



Knowledge regarding fetal well being among antenatal mothers in selected rural areas at Nellore

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Abstract

Back ground: Fetal growth is the primary method of assessment of fetal well-being and is an important determinant of health in later life. The assessment of fetal well-being is a critical tool in ensuring optimal neonatal outcomes from both pregnancy and labor.

Objectives: To assess the level of knowledge regarding fetal wellbeing among antenatal mothers.

Materials and Methods: The descriptive research design was used to conduct research study. The 30 antenatal mothers were selected by using non probability convenience sampling technique in selected rural areas at Nellore.

Results: The result reveals that, with regard to level of knowledge regarding fetal wellbeing among Antenatal Mothers, 5 (17%) had good knowledge, 7 (23%) had average knowledge and 18 (60%) had poor knowledge.

Keywords: knowledge, fetal wellbeing, fetal development, antenatal mothers

Introduction

In current obstetric practice, there is frequently a need to assess fetal wellbeing. This is particularly so in those fetuses at risk, including the small-for-gestational-age fetus or the fetus of a mother who presents with reduced fetal movements or who has an obstetric complication such as pre-eclampsia. It is important that the clinician is able to assess fetal wellbeing in such cases, especially in preterm gestations, when inappropriate delivery could have serious adverse consequences.

The primary goal of antenatal evaluation is to identify fetuses at risk for intrauterine injury and death so that intervention and timely delivery can prevent progression to stillbirth. Ideally, antenatal tests would decrease fetal death without putting large numbers of healthy fetuses at risk for premature delivery and the associated morbidity and mortality. Despite widespread use of many tests, limited evidence exists to demonstrate effectiveness at improving perinatal outcomes with application of these tests.

Certainly, there is a definite need to find a reliable test of fetal well-being. The National Center for Health Statistics defines perinatal mortality rate (PMR) as the number of late fetal deaths (28-wk gestation or more) plus early neonatal deaths (infants 0 to 6 d of age) per 1000 live births plus fetal deaths. In the United States, stillbirths account for more than 55% of the perinatal mortality and could potentially be prevented with an effective form of fetal testing.

Monitoring the growth of the fetus is of vital importance in identifying small- and large-for-gestational age babies, both of whom are at an increased risk of associated morbidity and mortality. The methods currently used to screen fetal growth are abdominal palpation, symphysis fundal height (SFH)

measurements, ultrasound scanning and fetal biometry, and customized growth charts. But the challenge is to identify these high-risk pregnancies using the most effective screening methods. There is currently no agreed UK population standard to define normal ranges for estimated fetal weight, fetal growth or birth weight.

Since 1975, the non-stress test (NST) has been applying as a first step to assess fetal wellbeing. Over past decades, antepartum fetal heart rate testing has become an integral part in high-risk pregnancy management. During this time, the contraction stress test has given way to the non-stress test for primary fetal surveillance due to its proven reliability and its low false negative rate. The main feature of normality to interpret the testis FHR accelerations, i.e., reactive tracing. Accelerations, which resemble aspike-like or transitory increase above baseline as a result of sympathetic nervous system stimulation, have been shown to be reassuring both ante partum and intrapartum, and indicate a non-acidotic fetus. Maryam Zangeneh (2017), a non-stress test is the first step to determine fetal wellbeing. This study was conducted on 323 pregnant patients, referred to Motazedi hospital, Kermanshah, Iran, to justify the non-stress test's strength. 33.1% were stricken by a fetal distress and 9.9% by meconium passing, around 5% by an Apgar elows even, 5.3% were hospitalized at the NICU, and 86.4% were delivered by the cesarean section. It is believed that studied communities' size might explain the difference between our results and past ones.

Statement of Problem

A Study to assess the level of knowledge regarding fetal well being among Antenatal mothers in Selected Rural Areas at Nellore.

Objectives

1. To assess the knowledge regarding fetal wellbeing among antenatal mothers.

Materials and Methods

A quantitative research approach and descriptive research design was used to assess the knowledge regarding fetal wellbeing among Antenatal Mothers in selected rural areas (Dakkili Vari Palem, Kamakshi Nagar and T.P. Gudur) at Nellore. The sample includes all Antenatal mothers in selected rural areas (Dakkili Vari Palem, Kamakshi Nagar and T.P. Gudur) at Nellore. 30 Antenatal mothers were selected by using non probability convenience sampling technique. With the help of extensive reviews from various text books, net sources and journals, 30 structured questionnaires were developed to assess the knowledge regarding fetal well being. Each correct answer was given by score ‘1’ and wrong answer by score ‘0’. The score interpretation was >75% Good knowledge, 55-75% Average knowledge and <50% Poor knowledge. The tool was sent to nursing experts for content validity. The reliability of the tool ‘r’ value was 0.9. The tool was tested for the feasibility by conducting pilot study among 3 Antenatal Mothers. Prior formal permission was obtained from the institutional ethical committee, Narayana Medical College Hospital, Nellore. The samples were informed by the investigator about the purpose of the study and the written consent was obtained. The data collection was carried out 2 weeks. Data was collected by using socio demographic variables and a structured questionnaire was used to measure the level of knowledge regarding fetal well being. It took 10-20 minutes to collect the data from each participant. The data was analyzed and tabulated by using descriptive and inferential statistics based on objectives of the study.

