APPENDIX-I

ETHICAL PERMISSION LETTER

SRI RAMACHANDRA UNIVERSITY
(Established under Section 3 of the UGC Act, 1956)

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INSTITUTIONAL ETHICS COMMITTEE
(Other than Clinical Evaluation of Drugs/Procedures/Devices/Diagnostics/Vaccine/Herbal Remedies)

Chairman:
Dr. Venkatesan P

Member Secretary:
Dr. Padmavathi R.

Members:
Dr. Ramesh Hari Hara Iyer
Dr. Darling Chellathai David
Dr. C. D. Narayanan
Dr. T. S. Lokeshwari
Dr. S. Nirupa
Ms. A. G. Shanthi
Mr. S. Reihnakumar – Legal Consultant
Ms. Sheeba Vinod

To
Mrs. Nisha Clement,
Vice Principal
Vs. College of Nursing
Bangalore

Dear Madam,

REF: REF: IEC-NI/08/Aug/05/29

SUB: IEC-NI/08/Aug/05/29 An exploratory study to identify the factors that affect in the implementation of postnatal care given to mother’s undergone normal delivery by the staff nurses in selected government hospitals in Bangalore, Karnataka.

Thank you for submitting the above proposal to the Institutional Ethics Committee, which was discussed in the meeting, held on 26.08.08. The Institutional Ethics Committee has requested to submit the clarifications for the following and resubmit the proposal.

- To submit the Permission letter from the hospitals/Government authorities from where the patients will be recruited

A Harvard Medical International Associated Institution
APPENDIX-II
PERMISSION TO CONDUCT STUDY AT BRUHUT MAHANAGARE PALIKE, BANGALORE
APPENDIX-III
INFORMED CONSENT FORM-NURSE

I understand that I am being asked to participate in a research study conducted by Mrs Nishaclement of VSS College Nursing, Bangalore. This research study will assess to “elicit the outcome of postnatal nursing problems after implementation of comprehensive postnatal nursing strategies by the nurses among postnatal mothers in the selected hospitals at Bengaluru, Karnataka”.

If I agree to participate in the study, I will be asked to answer questions asked by researcher regarding demographic variables data, also the willingness to participate in the training session of CPNS conducted by the researcher, I will follow the instructions explained in CPNS in postnatal ward after attending the session, The answers will be kept confidential. No identifying information will be included when it is transcribed. I understand that there are no risks associated with this study.

I realize that the knowledge gained from this study may help either me or other people in the future. I realize that my participation in this study is entirely voluntary, and I may withdraw from the study at any time I wish. If I decided to discontinue my participation in this study, I will continue to be treated in the usual and customary fashion.

I understand that all my study data will be kept confidential. However, this information may be used in nursing publication or presentations. If I need to, I can contact Mrs Nishaclement of VSS College of Nursing, No70, nagadevanahalli, Mysore ring road Bangalore 56 at any time during the study.

The study has been explained to me. I have read and understood this consent form, all of my questions have been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.

I Acceptance to participate in the study:

Signature of the staff nurse: ___________________________ Signature of the investigator: ___________________________

Place: ___________________________

Date: ___________________________
APPENDIX-IV
INFORMED WRITTEN CONSENT FORM –(POSTNATAL MOTHER)

I understand that I am being asked to participate in a research study conducted by Mrs Nishaclement of VSS College Nursing, Bangalore. This research study will assess to elicit the outcome of postnatal nursing problems after implementation of comprehensive postnatal nursing strategies by the nurses among postnatal mothers in the selected hospitals at Bengaluru, Karnataka.

If I agree to participate in the study, I will be asked to answer questions asked by researcher regarding demographic variables, implementation of CPNS, outcomes of postnatal nursing problems and satisfaction of CPNS implementation, the answers will be kept confidential. No identifying information will be included when it is transcribed. I understand that there are no risks associated with this study.

I realize that the knowledge gained from this study may help either me or other people in the future. I realize that my participation in this study is entirely voluntary, and I may withdraw from the study at any time I wish. If I decided to discontinue my participation in this study, I will continue to be treated in the usual and customary fashion.

I understand that all my study data will be kept confidential. However, this information may be used in nursing publication or presentations. If I need to, I can contact Mrs Nishaclement of VSS College of Nursing, No70, Nagadevanahalli, Mysore ring road Bangalore 56 at any time during the study.

The study has been explained to me. I have read and understood this consent form, all of my questions have been answered, and I agree to participate. I understand that I will be given a copy of this signed consent form.
I accept to participate in the study.

Signature of the patient:       Signature of Investigator

Place :                         
Date  :                         

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APPENDIX-V
KANNADA-INFORMED CONSENT-POSTNATAL MOTHER

ಪಸಂದವಿಕ್ರ್ಯು. ಎಲ್ಲ ಪ್ರತಿ ವಿಹಾರವೇಳೆಂದರೆ ಮುಂದೆ ಬಾಗ್ಯದಿಂದಲ್ಲಿಯೇ ಪರಿಷ್ಕರಣ ಕಾಲದ ಅಥವಾ ಸಮಯದಲ್ಲಿಯೇ ನೀವನ್ನು ಮಾಳಿಗೆ ಕೊಡುವ ಪ್ರಮುಖ ಸಾರ್ವತ್ರವಾಗಿ পಟ್ಟಾಟಕ ಜೀವನದ್ದೇ ಮೂರಳು ಬಾಲದ ಗುರುತಿಸುವ ಪ್ರಮುಖ ಪ್ರಮುಖ ವಿಧ್ಯಾಂಶ ಪ್ರಮುಖ ಸಾರ್ವತ್ರವಾಗಿ. 

ಪರಿಷ್ಕರಣವ ಸ್ಟೇಟ್ ಯಿತರಿಂದ ಪ್ರತಿ ಶುಲ್ಕ ಜಗತ್ತೌಸುಬರಿಯಿಲ್ಲಿಗೆ ಸ್ಥಾಪಿಸಬೇಕೆಂದು ಪ್ರತಿ ಮಾನವ ಒಂದು ಸಾರ್ವತ್ರವಾಗಿ. 

ಪರಿಷ್ಕರಣವ ಸ್ಟೇಟ್ ಯಿತರಿಂದ ಪ್ರತಿ ಶುಲ್ಕ ಜಗತ್ತೌಸುಬರಿಯಿಲ್ಲಿಗೆ ಸ್ಥಾಪಿಸಬೇಕೆಂದು ಪ್ರತಿ ಮಾನವ ಒಂದು ಸಾರ್ವತ್ರವಾಗಿ. 

ಪ್ರತಿ ಮಾನವ ಒಂದು ಸಾರ್ವತ್ರವಾಗಿ. 

ನಾಗುಬೆಂಬೆಂದರೆ ಪ್ರತಿ ಮಾನವ ಒಂದು ಸಾರ್ವತ್ರವಾಗಿ. 

ಎಲ್ಲ ಪ್ರತಿ ವಿಹಾರವೇಳೆಂದರೆ ಮುಂದೆ ಬಾಗ್ಯದಿಂದಲ್ಲಿಯೇ ಪರಿಷ್ಕರಣ ಕಾಲದ ಅಥವಾ ಸಮಯದಲ್ಲಿಯೇ ನೀವನ್ನು ಮಾಳಿಗೆ ಕೊಡುವ ಪ್ರಮುಖ ಸಾರ್ವತ್ರವಾಗಿ
ನನುಡಿಯಾಧ್ಯಯನದಲ್ಲಿ ಗಾರ್ಥವಾದ ವಿಧಾನವನ್ನು ಸುಭಾಷಿಸುಬೀರುವ ಪ್ರಕಾರದ ಸಂಗ್ರಹಪಡೆಯಿತು. ಇದರ ಪ್ರತಿಯೊಂದು
ವಿಷಯ ಸ್ಥಿತಿಗೆ ಪರ್ಷರವಾಗಿಲ್ಲದೆ ಇದು ಸಾಮಾನ್ಯವಾಗಿಸುತ್ತದೆ. ಗಾರ್ಥವಾದ ಪ್ರಕಾರ, 56
ನುದಿಯ ಎಲೆಕ್ಟ್ರಾಫಿಕ್ಷನ್ ವಾಹನಗಳು ಮತ್ತು ಸ್ಮಾಲೂರ್ ನಗರದ ಸ್ಮಾಲೂರ್ ರಸ್ತೆಯಲ್ಲಿಯೇ ವಿನ್ಯಾಸಗೊಳಿಸಲಾಗುತ್ತದೆ.

ಈ ವಿಷಯದಲ್ಲಿ ಸುಭಾಷಿಸುತ್ತದೆ, ಈ ಪ್ರಕಾರದ ಸಂಗ್ರಹ ಸದೃಶ್ಯವಾಗಿಲ್ಲದೆ ಇದು ಸಾಮಾನ್ಯವಾಗಿಸುತ್ತದೆ. ಗಾರ್ಥವಾದ
ಪ್ರಕಾರ, 70, ಸರಾಸರಿ, ಸಂಖ್ಯೆಯಲ್ಲಿ ವಿನ್ಯಾಸಗೊಳಿಸಲಾಗುತ್ತದೆ.

ಈ ಸ್ಮಾಲೂರ್ ರಸ್ತೆಯಲ್ಲಿಯೇ ಸ್ಮಾಲೂರ್ ರಸ್ತೆಯಲ್ಲಿಯೇ ವಿನ್ಯಾಸಗೊಳಿಸಲಾಗುತ್ತದೆ. ಗಾರ್ಥವಾದ
ಪ್ರಕಾರ, 56, ಸ್ಮಾಲೂರ್ ನಗರದ ಸ್ಮಾಲೂರ್ ರಸ್ತೆಯಲ್ಲಿಯೇ ವಿನ್ಯಾಸಗೊಳಿಸಲಾಗುತ್ತದೆ.

ಮಾನವರ್ಗದ ಪ್ರಕಾರ, 32, ಸ್ಮಾಲೂರ್ ನಗರದ ಸ್ಮಾಲೂರ್ ರಸ್ತೆಯಲ್ಲಿಯೇ ವಿನ್ಯಾಸಗೊಳಿಸಲಾಗುತ್ತದೆ.

