CHAPTER VI
SUMMARY, CONCLUSION, RECOMMENDATIONS AND IMPLICATIONS

6.1 Summary

It includes systematic activities carried out throughout the study. The particular study was done to “determine the effectiveness of Self Care Strategies (SCS) on Pregnancy Induced Hypertension, maternal and perinatal outcome among primigravidae.

To achieve this the investigator formed the objectives as follows;
1. To evaluate the effect of SCS on occurrence of Pregnancy Induced Hypertension, maternal and perinatal outcome
2. To correlate the level of adherence to SCS with occurrence of Pregnancy Induced Hypertension, maternal and perinatal outcome in SCS group.
3. To correlate the occurrence of Pregnancy Induced Hypertension, with maternal and perinatal outcome in both groups.
4. To associate the background variables with their occurrence of Pregnancy Induced Hypertension, maternal and perinatal outcome in both groups.

To answer the research questions hypotheses were formulated as follows:
1. There is a significant decrease in the occurrence of pregnancy-induced hypertension, better maternal and perinatal outcome among women who adhere SCS than those women who did not.
2. The women who adhere SCS more shows lesser occurrence of pregnancy-induced hypertension, better maternal and perinatal outcome than those women who adhere less.

The investigator reviewed the literatures to support the study as well as the findings of the study. It was in 2 parts Part –A; Related studies on SCS, PIH. Maternal and perinatal outcome.

Part- B; Conceptual framework based on Ernestine Widen Bach’s need for help or helping art theory.

The research approach used for the study was evaluative approach and true experimental design with 2 group post test only design.

The study included, the SCS (self care strategies) as independent variable and dependent variables were, occurrence of pregnancy-induced hypertension, maternal and perinatal outcome. The extraneous variables were background variables, which included age, education, income, type of family, type of work, occupation, habitance, Hemoglobin, albuminuria in each trimester, and level of knowledge.

The study setting was Sri Ramachandra Hospital at Porur, Chennai, in Antenatal OPD, and records of postnatal ward and labor room were used as sources of information on maternal and perinatal outcome.
All antenatal women were served as population, but whoever fulfilled the sampling criteria were samples. The samples were allotted at random in both the groups using random table list and lottery method.

The prepared tool was in 5 parts.

Part-I : Background variables
Part-II : Checklist on adherence of self-care strategies
Part-III: Assessment chart for occurrence of PIH
Part-IV: Checklist on assessment of maternal outcome
Part-V : Checklist on assessment of perinatal outcome

Content validity was obtained from 12 experts. Reliability was checked using split half and inter-rater method.

Pilot study was done on 10% of the samples. The pilot study showed feasibility in conducting the study. Few modifications were included in the study with expert’s suggestions.

The main study was conducted among primigravidae to evaluate the effect of SCS. The collected data were coded and analyzed using descriptive and inferential statistics.

The results of the study were, on comparison

- The level of adherence of SCS between first and second time had no significant difference in both the groups but there was a significant difference at the level of p<0.001 between the control and study group in all the aspects.
Occurrence of PIH, between the groups showed the significant difference at the level of p<0.05 with a ‘t’ value of 2.391.

Maternal Outcome between the Groups showed a significant difference at the level of p<0.001 with a ‘t’ value of 3.516.

Perinatal Outcome between the Groups was not having any significant difference statistically with ‘t’ value of 0.976.

**On Correlation**

Self-care strategies adherence with Occurrence of Pregnancy Induced Hypertension in study group showed an ‘r’ value of –0.276 in first time and ‘r’ value of -0.247 in second time. The ‘r’ values are showed significant relationship between the level of adherence and occurrence of PIH at the level of p<0.01.

Maternal Outcome in the study group, showed an ‘r’ value of 0.756 in first time and ‘r’ value of 0.631 in second time. It has a significant relationship between the level of adherence and maternal Outcome at the level of p<0.001.

Perinatal outcome showed an ‘r’ value of 0.682 in first time and ‘r’ value of 0.638 in second time. The ‘r’ values are showing significant relationship between the level of adherence and Perinatal Outcome at the level of p<0.001.

In control group, there was no significant correlation between level of adherence of SCS and the Occurrence of PIH, Maternal and Perinatal outcome.
On inter correlation among dependent variables

- In study group, occurrence of PIH was having no statistical significance with maternal \( r=0.243 \) and perinatal \( r=0.507 \) outcome.
- In control group the ‘r’ value for maternal outcome was \(-0.283\), and perinatal outcome ‘r’ value was 0.390 with no statistical significance.
- The other correlation between maternal and perinatal outcome was significant at the level of \( p<0.01 \) with an ‘r’ value of 0.635. In control group, the ‘r’ value was 0.426 that was also significant at the level of \( p<0.01 \).

On Association

**Demographic variables In study group**, The level of adherence of SCS had no significant association with background variables except albuminuria during II trimester at the level of \( p<0.05 \).

The education had significant association with the occurrence of PIH at the level of \( p<0.05 \) with ‘F’ value of 3.768.

The other background variable showed a significant association between age, and maternal outcome at the level of \( p<0.01 \) with an ‘F’ value of 4.045.

**In control group**, only education had significant association with perinatal and maternal outcome at the level of \( p<0.001 \) with an ‘F’ value of 3.133.

**On investigations, in study group** there was an association between the presence of albuminuria in I and II trimester and occurrence of PIH with an ‘F’ value of 11.07 & 5.199, it was significant at the level of \( p<0.01 \) & \( p<0.001 \) respectively. The presence of
albuminuria had significant association with the level of adherence of SCS at first (F = 3.208, P<0.05) and second time (F=4.173, p<0.05). In control group, no significant association was found.

