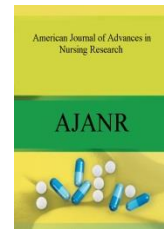




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A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF MOTHERS REGARDING EFFECTIVENESS OF BIRTHING BALL ON MATERNAL OUTCOME AMONG PRIMIGRAVIDA MOTHERS IN SELECTED HOSPITAL AT AMRAVATI

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ABSTRACT

“Motherhood is wonderful, but it’s also hard work. It’s the logistics more than anything. You discover you have reserves of energy you didn’t know you had.” —Deborah Mailman

Pain in labour is a nearly universal experience for child bearing women and it can be intense with tension, anxiety and fear making it worse. It is however experienced differently by mothers giving birth. The majority of women though need some sort of pain relief drugs during childbirth, but safety of the child takes the first priority. Natural childbirth is a "low-tech" way of giving birth by letting nature take its course some women choose to give birth using no medications at all, relying instead of techniques such as relaxation and controlled breathing for pain. With natural childbirth, the mother is in control of her body, usually with a labor assistant gently guiding and supporting her through the stages of labor. The birth rate for India in 2020 was 17.592 births per 1000 people, a 1.2% decline from 2019. The labour process is divided into four stages that delineate milestones in a continuous process. The first stage or the cervical stage, which starts from the onset of the true labour pain and ends with the full dilatation of the cervix. The second stage starts from full dilatation of the cervix and ends with expulsion of the fetus from the birth canal and the third stage begin after expulsion of the placenta and membranes and the fourth stage is the observation for at least one hour after expulsion of the afterbirth. **OBJECTIVES:** - The study was conducted with the objective to assess the Knowledge of the Mothers regarding the Effectiveness of Birthing Ball on Maternal outcome among Primigravida mothers in selected Hospital at Amravati and to associate the knowledge of Primigravida Mothers with their selected Demographical Variables. **MATERIAL & METHODS:** Non-Experimental Descriptive Survey Research Design was used in this study with 30 Primigravida Mothers. **RESULTS:** - The Mean of knowledge scores of Primigravida Mothers Regarding Effectiveness of Birthing Ball on Maternal Outcome is 13.5, Median is 13, the Data Range is 10, Mean Deviation of knowledge score is 2.03 and Standard Deviation is 2.51. **CONCLUSION:** It was concluded that statistical analysis and interpretation that maximum of the Primigravida Mothers had average knowledge regarding Effectiveness of Birthing Ball on Maternal Outcome.

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Research Article



INTRODUCTION

The experience of childbirth is a subjective and multidimensional issue and each woman passes through it in a different way.¹ Natural child birth is a beautiful experience with many safe options and benefits. It is one of the most beautiful episodes in a mother's life, associated with joy, happiness, and celebration. However, a delivery is also related to negative emotions: fear, anxiety, low sense of security, and the expectation of pain. The majority of women though need some sort of pain relief drugs during childbirth, but safety of the child takes the first priority [1-4]. Pregnancy is a sole, thrilling and often excitement moment in a women's life, and it highlights that women are amazing creative and nurturing powers while providing a bridge to the future [5]. Pregnancy also known as gestation, which means it is the time during which one or more offspring develops inside a woman. From the origin of mankind women are made to undergo labour pain which is one of the most painful condition [6]. Being pregnant and giving birth is likely crossing a narrow bridge, people can accompany you to the bridge and they can greet you on the other side but you walk that bridge alone but the journey doesn't end there. Children are already learning at birth, and they develop and learn at a rapid pace in their early years, when the environments, supports, and relationships they experience have profound effects. Children's development from birth through age 8 is not only rapid but also cumulative. Early learning and development provide a foundation on which later learning is constructed, and consistency in high-quality learning experiences as children grow up supports continuous developmental achievements [7].

Need For the Study

Most woman perceive labour pain and childbirth as most severe and agonizing event of a woman's existence. Childbirth is a physiologic and natural process that has been undertaken by women over the years with professional assistance. Although there are no underlying pathological labour is linked with a painful experience, so a lot of women are worried about labour pain and they can be relieved of pain [8]. Pain during labour is caused by contractions of the muscles of the uterus and by pressure on the cervix. This pain can be felt as strong cramping in the abdomen, groin, and back, as well as an achy feeling. Some women experience pain in their sides or thighs as well. Other causes of pain during labor include pressure on the bladder and bowels by the baby's head and the stretching of the birth canal and vagina. Pain during labor is different for every woman. It varies widely from woman to woman and even from pregnancy to pregnancy. Women experience labor pain differently for some, it resembles menstrual cramps; for others, severe

pressure; and for others, extremely strong waves that feel like diarrheal cramps. It's often not the pain of each contraction on its own that women find the hardest, but the fact that the contractions keep coming and that as labor progresses, there is less and less time between contractions to relax [9].

Labour pains are the fact of life that cannot be avoided, but reduced to some extent by the use non-pharmacological and pharmacological approach. Reducing the labour pain and providing comfort to the women is the most important challenge that midwives and physicians face from very beginning. It is believed that giving birth in an upright position is beneficial for both mother and the infant for several physiologic reasons. An upright positioning helps the uterus to contract more strongly and efficiently. The baby gets in a better position and thus can pass through the pelvis faster. Upright and lateral positions enables flexibility in the pelvis and facilitates the extension of the outlet [10].

Statement of the Problem:-

“A Descriptive Study to assess the Knowledge of Mothers Regarding Effectiveness of Birthing Ball on Maternal Outcome among Primigravida Mothers in Selected Hospital at Amravati”.

Objectives of the Study

1. To assess the Knowledge of the Mothers regarding the Effectiveness of Birthing Ball on Maternal outcome among Primigravida mothers in selected Hospital at Amravati.
2. To associate the knowledge of Primigravida Mothers with their selected Demographical Variables.

