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EVALUATING KNOWLEGDGE OF ANTENATAL MOTHERS REGARDING PLACENTA PRAEVIA AND ITS COMPLICATLIONS

[1]Mrs. Flavia Veigas, [2]Ms. Sneha Mathew and [2]Ms. Akhilamd
[1]Associate Professor, Zulekha Nursing College, Mangaluru
[2]Fourth Year B.Sc (N) Student, Zulekha Nursing College, Mangalu

Abstract

Background: Placenta praevia is a pregnancy complication where the placenta partially or fully covers the cervix, commonly seen in women with multiple pregnancies, uterine abnormalities, or a history of C-section, abortion, or uterine surgery. It can lead to complications like postpartum hemorrhage and preterm birth

Aim: This study to assess the knowledge about placenta praevia among antenatal mothers admitted to the antenatal ward at Yenepoya Medical College Hospital.

Methodology. A non experimental descriptive research design was conducted with 30antenatal mother's selected with probability simple random sampling technique. A structured knowledge questionnaire assessed their knowledge of antenatal mother's regarding placenta praevia. Results interpreted that among 30antenatal mothers none of the respondents had adequate knowledge, 25(776) had a moderate level of knowledge and 7(23%) respondents had inadequate knowledge regarding placenta praevia and its complications. Conclusion Placenta praevia is a condition where placenta is partially or wholly implanted in the lowenitetine segment. Proper education and information should be provided to the mother's regarding placenta praevia and its complications in order to improve the quality of life.

Keywords: Antenatal mothers, knowledge, assessment, placenta praevia.

INTRODUCTION

The human placenta is a villous haemochorial structure, plays a critical role in maternal foetal transfer. The placenta is partly foetal and partly maternal in origin. It connects closely with the mother's circulation to carry out functions that the foetus is unable to perform during intrauterine life. The survival of foetus depends on the integrity and efficiency of the placenta.

Placenta praevia is defined as a placenta partially or wholly implanted in the lower uterine segment and labelled as praevia only after the period of viability that is 28 weeks in developing countries and 20 weeks in developed countries.[1]

In Karnataka, the total number of placenta praevia cases were 315 among 29075 deliveries during the study period, the incidence being 1.08%. In India reported incidence of placenta praevia ranges from 0.3 to 1.8%. Globally placenta praevia happens about 1 in 200 pregnancies. Complications of placenta praevia can include maternal haemorrhage, foetal distress, and the need for blood transfusions. In severe cases, placenta praevia can lead to maternal and foetal mortality.[2]

Placenta praevia can have a significant impact on the population and society as a whole. It can lead to increased healthcare costs due to the need for specialized prenatal care, caesarean deliveries, and potential neonatal intensive care for preterm babies. Additionally, result inmissed work days for the mother and potential long-term health complications for both themother and the baby. In some cases, placenta praevia may require bed rest or hospitalization, impacting the mother's ability to work and care for her family. Also result in financial strainand emotional stress for the family. Overall, placenta praevia can have a significant impact on the population and society byincreasing healthcare costs, affecting maternal and foetal health outcomes, and causingemotional and financial strain for affected families. It is important for healthcare providers toprovide early and comprehensive prenatal care to identify and manage placenta praevia tominimize its impact on both individuals and society.[3]

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STATEMENT OF THE PROBLEM

EVALUATING KNOWLEGDGE OF ANTENATAL MOTHERS REGARDING PLACENTA PRAEVIA AND ITS COMPLICATLIONS.

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding the placenta praevia among antenatal mothers.
2. To find the association between knowledge regarding placenta praevia and it scomplications among antenatal mothers and selected demographic variables such as age, religion, educational qualification, occupation, income, marital status, type of family, previous mode of delivery, previous surgeries, number of children, social habits, weight, dietary habits, family history of congenital illness and source of information.
3. To develop an information booklet on placenta praevia among antenatal mothers.

HYPOTHESIS

The hypothesis is tested at 0.05 level of significance.

H1-There will be significant association between knowledge of the antenatal mother's and demographic variables such as age, religion, educational qualification, occupation, income, marital status, type of family, previous mode of delivery, previous surgeries, number of children, social habits, weight, dietary habits, family history of congenital illness and source of information.