In regression analysis of background variables with outcome variables by Beta coefficient correlation in study group found that,

- Knowledge score is related only with family income at the level of p<0.01 with ‘r’ value of -0.283.
- Level of Self Care Strategies adherence in first and second time showed significant relationship with albuminuria in II trimester at the level of p<0.05.
- Significant relationship was found between Occurrence of Pregnancy induced hypertension and Hemoglobin (g) I trimester at the level of p<0.05 with a ‘r’ value of 0.230
- Negative correlation was there between perinatal outcome and Hemoglobin (g) I trimester at the level of p<0.05 with a ‘r’ value of -0.240.

In control group

- Knowledge score is related with family income and habitance at the level of p<0.05 and type of family at the level of p<0.00. On investigations the Albuminuria mg/l I trimester had significant relation with knowledge score at the level of p<0.05 with a ‘r’ value of 0.175.
- Negative correlation between the level of Self Care Strategies adherence at first time and Type of Family with a ‘r’ value of -0.266.
There was a significant relationship between perinatal outcome and education at the level of p<0.05 with a ‘r’ value of 0.193. On investigations Hemoglobin (g) I and II trimester had significant relation at the level of p<0.05 with a ‘r’ value of 0.205 and -0.232 respectively.

6.2 Conclusion

The study concluded that, SCS is effective in reduction of complications, during pregnancy like, lessening the occurrence of PIH.

Giving information on antenatal care is not enough in bringing down the complications Re- enforcement is necessary to make the mothers to practice it is a must. Practice of SCS will improve maternal and perinatal outcome.

6.3 Recommendations and implications

- Research should be continued on the need of practices and effectiveness of self-care strategies.
- Similar study can be conducted for a larger group of sample and in different settings.
- Comparative study can be conducted between rural and urban mothers.
- Prospective study of effectiveness of Self-care strategies can be compared between young and yeilder Primi mothers.
- Package of self-care strategies can be divided and effectiveness can be proved in each aspects.
- Self care strategies mode of administration can be changed as video and audio instruction as group for more number of persons.
Study can be done to determine the effect of SCS for a group of women attending antenatal OPD on different outcome variables like, increase of placental perfusion, blood flow on vessels of the pelvic and reproductive organs.

Study can be done to compare between health centre and tertiary centre.

The study can be done with SCS implementation on mothers with high risk conditions and measure the outcome variables.

6.4 Implications for nursing practice

Nurses working in antenatal OPD can use this package for women and explain it during different weeks of gestation.

The team can incorporate SCS package for the impact of knowledge on the mother.

Intensification of efforts by health providers, including nurses is very much needed to modify the harmful practices of women during antenatal period. One of the best way is implementation of SCS.

The budget can be allocated for preparing and issuing this module to all women.

Same information can be explained and they should be motivated to wards practice, and feed back session.

SCS can be given to the nurses in community health centres and it should be available for them on first visit and each visit.

Home care nurse can assess the level of adherence in each visit and help them to come out of problems.
➤ Nurses can extend their roles like counselor, advocate, educator and co-coordinator in implementation of SCS.

➤ Nurses shall be the role models as mothers while demonstrating and motivating them to practice.

➤ Module on SCS is the cheapest and the best way to enhance the accessibility, availability and quality of services.

6.5 Implications for nursing education

➤ Nurse educators can help in planning the ideal way of implementing the SCS module to the women in society and train the nurses.

➤ Nurse educators can conduct nursing clinics, nursing rounds, and prepare nursing orders to provoke on implementation of prenatal SCS package.

➤ Current concepts of antenatal care can be informed to the nurses through in-service education.

➤ Nurse educators can plan the nursing programme to meet the challenging needs of the antenatal mother.

➤ Planning the way of Teaching of cost effective strategies in reduction of hospital cost to wards admission and management of minor disorders in pregnancy.

➤ Seminars, workshop and projects on various modalities of prenatal care can be organized for the trained nurses and student nurses.

➤ Bridging gaps between the various cadres of nursing personnel in providing information will be eliminated by the orientation of SCS module.
Nurse educators have to prepare the Community health nurses, who would play a key role in providing information and reinforcement to women.

6.6 Implications for nursing administration

- Nurse administrator can prepare the policies towards implementation of SCS.
- The orientation programme and continuing nursing education on antenatal care should be made as mandatory for all the nurses working in antenatal ward or OPD.
- Standards of prenatal care, to be prepared and implemented by the nurse administrator.
- Procedure manual in antenatal care made to be available in the wards and OPD’S.
- Proper selection, placement and effective utilization of the nurses, in all the areas of prenatal care.
- Encouragement of nurses to present the case history of antenatal women with different types of antenatal care in conference, seminar and in-service education.
- Quality based promotion for the nurses will encourage them towards learning newer concepts.
- Conducting tele-conference among nurses to discuss the evidence based perinatal care to promote the maternal and perinatal outcome.
- Nurses to be updated on their knowledge by conducting workshop periodically on perinatal care.
- Nursing personnel should have access to e-learning to learn the latest information.
6.7 Implications for Research

- Apart from SCS, other way of giving information and motivation for practice can be compared.
- More number of nursing researches to be encouraged.
- Granting of funds towards research process in perinatal area to be considered.
- Same SCS can be focused for other complications.
- Effect of SCS can be measured in terms of cost of perinatal care and care of newborn.
- Newer methods, and technologies can be introduced with research-based evidence on antenatal care.

6.8 Implications for nursing theory

- Newer theory can be derived to support the findings of the study with a concept of, practice based information and application in nursing.
- Theory of Reinforcement can be incorporated in new theory to support the hypotheses of study.
- Theory can be used to test the effect of SCS in different settings.