



International Journal of Obstetrics and Gynaecology Nursing



IJOGN

Journal homepage: www.ijogn.com

ASSESS THE LEVEL OF ANXIETY AND FAMILY ADAPTATION ON PLANNED VAGINAL DELIVERY MOTHERS VERSUS PLANNED LOWER SEGMENT CAESAREAN SECTION AMONG PRIMI MOTHERS

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Article Info

Received 25/07/2016; Revised 15/08/2016
Accepted 17/08/2016

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Abstract

Anxiety is the human reaction to any unknown situation. It can cause discomfort both mentally & physically. This study was undertaken to find the level of anxiety & family adaptation among post natal mothers. Based on the convenient sampling technique, 30 subjects each from the planned vaginal delivery mothers and planned lower segment caesarean section mothers were selected zung self rating scale and family Apgar questionnaire were used to assess the anxiety and family adaptation paired 't' test were used to compare the level of anxiety and family adaptation of planned vaginal and planned lower segment caesarians among primi mothers. Chi-square test were used find out the association of anxiety and family adaptation with the selected demographic variables. The anxiety level is higher (100%) among mothers undergone lower segment caesarean section than the mothers undergone planned vaginal delivery. The family adaptation is greater (73.3) in planned vaginal delivery than the lowersegment caesarean section (20%). There was no significant association between anxiety and family adaptation of planned vaginal delivery and planned lower segment caesarean section mothers and their selected demographic variables.

Keywords: Anxiety, family adaptation.

INTRODUCTION

Pregnancy is an intense time in the life of an expecting mother filled with physical and emotional changes. For many pregnant women, anticipated labour pain is a major concern during their pregnancy. Decisions they make about pain relief measures can have a profound effect on their experience and memories of labour, procedure, medications or restrictions that may become necessary for them or their baby's well being after the birth. For these reasons. For these reasons they will want to explore their labour pain relief options well in advance and make informed choices based on the best and latest research.

Studies have revealed that there are a number of non pharmacological methods are some self help comfort measures women may initiate during labour to achieve an effective coping level for their labour experience without any maternal and foetal complications.

Objectives:-

- ✚ To assess the level of anxiety for planned vaginal delivery mothers versus planned lower segment caesarean section among primi mothers in selected hospitals at Kanyakumari District.
- ✚ To assess the level of family adaptation for planned



vaginal delivery mothers versus planned lower segment caesarean section among primi mothers in selected hospitals at Kanyakumari District.

✚ To compare the level of anxiety & family adaptation among planned vaginal delivery mothers and planned lower segment caesarean section among primi mothers in selected hospitals at Kanyakumari District.

✚ To find out the association between the level of anxiety and family adaptation of selected demographic variables such as age, education, occupation, religion, type of family & monthly income of both group.

MATERIALS AND METHODS

To accomplish the objectives of the study. A comparative survey design was considered most appropriate. Convenient sampling technique was used to select the sample. After getting ethical clearance the study was conducted in PPK Hospital, Marthandam & Nirmala Hospital Karungal in Kanyakumari District. Subject were selected according to the selection criteria. Informed consent was obtained from the sample. Zung self rating anxiety scale, and family APGAR questionnaire were administered to 60 sample respectively. The data analysis was planned on the basis of objectives and hypotheses of the study by using descriptive and inferential statistics.

Result:-

1. Frequency and Percentage distribution of sample in the selected demographic variables.

The majority of participants in planned vaginal delivery mothers 50.0% (15) were falling into the age group of 26-30 years. Regarding the educations the majority of participants 50.0% (15) were higher secondary educations. Regarding the occupation the majority of participants 93.3% (28) were house wives. Majority of participants 70% (21) were Christians majority of the participants 66.7% (20) were from Joint family. Regarding monthly income of the family most of the participants 33.3% (10) family monthly income is Rs.1001-2000.

The majority of participants in planned lower segment caesarean section mothers 53.4% (16) were falling units the age group of 26-30 years. Regarding the education the majority of participants 53.4% (16) were higher secondary school educations. Most of the mothers of occupation 76.7% (23) was house wives. Majority of participants 63.3% (19) were Christians. The majority of participants were from Joint family is 56.7% (17). Regarding monthly income of the family most of the participants 40.0% (12) family income is Rs.1001-2000.

2. Findings related to frequency and percentage distribution of level of anxiety among planned vaginal delivery and planned lower segment caesarean section primi mothers

The data presented in Table, reveals that the

planned vaginal delivery 0% of primi mothers had normal range, 100% of participants had mild to moderate anxiety, and more of them had severe anxiety and extreme anxiety in planned lower segment caesarean section primi mothers 100% of participants had severe anxiety and none of them had normal range, mild to moderate anxiety level and extreme anxiety level.