Result and Discussion

Table 1: frequency and Percentage distribution of level of knowledge regarding fetal wellbeing among Antenatal Mothers (n=30)

Level of knowledge	Frequency (f)	Percentage (%)
Good knowledge	5	17
Average knowledge	7	23
Poor knowledge	18	60
Total	30	100

Table 1 Shows that with regard to level of knowledge regarding fetal wellbeing among Antenatal Mothers, 5 (17%) had good knowledge, 7 (23%) had average knowledge and 18 (60%) had poor knowledge.

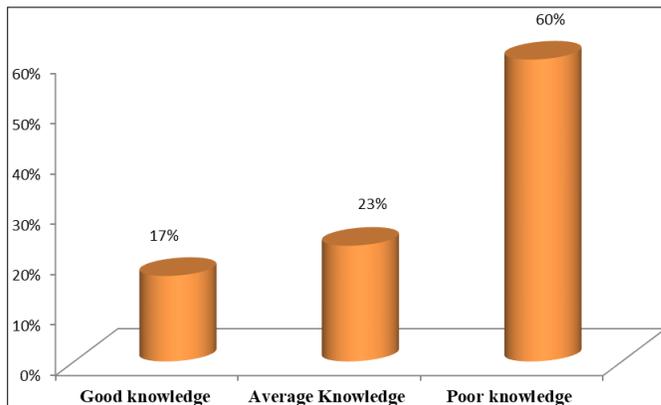


Fig 1: Percentage distribution of level of knowledge fetal well being

Table 2: Mean & Standard Deviation of Knowledge Regarding fetal wellbeing among Antenatal Mothers (n=30)

Criteria	Mean	Standard deviation
Level of knowledge	60.8	15.5

Table 2. Shows that level of knowledge regarding fetal wellbeing among Antenatal Mothers mean value is 60.8 with Standard deviation of 15.5.

Nursing Implications

The findings of the study have several implications for nursing practice, nursing education and nursing research.

Nursing Practice

- The nurse can teach the mothers about fetal well being.
- The nurse can educate the mother about to reduce the risk factors of fetus.

Nursing Education

- Mass awareness programmes need to be initiated.
- They should take up the responsibility to create awareness how to manage the risk factors among ante natal mothers to prevent the attack of health problems in future.

Nursing Research

- The essence of research is to build up the body of knowledge in nursing as an evolving profession.
- More research studies stimulate recommended, recognize and support the physical and mental and its transient into clinical practice.

Recommendations for Further Research

On the basis of finding of the study the following

recommendations are suggested in the future research.

- A similar study can be conducted at different setting in different population
- A comparative study can be conducted between urban and rural areas.
- A similar study can be also done in low socio economic group of mothers.

Conclusion

The present study concluded that majority of 18 (60%) of Antenatal Mothers had poor knowledge about fetal wellbeing. Hence nursing educators can conduct awareness programmes to update knowledge regarding to treat risk factors associated to fetal development.

References

2. Hoh JK. The significance of amplitude and duration of fetal heart rate acceleration in non-stress test analysis. *Taiwan J Obstet Gynecology* 51(3):397-401.
3. Lawrence D. Antenatal Fetal Assessment: Contraction Stress Test, Non stress Test, Vibro acoustic Stimulation, Amniotic Fluid Volume, Biophysical Profile, and Modified Biophysical Profile-An Overview. *Semin Perinatol* 32(4): 247-252.
4. American College of Obstetricians and Gynecologists. Management of intrapartum fetal heart rate tracings: practice bulletin no. 116. *Obstet Gynecol.* 2010; 116:1232-1240.
5. Association of Women's Health, Obstetric and Neonatal Nurses. *Fetal Heart Monitoring Principles & Practices.* 4th ed. Philadelphia. PA: Lippincott, 2009.
6. Signore C. Antenatal testing-a reevaluation: executive summary of a Eunice Kennedy Shriver National Institute of Child Health and Human Development workshop. *Obstet Gynecol.* 2009; 113:687-701.
7. Gabbe SG. *Obstetrics: Normal and Problem Pregnancies.* Churchill Livingstone/Elsevier; Philadelphia, PA, 2007.
8. Haws RA. Reducing stillbirths: screening and monitoring during pregnancy and labour. *BMC Pregnancy Childbirth.* 2009; 9(suppl1):1-48.
9. Elizabeth jasmine. Quality assurance, *JNEP.* 2015; 1(2):5-87.
10. Elizabeth jasmine. Patient bill of rights, *Journal of midwifery and maternal health.* 2015; 1(2):109-111.
11. Elizabeth Jasmine. Maternal near Miss, *Journal of midwifery and maternal health.* 2015; 1(2):113-115.
12. Elizabeth Jasmine. A study to assess the effectiveness of olive oil massage on selected parameters among parturient mothers in labour room at Rajah Muthiah Medical College Hospital, Annamali University, Chidambaram. *Narayana Nursing Journal,* 2013, 2.