ಮಾನವರ್ಗದ ಪ್ರಕಾರ, 56, ಸ್ಮಾಲೂರ್ ನಗರದ ಸ್ಮಾಲೂರ್ ರಸ್ತೆಯಲ್ಲಿಯೇ ವಿನ್ಯಾಸಗೊಳಿಸಲಾಗುತ್ತದೆ.
APPENDIX-VI
CERTIFICATION OF INFORMED CONSENT BY RESEARCHER

I am Nishaclement working as vice-principal in V.S.S College Nursing, Bangalore, I am doing a PhD course (nursing) in Sri Ramachandra medical college and Research Institute, Porur Chennai.

The study is “to elicit the outcome of postnatal nursing problems after implementation of comprehensive postnatal nursing strategies by the nurses among postnatal mothers in the selected hospitals at Bengaluru, Karnataka.”

I certify that I have explained the nature and purpose of this study to the above-named individual, and I have discussed the potential benefits and risks of this study participation. The questions the individual had about this study have been answered, and I will always be available to address future questions.

Researcher’s Name and address:

Mrs Nishaclement,
VSS College of Nursing,
No 70, Nagadevanahalli,
Bangalore -56

Signature of the Investigator:

Place:
Date:
APPENDIX-VII

Lesson plan on Training Module on Comprehensive Postnatal Nursing Care Strategies

Submitted by
NISHACLEMENT
Teaching Module

Topic: CPNS
Group: Nurses who participates in the study group
Place of teaching: BBMP hospital seminar room
Time: 30 minutes
Size: 16-20 nurses per session
Method of teaching: Lecture Cum Discussion
Teaching aid: Power Point-LCD and Booklet

Aim:
To train the study participants to reinforce and review acquired knowledge and to develop positive attitude to practice on comprehensive postnatal nursing care strategies thereby improve their quality of life.

General objectives: At the end of the reinforcement session the nurses will be able to
1. Gain knowledge about comprehensive postnatal nursing care strategies.
2. Develop positive attitude towards comprehensive postnatal nursing care strategies.
3. Practice skills using the gained knowledge in the postnatal ward among the postnatal mothers.
Specific objectives: at the end of the each session study participants will be able to

1. Understand the meaning of CPNS
2. List the main objectives of CPNS
3. Define postpartum
4. Enlist the objectives of CPNS
5. Illustrate the important strategies of CPNS
6. Illustrate the outcomes of CPNS
### COMPREHENSIVE POSTNATAL NURSING CARE STRATEGIES:

#### Introduction:

Pregnancy, birth, and the postpartum period are some of the most profoundly transformational experiences a woman goes through in her life. Midwives recognize this as a normal and healthy time in a woman's life - a time full of growth, excitement and wonder - but one that is also full of change and uncertainty that requires loving guidance along the way. Being a midwife means being "with woman" as clinical care-provider, guide, witness to her process, loving presence, and guardian of her and her baby's well-being - emotionally, physically, and spiritually.

- Comprehensive postpartum care means providing personalized postpartum care that includes complete care of postnatal mother and newborn right from the birth of newborn till the mother gets discharged and continued thereafter in follow up care exclusively until six weeks.

#### Main objectives:

1. Monitoring the physical, psychological, and social well-being of the mother.
2. Controlling the postnatal complications by reducing postnatal nursing problems.
3. Providing the mother with individualized education, counselling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support.
5. Identifying and referring women who require obstetrical attention.

<table>
<thead>
<tr>
<th>Sl. no/time</th>
<th>Specific objectives</th>
<th>Content</th>
<th>Teachers activity</th>
<th>Listener activity</th>
<th>AV aids</th>
<th>Evaluation</th>
</tr>
</thead>
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<tr>
<td>1. 2mts</td>
<td>Students will be able to understand the meaning of CPNS</td>
<td></td>
<td>Self-introduction to the group and introduces the topic to the group</td>
<td>Wishes the investigator or Listens to the topic</td>
<td>LCD</td>
<td>What do you mean by CPNS?</td>
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</tbody>
</table>
Students will be able to list down the main objectives of CPNS

**Definition of postpartum**
Postpartum means the day following childbirth till 6 weeks is called the postnatal period – is a critical phase in the lives of mothers and newborn babies.

Most maternal and infant deaths occur during this time. Yet, this is the most neglected period for the provision of quality care. Guidance from this document was included in the WHO guideline (2013) Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice of nursing care.

**Specific objectives** - in order to obtain the good outcome of comprehensive postnatal nursing strategies, following objectives are framed to reduce the postnatal nursing problems, therefore it is necessary for all the nursing personnel to keep in mind and implement CPNS to achieve the following objectives:

1. To promote the physical wellbeing of mother
2. To maintain the functional wellbeing of the mother
3. To strengthen the psychological wellbeing of mother

**The recommendations by WHO (2013) for postnatal care of mothers and newborns are summarized**: 

Nurses are the health care providers who are the primary caregivers the has to follow the recommendations and guidance from the WHO that has been drafted and modified as per the Indian set up to reinforce and encourage the nurses to impart practice among the postnatal mothers and implement regularly for obtaining the quality care.
Students will be able to define postnatal partum

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<th>Enlist the specific objectives</th>
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**Important comprehensive postnatal strategies are:**

1. **To promote Physical wellbeing of mother:**

   **Perform early ambulation:**
   
   a) All women should be encouraged to mobilize as soon as appropriate following the birth, helps to prevent deep vein thrombosis characterized with severe leg pain
   
   b) Mothers should be encouraged to sit up and stand after 6hrs of rest, if there is no contraindication for mobilization

   **Meet the Hygienic needs:** Women should be counselled on hygiene, especially hand washing.
   
   - Breast and nipple care: perform breast and nipple care by cleaning with warm water and drying it before and after feeding the child.
   
   - Skin care: regular warm bath is important to prevent transfer of infections from mother to child.
   
   - Perineal care: assisting the mother to do the perineal care and application of antiseptic ointments in the perineal wound promotes wound healing.

   **Meet the Dietary needs of mother and new born:** postnatal mother should be counselled on nutrition. All assistance to be given to the postnatal mother to meet the nutritional needs, especially assisting postnatal mother to breastfeed her newborn effectively.
   
   a. Assist the postnatal mother to feed her newborn teach the breast feeding techniques and examine the breast and the nipples for any breast engorgements,

<table>
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<tr>
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<th>Defines Postpartum</th>
<th>Listens take down the notes</th>
<th>LCD</th>
<th>Define postpartum ?</th>
</tr>
</thead>
</table>

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nipple sore, flat nipple, mastitis. If found inform the physician, provide hot
fomentation, express the milk, encourage regular feeding especially colostrum,
advise the mother to feed the child every 2hrs and on demand feeding.
b. After delivery and further to meet the nutritional needs of mother and the
newborn a balanced diet to be given and encouraged throughout the postnatal and
lactation period.
c. As per the hospital protocol and consult with the dietician is needed to meet the
nutritional needs of mother
d. Balanced diet is needed because possibility of vomiting or diarrhoea if present in
mother can alter the nutritional status in mother

**Meet the Elimination needs:** urine elimination to be checked to avoid the common
risk of urinary retention, interfere with involution of uterus.

a. Check for the normal voiding in mother, if not able to void assess for any bladder
distension, further oxytocin drip if continued can cause diuresis in postnatal
period which will further cause bladder distension, therefore emptying the
bladder will not only relieve the lower abdominal pain but also allow the
involution of uterus.
b. In third stage of labor there are risk for lots of perineal laceration can happen in
mother that can cause urinary incontinence in postnatal period, check for
dribbling of urine, Timely assessment will prevent the urinary problems in
mother, encourage kegels exercise in mother that will solve the urinary

| 15mts | Narrate the important strategies of CPNS | Narrates the important strategies of CPNS | Listens and takes notes | LCD | What are important strategies of CPNS? |
Illustrate the outcomes of CPNS.

c. check with stethoscope for bowel function, because regaining bowel function after birth is important since constipation is the common problem noticed in the postnatal mother after delivery, presence of internal anal or vulval hemorrhoids during pregnancy period may aggravate may cause bleeding will lead to anemia in mother.

**Minor illness in postnatal mother:** there are Regular postnatal assessment on minor illness in mother will prevent further postnatal complications, Counseling to All postnatal mother should be given information about the physiological process of recovery after birth, and that some health problems are common, therefore systematic and timely assessment can prevent the minor illness in the mother therefore always check for Headache, fatigue, back pain, perineal pain, breast pain, uterine tenderness and type of lochia. The use of antibiotics among women with a vaginal delivery and a third or fourth degree perineal tear is recommended for prevention of wound complications

a. Check for Signs and symptoms of infection: fever, shivering, abdominal pain and/or offensive vaginal loss. Therefore check regularly while doing the perineal care for Delay in Healing of any perineal wound, presence of perineal infection can cause hyperpyrexia, Fowl smelling vaginal discharge with large blood clots in 4hrs, Severe pain in the sutured perineal area

b. Check for the Signs and symptoms of PPH: sudden and profuse blood loss or persistent increased blood loss, faintness, dizziness, palpitations/tachycardia.
c. Check for Signs and symptoms of pre-eclampsia/eclampsia: headaches accompanied by one or more of the symptoms of visual disturbances, nausea, vomiting, epigastric or hypochondrial pain, feeling faint, convulsions (in the first few days after birth).

d. Check for Signs and symptoms of thromboembolism: unilateral calf pain, redness or swelling of calves, shortness of breath or chest pain.

2. **Functional wellbeing of mother**: Check on vitals such as body temperature, pulse, respiration, blood pressure and assessment of height of fundus every day at same time is found give vital data about progress of involution. All postpartum women should be checked with regular assessment of vaginal bleeding, uterine contraction, fundal height, temperature and heart rate (pulse) routinely during the first 24 hours starting from the first hour after birth. Blood pressure should be measured shortly after birth. If normal, the second blood pressure measurement should be taken within six hours.
   
a. Check for normal body temperature, pulse and respiration in mother and should be documented and variations in these should be reported

b. Check for blood pressure in postnatal mother since blood loss is very common, additional to that eclamptic mother may have increase in blood pressure therefore variations are common, it is important to check blood pressure any variations has to be reported and treated.

c. Check the height of fundus in postnatal mother to check the progress of involution every day at same time which will prevent postpartum haemorrhage.
3. Psychological wellbeing of mother: Psychosocial support is recommended for the prevention of postpartum depression among women at high risk of developing this condition. Nurse professionals should provide an opportunity for postnatal mother to discuss their birth experience during their hospital stay.