3. Findings related to frequency level of family adaptation among planned vaginal & planned lower segment caesarean section of primi mothers.

The data presented in table 2 reveals that the planned vaginal delivery 6.7% of participants had highly functional family, 73.3% moderately dysfunctional family and 20% of participants had severely dysfunctional family in lower segment caesarean section mothers 20% of participant had highly functional family 66.7% of participants moderately dysfunctional family and 13.3% of participants severe dysfunctional family.

4. Comparison of anxiety and family adaptation of planned vaginal delivery and planned lower segment caesarean section mothers:-

The table 3 shows that the mean anxiety of planned delivery mothers was (49.97 ± 3.8) . The mean anxiety of planned lower segment caesarean section mother was (64.73 ± 3.3) . The score range obtained in the planned vaginal delivery and planned lower segment caesarean mothers mean difference of anxiety was (14.76).

The mean family adaptation of planned vaginal delivery was (9.07 ± 0.83) and lower segment caesarean section was (10.73 ± 1.59) . The difference of family adaptation was 1.66. The planned low segment caesarean section mothers have more anxiety and family adaptation than planned vaginal delivery mothers.

5. Association between the level of anxiety and family adaptation of selected demographic variables such as age, education, occupation, religion, type of family, monthly income of both group:-

There was no significant association with anxiety and family adaptation of planned normal vaginal delivery mothers and planned lower segment caesarean section.

Limitation

1. The study is limited to planned vaginal delivery mothers and planned lower segment caesarean section mothers.
2. The data collection period is limited to 6 weeks.

Recommendations:-

- The study can be with larger groups of mothers
- The descriptive study to assess the anxiety & family adaptation of primi mothers.
- The descriptive study can be conducted to assess the level of anxiety before and after delivery.



Table 1. Distribution of participants according to the participants according to the level of anxiety among planned vaginal delivery mothers and planned lower segment caesarean mothers

Level of Anxiety	Vaginal delivery		Lower Segmentaion Caesarean	
	Frequency	Percentage	Frequency	Percentage
Normal Range (20-44)	-	-	-	-
Mild to moderate anxiety level (45-59)	30	100%	-	-
Severe anxiety level (60-74)	-	-	30	100%
Extreme anxiety levels (75 and above)	-	-	-	-

Table 2. Distribution of participants according to the participants according to the level of family adaptation among planned vaginal delivery mothers and planned lower segment caesarean mothers

Level of family adaptation	Vaginal delivery		Lower segment caesarean section	
	Frequency	Percentage	Frequency	Percentage
High functional family (7-10)	2	67%	6	20%
Moderately dysfunctional family (4-6)	22	73.3%	20	66.7%
Severe dysfunctional (0-3)	6	20%	4	13.3%

Table 3. Frequency, mean, standard deviation, mean differences and 't' value of planned vaginal delivery and planed lower segment caesarean section of primi mothers regarding anxiety and family adaptation

Variables	Lower segment caesarean section			Vaginal Delivery			Mean Differences	't'	Significance
	Frequency	Mean	S.D	Frequency	Mean	S.D			
Anxiety	30	64.7	3.3	30	49.97	3.8	14.76	16.09	P<0.05*
Family adaptation	30	10.7	1.59	30	9.07	0.83	1.67	5.08	P <0.05*

DISCUSSION

The study reveals that the anxiety and family adaptation are greater in lower segment caesarean section another's than the planned vaginal delivery. Carefully prepared health teaching programmed and helaxat5ion and coping strategies are effective to retire anxiety and good family adaption.

ACKNOWLEDGEMENT

The author would like to express heartfelt thanks with deep sense of gratitude and respect to my guide Dr. (Mrs.) Sarayu Priya, M.Sc. (N), Ph.D., HOD., Department of Paediatric Nursing, P.S. College of Nursing for her guidance, constant encouragement, personal interest, valuable advice and utmost patience in helping me to complete the study successfully.

REFERENCES

1. Dutta's D.C. (2011). Text book of Obstetrics. 7th edition, New Central book Agency (P) Ltd., London.P. 113-117
2. Basavanthappa ST, (2006) . Midwifery & reproductive health Nursing. 1st ed. Jaypee Brothers, New Delhi. P. 295-304
3. Raman A.V.(2014), Maternity Nursing. 19th edition, Wolters Kluwer, Lippincott Williams & Wilkins, New Delhi.
4. Shashank.V. Parulekar (1998). Text Book for midwives. 2nd edition, Vora Medical Publications, Bombay. P. 8-9
5. Bimla Kapoor (1992) Text Book of Psychiatric Nursing, 1st edition. Kumcor Publishing House, Delhi. P. 15-16.