MATERIALS AND METHODS

Research Design: The experimental descriptive research design was used to assess the level of knowledge regarding placenta praevia among antenatal mother's attending antenatal ward of Yenepoya medical College hospital, Mangaluru.

Setting: The study was conducted in selected antenatal ward of Yenepoya medical College hospital, Mangaluru.

Sample size and sampling technique: A Total of 30 antenatal mother's were selected using a probability simple random sampling technique.

Sampling criteria:

The sample were selected with the following predetermined criteria.

Inclusion criteria

- Antenatal mothers, who were admitted antenatal ward.
- Antenatal mothers who were willing to participate in this study.
- Antenatal mothers who were able to read and write Kannada or English.

Exclusion criteria

- Antenatal mothers who were not admitted in antenatal ward
- Antenatal mothers who were not willing to participate in this study

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- Antenatal mothers who were not able to read and write Kannada or English.

SELECTION AND DEVELOPMENT OF TOOL

Tool is an instrument used by the researcher to collect the data. Structured knowledge questionnaire regarding the placenta praevia and its complications was developed as tool to assess the knowledge of antenatal mothers

SOURCES OF TOOL CONSTRUCTION

Review of literature from books, journals, and online sources, reports and other publications. Discussion with expert including gynaecologist, physician, professional in Midwifery and Obstetrical nursing specialty and statistician enlightened and refined the investigators idea about the preparation.

STEPS INVOLVED IN THE DEVELOPMENT OF THE TOOL

Tool is the written device that researcher used to collect data. The researcher developed the tool from the literature review and relevant sources to the study. The tool was developed in order to attain the objectives of the study. Based on the literature reviewed, personal experience and discussion with experts. The investigator developed the blue print of knowledge questionnaire and demographic proforma and constructed information booklet on the placenta praevia and its complications.

The steps involved in the developed of the tool:

1. Preparation of tool

2. Content validity of the tool

3. Reliability of the tool

4. Preparation of final tool

PREPARATION OF TOOL

After a thorough review of literature related to the topic, the tool was developed. The tool was divided in two sections.

SECTION 1: DEMOGRAPHIC PROFORMA

The investigator constructed the tool to collect the background data of the antenatal mothers and to identify the influence of sample characteristics with general wellbeing. Proforma consist of 14 items which include age (in years), religion, educational qualification, occupation, income, marital status, type of family, previous mode of delivery, previous surgeries, number of children's, social habits, weight, dietary habits, family history of congenital illness and source of information about placenta parevia and its complications.

SECTION 2: ASSESSMENT OF KNOWLEDGE OF ANTENATAL MOTHERS REGARDING THE PLACENTA PRAEVIA AND ITS COMPLICATIONS.

The tool was constructed to collect the information from the sample about the placenta praevia and its complications.

The investigators prepared the questionnaire to assess the knowledge of antenatal mothers regarding the placenta praevia and its complications.

There are 30 items with 4 options in each item. Scoring was done for correct answer 1 score and 0 for wrong answer.

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DATA COLLECTION PROCEDURE

The permission from the consent authority was obtained before conducting the study. A written consent was obtained from the subject. The investigator introduces and explain the purpose of the study. The investigator conducted the main study on 26.06.2024 to 28.06.2024 among30 subjects at antenatal ward. The duration taken for each sample was 15-20 minutes. The date collected was compiled for data analysis.

RESULTS

Description of socio demographic variables

The analysis of demographic variables showed that among 30 antenatal mothers majority of the antenatal mothers 13(43%) belonged to the age group of 26-30 years, 25(83%) belonged to the Muslim community, 20(67%) mothers are graduated, 17(57%) were unemployed and 15(50%) mother's monthly income was less than Rs15,000, all the 30(100%) antenatal mothers were married.21(70%).28(93%) has not underwent any previous surgeries.13(43%) mothers have 1 child each, 12(40%) mothers have 2 30(100%) were not having any social habits.8(27%) of them were between 41-50kg, 15(50%) of them were between 51-60kg and,7(23%) of them were above 61kg.4(13%) were vegetarian, 25(84%) were non-vegetarian and 1(3%) mother was pescatarian.s 2(7%) mothers has a family history of congenital illness and 28 (93%) does not have any family history of congenital illness.17(57%) of them got information from health care professionals, 9(30%) of them got information from family/relatives/friends,2(6%) of them got information from mass media and 2(7%) got information from books/ encyclopaedias.

