in Tamil Nadu and 40 per 1000 live births in Karnataka. Data indicates an alarming situation. The Health for All by 2010 aims for 20 Infant Mortality Rate makes it imperative to develop a low cost effective modality while for caring low birth weight infants.

The newborn should maintain a temperature of 37 degree C. Hypothermia in newborn babies results in immature development of central nervous system, birth asphyxia, intracranial hemorrhage and failure to maintain an effective thermo neural environment. In preterm and small for gestational age infant's heat loss is due to high surface area, reduced subcutaneous tissue, reduced brown fat and reduced glycogen stores.

There are state to state variations within the country. Almost 50% of neonatal deaths occurs within first one week of life and majority of them within the first hours of life. It was evident that Tamilnadu state facing the problem of reducing neonatal deaths even though

there are well established neonatal intensive care unit in the government hospital attached to medical college.

UNICEF (2013) says that more than 80 million infants, born each year, weigh less than 2.5kg, accounting for 17% of all birth in developing world. Infants with low birth weight are at higher risk of dying during their early months and year. The use of kangaroo mother care appears to be an attractive alternative to conventional in the care of infants in under resourced setting. Kangaroo mother care technique is not currently in common practice especially in India, It would be feasible to implement only if there is strong motivation and national commitment to change the practices of medical personnel's and mothers.

Hypothermia in low birth weight babies, leads to increase in surfactant synthesis and surfactant efficacy, decreased PH, reduced partial pressure of Oxygen (PO₂), hypoglycemia, less O₂ consumption, diversion of cardiac output to brown fat, increased utilization of caloric reserves, reduced weight gain of infant and reduced blood coagulability. Therefore, it increases neonatal mortality.

Thus the researcher has undertaken this study to assess the knowledge regarding kangaroo mother care among postnatal mothers and to create awareness among postnatal mothers about kangaroo mother care.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching program on knowledge regarding kangaroo mother care among post-natal mothers at selected hospital in Chennai.

OBJECTIVES OF THE STUDY

- To assess the level of knowledge regarding kangaroo mother care among postnatal mothers at selected hospital
- To evaluate the effectiveness of structured teaching program on knowledge regarding kangaroo mother care among postnatal mothers in selected hospitals.
- To associate the level of knowledge regarding kangaroo mother care with selected demographic variables of postnatal mothers.
- To create awareness regarding kangaroo mother care among post-natal mothers

OPERATIONAL DEFINITIONS

Assess

It refers to gathering information for evaluation of knowledge regarding kangaroo mother care by formulating close ended questions.

Effectiveness

It refers to the output of structured teaching program in terms of gain in knowledge among post-natal mothers having low birth weight babies as assessed by a structured questionnaire.

Structured Teaching Programme

Structured teaching programmed was designed to provide information about kangaroo care on all domains among post-natal mothers. The content includes the concept of kangaroo care, components of kangaroo care, preparation and procedure and maintenance of kangaroo care, benefits of kangaroo care, knowledge of caregivers regarding kangaroo care and post discharge follow up.

Knowledge:

It refers to the level of understanding on kangaroo care as expressed through written responses by the post-natal mothers.

Kangaroo mother care

It refers to the practice of skin-to-skin contact between mother and infant to transfer the heat from the parents to the neonate. This helps to prevent hypothermia enable's better neurological development and there by promotes the child's physical and psychological health with a resultant weight gain.

Postnatal mother:

It refers to the postnatal mothers (mothers after the delivery of the baby) having low birth weight babies in selected hospital at Chennai.

Hypothesis

H 1: There will be a significant difference between pretest and post test score on knowledge regarding kangaroo mother care among post-natal mothers.

H 2: There will be a significant association between posttest level of knowledge regarding kangaroo mother care among post-natal mothers with their selected demographic variables.

Assumption

1. A structured teaching program will help in enhancing the knowledge of postnatal mothers, which in turn will improve the knowledge related to kangaroo mother care.
2. To reduce the length of hospitalization among low-birth-weight babies.
3. Kangaroo mother care technique along with the modern neonatal care reduces the neonatal mortality and morbidity.

Limitation

The study is limited to

- The sample is 30.
- Mothers who could be able to read and write Tamil.

CONCEPTUAL FRAME WORK

Good research usually research findings into an orderly coherent system. Such integration typically linking research and existing knowledge through review of prior research on a topic and by identifying or developing an appropriate conceptual frame work. Conceptual frame work provides the investigator.

The guide lines to proceed in attending the objectives of the study on theory. It is scientific representation of the steps, activities and outcome of the study. The conceptual frame work selected for this study is based upon the general system theory developed by Ludwig von Bertalanffy, According to general system theory, a system consist of a set interacting compounds, all contributing to the overall goal of the system. Any system consists of input, through process an output. This study aims to access the knowledge and practice of delivered mothers regarding kangaroo mother care. The process of developed of structured teaching programme includes preparatory phase as input, the implementory phase, as through process and evaluation and feedback of the system as the output.

Input:

Input is considered as assessment of knowledge and practice of mothers delivered regarding kangaroo mother care.

Through Process:

Through process is the process of charge in the knowledge and understanding about kangaroo mother care, hear the investigator implements questionnaires to the delivered mothers of post natal about kangaroo mother care including knowledge on 22 general information, purpose, importance, kangaroo mother care and purpose of giving each health teaching about kangaroo mother care.