Psychological support, guidance and counselling:

a. Assessment of the mental status for all mothers, as a routine helps to diagnose Any Changes in mood, emotional state and behaviour that are outside of the woman’s normal pattern, if not diagnosed the problems can arise after discharge by 10–14 days after birth, postnatal mother at risk may develop mild, transitory postpartum depression (“maternal blues”).

b. visit to postnatal counselling cell: If symptoms of anxiety, depression has not resolved, screening for postnatal depression to be done if symptoms persist, postnatal mother should advised to visit the postnatal counselling cell for further treatment.

c. Postnatal mother should be observed for any risks, signs and symptoms of domestic abuse, and should be told should to contact for advice and management.

Health education and discharge instruction: Knowledge deficit is the common issue found among the mothers it is important to educate mother to have healthy postpartum period.
a. Educate the mother about exclusive Breastfeeding and its progress should be assessed at each postnatal contact
b. Postnatal mother should be counselled on birth spacing and family planning. Contraceptive options should be discussed, and contraceptive methods should be provided if requested. Postnatal mother should be counselled on safer sex including use of condoms.
c. Postnatal exercise: They should be encouraged to take gentle exercise and make time to rest during the postnatal period.
d. Newborn care; it includes baby care, eye care, cord care, immunization to the child, recognize minor illness in newborn
e. Provide discharge instruction about follow up care and intake of iron and calcium supplements

Outcomes of the CPNS- By implementing the strategies:

a. physical wellbeing of postnatal mother, outcomes will be improved physical wellbeing of postnatal mother and postnatal mother is prevented from immediate and late potential and actual postnatal complications such as severe leg pain prevented by early ambulation, perineal and breast infection leading to puerperal pyrexia prevented by regular cleaning, postnatal assessment and assisting postnatal mother to maintain her body hygienic, prevent dehydration due to vomiting or diarrhoea by timely administration of intravenous fluids as prescribed, once stabilized meet the dietary needs of mother by consulting with dietician and provide lactation diet thereby
improving and monitoring present nutritional status of postnatal mother, detect early and treat potential minor illness such as hyperpyrexia, severe breast pain, hot and red painful leg, lower abdominal pain with hard uterus and abnormal fowl smelling discharge of blood clots, and severe perineal pain, by timely assessment and immediate intervention systematically by the nurse, that early discharge and short stay in the hospital.

b. **Improvement in the functional wellbeing** of the postnatal mother is assessed by checking the postnatal vital index such as body temperature, pulse, respiration, blood pressure and the fundal height of the uterus are checked in immediately in the first hr. of postpartum after admission, if there is any abnormal variations in postnatal vital index the again it is rechecked and reported to the doctor, immediate treatment is taken to stabilize the postnatal vital index of the postnatal mother, this action prevents obstetric complications such as postpartum haemorrhage, eclamptic fits in PIH mothers, that can occur starting from end period of four stage of labor continue from first day postpartum period till discharge

c. **Psychological wellbeing of mother**: it is assessed by checking the mental status of each mother in order to check any signs and symptoms of psychological complications such as depression, anxiety,

**Conclusion**: postnatal period is the crucial period for the mother and the baby, found to the most neglected area (WHO-2013) in the health care, neglection of required postnatal care can increase the incidence of postnatal mortality and morbidity, in
order to reduce the maternal morbidity and mortality rate following the important guidelines and adapting comprehensive postnatal nursing care strategies are important to reduce the postnatal nursing care problems and obtain a good postnatal outcome, ultimately improving the health of the postnatal mother and newborn

REFERENCE:

6. Deborah McCarter determine effectiveness of an educational intervention in reducing or preventing symptoms of postpartum depression (PPD Journal of maternal and child
7. Ms. Rajdawinder Kaur, (2017). A Quasi- Experimental Study to Assess the
|   | Effectiveness of Early Ambulation on Involution of Uterus among Postnatal Mothers Admitted At SGRD Hospital, Vallah: International Journal of Health Sciences and Research International Journal of Health Sciences & Research (www.ijhsr.org) 165 Vol.7; Issue: 10; October (6.06)  
APPENDIX-VIII
DEMOGRAPHIC PROFILE OF POSTNATAL MOTHERS IN STUDY AND
CONTROL GROUPS

INTERVIEW SCHEDULE

Date:

LPNO:                          SAMPLE NO:

Instruction: tick the appropriate response in the given box (6 Items)

1. What is your age?
   a) 18-23yrs
   b) 24-28yrs
   c) 29-33yrs
   d) 34-38yrs

2. What is the education you have completed?
   a) Primary school
   b) Higher secondary
   c) PUC
   d) Graduate

3. Are you pregnant for first time?
   a) Primi gravida
   b) Multi gravida
   c) Grand multi

4. Who is your caretaker?
   a) Parents
   b) Mother-in-law
   c) Relatives
   d) Friends
5) Who gave you the information about the postnatal care?
   a) Parents
   b) Relatives
   c) Friends
   d) Media

6) Are you being treated for any medical illness in the antenatal period?
   a) Gestational diabetes mellitus
   b) Pregnancy induced hypertension
   c) Anemia
   d) Normal pregnancy – no co morbidity

Signature of Mother:  
Signature of Investigator: 
APPENDIX-IX
DESCRIPTION OF THE RESEARCH TOOL:

I.P.No: Sample No: Date:

INTERVIEW SCHEDULE
DEMOGRAPHIC VARIABLES-NURSE:

Instruction: Tick the appropriate response in the given box (6 items)

1. What is your age?
   a) 26-30 yrs
   b) 31-35 yrs
   c) 36-40 yrs
   d) 41-45 yrs

2. What is the course in nursing that you have completed?
   a) General nursing
   b) Bachelor in nursing
   c) Post basic nursing

3. What type of family you have?
   a) Nuclear family
   b) Joint family
   c) Extended family

4. What is your monthly income?
   a) 6000-10000rupees
   b) 10001-15000rupees
   c) 15001 rupees And above

5. What is your designation?
   a) Nurse-junior,
   b) Nurse- senior
6. How many years of professional experience in postnatal ward?
   a) 2-5 yrs
   b) 6-10 yrs
   c) 10 yrs and above

Signature of the staff nurse: ___________________________  Signature of Investigator ___________________________
APPENDIX-X

TO IDENTIFY OUTCOME OF NURSING PROBLEMS IN POSTNATAL MOTHERS IMPLEMENTATION OF CPNS IN STUDY GROUP

Instruction: Mark the appropriate response given by the postnatal mother

<table>
<thead>
<tr>
<th>Sl.no</th>
<th>Outcome Of Nursing Problems Identified After Implementation Of CPNS (/)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Assessment of physical well being -postnatal physical nursing problems: (19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>problems in Early ambulation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Leg pain in calf muscles</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>problems in Nipple:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Nipple sore</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>problems in Breast care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Mastitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>problems in Perineal care:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Unhealed perineal wound with abnormal fowl smelling discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>problems in Meeting dietary needs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Had loss of appetite</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Meet urination needs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Has lower abdominal pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Pain while passing urine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Meet bowel needs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Pain while passing motion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Constipation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Bleeding while passing motion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Minor illness in postnatal mother:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Increased body temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Fowl smelling vaginal discharge with large blood clots in 4hrs</td>
<td></td>
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<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Severe pain in the sutured perineal area</td>
<td></td>
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</tr>
<tr>
<td>d</td>
<td>Pain in the lower leg</td>
<td></td>
<td></td>
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<tr>
<td>e</td>
<td>Hot, redness and pain in breasts</td>
<td></td>
<td></td>
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<tr>
<td>f</td>
<td>Severe headache with blurred vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Feeling depressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Assessment of functional wellbeing-postnatal functional nursing problems: (5) postnatal vital index</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Check of body temperature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>High fever feeling warmth and shivering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Check of pulse:</td>
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<td></td>
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<tr>
<td>b</td>
<td>Feeling of palpitations</td>
<td></td>
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<tr>
<td>11</td>
<td>Check of respiration:</td>
<td></td>
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<tr>
<td>c</td>
<td>Increased breathing/able to feel the fast breathing</td>
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<tr>
<td>12</td>
<td>Check on blood pressure:</td>
<td></td>
<td></td>
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<tr>
<td>d</td>
<td>Feeling giddiness</td>
<td></td>
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<td>13</td>
<td>Check on height of the uterus &amp; lochia flow:</td>
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<tr>
<td>e</td>
<td>Hardness, pain in lower abdomen-sub involution and lochia flow</td>
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<tr>
<td>III</td>
<td>Psychological Well Being Of Mother: postnatal psychological problems (6)</td>
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<tr>
<td>14</td>
<td>Provide counseling and guidance:</td>
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<tr>
<td>a</td>
<td>Reported anxiety in postnatal mother</td>
<td></td>
<td></td>
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<tr>
<td>b</td>
<td>Reported depression in postnatal mother</td>
<td></td>
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<tr>
<td>15</td>
<td>Provide Health education on all aspects of postnatal &amp; newborn care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Has no information given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Knowledge deficit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Provide Discharge instruction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>No information given on follow up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Knowledge deficit</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Total score</td>
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</tbody>
</table>

Signature of the mother: ___________________________  Signature of investigator: ___________________________
APPENDIX-XI
INTERVIEW SCHEDULE TO ASSESS THE SATISFACTION OF CPNS IN POSTNATAL MOTHER

I.P.NO: Sample No: Date:

ASSESS THE SATISFACTION ON CPNS IN POSTNATAL MOTHERS:

Please (_) Tick Mark: Fully Satisfied (FS), Satisfied, Moderately Satisfied (MS), Minimally Satisfied (MnS), Not Satisfied (NS) 14 items