Operational Definitions

1. Descriptive study - In this study it refers to the surveys and fact finding concerning the knowledge of Mothers regarding Effectiveness of Birthing Ball on Maternal outcome.
2. Assess- In this study it refers to the way of finding the knowledge expressed by Primigravida Mothers regarding Effectiveness of Birthing Ball on Maternal outcome as measured by Structured Knowledge Questionnaire.
3. Knowledge- In this study it refers to the understanding of the respondents regarding Effectiveness of Birthing Ball on Maternal outcome as elicited by the Structured Knowledge Questionnaire.
4. Effectiveness - In this study, it refers to the extent of the improvement in the progress of first stage of labor after the birthing ball technique.
5. Birthing ball - In this study, it is a large air-filled rubber ball (about 60 cm in diameter) made up of extra tough non slip burst proof PVC that can be easily wiped



and cleaned. The women will be sitting over the birthing ball after 2cm of cervical dilatation in a sitting position for 15 minutes up to 6cm of cervical dilatation.

6. Maternal outcome - In this study, it refers to the progress in the rate of cervical dilatation, cervical length, cervical consistency, and cervical position among primigravida mothers which is assessed through Bishop's cervical scoring system.

7. Primigravida mother - In this study, it refers to the mother who is pregnant for the first time.

Assumptions

The Primigravida Mothers will have some knowledge regarding the Effectiveness of Birthing Ball on Maternal outcome.

Delimitations

1. Study is limited for 30 samples.
2. Study is limited for age between 18-35 years Primigravida Mothers in selected Hospital at Amravati.
3. Study is limited to assess Knowledge of the Mothers regarding the Effectiveness of Birthing Ball on Maternal outcome only; Practice is not observed.
4. Study is limited to Primigravida mothers who are able to read and write.

Material & Methods:

- Research approach- Quantitative non-experimental research approach was used
- Research design – Non-Experimental Descriptive Survey Research Design
- Setting – Dayasagar Hospital, Amravati.
- Sample size- Sample size of the present study is 30 Primigravida Mothers.
- Sampling technique- Non probability Convenience sampling technique was used for the sample selection.

Description of the tool:

A structured Knowledge Questionnaire regarding Effectiveness of Birthing Ball on Maternal Outcome. The structured Knowledge questionnaire consists of two parts.

SECTION A:

It consists of demographic variables of 30 Primigravida Mothers to be participated in the study. The demographic variables include Age, Religion, Occupation, Types of family, previous knowledge about Birthing ball and Source of previous knowledge about birthing ball.

SECTION B:

It consists of 20 questions regarding Effectiveness of Birthing Ball on Maternal Outcome. Each correct answer has 1 mark and total 20 marks.

The total score ranges from 0-20, the level of score is further divided as follows:

Poor Knowledge: Score 0-6

Average Knowledge: Score 7- 13

Good Knowledge: Score 14-20

The below Table No: 1 is regarding the demographic variables of samples. Distribution of Primigravida Mothers according to their Age shows that 30% samples were at age group of 18-23 years, 57% were 24-29 years, 13% were 30-35 years. Religion shows that 97% samples were Hindus, 03% were Christians. Primigravida Mothers according to Occupation shows 53% samples were Skilled workers and 47% were Unskilled workers. Primigravida Mothers according to Family shows that 30% samples were from Nuclear and 70% were from Joint family. According to the previous knowledge about birthing ball shows that 20% were having previous knowledge about birthing ball & 80% were not having previous knowledge about birthing ball.

Table: 1 Distribution of Primigravida Mothers according to Demographic Variables. N=30

	Demographical Variables	Frequency	Percentage
1	Age		
a)	18-23	09	30%
b)	24-29	17	57%
c)	30-35	04	13%
2	Religion		
a)	Hindu	29	97%
b)	Christian	01	03%
c)	Muslim	00	0%
3	Occupation		
a)	Skilled worker	16	53%
b)	Unskilled worker	14	47%
4	Family		
a)	Nuclear	09	30%



b)	Joint	21	70%
c)	Any other	00	0%
5	Previous knowledge about birthing ball		
a)	Yes	06	20%
b)	No	24	80%
6	If Yes; Source of previous knowledge about birthing ball		
a)	Family	04	66.67%
b)	Mass Media	02	33.33%
c)	Peer group	00	0%

Table: 2. Distribution Of Knowledge Scores Of Primigravida Mothers In Terms Of Mean, Median, Range, Mean Deviation & Standard Deviation. N=30

Mean	Median	Range	Mean deviation	Standard deviation
13.5	13	10	2.03	2.51

The above Table 2 shows that the Mean of knowledge scores of Primigravida Mothers Regarding Effectiveness of Birthing Ball on Maternal Outcome is 13.5, Median is 13, the Data Range is 10, Mean Deviation of knowledge score is 2.03 and Standard Deviation is 2.51.

Table: 3. Frequency and percentage distribution of primigravida mothers according to their level of knowledge regarding effectiveness of birthing ball on maternal outcome.

Level of knowledge	Score	Frequency	Percentage
Poor	0-6	0	0%
Average	7-13	16	53%
Good	14-20	14	47%

Shows that 47% of Primigravida Mothers have Good knowledge, 53% of Primigravida Mothers have Average knowledge and nobody have poor knowledge regarding Effectiveness of Birthing Ball on Maternal Outcome.

Conclusion

The level of knowledge of the Primigravida Mothers regarding Effectiveness of Birthing Ball on Maternal Outcome was calculated with measure of central tendency and dispersion. It was concluded that statistical analysis

and interpretation that maximum of the Primigravida Mothers has average knowledge regarding Effectiveness of Birthing Ball on Maternal Outcome

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