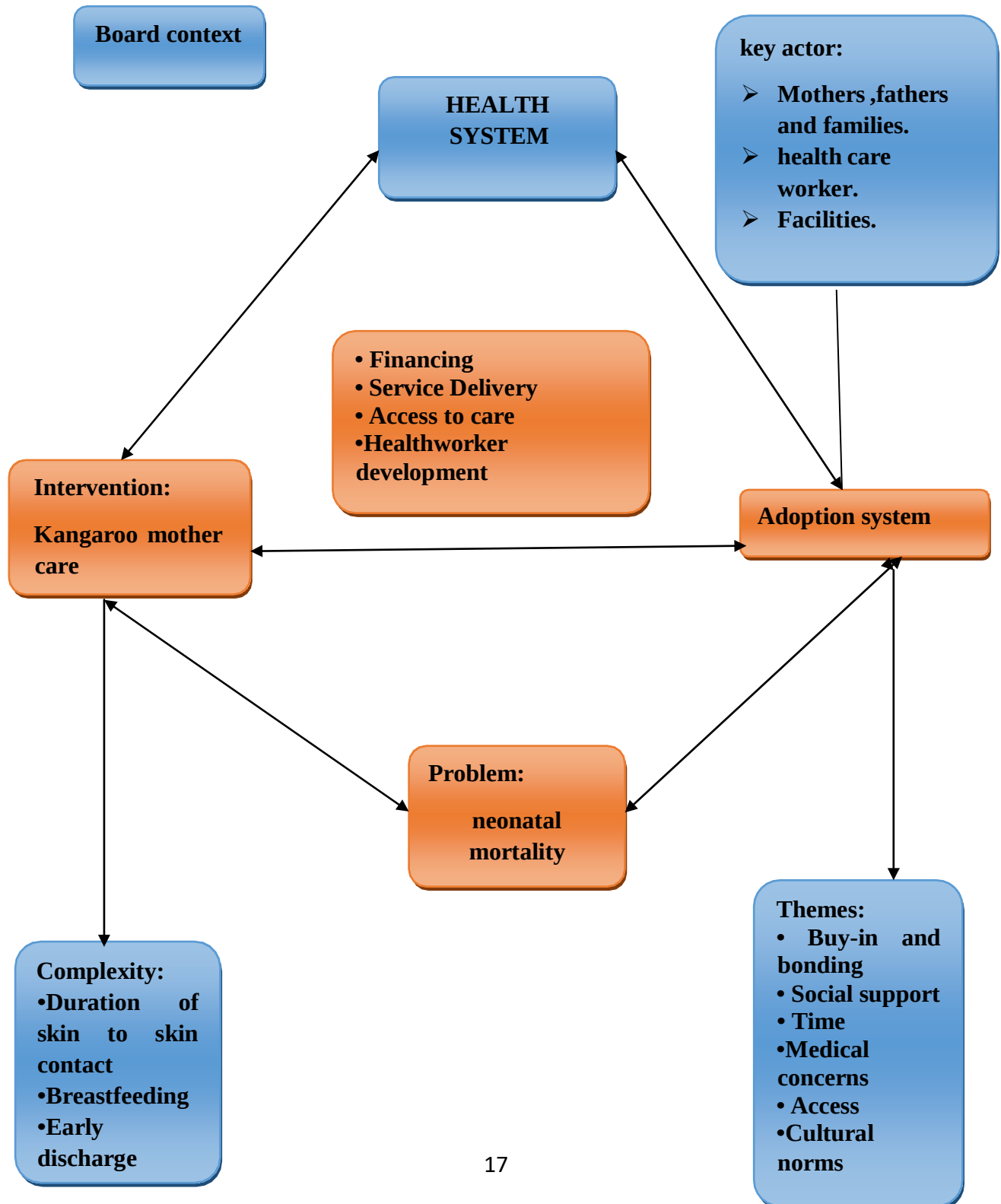
Output:

Output from a system is energy, matter or information given out by the system as a result of its process. In this study output refers the result gains in knowledge among delivered mothers of kangaroo mother care.

Feedback :

Difference in the pre and post test score was observed from the knowledge scores of the samples. In the present study the feed back was considered as a process of maintaining the effectiveness of video assisted teaching. It is assessed by comparing the pre and post test scores through the „ r „ value.

CONCEPTUAL FRAME WORK



CHAPTER-II

REVIEW OF LITERATURE

CHAPTER-II

REVIEW OF LITERATURE

Review of literature is an essential step in the research project. It provides basis for future investigation, justifies the need for the study, throws light on the feasibility of the study, Reveals constraints of data collection and relates the findings from the study to another with a hope to establish a comprehensive study of scientific knowledge in a professional discipline, from which valid theories developed.

Review of Literature categorized under following Headings:

- 1) Literatures related to benefits of kangarooing among newborns
- 2) Literatures related to knowledge regarding kangarooing among mothers

1) Literatures related to benefits of kangarooing among newborns

Singh M. (2000). A study was conducted on the assessment of newborn babies' temperature by human touch at AIIMS, New Delhi. Fifty healthy term neonates were assessed by three pediatricians for skin temperature to the nearest $\pm 0.05^{\circ}\text{C}$ at three body sites, that is, mid-forehead, abdomen and dorsum of right foot by touch. The predicted temperatures at different sites were compared with simultaneously recorded temperatures at the same sites with the help of electronic thermometers. Rectal temperatures were also recorded in all the babies with rectal thermometer to compare the variation between the core and skin temperatures. There was a good correlation between the skin temperature of the babies as perceived by touch and values recorded with the help of electronic thermometer. All the hypothermia babies were correctly picked up by all the observers. Finally, the study was recommended that health professionals and mothers should be explained the importance of evaluating the core and peripheral skin temperature by touch for early identification of babies under cold stress in order to prevent occurrence of life-threatening hypothermia.

Linder Kamp (2003) conducted a study to determine whether kangaroo care helps full-term babies. However, a recent clinical trial found evidence kangaroo care can also help in the development of full-term newborns. The newborns were felt fast asleep very quickly

from the warmth of the mother's skin. It had a calming effect for the child and the parents. The babies' vital signs changed. Their heart rate dropped, and they had less episodes of sleep apnea. Research in full-term newborns found more good results and newborns that had kangaroo care shortly after birth slept longer and were mostly in a quiet sleep state compared to those who did not have it.

Caroline. A (2007) conducted a study to find if parental Kangaroo had any impact of full-term infants who had been exposed to cardiac postoperative intensive care during the early post-extubating hours. 5 full term infants were exposed to Kangaroo Care with parent 12 hours after extubation during 2-hour intervals. The infants were evaluated using cardiorespiratory constraints. The outcome of the study showed that heart rate (123 ± 4 vs 128 ± 5 bpm), respiratory frequency (43 ± 3 vs 51 ± 5 breath pm), transcutaneous carbon dioxide (46 ± 2 vs 50 ± 4 mm (about 0.16 in)Hg) and central venous pressure (11 ± 0.8 vs 12 ± 1.2 mm (about 0.05 in)Hg) decreased considerably ($p < 0.05$ for all), Factors which increased were oxygen saturation (78 ± 6 vs 74 ± 5 mm (about 0.2 in)Hg) and transcutaneous oxygen pressure (42 ± 2 vs 38 ± 3 mm (about 0.12 in)Hg) ($p < 0.05$ for all). The study concluded that Kangaroo Care may be an influential therapy regarding stabilizing cardiorespiratory status in infants during post operative care.

Mrette, Kisten (2005) conducted a study on Skin-to-skin parental contact with infants to identify the improvement of physiologic parameters of infants. Skin-to-skin contact has been implemented recently to facilitate bonding of infants. The technique allows the infants to rest on the bare chest of a parent or caretaker. They illustrate a case in which a preterm infant has skin-to-skin contact while being monitored for physiologic parameters, including heart and respiratory rate, oxyhemoglobin saturation, and nasal air flow. They concluded that Improvements in breathing patterns in this infant during kin-to-skin care and improvement of a normal temperature suggest that this technique may not only be safe and psychologically beneficial, but it may also promote physiologic improvement.