<table>
<thead>
<tr>
<th>SL.No</th>
<th>ASSESSMENT OF SATISFACTION-CPNS</th>
<th>FS</th>
<th>S</th>
<th>MS</th>
<th>MnS</th>
<th>NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provide rest and early ambulation:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td></td>
<td>A Received help to take adequate rest, assisted to walk after the delivery</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Meet the hygienic care:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>A Received assistance to meet all my hygienic care by nurse</td>
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<tr>
<td>3.</td>
<td>Check the postnatal vital index:</td>
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<tr>
<td></td>
<td>i. Check the vital signs:</td>
<td></td>
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<tr>
<td></td>
<td>A My Body temperature, pulse, respiration, blood pressure is checked by nurse</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>ii. Measure fundal height</td>
<td></td>
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<tr>
<td></td>
<td>b. My height of the lower abdomen is measured by nurse</td>
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<tr>
<td></td>
<td>ii. iii. Check lochial flow</td>
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<tr>
<td>4.</td>
<td>Meeting dietary needs:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>a. Received assistance to meet my dietary needs by staff nurse?</td>
<td></td>
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<tr>
<td>5.</td>
<td>Provide newborn care:</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Question</td>
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<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>a.</td>
<td>Received Assistance to breastfeed newborn successfully by nurse?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b.</td>
<td>Received Assistance to meet complete care of newborn by nurse?</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td><strong>Meeting the elimination needs:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>a.</td>
<td>Received assistance to meet urination needs by staff nurse?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b.</td>
<td>Received assistance to defecation needs by staff nurse</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>7</td>
<td><strong>Minor illness in newborn:</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>a.</td>
<td>Received treatment in time if any illness reported to staff nurse in newborn</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Minor illness mother-discharge early:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Received treatment in time if any minor illness reported to staff nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td><strong>Provide psychological support:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Allowed to ventilate problems with staff nurse</td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td><strong>Provide health education &amp; discharge instruction:</strong></td>
<td></td>
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</tr>
<tr>
<td>a.</td>
<td>Received detailed information on aspects of postnatal care &amp; activities followed after discharge by staff nurse?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
APPENDIX-XII

LETTER FOR EXPERT OPINION

From
Mrs. Nishaclement, M.Sc (N),
Ref No: Ph.D. (RR)/158 PT/IV/2008,
Sri Ramachandra
Institute of Higher Education and Research
(Deemed to be University),
Porur, Chennai – 116

To

Respected Sir/ Madam,

Sub: Content validity for tool – Reg.

I am currently pursuing PhD in Nursing at Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Porur, Chennai, on “to elicit the outcome of postnatal nursing problems after implementation of comprehensive postnatal nursing strategies by the nurses among postnatal mothers in the selected hospitals at Bengaluru, Karnataka” I need the expert opinion for the validity of the methodology and the instruments that is for the study.

Kindly do the needful.

Thanking you,

Yours sincerely

(Nishaclement)

Place:
CERTIFICATE OF CONTENT VALIDITY

This is to certify that I have perused the research tool submitted by Mrs. Nishaclement, M.Sc.(N), Ref No: PhD(RR)/158 PT/IV/2008 currently pursuing PhD in Nursing at Sri Ramachandra Institute of Higher Education and Research (Deemed to be University), Porur, Chennai – 116 on “to elicit the outcome of postnatal nursing problems after implementation of comprehensive postnatal nursing strategies by the nurses among postnatal mothers in the selected hospitals at Bengaluru, Karnataka” I found that the methodology and the instruments are appropriate and valid for the study.

Date:

Place: Signature of the Expert
APPENDIX-XIV
KANNADA VERSION OF THE TOOL

ಪ್ರಾಪ್ತಿ-1

ವೀಗಿನಕ್ಕೆರಿತವು ಈಂದಗಳಿಗಿಂತಿಗಳಿಗಿ ಮುಂದೆ ಸುತ್ತುವಾಡಲಾಗಿದ್ದ ಹಾಗೀಗೆ ಸೂಚಿಸಿದ್ದೇನೆ ಸ್ಥಳ ತಮ್ಮ ತಮ್ಮ ಗೊಳಿಸಿದ್ದರು.

IPಪ್ರತ್ಯೇಕಿಸಿಕೆ ವಿಜ್ಜೀಕರಣದ ಸೂಚನೆಗಳನ್ನು ಮಾಡಿದ್ದರು (6ಮೊದನ)

1. ವಿಧಾನದಲ್ಲಿ ಬೇಕಾದ ಹೆಸರು?
   1) 18-23 ವಾರ
   2) 24-28 ವಾರ
   3) 29-33 ವಾರ
   4) 34-38 ವಾರ

2. ಭರ್ಜಿದ ಸ್ಥಳದಲ್ಲಿ ಗೄಳ ಮತ್ತು ಸೂತ್ರದಲ್ಲಿ ಬೇಕಾದ ಹೆಸರು?
   a) ಸ್ವಲ್ಪದ ಮತ್ತು
   b) ವನ್ನಂಧನ ಹೆಸರು
   c) ಲೋಹದ ಹೆಸರು
   d) ಘಟನೆಯ ಹೆಸರು

3. ಮೊದಲ ಮಾರ್ಗದಲ್ಲಿ ಬೇಕಾದ ಹೆಸರು?
   a) ಬೀಜಗಾರ
   b) ಮದುವೆಗಾರ
   c) ಕಸ್ತೆಗಾರ

4. ವಿಧಾನದಲ್ಲಿ ಬೇಕಾದ ಹೆಸರು?
   a) ಕ್ರಿಯಾಯಾಧಿ
   b) ವಿತ್ತ
   c) ಪ್ರಮುಖ ಹೆಸರು
   d) ಪ್ರತಿಹೆಸರು
5) ಅನೇಕ ಪ್ರಶ್ನಗಳು ಕನ್ನಡ ಬಗೆಗಳಲ್ಲಿ ನೇತಾಗಾರರಿಗೆ ಸೂಕ್ಷ್ಮವಾಗಿ ಪರಿಗಣಿಸಲಾಗುತೊಂದು? 
   a) ಬಿದಿಯಾಳು
   b) ಪಂಬ್ರಿಕಾಲು
   c) ಬೀಜಾನ
   d) ಸಾಮರ್ಥ್ಯ

6) ಹಿಮಾಲಯದ ನಾಲ್ಕು ಮೇಲೆ ಕನ್ನಡದ ಉಪಾಸಕರು ಸೂಕ್ಷ್ಮವಾಗಿ ಪರಿಗಣಿಸಲಾಗುತೊಂದು? 
   a) ಕೊನೆಗೆಯಾದ ವಿಶೇಷತೆಗಳು
   b) ಕಂದುಗಳ ವಿಶೇಷತೆಗಳು
   c) ದೊಡ್ಡ ಪ್ರಕಾರ
   d) ಸಂಭಾವನಾತ್ಮಕ ಸಹಜವಾದ ಪ್ರಕಾರ

ತಾರಮೇಲೆಯ ಚುರುಕುಗಳು
<table>
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<tr>
<th>s1</th>
<th>cpns ಅಧ್ಯಯನ ಪರೀಕ್ಷೆಗಳ ಮೂಲಕ ಸೂಚನೆಯು ಮೂಲಕ (30 ಮಿನಿಟ್ಟು)</th>
<th>ಕ್ರ.</th>
<th>ಶ</th>
<th>ವ</th>
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<tbody>
<tr>
<td>1.</td>
<td>ಪರೀಕ್ಷೆಯ ಸಂಖ್ಯೆ: (19)</td>
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<tr>
<td>1.</td>
<td>ಲಾಭದಿಗೆ ಕ್ಮುಂದೆಯಾಗಿ ಸೂಚನೆಯು ಮೂಲಕ</td>
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<td>ಶ್ರೀಮಂಗಾದಾರ ಕೃಷಿ</td>
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<td>3.</td>
<td>ಶ್ರೀಮಂಗಾದಾರ ಮಾಡೆಯಾಗಿ</td>
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<td>ಶರಾಬ್ಜು ವಿದ್ಯೋಜಿಗೆಯಾಗಿ</td>
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<td>ಯಲ್ಲಿ ಕೃಷಿ ಸಂಸ್ಕೃತಿಯ ಮೂಲಕ</td>
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<tr>
<td>6</td>
<td>ಮಹಾಸಾಮ್ಯ ಪಾಲಿಕೆಯ ಮೂಲಕ</td>
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<td>6</td>
<td>ಸಂಶಾದಿಕೆಯ ಸಂಸ್ಕೃತಿಯ ಮೂಲಕ</td>
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<td>6</td>
<td>ಮಹಾಸಾಮ್ಯ ಪಾಲಿಕೆಗಳ ಮೂಲಕ</td>
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</table>
ಕಯುಳಿನಅ಴ವಯಕತೆಗಳನುನ಩ೂಯೆೈಷುದು:
ಚಲನೆಹಹದುಹೊೋಗುವಹಗ
ಎ
ಚಲನೆಗೆಹಹದುಹೊೋಗು಴ನೊೋ಴ು
ಫೌ
ಭಲಫದಧತೆ
ರ್
ಚಲನೆಮನುನಹಹದುಹೊೋಗು಴ಷಭಮದಲಿೆಯಕಿಸಹರ಴
8
಩ರಷ಴಩ೂ಴ಸತ್ಹಯಿಮಅಲ಩ಅನಹಯೊೋಗಯ
ಎ
ಹೆಚಿಾದದೆೋಸದತ್ಹ಩ಭಹನ
ಫೌ
4
gಕಾಯಾಫಾಳ್ಫ್ಲಫಾಇಳುಫಾಟ್ಫಾಫ್ಲಫಾಫಲಾಫ್ಲಫಾಫ್ಲಫಾಫಲಾಫ್ಲಫಾ
ರ್
ಹೊಳ಩ುಕ್ೊಟ್ಟನಯು಴಩ೆರಿನಲರದೆೋವದಲಿೆತಿೋ಴ರವಹದನೊೋ಴ು
ಡಿ
ಕ್ೆಳಕ್ಹಲಿನನೊೋ಴ು
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ಹೆಚಿಾನಜ್ವಯಉಶಣತ್ೆಭತುಿನಡುಗು಴ಬಹ಴ನೆ
| 13 | ಗ್ರಾಮಸಮ್ಮೋಹನ್ನಳಿತರು ನೀತಿಗಳು: |
| 14 | ಗ್ರಾಮಸಮ್ಮೋಹನ್ನಳಿತರು ಬರೆಪಡುವಿಕೆಗಳು |
| III | ಗ್ರಾಮಸಮ್ಮೋಹನ್ನಳಿತರನು ಆಗಿ: (6) |
| 15 | ಕೊನೆಸಮ್ಮೋಹನ್ನಳಿ ಸಾಮರ್ಥ್ಯವಿಧಾನಗಳು |
| 16 | ಕೊನೆಸಮ್ಮೋಹನ್ನಳಿ ಸಾಮರ್ಥ್ಯವಿಧಾನ |
| 17 | ಕೊನೆನಂತಹಿಸ್ತು ಮಾಡುವಕ್ಕೆ |
| 18 | ಕೊನೆನಂತಹಿಸ್ತು ಮಾಡುವ ಉದಾಹರಣೆ |
| 19 | ತಿರುಬ್ರಹ್ಮಣಿ ಪ್ರಕ್ರಿಯೆಗಳು |
| 20 | ತಿರುಬ್ರಹ್ಮಣಿ ಪ್ರಕ್ರಿಯೆ ಉದಾಹರಣೆ |
| 21 | ತಿರುಬ್ರಹ್ಮಣಿ ಪ್ರಕ್ರಿಯೆ ಉದಾಹರಣೆ |
ಪ್ರಕಾಶ 3