Distributiona of antenatal mothers according to their knowledge. regarding placenta praevia and its complications.

N=30

Level of knowledge.

Table Showed that among 30 antenatal mothers, none of the respondents had adequate knowledge, 23 (77%) had a moderate level of knowledge and 7 (23%) respondents had inadequate knowledge regarding placenta praevia and its complications.

Sl. No.	Level of Knowledge	Range	Frequency (%)	Percentage (%)
1.	Inadequate Knowledge	0-10	7	23
2.	Moderate Knowledge	11-20	23	77
3.	Adequate Knowledge	21-30	0	0

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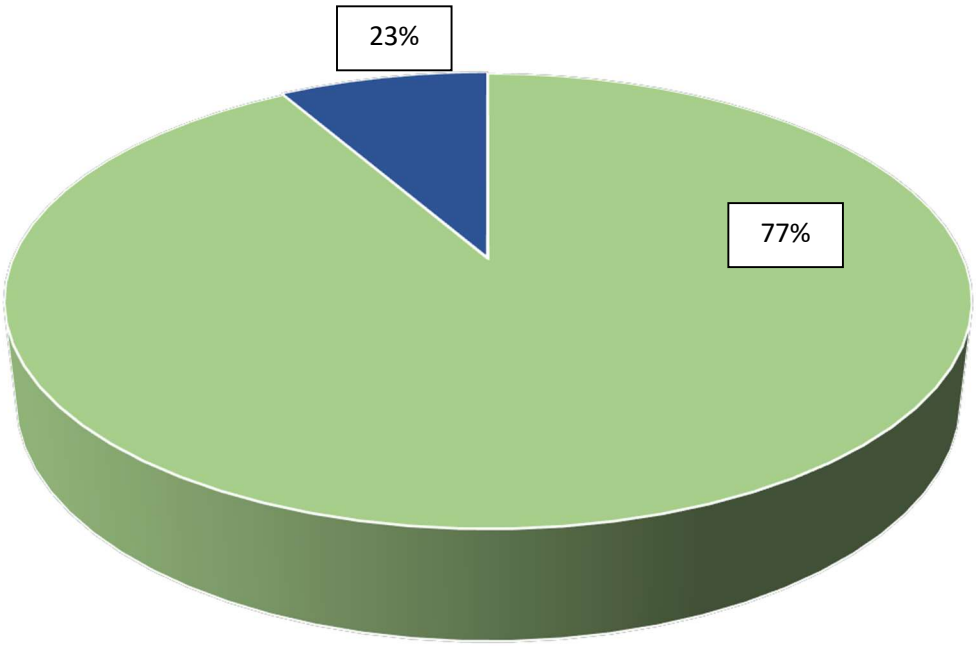

The study result Showed that among 30 antenatal mothers, none of the respondents had adequate knowledge, 23 (77%) had a moderate level of knowledge and 7 (23%) respondents had inadequate knowledge regarding placenta praevia and its complications.

The research finding shows that among 30 antenatal mothers 14(47%) knew regarding meaning of placenta praevia and 16(53%)was not knowing about placenta praevia only 7 (23%) knew regarding the classification of placenta praevia, 23(77%) was not knowing about placenta praevia ,13(43%) knew regarding the type in which placenta covers the internal opening and is asymmetrically located 17((57%) was not knowing regarding the type in which placenta covers the internal opening and is asymmetrically located only 9(30%) knew regarding the common cause for placenta praevia and 21(70%) was not knowing regarding the common cause for placenta praevia only 10(33%) knew regarding most common risk factor of placenta praevia, and 20(67%) was not known regarding the common risk factor of placenta praevia 15(50%) knew regarding the age group at risk for placenta praevia and its complication, and15(50%) was not knowing regarding the age group at risk of placenta praevia and its complications 7(23%) knew regarding cause of endometrial damage, and 23(77%) was not knowing regarding cause of endometrial damage 19(63%) knew regarding the effect of smoking, and 11(37%) was not knowing regarding the effect of smoking , only 14(47%) knew regarding the case of increased placental size, and 16(53%) was not knowing regarding the case of increased placental size only 4(13%) knew regarding the normal of placenta, 26(87%) was not knowing regarding the normal size of placenta , only 17(57%) knew regarding the only symptom of placenta praevia and 13(43%) was not known about the only symptom of placenta praevia only 5(17%) knew regarding type of bleeding in placenta praevia, and 25(83%) was not knowing type of bleeding in placenta praevia only 15(50%)knew regarding the colour of blood in placenta praevia , 15(50%) was not knowing regarding the colour of blood in placenta praevia, only 10(33%) knew regarding most common sign of placenta praevia, and 20(77%) was not knowing regarding the common sign of placenta praevia, only 12(40%) knew regarding the appearance of uterus in placenta praevia, and 18(60%) was not knowing regarding the appearance of uterus in placenta praevia, 22(73%)knew regarding the common diagnostic test used in placenta praevia, and 8(27%) was not knowing regarding the common diagnostic test used in placenta praevia, only 15(50%),knew regarding the use of ultrasound in placenta praevia, and 15(50%) was not knowing regarding the use of ultrasound in placenta praevia only 16(20%) knew regarding MRI