Bauer, Jacquilina, Sontheimer (1996) conducted a comparative study on effects of maternal and paternal kangaroo care on oxygen consumption and other physiologic measures in infants were conducted. The aim of the study was to compare effects of maternal and paternal kangaroo care in VLBW infants. 12 VLBW infants with GA 28–34-week, BW 560–

1450g (about 3.2 Lb) and postnatal Age 7-48 days were studied before, during and after maternal and paternal kangaroo care. Skin and rectal temperatures heart and respiration rates, arterial oxygen saturation, oxygen consumption (VO₂), carbon dioxide production (VCO₂) and behavioural states were compared. Results showed that Skin temperature increased significantly ($p < 0.05$) during maternal and paternal kangaroo care. The study concluded Maternal and paternal kangaroo care show similar physiologic effects and paternal kangaroo care should be promoted in addition to maternal kangaroo care.

Cleary GM, Spinner SS, Gibson E, Greenspan JS (1996) undertook a study to evaluate the effect of achieving heat conservation in healthy Newborn infants, The aim of the present study was to compare axillary and skin temperatures and metabolic adaptation in healthy, full term elective Caesarean section delivered infants who were randomized to be cared-for either in (a) an incubator, (b) a cot, or (c) skin-to-skin with the mother. 44 infants were studied. The mean axillary Temperature increase was significantly greater in the skin to-skin cared-for infants than in the cot cared-for group. Blood glucose increase was significant in the skin-to-skin group, but not in the other two groups. The catecholamine levels at 120 min after birth were all within normal range, and there were no differences between the three groups, suggesting that none of the groups was exposed to cold stress. Interestingly, at 24 hours after birth, the mean axillary temperature was significantly higher in the skin-to-skin group than in the incubator group. The study concluded that kangaroo mother care can effectively achieve heat conservation in healthy full term Caesarean section delivered infants

Erlandsson Kerstin. Paternal (2007) studied on paternal skin to skin contact offers caesarean-born baby same calming and development benefits same as mother as a mother. The sample was 29 Father-infant pairs, full-term healthy newborns born by planned Caesarean section were randomized to be placed either skin-to-skin on their father's chest or beside their father in a crib. The infants in the skin-to-skin group stopped crying and were calmer compared to infants in the crib group. A father should therefore be regarded as the primary caregiver for the baby when a mother is not available immediately following a birth. This study shows that a father can soothe his Newborn as effectively as a mother, and more effectively than if the baby is placed in a crib during the first two hours after birth.

Nathalie Charpak, Juan G. Ruiz-Peláez et al (1997) conducted a study on Kangaroo Mother Versus Traditional Care for Newborn Infants ≤ 2000 Grams. The trial was conducted in a large tertiary care hospital. All newborn infants ≤ 2000 g, surviving the neonatal period and being eligible for a minimal care unit, were included. Infants spent 24 hours per day in an upright position, in skin-to-skin contact, and attached to the mother's chest. After randomization, control infants remained at the minimal care unit until meeting usual discharge criteria. Both groups are being followed up to 12 months of corrected age. The result revealed that both study groups were similar regarding all baseline variables but weight at eligibility. The risk of dying was similar in both groups (relative risk = 0.59, 95% confidence interval 0.22–6). There were no differences in growth indices. Nosocomial infections were more frequent in control infants. Hospital stay after eligibility was shorter in KMC, primarily for infants ≤ 1800 g. These results show that KMC is a safe approach to the care of clinically stable LBW infants.

Gathwala, Singh, Balhara (2008) conducted a study based on the theory that kangaroo care facilitates parent baby attachment in low-birth-weight infants, a randomized controlled trial done. The Neonates were randomized into a kangaroo care group and a control group in multiple trials. The kangaroo care group was subjected to this care at least 6 hours per day and received care after shifting out from the NICU and into the home setting, while the control group received the standard incubator care until discharge. At a 3 months follow-up appointment, an interview was conducted to assess attachment between parents and their babies. With these 31 researchers concluded, their attachment rate was significantly higher than that obtained in the control group

Literatures related to knowledge regarding kangarooing among mothers

Parmar et al, (in 2009). A study was conducted on “the experience with kangaroo mother care in a neonatal intensive care unit (NICU) in Chandigarh, India”. The objective was

to study the knowledge, feasibility and acceptability of kangaroo mother care on low-birth-weight infants in the NICU by mothers, family members, and health care workers. Family members had to complete a minimum of 4 hours of kangaroo care per day throughout their time on the unit and were evaluated by observation. It was found that this method of care was accepted by 96% of mothers, 82% of fathers, and 84% of other family members. The study showed that 94% of health care workers also considered it to be a safe conservative method of care in these infants. Benefits of kangaroo care on babies' behavior and on maternal confidence were also reported.

Sivapriya S, Subash J, Kamala S. (2008) conducted a quasi-experimental study to assess the knowledge of mothers of preterm babies regarding kangaroo mother care and to evaluate the effectiveness of structured teaching programmed on kangaroo care among the mothers of preterm babies. A total of 35 mothers were selected for the study. Findings of the study revealed that, the pre-test knowledge of the Kangaroo Care was Nil. After the structured teaching programmed posttest knowledge of the mother regarding Kangaroo Care was increased. 6 (17.10%) mothers had inadequate knowledge on Kangaroo Care, 25 (71.4%) mothers had moderately adequate knowledge and 4 (11.5%) mothers had adequate knowledge on 32 Kangaroo Care. Kangaroo Mother Care is a simple low cost and highly effective intervention for low-birth-weight babies. And teaching programme can improve the knowledge of mothers on Kangaroo Care. So, educational programme on Kangaroo Care can be provided to Mothers, which in turn will improve the preterm and low birth care.

Kadam S, Binay S, Kanbur W, Mondak JA, Fernandez A. (2005) conducted randomized controlled trial to determine the acceptability of Kangaroo Care in a tertiary care hospital in India. Over one year period in which 89 neonates were randomized into two groups Kangaroo Mother Care and Conventional Method of Care group. 45 babies were randomized into KMC group and 45 to CMC group. Findings of study revealed that 70% of mothers felt comfortable during the Kangaroo Mother Care. 73% felt they would be able to give Kangaroo Mother Care. Kangaroo Mother Care is a easy and powerful way to improve the attachment between Mother and her low-birth-weight baby. It also plays a very important role in reducing the incidences of hypothermia in low-birth-weight babies.

CHAPTER –III

RESEARCH

METHODOLOGY

CHAPTER -III

RESEARCH METHODOLOGY

Methodology is the major phase of research in which the investigator makes a number of decisions about the materials to be used to study the research problem basically through the collection of data. (Polit&Hungler, 1996) This chapter deals with the methodological approach adopted for the study. The purpose of the study is to assess the knowledge of the delivered mother regarding Kangaroo Mother Care with the effectiveness of structure teaching program.

The methodology includes description of research approach, research design, site and setting, sampling technique, department of the instrument, validation of the instrument and its reliability, methods of data collection, pilot study and plan for statistical analysis.

RESEARCH APPROACH

The research approach adopted for this study was Educative and Evaluative approach.

RESEARCH DESIGN

In this study the research design chosen was quasi-experimental design. That is one group pretest and posttest.