ಪ್ರತಿ ಮುಖ್ಯಾತ್ಮಕ ಮಾಗುವಿನಿಗೆ ಪ್ರತಿಭಾಪಡಿಸಿರುವ ನಿಯಂತ್ರಣ

ಪದಾರ್ಥವು: ಮಾಹಿತಿಸ್ವರೂಪ: ಕ್ಯೂಎಸ್.

ಪ್ರತಿ ಮಾಗುವಿನಿಗೆ cpns ನಿಯಂತ್ರಣದ ಭಾಗವು:

ಪ್ರತಿಯೊಂದು (-) ಪ್ರತಿಯೊಂದು (ಅಂಕುಗಳು): ಸಪ್ತಾಹದಲ್ಲಿ (ಅಂಕುಗಳು), ಪ್ರತಿಮಾಹದಲ್ಲಿ (ಕ್ಯೂಎಸ್), ಪ್ರತಿನಾಲದಲ್ಲಿ (ಅಂಕುಗಳು), ಪ್ರತಿವಾಳದಲ್ಲಿ (ಅಂಕುಗಳು).

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ಪ್ರತಿಯೊಂದು ಪ್ರಶ್ನೆಗೆ ಸಹಾಯದ ನೇತ್ರಗೇಷಿಯು ಬಳಸಬಹುದು.
ಲಾಂಛನಿಸಾಹಿತ್ಯಕ್ಕೆ ವಿಕ್ರಮಗೊಂಡು:

IP ಲಾ೦ಪು: ಮಾನ್ಯತಾಪ್ರಮಾಣದಲ್ಲಿ: ಹಿನ್ನೇರ:

ಲಾಂಛನಿಸಾಹಿತ್ಯಕ್ಕೆ ವಿಕ್ರಮಗೊಂಡು

ಲಾಂಛನಸ್ಥಾಪಕ-ಉಪಾಪರ:

ಲಾಂಛನ: ಲಾಂಛನವಸ್ಥಾಪಿಸಿದವರು ಸ್ಥಾಪಿಸಿದವರು ಇದ್ದು (6items)

1. ನಿಭಮಾಲ್ಮಾಡುವುಂಟು ಎ?
   1) 26-30 ರಾಳಗಳು
   2) 31-35 ರಾಳಗಳು
   3) 36-40 ರಾಳಗಳು
   4) 41-45 ರಾಳಗಳು

2. ನಿಭಮಾಲ್ಮಾಡುವುಂಟು ಎಡಾ ರಷೆಮಲಿಸುವುಂಟು ಎಡಾಳ ಎಡಾ?
   1) ಎಡಾಳ ಎಡಾಳ
   2) ರಷೆ ಎಡಾಳ
   3) ದೇವ ಎಡಾಳ
   4) ಬಲಿ ದೇವ ಎಡಾಳ

3. ನಿಭಮಾಲ್ಮಾಡುವುಂಟು ಎಡಾ ರಷೆಮಲಿಸುವುಂಟು ಎಡಾ?
   1) ಎಡಾಳ ಎಡಾಳ
   2) ಎಡಾಳ ಎಡಾಳ
   3) ಎಡಾಳ ಎಡಾಳ

4. ನಿಭಮಾಲ್ಮಾಡುವುಂಟು ಎಡಾ ರಷೆಮಲಿಸುವುಂಟು ಎಡಾ?
   1) 6000-10000 ರಷೆಮಲಿಸುವುಂಟು ಎಡಾ
   2) 10001-15000 ರಷೆಮಲಿಸುವುಂಟು ಎಡಾ
   3) 15001 ರಷೆಮಲಿಸುವುಂಟು ಎಡಾ

5. ನಿಭಮಾಲ್ಮಾಡುವುಂಟು ಎಡಾ?
   1) ಎಡಾಳ ಎಡಾಳ
   2) ದೇವ ದೇವ ದೇವ

6. ನಿಭಮಾಲ್ಮಾಡುವುಂಟು ಎಡಾ ರಷೆಮಲಿಸುವುಂಟುಗಳು ಎಡಾ?
   1) 2-5 ರಾಳಗಳು
   2) 6-10 ರಾಳಗಳು
   3) 10 ರಾಳಗಳು ಹೆಚ್ಚು ರಾಳಗಳು
   ಆಯಾ ಐದು ರಾಳಗಳು: ರಷೆಮಲಿಸಿದವರು
APPENDIX-XV

LIST OF EXPERTS:

1. Dr. Susheela
   Principal cum professor,
   HOD, obstetric and Gynaecologic nursing,
   Bill Roth College of nursing, Maduravoil,
   Chennai.

2. Dr. S. J. Nalini,
   Principal,
   HOD, obstetric and gynaecologic nursing,
   Sri Ramachandra Institute of Higher Education and Research,
   Porur, Chennai.

3. Dr. Sanjeevareedy M.D
   Professor cum HOD reproductive medicine & Surgery,
   Sri Ramachandra Institute of Higher Education and Research,
   Porur, Chennai.

4. Prof. P. V. Ramachandran,
   Ex-Chairman,
   Sri Ramachandra College of Nursing,
   Sri Ramachandra Institute of Higher Education and Research,
   Porur, Chennai.

5. Dr. Anuchithra Radhakrishnan,
   Professor cum HOD obstetrics and gynaecology,
   SDS College of nursing,
   Bengaluru

6. Dr. O. S. Ravindran,
   Professor in Clinical Psychology,
   Sri Ramachandra Institute of Higher Education and Research,
   Porur, Chennai
7. Dr. Fathima M.Sc. (N),
   Principal,
   Padmashree College of nursing,
   Bengaluru.

8. Dr. B. T. Basavanthappa, M.N, PhD (N)
   Principal,
   Rajarajeshwari College of Nursing,
   Bengaluru.

9. Dr. Radhakrishnan Govindan,
   Asst. professor,
   NIMHANS,
   Bengaluru.

10. Dr. Shoba M.D. DGO,
    Shoba hospital,
    29/30, nagarbhavi,
    Stage 2, vijayanagar,
    Bengaluru
APPENDIX-XVI-PUBLICATIONS

International Journal of Science and Research (IJSR)

Effectiveness of Postnatal Care by Using Comprehensive Postnatal Nursing Strategy (CPNS) Module

Nisha Clement

PhD Scholar in Sri Ramachandra Medical College and Research Institute (Deemed to be University) Porur, Chennai
Associate Professor, ESIC College of Nursing, Bangalore

Abstract: Postnatal period is commonly neglected part of health care where Postnatal Complications are common due to lack of early and timely systemic postnatal interventions that are the main cause for maternal morbidity and mortality in India and all over the world. Many researchers have been done to prove the systemic postnatal care improves outcomes of postnatal care, and reduce incidence of postnatal complications and promote early discharge. There are many research done on standards nursing care protocol to evaluate the quality care, the investigator has selected only satisfaction of comprehensive postnatal aspects of maternal health to find satisfaction of postnatal mother. The main objectives of the study to determine satisfaction after implementation of CPNS by the nurses in the study group and to compare the satisfaction of postnatal nursing problems among postnatal mothers in the control group and in study group, find the association of selected demographic variables of nurses and satisfaction of Postnatal Nursing Problems in the study and control group. About 174 out of that 86 sample. In study group and 88 sample of control group were selected conveniently from total of 24 maternity centers of Bangalore Brosan Mahanagari pallikaka, postnatal mothers are chosen as per staff inspection committee norms ratio of 1:5. I.e. that is sample of one nurse: five postnatal mothers were selected, therefore for 86 nurses 430 postnatal mothers chosen for study group, 88 nurses for 440 postnatal mothers in control group were included as per inclusive criteria. Sample selection done by non-probability convenient sampling as per inclusive criteria were chosen and postnatal mothers after delivery. An Non-equivalent control group post-test only design were selected for the study with the study and control group that had only post-test conducted for both groups with intervention as implementation of comprehensive postnatal nursing care strategies is done only for the study group, data collection using interview schedules prepared on selected demographic variables of postnatal mother and nurses, assess the satisfaction of comprehensive postnatal nursing care among the postnatal mothers. The collected data analyzed by using descriptive and inferential statistics, Demographic variables analyzed using frequency and percentage. Chi-square test was performed to assess the significance of proportion of postnatal mothers according their demographic characteristics in between the study and control group. The test for comparison of means of two independent population was carried out to find out the significant difference between satisfaction level in study and control group, it was found to be significant (p<0.05, p<0.001). So null hypothesis was rejected and the research hypothesis was accepted. It implied that the satisfaction level among postnatal mothers administered with CPNS by nurses was resulted to significantly more than the postnatal mothers administered with normal nursing routine. So, it is concluded that the CPNS intervention was effective in improving the satisfaction level among postnatal mothers.