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in placenta praevia, 14(80%) was not knowing regarding MRI in placenta praevia, only 9(30%) knew regarding foetal monitoring in placenta praevia, and 21(70%) was not knowing regarding foetal monitoring in placenta praevia, only 11(37%) knew regarding the use of steroids, and 19(63%) was not knowing regarding the use of steroids, 10(33%) knew regarding the measure

to avoid straining of stools, 20(67%) was not knowing regarding the measure to avoid straining of stools, 16(53%) knew regarding common non-pharmacological approach to manage placenta praevia, and 14(47%) was not knowing regarding common pharmacological approach to manage placenta praevia, 16(53%) knew regarding the importance of bed rest, and 14(47%) was not knowing regarding the importance of bed rest, only 18(60%) knew regarding the common physical activity to be avoided, 12(40%) was not knowing regarding the common physical activity to be avoided only 18(60%)knew regarding the management of anaemia, and

12(40%) was not knowing regarding the management of anaemia, 16(53%) knew regarding surgical management of placenta praevia and 14(47%) was not knowing regarding surgical management of placenta praevia 19(63%) knew regarding most common complication of placenta praevia, and 11(37%) was not knowing regarding most common complications of placenta praevia 15(50%) knew regarding the cause of haemorrhagic shock, and 15(50%) was not knowing regarding the cause of haemorrhagic shock , 17(57%) knew regarding maternal cause of placenta praevia, and 13(43%) was not knowing regarding maternal cause of placenta a, only 17(57%) knew regarding foetal complication of placenta praevia and 13(43%) was not knowing regarding foetal complication of placenta praevia.

DISCUSSION

Among the 30 antenatal mothers none of the respondents had adequate knowledge, 23 (77%) had a moderate level of knowledge and 7 (23%) respondents had inadequate knowledge regarding placenta praevia and its complication.

The association between knowledge regarding placenta praevia and its complications among antenatal mothers and selected demographic variables such as age, religion, educational qualification, occupation, income, marital status, type of family, previous mode of delivery, previous surgeries, number of children, social habits, weight, dietary habits, family history of congenital illness and source of information. Chi square test was used to assess the association between the level of knowledge of antenatal mothers regarding the placenta praevia and its complications and selected demographic variables such as age, religion, educational qualification, occupation, income, marital status, type of family, previous mode of delivery, previous surgeries, number of 56 children, social habits, weight, dietary habits, family history of congenital illness, and source of information regarding the placenta praevia and its complications and it showed that the variable age (28.64) was only significantly associated with knowledge of antenatal mothers regarding placenta praevia and its complications The result showed that the variable age (28.64) was only significantly associated with knowledge of antenatal mothers regarding placenta praevia and its complications at 0.05 level. But there was no significant association between knowledge of antenatal mothers with selected demographic variables such as religion, educational qualification, occupation, income, marital status, type of family, previous mode of delivery, past surgeries, number of children, social habits, weight as present, dietary habits, family history of congenital illness and source of information.

CONCLUSION

On the basis of the findings the study concluded that among 30 antenatal mothers none of the respondents had adequate knowledge, 23 (77%) had a moderate level of knowledge and 7 (23%) respondents had inadequate knowledge regarding placenta praevia and its complications. Hence it is important to provide information regarding placenta praevia and its complications

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