PREASSESSMENT	INTERVENTION	POST ASSESSMENT
O1	X	O2

Key

O 1 = Pre assessment of knowledge regarding kangaroo mother care.

X = Structured teaching programme regarding kangaroo mother care.

O 2 = Post assessment of knowledge regarding kangaroo mother care.

VARIABLES:

The variables included in this study are dependent variables, independent variables.

Dependent variable

In the present study dependent variables refers to knowledge of mothers regarding Kangaroo care.

Independent variable

In this study the independent variables refer to Structured Teaching Program on Kangaroo mother care.

SETTING

The study was conducted in Kamatchi Memorial Hospital, Chennai; it is 300 bedded hospital, which provides all the facilities to the patient.

POPULATION:

The population for the present study is the post-natal mothers who are admitted Kamakchi MemorialHospital in Chennai.

SAMPLE AND SAMPLING TECHNIQUES:**Sample:**

Post-natal mothers who has fulfilled the inclusion criteria has been selected as the samples for this study

Sampling Techniques:

In this study non-probability sampling technique was used, in that purposive sampling was done.

Sample Size:

Sample size for the present study is 30

CRITERIA FOR SELECTION OF SAMPLE:**Inclusion criteria:**

- Mothers with infant birth weight of < 2.5 kg

- Mothers with willing to participate in Kangaroo mother care.

Exclusion criteria:

- Post-natal mothers those who undergone health education on Kangaroo mother care.
- Post-natal mother who are not willing to participate.

SELECTION AND DEVELOPMENT OF INSTRUMENT:

Research instruments also called research tool are the devices used to collected data. The tool facilities the observation and measurement of variables. The following instruments were developed by the researcher for the present study.

Section A: Demographic variables of the post-natal mother.

Section B: Structured knowledge questionnaire on Kangaroo mother care.

DESCRIPTION OF THE TOOL:

The tool was organized into 2 sections. Section A, Section B

Section A: Demographic Variables of the post-natal mothers

A demographic variable consists of 4 items seeking information about age, religions, educational qualification, Occupation, Type of Family, Family Income, No. of Children, Weight of Preterm Baby, Health Services, and Type of Delivery.

Section B: Structured Knowledge questionnaire on Kangaroo mother care: It consisted of 30 closed ended multiple choice questions to assess the knowledge of samples regarding Kangaroo mother care.

KNOWLEDGE REGARDING KANGAROO MOTHER CARE –30 ITEMS

A score of one was allotted to correct answers. The structured questionnaire had 4 alternative responses. The correct response was given a score of „one“ and incorrect was scored as „zero“. An arbitrary classification of knowledge score was done, which was classified as

Adequate knowledge - 75% to 100%

Moderately adequate- 50 % to 74%

Inadequate knowledge-below 50%

VALIDITY OF THE INSTRUMENT:

Validity of the tool was assessed by obtaining opinion from experts, appropriate modifications and corrections were made, and tool was finalized.

RELIABILITY OF THE TOOL:

The reliability of the instrument was estimated by Pearson coefficient correlation. The reliability value of the instrument was 0.9 and it was found to be reliable.

Ethical Consideration Prior to the data collection written permission was obtained from the Kamatchi hospital in Chennai.

DATA COLLECTION PROCEDURE:

After obtaining prior from the institution the investigator selected the samples for study. Postnatal mothers who fulfilled the inclusion criteria were selected as the sample using nonprobability purposive sampling technique. On the first day pretest level of knowledge was assessed by using structured questionnaire followed by Structured Teaching Program on kangaroo mother care which encompasses the meaning, benefits, components, positions with the help of Power point and flashcards and also demonstration of kangaroo mother care was done, the whole teaching was carried for the duration of 20 mins, mothers were instructed to practice it daily, after 7 days posttest was conducted with the help of the same questionnaire.

PLAN FOR DATA ANALYSIS:

The collected data was summarized and tabulated by utilizing descriptive statistics which includes mean percentage, standard deviation and inferential statistics include paired „t“ test and Chi – square test .

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Polit and Hungler, (2004) defines as categorizing, ordering, manipulating and summarizing the data to reduce it into intelligible and interpretable form, so that research problem can be studied and tested by including relationship between the variables.

This chapter deals with analysis and interpretation of the data elicited from Sample of 30 post-natal mothers on knowledge regarding Kangaroo mother care. The data which are necessary to provide the adequacy of the study are collected through the semi structured interview schedule and analysed using relevant descriptive and inferential statistics. The substantive summary of the findings was arranged in collection with the objectives of the study.

Section A: Frequency and percentage distribution of demographic variables among postnatal mothers

Section B: Frequency and percentage distribution of level of knowledge of postnatal mothers on kangaroo mother care.

Section C: Comparison of mean & standard deviation of pre test and post test knowledge scores of postnatal mothers regarding kangaroo mother care.

Section D: Association of post test level of knowledge regarding kangaroo mother care among postnatal mothers with their selected demographic variables

SECTION A

Table 1:Frequency and percentage distribution of demographic variables among postnatal mothers

n =30

S. no	Demographic variables		F	%
1.	Age	Below 25	18	60
		25-30	10	33
		35-40	2	17
		Above 40	0	0
2.	Religion	Hindu	25	83
		Muslim	2	7
		Christian	3	10
		Any others	0	0
3.	Educational status of mother	Illiterate	3	10
		Primary school	6	20
		Middle school	4	13
		Secondary school	6	20
		Higher secondary school	4	13
		Degree	7	23
4.	Occupation of the mothers	Housewife	18	60
		Coolie	6	20
		Private job	4	13
		Government job	2	7
		Business/company	0	0

5.	Type of family	Nuclear family	17	57
		Joint family	9	30
		Extended family	3	10
		Others	1	3
6.	Family income per month(rupee)	Below 10000	11	37
		15000-20000	7	23
		20000-25000	4	13
		Above 25000	8	27
7.	No.of children in family	1 child	14	47
		2 child	12	40
		3 child	4	13
		4 and above children	0	0
8.	Weight of pre term baby	1 kg	4	13
		1.5kg	7	23
		2kg	15	50
		Above 2kg	4	13
9.	Health services available from	P.H.C	11	3
		Sub center	1	17
		Nursing home	5	43
		Hospitals	13	63
10.	Type of delivery	Normal delivery	19	63
		Lower segmental cesarean section	4	13
		Forceps delivery	4	13
		Normal delivery with episiotomy	3	10

Table 1 shows the distribution of demographic variables according to their age, sex, educational qualification and working experience.

Regarding age, 18(60 %)of respondents are in the age group of below 25 years, 10(33 %) of respondents are in the age group of 26 – 30 years, 2(7 %) of respondents are in the age group of 30 – 40 years.