Keywords: CPNS- Comprehensive postnatal nursing strategy, Postnatal Complications, Systemic postnatal interventions, Maternal health, Non-equivalent control group post-test only design

1. Introduction

The ever happiest moment in every mother’s life is “childbirth” and the mother enjoys presence of “healthy newborn”. Puerperium is the period following the body tissues especially the pelvic organ revert back approximately to prepregnant state both anatomically and physiologically by within six weeks(Datta 2016). In this study investigator has adapted the WHO guidelines (2013) and modified it as teaching module taken only slice of parenteral care that is comprehensive postnatal nursing strategies under expert guidance, this CPNS module is taken as training and reinforcement tool to educate the nurses to follow the strategies of CPNS and assess the outcome of postnatal nursing problems, Ministry of Health and family welfare Government of India (2013) have published and reported strategic approach on reproductive maternal newborn and adolescent health in India.

2. Need of the Study

Globally 287,000 maternal deaths have occurred in the year 2010, MMR was 210 per 100,000 live births, sub-Saharan Africa 56% and southern Asia 29% accounted for 85% of maternal deaths in 2010, and at country level India accounted for 19% (50000 in numbers) of all global maternal deaths. Recommendations given by WHO on postnatal care has to be followed in every health settings on postnatal care, since as per the Latest Sample Registration report (2010) about MMR given by Registrar-General of India on MMR in Kerala 66, Tamilnizu 90 Maharashtra 87, Andhra 110 and Karnataka 144 found to decline in south India in comparing north India. On comparing all states in south, Karnataka state needs more attention than other states. There is need for further research to screen the implementation of nursing care at all levels find satisfaction, therefore the researcher was interested to investigate the satisfaction of CPNS and to prove after implementation of CPNS leads to high level of satisfaction among postnatal mother than the postnatal mothers who availed routine care.

Statement of Problem

A study to assess the satisfaction level after implementation of comprehensive postnatal nursing strategies by the nurses among postnatal mothers in the selected hospitals at Bengaluru, Karnataka, Bangalore.

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Study Objectives
1) To assess the satisfaction level after implementation of CPNS among the postnatal mothers in control and study group.
2) To compare the satisfaction level after implementation of CPNS among the postnatal mothers in control and study group.
3) To find the association of satisfaction level and selected demographic variables of postnatal mothers after implementation of CPNS by nurses in the study and control group.

Hypotheses
1) There will be significant difference in the satisfaction of CPNS implementation by nurses among postnatal mother in study group than the postnatal mother who availed routine postnatal nursing care in control group.
2) There will be association with satisfaction level of CPNS implementation among postnatal mothers with their selected demographic variables in study and control group.

3. Research Methodology

Research approach: A quantitative approach was considered to be most appropriate for the study.

Research design: To achieve the objective of the study the research design selected was quasi experimental. Non-equivalent control group post-test only design.

Variables:
Independent: CPNS-implementation of comprehensive postnatal nursing care strategies
Dependent: satisfaction of postnatal nursing care

Extraneous variables:
a) Nurse: age, education, type of family, monthly income, designation and professional experience.
b) Postnatal mother: Age, education, Gravida, Care taker, previous delivery experience, source of information and co-morbidity conditions.

Setting of the study: the present study was conducted in twenty four maternity hospitals of Bruhat Bangalore Mahanagar palike in Bangalore

Population: postnatal mothers and nurses in maternity hospitals of Bruhat Bangalore Mahanagar palike in Bangalore

Sample size: About 174, out of that 86 sample in study group and 88 sample of control group were selected conveniently from total of 24 maternity centres, postnatal mothers are chosen as per staff inspection committee norms ratio of 1:5 i.e. that is sample of one nurse: five postnatal mothers were selected, therefore for 86 nurses 430 postnatal mothers chosen for study group, 88 nurses for 440 postnatal mothers in control group were included as per inclusive criteria

Sampling technique: Sample selection done by non-probability convenient sampling as per inclusive criteria were chosen and postnatal mothers after delivery

Inclusive criteria: Nurses who are
1) Willing to participate in the study
2) Working only in the postnatal ward
3) Working in the BBMP hospitals
4) Experienced in the field of midwifery more than two years

Postnatal mothers who
1) Are willing to participate in the study
2) Can read and write in Kannada and English
3) With normal pregnancy and also mother with co-morbidity conditions like Gestational diabetes, PIH and anemia undergone normal delivery are chosen

Exclusive criteria: Nurses who are:
1) Not willing to participate
2) Working other than postnatal ward
3) Has no experience in field of midwifery

Postnatal mothers who:
1) Are not willing to participate
2) Are with medical illness example cardiac thoracic diseases, and bronchial Asthma
3) Postnatal Mother with psychiatric illness
4) Postnatal mother undergone caesarean section

Description of tool
Part I: Background variables of postnatal mother: Age, education, Gravida, caretaker, source of information and co-morbidity conditions, a verbal response is obtained from the postnatal mothers under gone normal delivery.

Part II: Background variables of Nurse: Age, type of family, course, monthly income, designation and professional experience in postnatal ward. A verbal response is obtained from the nurses who participated in the study.

Part III: Interview schedule to assess satisfaction of CPNS in postnatal mother

Scoring and interpretation: The total items in this tool are 14, interview schedule to assess the satisfaction of CPNS in postnatal mother are measured as satisfaction score. The maximum score is 70, minimum score is 14

Table 1: Scoring and interpretation of satisfaction of CPNS score

<table>
<thead>
<tr>
<th>S. No</th>
<th>Satisfaction score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Highly satisfied</td>
<td>&gt;75 %</td>
</tr>
<tr>
<td>2.</td>
<td>Moderate satisfaction</td>
<td>50-75 %</td>
</tr>
<tr>
<td>3.</td>
<td>Low satisfaction</td>
<td>&lt; 50 %</td>
</tr>
</tbody>
</table>

Data collection process: After obtaining permission to conduct research from Institutional Ethics Committee, Head of the department OBG, from Directorate of BBMP hospitals to collect the data from nurses and conduct the training and reinforcement sessions and collect the data from the postnatal mother at BBMP hospitals.

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| 5 | Source of information regarding postnatal care | Friends | 34 | 7.7 | 18 | 7.7 | 16 | 7.7 |
|   | Parents | 68 | 12.5 | 22 | 12.7 | 36 | 17.4 |
|   | Relatives | 114 | 25.9 | 60 | 25.4 | 54 | 26.1 |
|   | Friends | 188 | 36.8 | 61 | 26.2 | 87 | 27.5 |
|   | Media | 140 | 31.8 | 80 | 34.3 | 60 | 30.0 |
| 6 | Medical illness during antenatal period | Gestational diabetes | 20 | 6.8 | 10 | 6.9 | 14 | 6.8 |
|   | Pregnancy induced hypertension | 20 | 6.8 | 13 | 6.8 | 14 | 6.8 |
|   | Anemia | 74 | 16.8 | 38 | 16.3 | 36 | 17.4 |
|   | None | 256 | 60.5 | 142 | 60.9 | 124 | 59.9 |

Note: S-significant (p<0.05); NS-Not significant (p>0.05).

Findings reveal that the association of age group with poor level and moderate level of satisfaction found to be non-significant with chi-square value 1.174, df=3 and p=0.05 in control group.

Findings reveal that the association of education with moderate level and high level of satisfaction found to be non-significant with chi-square value 1.006, df=2 and p=0.05.

Findings reveal that the association of gravida with poor level and moderate level of satisfaction found to be non-significant with chi-square value 0.536, df=2 and p=0.05.

Findings reveal that the association of caretakers with poor level and moderate level of satisfaction found to be non-significant with chi-square value 0.559, df=3 and p=0.05.

Findings reveal that the association of source of information with poor level and moderate level of satisfaction found to be non-significant with chi-square value 2.014, df=3 and p=0.05.

Findings reveal that the association of medical illness in pregnancy with poor level and moderate level of satisfaction found to be non-significant with chi-square value 0.98, df=3 and p=0.05 in control group.

The results showed the association between satisfaction level and selected demographic variables in study group and control group respectively.

The Chi-Square test was carried out and it was found to be significantly associated (p<0.05) with the demographic variables of postnatal mothers such as age in years, gravida, type of caretaker and source of information in study group, whereas in control group the same demographic variables were found to be not significant (p>0.05).

5. Conclusion

The study concluded that CPNS implementation by the nurses can be found to increase the satisfaction level among the postnatal mothers, since from the findings it is clear that reinforcement of existing standard nursing practices with regular evaluation of nursing care is essential to prevent the potential complications, further strict adherence to systematic nursing practices reduces the potential maternal mortality rate.

References


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A Study to Assess Correlation between Increase in Satisfaction and Decrease of Postnatal Nursing Problems after Implementation of Comprehensive Postnatal Nursing Strategies by Nurses among Postnatal Mother in Selected Hospital Bangalore

Nisha Clement

VSS College of Nursing, Bangalore, Karnataka, India

Abstract: Postnatal period is a commonly neglected part of health care where Postnatal Complications are common due to lack of early and effective postnatal care, which is the main cause for maternal morbidity and mortality in India and all over the world. Many researchers have been done to prove the systemic postnatal care improves outcomes of postnatal care, and reduce incidence of postnatal complications and promote early discharge. The main objectives of the study is to find the correlation of postnatal satisfaction with postnatal nursing problems after implementation of CPNS by the nurses in the study group, out of 114 out of that 80 sample in study group and 88 sample of control group were selected conveniently from total of 24 maternity centers of Bangalore Bhath Mahanagar pallikae, postnatal mothers are chosen as per staff inspection committee norms ratio of 1:5 i.e. that is sample of one nurse five postnatal mothers were selected, therefore for 86 nurses 430 postnatal mothers chosen for study group, 88 nurses for 440 postnatal mothers in control group were included as per inclusive criteria. Sample selection done by non-probability convenient sampling as per inclusive criteria were chosen and postnatal mothers after delivery. An Non-equal control group post-test only design was selected for the study with the study and control group that had only post test conducted for both groups with intervention as implementation of comprehensive postnatal care strategy is done only for the study group, data collection using interview schedules prepared on selected demographical variables of postnatal mother and nurses, assess the physical, functional and psychological nursing problems after implementation of comprehensive postnatal nursing care among the postnatal mothers. Karl Pearson coefficient calculation was done to find the correlation with postnatal satisfaction and reduction of postnatal nursing problems after implementation of CPNS.