According to the religion 25 (83 %)of respondents are Hindu 2 (7 %) of respondents are Muslim and 3(10%) respondents are Christian. According to the educational status of the mother 3(10 %) are Illiterate. 2(20 %) primary school, 4 (13 %) middle school, 6(20%) secondary school, 4 (13%) higher secondary school. 7 (23%) are degree.

According to the mother's occupation shows that her percentage 18(16%) mothers were housewife, shows that her percentage 16(20%) mothers were coolie, that her percentage 4 (13%) mothers were in private job and 2 (7 %) mothers were working in Government Job.

According to the type of family, 17 (57 %)of mothers belong to nuclear family, 9 (30%) of mothers belong to joint family .3(10%) of mothers belong to extended family, 1(3%) of mothers belongs to others.

According to the family income of postnatal mothers shows that below thousand 37% (11) of mothers were belong to 23% (7) two thousand mothers, 13% (4) postnatal mothers shows that 27% (8) were belongs to income Rs. 25000/-.

According to the no of children in the family, mothers were having that 14(47%) one child, mothers were having that 12(40%) two children's, mothers were having that 4(13%) of 3 children.

According to the preterm baby weight is, mothers were shows that 4(13%) of 1kg (about 2.2 lb.) of babies' weight, mothers were shows that 7 (23%) 1.5kg of babies' weight, mothers were shows that 15 (50%) 2kg of babies' weight and 4 (13%) of mothers having the baby weight is above 2kg.

According to the health services availed form shows that percentage 11(37%) of the mothers were belongs to PHC and health services availed form shows that percentage 1 (3%) of the

mothers in sub center and health services availed form shows that percentage 5(17%) mothers in nursing home and remaining 13 (43%) of mothers in hospitals.

According to type of delivery the mothers belongs to normal delivery of percentage 19(63%), type of delivery the mothers belong to LSCS 4(13%), type of delivery the mothers belong to 4(13%) forceps delivery and type of delivery the mothers belong to 3 (10%)normal delivery with episiotomy.

SECTION B

Table no 2: Frequency and percentage distribution level of knowledge of postnatal mothers on kangaroo mother care.

Level of knowledge	PreTest		Post Test	
	F	%	F	%
Adequate knowledge	5	16.66%	27	90%
Moderate Adequate knowledge	9	30%	3	10%
Inadequate Knowledge	16	53.33%	-	-

Table 2 shows that level of knowledge regarding kangaroo mother care among postnatal mothers reveals that in pretest 5(16.66%) of the mother have adequate knowledge, 9(30%) of the mothers have moderate knowledge and 16(53.33%) of the mothers have inadequate knowledge.

Whereas in posttest after implementation of structure teaching program its reveals 27(90%) of the mothers have adequate knowledge, 3(10%) of the mothers have moderate knowledge and none of the mothers have inadequate knowledge.

Which shows that structure teaching program has increase that knowledge level of the mothers.

SECTION C

Table no 3 :Comparison of mean &standard deviation of pre test and post test knowledge scores of postnatal mothers regarding kangaroo mother care.

N=30

Score	Mean SD		Mean Difference SD	T value	P value
Knowledge score	Pre test	Post test	70.60	28.14	<0.05
	19±2.01	2.8±2.0			

*significant at 0.05level

Table no 2 shows that, mean of posttest knowledge score <0.05 of mothers was higher mean pretest knowledge score (1.9±2.01). the mean difference was 70.60%.the paired sample t test was used to compare mean of pretest and posttest knowledge score. The calculate t value was 28.14 which is more than tabulated t value of 1.98 at p <0.005 level of significance and hence research hypothesis was accepted.

So, there is significant improvement in knowledge score can be attributed to the structure teaching program provided as an intervention .

SECTION D

Table no 4: Association of the selected demographic variables with the levels of knowledge among postnatal mothers

Demographic variables		Level of knowledge						Chi square value
		Inadequate		Moderate		Adequate		
		F	%	F	%	F	%	
Age	Below 25	9	30	9	30	0	0	X ² =13.88 DF=4 P>0.05(NS)
	26-30	4	13.3	5	16.6	1	3.33	
	30-40	0	0	1	3.33	1	3.33	
	Above 40	0	0	0	0	0	0	
Religion	Hindu	1	3.33	6	20	6	20	X ² =14.58 DF= 4 P>0.05(NS)
	Muslim	0	0	1	3.33	1	1.33	
	Christian	2	6.66	5	16.66	5	16.66	
	Any others	0	0	0	0	0	0	
Educational status of mothers	illiteracy	0	0	3	10	0	0	X ² =27.25 DF= 10 P>0.05(NS)
	Primary school	0	0	5	16.66	1	3.33	
	Middle school	1	3.33	2	6.66	1	3.33	
	Secondary school	2	6.66	2	6.66	2	6.66	
	Higher secondary	1	3.33	2	6.66	1	3.33	
	Degree	1	3.33	4	13.3	2	6.66	

Occupation of the mothers	Housewife	0	0	9	30	9	30	$X^2=37.49$ DF=8 $P>0.05(S)$
	coolie	0	0	3	10	3	10	
	Private job	1	3.33%	2	6.66	1	3.33	
Type of delivery	Government job	0	0	2	6.66	0	0	$X^2=23.51$ DF=6 $P>0.05(S)$
	business	0	0	0	0	0	0	
	Nuclear family	5	16.66	7	23.3	5	16.66	
	Joint family	3	10%	4	13.3	2	6.66	
	Extended family	0	0	2	6.66	1	3.33	
	Others	0	0	1	3.33	0	0	
Family income per month(rupee)	Below 10000	0	0	6	20	5	16.66	$X^2=18.2$ DF=6 $P>0.05(N S)$
	15000-20000	0	0	4	13.3	2	6.66	
	20000-25000	1	3.33	2	6.66	1	3.33	
	Above 25000	0	0	6	20	2	6.66	
No of children in the family	1 child	0	0	12	40	2	6.66	$X^2=24.5$ DF=4 $P>0.05(S)$
	2 children	1	3.33	8	26.6	3	10	
	3 children	0	0	2	6.66	2	6.665	
	Above 3children	0	0	0	0	0	0	

Weight of preterm baby	1kg	0	0	2	6.66	2	6.66	X ² =21.67 DF=6 P>0.05(S)
	1.5kg	3	10%	3	10	1	3.33	
	2kg	0	0	13	43.3	2	6.66	
	<2kg	0	0	2	6.66	2	6.66	
Health service available	P.H.C	0	0	9	30	2	6.66	X ² =22.59 DF=6 P>0.05
	Sub center	0	0	1	3.33	0	0	
	Nursing home	0	0	5	16.66	0	0	
	hospital	3	10%	7	23.3	2	6.66	
Type of delivery	Normal delivery	2	6.66 %	15	50	3	10	X ² =17.51 DF=6 P>0.025(NS)
	Caesarian section	0	0	3	10	1	3.33	
	Forceps delivery	0	0	2	6.66	2	6.66	
	Normal delivery with episiotomy	0	0	2	6.66	1	3.33	

Chi square was calculated to find out the association between the knowledge scores and demographic variables of the post natal mothers. Significant association was found between knowledge scores of post natal mothers regarding kangaroo mother care with their demographic variables such as Source of information (p<0.05). No Significant association was found between knowledge scores of post natal mothers regarding kangaroo mother care such as age, religion, education, family income, type of delivery. Significant association was found between knowledge scores of post natal mothers regarding kangaroo mother care such as (occupation, type of family, no of children, weight of the pre term baby, health services) in p>0.05.

CHAPTER-V

DISCUSSION

CHAPTER V

DISCUSSION

The aim of the present study was to assess the effectiveness of structured teaching programme on Kangaroo Mother Care among postnatal mothers at selected hospital in Chennai. The study was conducted by using quasi experimental design. Sample size was 30 postnatal mothers selected by purposive sampling technique. The effectiveness of structured teaching programme was evaluated by questionnaire. The responses were analyzed through descriptive statistics (mean, frequency, percentage and standard deviation) and inferential statistics (paired „t“ test.)

DISCUSSION ON THE FINDINGS BASED ON THE OBJECTIVES OF THE STUDY:

Objective-1

To assess the knowledge regarding kangaroo mother care among postnatal mothers in selected hospital in Chennai

The study findings revealed that in pretest 5(16.66%) of the mother have adequate knowledge, 9(30%) of the mothers have moderate knowledge and 16(53.33%) of the mothers have inadequate knowledge.

Whereas in posttest after implementation of structure teaching program its reveals 27(90%) of the mothers have adequate knowledge, 3(10%) of the mothers have moderate knowledge and none of the mothers have inadequate knowledge.

The above findings were supported by the study conducted by Hassan Zaheer studied the knowledge of kangaroo mother care in 30 postnatal mothers. They demonstrated about the kangaroo mother care using Manikins. After 7 days the knowledge level of the mothers was assessed, and it was improved.

Objective-2

To evaluate the effectiveness of structured teaching programme on knowledge regarding kangaroo mother care among postnatal mothers

Comparison of overall mean, SD, mean percentage of pre and post-test knowledge scores shows that overall pretest mean score was 1.9 ± 2.01 which is 57.52 % whereas in post-test the mean score was 2.8 ± 2.0 which is 83.85 % revealing the difference of 70.60 % shows the effectiveness of structure teaching programme..

The above finding was consistent with the study of Sivapriya S, SubashJ, Kamala S. (2008) conducted a quasi-experimental study to assess the knowledge of mothers of preterm babies regarding kangaroo mother care and to evaluate the effectiveness of structured teaching programmed on kangaroo care among the mothers of preterm babies. A total of 30 mothers were selected for the study. Findings of the study revealed that, the pre-test knowledge of the Kangaroo mother Care was Nil. After the structured teaching programmed posttest knowledge of the mother regarding Kangaroo Care was increased. 6 (17.10%) mothers had inadequate knowledge on Kangaroo Care, 25 (71.4%) mothers had moderately adequate knowledge and 4 (11.5%) mothers had adequate knowledge on Kangaroo Care. Kangaroo Mother Care is a simple low cost and highly effective intervention for low-birth-weight babies. And teaching program can improve the knowledge of mothers on Kangaroo Care. So, educational program on Kangaroo Care can be provided to Mothers, which in turn will improve the preterm and low birth care.

Objective-3

To find out the association between knowledge regarding Kangaroo mother care among postnatal mothers with selected socio demographic variables.

The study findings revealed that association between the level of knowledge and their selected demographic variables. It was interpreted that there was significant association found between knowledge scores of postnatal mothers regarding Kangaroo Mother Care with their demographic variables such as Source of information ($P < 0.05$). No significant association was found between knowledge scores of postnatal mothers regarding Kangaroo Mother Care with

their other demographic variables such as age, religion, education, family income, type of delivery. Significant association was found between knowledge scores of post-natal mothers regarding kangaroo mother care such as (occupation, type of family, no of children, weight of the preterm baby, health services) in $p > 0.05$.

This study was consistent with the study conducted by Sanders AB reported that Kangaroo Mother Care knowledge among postnatal mothers was important. There was no significant association between the level of knowledge and their selected demographic variables like age, sex, education status, type of family and education of parents.

CHAPTER-VI

SUMMARY

CHAPTER VI

SUMMARY, IMPLICATION, LIMITATION, RECOMMENDATION, CONCLUSION

The present study was to “Assess the effectiveness of structured teaching programme on knowledge regarding Kangaroo Mothercare among postnatal mothers at selected hospital in Chennai.

IMPLICATION OF THE STUDY:

According to Tolsma (1995) the section of the research report that focuses on nursing implication usually includes specific suggestions for nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice:

Nurses have the responsibility to improve the knowledge level of mothers. The present study will help the nurse to know the effectiveness of structured teaching programme on knowledge regarding Kangaroo Mother Care. It will help in creating the awareness among mothers about the Kangaroo Mother Care.

Nursing education:

Mothers must update their knowledge regarding Kangaroo Mother Care in emergency management. The faculty member must motivate the mother to learn about the kangaroo mother care.

Nursing administration:

The present study proposed to help the health administrator to create awareness about the effectiveness of structured teaching programme on knowledge regarding Kangaroo Mother Care among postnatal mothers to give a valuable life.

Nursing research:

The study will be valuable reference for further research. The findings of the study would help to expand the scientific body of professional knowledge upon which further research can be conducted.

LIMITATION:

The study was limited to only one group to prove the effectiveness of Structured teaching Programme .The samples were selected by purposive sampling technique.

RECOMMENDATIONS:

The study can be replicated in large sample size. A similar study can be done in different settings and in different population. A comparative study can be done to having two groups.

CONCLUSION:

The postnatal mothers had a good knowledge after structured teaching programme about kangaroo mother care. The structured teaching programme was effective to improve the level of knowledge.

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ANNEXURE

ANNEXURE
ANNEXURE – II

Letter seeking expert's opinion and suggestion for the content Validity of the tool used for the study.

From:

Reg no: 39904028(Veronica.p)

39904019(Mouriya)

III-year Bscnursing,
Sathyabama College of nursing,
Chennai.

To:

The Director ,

Dr. Kamakshi Memorial Hospital,

Chennai .

Sub: Expert opinion for content validation of research tool.

Respected Sir / Madam,

We Veronica.P, Mouriya.R a nursing student in Sathyabama college of nursing, anticipate Your valuable self; if you would accept to validate my research tool on the topic "**A study to assess the effectiveness of structured teaching programme knowledge regarding kangaroo mother care among postnatal mothers at selected hospital in Chennai.**" It would be highly appreciable if you would kindly affirm your acceptance to endorse your Valuable suggestions on this topic. I had attached the details of the study along with the research tool.