Keywords: CPNS, postnatal care, nursing problems, correlation and satisfaction

1. Introduction

Puerperium is the period following the body tissues especially the pelvic organ revert back approximately to pre-pregnant state both anatomically and physiologically by within six weeks (DC. Datta 2016). Puerperium period is hard, irritable and stress full period where the mother needs to be cared well to protect her from immediate health problems. Though physiological changes in Puerperium occurs naturally there are several nursing problems faced by the postnatal mothers in their crucial puerperal period,

In this study investigator has adapted the WHO guidelines (2013) and modified it as teaching module taken onlyslice of perinatal care that is comprehensive postnatal nursing strategies under expert guidance, this CPNS module is taken as training and reinforcement tool to educate the nurses to follow the strategies of CPNS and assess the correlation of postnatal nursing problems and satisfaction of CPNS since all postnatal mothers are vulnerable to common postpartum illness that increases the chance to postpartum morbidity and mortality rate, this study had the aim to find the association important components or strategies of CPNS are to promote physical wellbeing that strategies that reduces postnatal physical nursing problems includes encourage and assist the mother in early ambulation after adequate rest will reduce leg pain and prevent thrombosis.

2. Need of the Study

Quality care is always expected in today’s health sector, since quality care determines the efficiency of nursing care given to the patients, nowadays the quantity of care is more than quality of care which reflects the poor quality of care because on world level about 257,000 maternal deaths have occurred in the year 2010, MMR was 210 per 100,000 live births, sub-Saharan Africa 50% and southern Asia 29% accounted for 85% of maternal deaths in 2010, and at country level India accounted for 19% (56,000 in numbers) of all global maternal deaths. Therefore standard Recommendations were given by WHO on postnatal care has to be followed in every health settings on postnatal care as per the Latest Sample Registration report (2010) about MMR given by Registrar-General of India on MMR in Karnataka 66, Tamilnadu 90 Maharashtra 87, Andhra 110 and Karnataka 144 found to decline in south India in comparing north India. On comparing all states in south, Karnataka state needs more attention than other states. The investigator has planned to implement these CPNS strategies and assess the correlation with increase in satisfaction of postnatal care and reduction of postnatal Nursing Problems

Statement of problem

A Study to identify the correlation of CPNS between increase of Satisfaction and Reduction of Postnatal Nursing Problems after implementation of comprehensive postnatal nursing strategies by the nurses among postnatal mothers in the selected hospitals at Bangalore, Karnataka, Bangalore.
Objectives:
1) To compare the level of satisfaction and postnatal nursing problems after implementation of CPNS among the postnatal mothers in control and study group
2) To identify the correlation of CPNS after implementation of CPNS among the postnatal mothers in control and study group

Hypotheses
1) There will be significant difference in the level of satisfaction and postnatal nursing problems after implementation of CPNS by nurses among postnatal mother in study group than the postnatal mother who availed routine postnatal nursing care in control group.
2) There will be significant correlation with satisfaction level of CPNS implementation and level of postnatal nursing problems among postnatal mothers in study group than the postnatal mother who availed routine postnatal nursing care in control group.

Research approach: A quantitative approach was considered to be most appropriate for the study

Research design: To achieve the objective of the study the research design selected was quasi experimental Non-equivalent control group post-test only design.

Variables:
Independent: CPNS implementation of comprehensive postnatal nursing care strategies
Dependent: level of satisfaction of postnatal nursing care and postnatal nursing problems

Extraneous variables:
a) Nurse: age, education, type of family, monthly income, designation, and professional experience.
b) Postnatal mother: Age, education, Gravida, Care taker, previous delivery experience, source of information and co-morbidity conditions.

Setting of the study: the present study was conducted in twenty four maternity hospitals of Bruhat Bangalore Mahanagar palike in Bangalore

Population: postnatal mothers and nurses in maternity hospitals of Bruhat Bangalore Mahanagar palike in Bangalore

Sample size:
About 174 out of that 86 sample in study group and 88 sample of control group were selected conveniently from total of 24 maternity centres, postnatal mothers are chosen as per staff inspection committee norm ratio of 1:5 i.e. that is sample of one nurse: five postnatal mothers were selected. therefore for 86 nurses 430 postnatal mothers chosen for study group, 88 nurses for 440 postnatal mothers in control group were included as per inclusive criteria

Sampling technique:
Sample selection done by non-probability convenient sampling as per inclusive criteria were chosen and postnatal mothers after delivery

Inclusive criteria: Nurses who are
1) Willing to participate in the study
2) Working only in the postnatal ward
3) Working in the BBMP hospitals
4) Experienced in the field of midwifery more than two years

Postnatal mothers who:
1) Are willing to participate in the study.
2) Can read and write in Kannada, and English.
3) With normal pregnancy and also mother with co-morbidity conditions like Gestational diabetes, PIH and anemia undergone normal delivery are chosen.

Exclusive criteria: Nurses who are:
1) Not willing to participate
2) Working other than postnatal ward
3) Has no experience in field of midwifery

Postnatal mothers who:
1) Are not willing to participate
2) Are with medical illness example cardiac thoracic diseases, and bronchial Asthma
3) Postnatal Mother with psychiatric illness
4) Postnatal mother undergone caesarean section

Description of tool:
Part I: Background variables of postnatal mother
Age, education, Gravida, care taker, source of information and co morbidity conditions, a verbal response is obtained from the postnatal mothers under gone normal delivery.

Part II: Background variables of Nurse
Age, type of family, course, monthly income, designation and professional experience in postnatal ward. A verbal response is obtained from the nurses who participated in the study.

Part III: Interview schedule to assess satisfaction of CPNS in postnatal mother

3. Scoring and Interpretation
The total items in this tool are 14, interview schedule to assess the satisfaction of CPNS in postnatal mother are measured as satisfaction score. The maximum score is 70, minimum score is 14

Part IV: Interview schedule to elicit postnatal nursing problems after implementation of CPNS in postnatal mothers: Total score 10

Data Collection Process
After obtaining permission to conduct research from Institutional Ethics Committee, Head of the department OBG, from Directorate of BBMP hospitals to collect the data from nurses and conduct the training and reinforcement sessions and collect the data from the postnatal mother at BBMP hospitals.
1) Getting data from the nurse: the list of available nurses working in BBMP hospitals are obtained from the
The similar result of significant correlation was seen in control group also, but degree of correlation and strength of regression found more in between the satisfaction and postnatal nursing problems among postnatal mothers in experimental group than control group.

5. Conclusion

The study concluded that CPNS implementation by the nurses are found to increase the satisfaction level with decrease in postnatal nursing problems among the postnatal mothers, since from the findings it is clear that practice of standard nursing practices with regular evaluation of nursing care proves to increase in satisfaction of postnatal care and decreases potential postnatal complications, further strict adherence to systematic nursing practices reduces the potential maternal mortality rate.

References

Assess the Physical, Functional and Psychological Wellbeing after CPNS Among Postnatal Mothers

Nisha Clement

VSS College of Nursing, Bangalore, Karnataka, India

Abstract: Postnatal period is commonly neglected part of healthcare where postnatal complications are common due to lack of early and timely systemic postnatal interventions that are the main cause for maternal morbidity and mortality in India and all over the world. Many researches have been done to prove the systemic postnatal care improves outcomes of postnatal care, and reduce incidence of postnatal complications and promote early discharge. There are many research done on standards nursing care protocol to evaluate the outcomes of comprehensive postnatal aspects of maternal health to find physical, functional and psychological wellbeing in postnatal mother. The main objectives of the study to assess the physical, functional and psychological wellbeing after CPNS by the nurses in the study group and to compare the among postnatal mothers in the control group and in study group, find the association of selected demographic variables of nurses and physical, functional and psychological wellbeing of the study and control group. About 174 out of that 88 sample in study group and 88 sample of control group were selected conveniently from total of 24 maternity centres of Bangalore Bruhat Mahanagar patilake, postnatal mothers were chosen as per staff inspection committee norms ratio of 1:5 i.e. that is sample of one nurse; five postnatal mothers were selected, therefore for 88 nurses 440 postnatal mothers chosen for study group. 88 nurses for 440 postnatal mothers in control group were included as per inclusive criteria. Sample selection done by non-probability convenient sampling as per inclusive criteria were chosen and postnatal mothers after delivery. An Non-equivalent control group post-test only design were selected for the study with the study and control group that had only post test conducted for both groups with intervention as implementation of comprehensive postnatal nursing care strategies in done only for the study group, data collection using interview schedule prepared on selected demographic variables of postnatal mother and nurses, assess the physical, functional and psychological wellbeing after implementation of comprehensive postnatal nursing care among the postnatal mothers. The collected data analyzed by using descriptive and inferential statistics. Demographic variables analysed using frequency and percentage. The Chi-square test was performed to assess the significance of proportion of postnatal mothers according their demographic characteristics in between the study and control group. The t-test for comparison of means of two independent population was carried out to find out the significant difference between physical, functional and psychological wellbeing in study and control group, it was found to be significant (p=0.001). So null hypothesis was rejected and the research hypothesis was accepted. It implied that the physical, functional and psychological wellbeing among postnatal mothers administered with CPNS by nurses was resulted to significantly more than the postnatal mothers administered with normal nursing routine. So, it is concluded that the CPNS intervention was effective in improving the outcomes of CPNS implementation among postnatal mothers.