Thanking you

Date:

yours faithfully

Place:

Veronica.P,Mouriya .R

ANNEXURE

STRUCTURED QUESTIONNAIRE INSTRUCTIONS

SECTION: A:

It consists of socio demographic variable of post-natal mothers regarding kangaroo mother care kindly give your correct answer () in appropriate space. It will be kept confidentially.

SECTION: B: -

It consists of knowledge questions (30) regarding Kangaroo mother care kindly give your answer () in appropriate space. It will be kept confidentially.

SECTION – A
SOCIO DEMOGRAPHIC VARIABLE

It consists of socio demographic variable of post-natal mothers regarding kangaroo mother care kindly give your correct answer () in appropriate space. It will be kept confidentially.

1. Age of the mother (in years)

- a. below – 25 ()
- b. 26-30 ()
- c. 30 - 40 ()
- d. Above 40 ()

2. Religion

- a. Hindu ()
- b. Muslim ()
- c. Christian ()
- d. Any other ()

3. Educational status of the mother

- a. Illiteracy ()
- b. Primary school ()
- c. Middle school ()
- d. Secondary school ()
- e. Higher Secondary school ()
- f. Degree ()

4. Occupation of the mother

- a. Housewife ()
- b. Coolie ()
- c. Private Job ()
- d. Government ()

e. Business / company ()

5. Type of family

a. Nuclear family ()

b. Joint family ()

c. Extended family ()

d. Others ()

6. Family income per month (Rupees)

a. Below 1000 ()

b. 1500-2000 ()

c. 2001-2500 ()

d. above 2500 ()

7. No. of children in the family

a. 1 child ()

b. 2 children ()

c. 3 children ()

d. 4 and above children ()

8. Weight of the Preterm Baby

a. 1000 Kg ()

b. 1.500 Kg ()

c. 2 Kg ()

d. < 2 Kg ()

9. Health services availed from

a. P.H.C ()

- b. Sub centre ()
- c. Nursing home ()
- d. Hospital ()

10. Type of delivery

- a. Normal delivery ()
- b. Lower segmental Cesarean Section ()
- c. Forceps delivery ()
- d. Normal delivery with episotomy ()

SECTION –B

Knowledge questions regarding kangaroo mother care

It consists of socio demographic variable of post natal mothers regarding kangaroo mother care kindly give your correct answer () in appropriate space. It will be kept confidentially.

Preterm Baby

1. What is mean by Pre term baby?

- a) Baby born after 37 weeks gestation ()
- b) Baby born before 37 weeks gestation ()
- c) Baby born after 40 weeks gestation ()
- d) Baby born above 42 weeks gestation ()

2. Which Temperature should be providing to pre term baby?

- a) $< 36.5^{\circ}\text{C}$ ()
- b) 36.5°C ()
- c) 37°C ()
- d) More than 38°C ()

3. Which milk can be used pre term baby?

- a) Mother Milk ()
- b) Formula Feed ()
- c) Cow Milk ()

d) Buffalo's Milk ()

4. What are the problems of Low Birth Weight Babies?

a) Birth asphyxia and Hypothermia ()

b) Neuropathy ()

c) Diabetes mellitus ()

d) Hyper tension ()

Low birth weight babies

1. What is the risk factor of Low Birth Weight Babies?

a) Malnutrition ()

b) Obesity ()

c) Over loading ()

d) Environment ()

2. What is thermal care?

a) Drying ()

b) Warming ()

c) Skin to skin ()

d) Drying, Warming, Skin to skin and delayed bathing ()

3. How will you prevent hypothermia?

a) Child kept under incubator ()

b) Child kept under phototherapy ()

c) Child kept under oxygen hood ()

d) Child kept under ventilator ()

4.Which babies are affected by Low Birth Weight Babies?

- a) Mothers age (younger than 15) and race ()
- b) Environment ()
- c) sex ()
- d) Mothers age above 40 ()

5.How do pre term births occur?

- a) Caesarean birth ()
- b) Normal birth ()
- c) Cord prolapsed ()

6.What is the benefit of breast feeding?

- a) Best food for infant ()
- b) Malnutrition ()
- c) Hardly digested ()
- d) Expansive ()

Kangaroo Mother Care

1. Which babies need kangaroo mother care?

- a) Preterm baby and low birth weight babies ()
- b) Infant ()
- c) Children ()
- d) School age children ()

2. What is Kangaroo Mother Care?

- a) Skin to Skin contact and care of Preterm baby ()
- b) Separate from mother ()
- c) Separate from Father ()
- d) Method of care of 1 year child ()

e) 3. What is the importance of kangaroo Mother Care?

- a) Reduce the death of preterm babies ()
- b) Used as a treatment for 6 month babies ()
- c) Used as a treatment for one year babies ()
- d) New born growth is decreased ()

4. What is the benefit of skin to skin contact?

- a) It reduces baby's stress and pain ()
- b) It increases baby's body temperature and weight ()
- c) It increases baby's stress and pain ()
- d) Used as treatment for school age children ()

5. Which day was celebrated as World Kangaroo Mother care day ?

- a) May 15 ()
- b) March 26 ()
- c) May 12 ()

d) October 2 ()

6. Which type of dress can use for Kangaroo mother care?

a) Blouse ()

b) Mother can wear thin cloth ()

c) Nighty ()

d) Chudithar ()

7. How many hours to do Kangaroo Mother Care?

a) Minimum 8 hours per day ()

b) Two hours ()

c) 12 hours ()

d) 24 hours ()

8. Who can do Kangaroo Mother Care?

a) Mother, Father, family members ()

b) Neighbors ()

c) Friends ()

d) Cousin ()

9. What is the main reason for death of new born child?

a) Preterm birth, problem during delivery, birth defect ()

b) Normal Delivery ()

c) Take proper nutrition ()

d) Exclusive Breast feeding ()

10. How can do the Kangaroo Mother Care?

- a) Holding the baby between the undress mothers chest and turn the baby's head on one side ()
- b) Holding the baby on hip ()
- c) Holding the baby on back ()
- d) Mother can wear nighty ()

11. Which position can Mother do Kangaroo Mother Care?

- a) Sitting and standing position ()
- b) Supine position ()
- c) Prone position ()
- d) Sitting, standing and sleeping position ()

12. Where the Kangaroo Mother Care can do?

- a) Can do only in hospital ()
- b) Can do only in home ()
- c) Can do in home and hospital ()
- d) All of the above ()

13. When the mother can stop Kangaroo mother care procedure?

- a) Babies weight reached up to 2.5 kg ()
- b) Baby above 2 kg ()
- c) Baby below 2 kg ()
- d) Not able to take feeding properly ()

14. How do prepare baby while doing kangaroo mother care?

- a) Naked ()
- b) Wearing cloth ()
- c) Wearing only diaper ()
- d) Wearing cap, diaper and socks ()