Keywords: CPNS

1. Introduction

The ever happiest moment in every mother’s life is “childbirth” and the mother enjoys presence of “healthy new born”. Puerperium is the period following the body tissues especially the pelvic organs return back approximately to pre-pregnant state both anatomically and physiologically by within six weeks(DC. Dutta 2016). In this study investigator has adapted the WHO guidelines (2013) and modified it as teaching module taken only slice of perinatal care that is comprehensive postnatal nursing strategies under expert guidance, this CPNS module is taken as training and reinforcement tool to educate the nurses to follow the strategies of CPNS and assess the physical, functional and psychological well being, Ministry of health and family welfare Government of India (2013) have published and reported strategic approach on reproductive maternal new born and adolescent health in India.

Need

Globally 287,000 maternal deaths have occurred in the year 2010, MMR was 210 per 100,000 live births, sub-Saharan Africa 56% and southern Asia 29% accounted for 85% of maternal deaths in 2010, and at country level India accounted for 19% (56000 in numbers) of all global maternal deaths. Recommendations given by WHO on postnatal care has to be followed in every health settings on postnatal care, since as per the Latest Sample Registration report (2010) about MMR given by Registrar-General of India on MMR in Kerala 66, Tamilnadu 90 Maharashtra 87, Andhra 110 and Karnataka 144 found to decline in south India in comparing north India. On comparing all states in south, Karnataka state needs more attention than other states. There is need for further research to screen the implementation of nursing care at all levels, therefore the researcher was interested to investigate the physical, functional and psychological wellbeing after CPNS and to prove after implementation of CPNS leads to high level of physical, functional and psychological wellbeing among postnatal mother in study group than the postnatal mothers who availed routine care in control group.

Statement of problem

A study to assess the physical, functional and psychological wellbeing after implementation of comprehensive postnatal nursing strategies by the nurses among postnatal mothers in the selected hospitals at Bengaluru, Karnataka, Bangalore.

Objectives

1) To assess the physical, functional and psychological wellbeing after implementation of CPNS among the postnatal mothers in control and study group.
2) To compare physical, functional and psychological wellbeing after implementation of CPNS among the postnatal mothers in control and study group.
3) To find the association of physical, functional and psychological wellbeing and selected demographic variables of postnatal mothers after implementation of CPNS by nurses in the study and control group

Hypotheses
1) There will be significant difference in the physical, functional and psychological wellbeing of CPNS implementation by nurses among postnatal mother in study group than the postnatal mother who availed routine postnatal nursing care in control group.
2) There will be association with physical, functional and psychological wellbeing of CPNS implementation among postnatal mothers with their selected demographic variables in study and control group.

Research approach: A quantitative approach was considered to be most appropriate for the study

Research design: To achieve the objective of the study the research design selected was quasi-experimental Non-equivalent control group post-test only design.

Variables:
Independent: CPNS-implementation of comprehensive postnatal nursing care strategies
Dependent: physical, functional and psychological wellbeing of postnatal nursing care

Extraneous variables
a) Nurse: age, education, type of family, monthly income, designation and professional experience,
b) Postnatal mother: Age, education, Gravidity, Care taker, previous delivery experience, source of information and co-morbidity conditions.

Setting of the study: the present study was conducted in twenty four maternity hospitals of Bruhat Bangalore Mahanagar palike in Bangalore

Population: postnatal mothers and nurses in maternity hospitals of Bruhat Bangalore Mahanagar palike in Bangalore

Sample size:
About 174, out of that 86 sample in study group and 88 sample of control group were selected conveniently from total of 24 maternity centres, postnatal mothers are chosen as per staff inspection committee norms ratio of 1:5 i.e. that is sample of one nurse: five postnatal mothers were selected, therefore for 86 nurses 430 postnatal mothers chosen for study group, 88 nurses for 440 postnatal mothers in control group were included as per inclusive criteria

Sampling technique:
Sample selection done by non-probability convenient sampling as per inclusive criteria were chosen and postnatal mothers after delivery

Inclusive criteria: Nurses who are:
1) Willing to participate in the study
2) Working in the postnatal ward.
3) Working in the BBMP hospitals.

4) Experienced in the field of midwifery more than two years

Postnatal mothers who:
1) Are willing to participate in the study.
2) Can read and write in Kannada, and English.
3) With normal pregnancy and also mother with co-morbidity conditions like Gestational diabetes, PIH and anaemia undergone normal delivery are chosen.

Exclusive criteria: Nurses who are:
1) Not willing to participate
2) Working other than postnatal ward
3) Has no experience in field of midwifery

Postnatal mothers who:
1) Are not willing to participate
2) Are with medical illness example cardiac thoracic diseases, and bronchial Asthma
3) Postnatal Mother with psychiatric illness
4) Postnatal mother undergone caesarean section

Description of Tool
Part I: Background variables of postnatal mother
Age, education, Gravidity, caretaker, source of information and co morbidity conditions, a verbal response is obtained from the postnatal mothers under gone normal delivery.

Part II: Background variables of Nurse
Age, type of family, course, monthly income, designation and professional experience in postnatal ward. A verbal response is obtained from the nurses who participated in the study.

Part III: Interview schedule to assess physical, functional and psychological wellbeing of CPNS in postnatal mother:

2. Scoring and Interpretation
The total items in this tool are 30, interview schedule to assess the physical, functional and psychological wellbeing of CPNS in postnatal mother are measured as satisfaction score. The maximum score is 60, minimum score is 30

Data collection process
After obtaining permission to conduct research from Institutional Ethics Committee, Head of the department OBG, from Directorate of BBMP hospitals to collect the data from nurses and conduct the training and reinforcement sessions and collect the data from the postnatal mother at BBMP hospitals.

1) Getting data from the nurse: the list of available nurses working in BBMP hospitals are obtained from the register, study group nurses in morning shift and intermediate and evening shift are identified per day three nurses are met per setting, the nurses who fulfilled the inclusive criteria also who gave the informed consent after adequate explanations about the risk and benefits of the study are approached, the data collection focused on collecting the demographic data by interview schedule from the nurse in their shift.
The above table 16 presents the frequency distribution of postnatal mothers based on postnatal psychological nursing problems after the implementation of CPNS through nurses in study group over the routine nursing care given by nurses in control group.

In study group none of them had high level postnatal psychological nursing problems, 238(55.3%) in study group had low level of postnatal psychological nursing problems, 192(44.7%) had moderate postnatal psychological nursing problems in study group, whereas in control group majority 284(64.5%) had moderate and least had 156(35.5%) high level postnatal psychological nursing problems (Figure-3).

It is evidenced that the proportion of postnatal mothers according to level of postnatal psychological nursing problems differ in between study and control group. Further, it was observed that a majority had only low psychological postnatal nursing problems in study group. But a majority had moderate postnatal psychological nursing problems in control group.

4. Conclusion

The study concluded that CPNS implementation by the nurses are found to increase the satisfaction level among the postnatal mothers, since from the findings it is clear that reinforcement of existing standard nursing practices with regular evaluation of nursing care is essential to prevent the potential complications, further strict adherence to systematic nursing practices reduces the potential maternal mortality rate.

References

APPENDIX-XVII

PRESENTATIONS

Certificate of Publication

This is to Certify that the paper ID: ART2019646 entitled
Assess the Physical, Functional and Psychological Wellbeing after CPNS - Among Postnatal Mothers

Authored
By
Nisha Clement

has been published in Volume 7 Issue 8, August 2018
in
International Journal of Science and Research (IJSR)
The mentioned paper is measured upto the required standard.
Certificate of Publication
www.ijsr.net

This is to Certify that the paper ID: ART2019574 entitled
"Increase in Satisfaction and Decrease of Postnatal Nursing Problems after Implementation of Comprehensive Postnatal Nursing Strategies by Nurses during Postnatal Visits" has been published in Volume 7 Issue 8, August 2018 in International Journal of Science and Research (IJSR).

The mentioned paper is measured up to the required standard.

Authorized by
Nisha Clement

Editor in Chief, International Journal of Science and Research, India
Certificate of Publication

www.ijsr.net

This is to Certify that the paper ID: ARJ2019386 entitled

Effectiveness of Postnatal Care by Using Comprehensive Postnatal Nursing Strategy (CPNS) Module

Authored
By

Nisha Clement

has been published in Volume 7 Issue 8, August 2018
in
International Journal of Science and Research (IJSR)
The mentioned paper is measured upto the required standard.

Editor in Chief, International Journal of Science and Research, India
SRI VIJAY VIDYALAYA COLLEGE OF NURSING
DNC COMPOUND, GANDHI NAGAR, DHARMAPURI.

NATIONAL SEMINAR
ON
"INTERIMS OF MCH CARE AND KEY STRATEGIES WANT
SAFE MOTHERHOOD - LETS GO"

CERTIFICATE OF APPRECIATION

This is to certify that Mr./Mrs./Ms. Nisha
was Organizer / Participant / Resource person in National level seminar on 15.6.18

"INTERIMS OF MCH CARE AND KEY STRATEGIES WANT SAFE MOTHERHOOD - LETS GO"

Conducted by Sri Vijay Vidyalaya College of Nursing, The Tamilnadu Nurses and Midwives Council,

Chennai and has awarded 6 Credit hours.

Prof. Uma Rani R.
PRINCIPAL

Sri. M. Deepak Manivannan,
DIRECTOR

Sri. D. N. C. Manivannan
CHAIRMAN

liv
This is to certify that Ms/Mr/Dr/Prof. ... bearing Karnataka State Nursing Council Reg. No. 271 has participated as Speaker/Delegate in Two Days Orientation Programme on “TEACHING SKILLS FOR NURSING FACULTY AND PG STUDENTS” sponsored by Rajiv Gandhi University of Health Sciences, Karnataka on 24th and 25th January 2018. Karnataka State Nursing Council has granted 16 (Sixteen) credit hours.

Prof. DAVID A KOLA
BOS Chairman PG Nursing R GUHS, Karnataka

Dr. B A YATHI KUMARA SWAMY GOWDA
Dean Faculty of Nursing R GUHS, Karnataka

Dr. SANGAMESH NIDAGUNDI
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SRI SRIKANTH B PHULARI
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