15. How should monitored Baby while receiving kangaroo mother care?

- a) Neck position ()
- b) Air way clearances ()
- c) Body color ()
- d) All of the above ()

16. Which mothers can practice kangaroo mother care?

- a) Post natal mothers ()
- b) Ante natal mothers ()
- c) Prime ()
- d) Null Para ()

17. What is the indicator that the baby is well?

- a) Neck not too flexed, not too extended ()
- b) Head is fixed ()
- c) Neck turn one side ()
- d) Foot flexed ()

18. Why do kangaroo mother care?

- a) It helps both infant and parents ()
- b) It minimizes temperature ()
- c) It ensures health ()
- d) It reduces stress ()

19. Where is kangaroo mother care initiated?

- a) Short session baby receiving oxygen therapy ()
- b) Baby should be stable ()
- c) Baby receiving gastric tube ()
- d) All of the above ()

20. How long should the baby is followed up post discharge?

- a) Once or twice a week till 37 - 40 weeks / 2.5-3kg ()
- b) Review after 6 months ()
- c) Review after 8 months ()
- d) Review after one year ()

STRUCTURE TEACHING PROGRAMME ON KANGAROO MOTHER CARE

Name of the presenter	: Veronica.P ,Mouriya. R
Topic	: Kangaroo mother care
Duration	: 20 minutes
Venue	: Postnatal ward
Medium of instruction	: Power point and flash card
General objectives	: The mother will gain knowledge
Attitude and practice skill regarding	:Kangaroo mother care

Specific Objectives

The Student will be able to the to

- Introduction of the topic
- define the term of Kangaroo mother care
- describe the components of Kangaroo mother care 108
- enlist benefits of Kangaroo mother care
- define Eligibility criteria for mother and child to initiate Kangaroo mother care
- describe preparing for Kangaroo mother care
- explain the procedure for Kangaroo mother care
- explain the initiation of Kangaroo mother care
- discuss duration of Kangaroo mother care

- describe the discharge criteria for Kangaroo mother care
- explain discontinuation of Kangaroo mother care
- educate follow up of Kangaroo mother care

SPECIFIC CONTENT	CONTENT	TEACHING LEARNING	AV AIDS	EVALUATION
Student will be able to introduce the topic	Introduction :Kangaroo mother care is a method of caring for newborn infants. In this method the infant is placed between mother's breasts in direct skin – to – skin contact. It is particularly useful in caring for low birth weight infants below 2000 grams	explaining		

Student will be able to define the term of Kangaroo mother care	Definition: A special way of caring for Low birth weight (LBW) babies It promotes Effective thermal control Breast feeding Prevention of infection Parental bonding	explaining	Showing Power point presentation	What is Kangaroo mother care
Student will be able to describe the components of KMC	Components of KMC Skin-to-skin contact Early, continuous and prolonged skin to skin contact Exclusive breastfeeding Promotes lactation and facilitates feeding	Explaining, listening	Discussion by power point presentation	What is Components of KMC ?

Student will be able to enlist the benefits of KMC	Benefits of KMC ➤ breast feeding • Increased breast feeding rates • Increased duration of breast feeding ➤ Thermal control • Effective thermal control • Equivalent to conventional incubator care ➤ Early discharge • Better weight gain ➤ Lesser morbidity • Regular breathing • Decreased episodes of apnea • Protection from nosocomial infections Other benefits • Less stress to the infant • Stronger bonding • Deep satisfaction for mother	explaining	Discussion by power point presentation	What are the Benefits of Child and mother
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	• More confident			
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Student will be able to define Eligibility criteria for mother and child to initiate KMC	Eligibility criteria: Baby • Birth weight >1800 gm: Start at birth • Birth weight 1200-1799 gm: Hemodynamically stable • Birth weight <1200 gm: Hemodynamically stable Eligibility criteria: Mother • Willingness • General health & nutrition • Hygiene • Supportive family • Supportive community	explaining	Discussion by power point presentation	What are the Eligibility criteria
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Student will be able to describe preparing for KMC	Preparing for KMC • Demonstrate procedure • Ensure family support • KMC support group ➤ Mother's clothing: • Front-open, light dress as per the local culture ➤ Baby's clothing: • Cap, socks, nappy and front-open sleeveless shirt or „jhabala“	learning	discussion	
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Student will be able to explain the procedure for KMC	KMC procedure: Kangaroo mother care positioning ➤ Place baby between the mother's breasts in an upright position ➤ Head turned to one side and—slightly extended. ➤ Hips flexed and abducted in a “frog” position ➤ arms flexed Baby's abdomen at mother's epigastrium ➤ Support baby's bottom—	explaining	demonstration	
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Student will be able to to Explain the initiation of KMC	Initiation of KMC ➤ Baby should be stable ➤ Short KMC sessions can be initiated even if the baby is receiving • IV fluids • Oxygen therapy • Orogastric tube feedin	explaining	demonstation	
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Student will be able to discuss duration of KMC	Duration of Kangaroo Mother Care ➤ Start KMC sessions in the nursery. ➤ Practice one hour sessions initially ➤ Transit from conventional care to longer KMC ➤ Transfer baby to postnatal ward and continue KMC ➤ Increase duration up to 24 hours a day Sleep ➤ Supporting garment restraint for bab	explaining	discussion	How much duration is needed for KMC
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Student will be able to describe the discharge criteria for KMC	Discharge criteria From nursery to ward ➤ Stable baby ➤ Gaining weight Mother confident of looking after the baby ➤ Baby is well with no evidence of infection ➤ Feeding well (predominant breast milk) ➤ Gaining weight (15-20 gm/kg/day) Maintaining body temperature (in room temperature) ➤ Mother confident of taking care of the baby ➤ Follow-up visits ensured	explaining	discussion	When you should discharge the mother
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Student will be able to explain discontinuation of KMC	post discharge criteria ➤ Once or twice a week till 37-40 wks / 2.5-3 kg ➤ Thereafter, once in 2-4 wks till 3 months PCA ➤ Subsequently, every 1-2 months during first year ➤ More frequent visits if baby is not growing well (< 15-20 gm/kg/day up to 40 weeks PCA and then < 10 gm/kg/day)	Explaining	discussion	When you Discontinuation of KMC
Student will be able to educate follow up of KMC	Post discharge follow up : Once or twice a week till 37-40 wks /2.5-3 kg. Thereafter, once in 2-4 wks till 3 months PCA Subsequently, every 1-2 months during first year More frequent visits if baby is not growing well (< 15-20 gm/kg/day up to 40 weeks PCA and then < 10 gm/kg/day)	explaining	discuission	What is follow up of KMC

SUMMARY

Show for we have seen about the definition, components, benefits, eligibility criteria, Initiation, Duration, Discharge care, Follow up of Kangaroo mother care.

CONCLUSION

Kangaroo mother care promotions aims to promote the spread and implementation of Kangaroo mother care as the standard method of care for all new born and full term babies. It is very much benefited to mother and babies.