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A Study to Assess the Effectiveness of Structured Teaching Programme Regarding the Management of Hyperemesis Gravidarum among Antenatal Mothers in a Selected Hospitals at Ghaziabad

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Abstract: Pregnancy is that wonderful period in a women's life when she spends each and every day in pleasant anticipation, waiting to hold bundle of joy in her arms at the end of pregnancy. All women need health care and attention during pregnancy. When a woman becomes pregnant, she is very aware that a new life is growing with in her forth next nine months. Millions of women give birth to healthy babies every day. But on the other hand, there are women who have miscarriages, stillbirth or children with birth defects. This acts as a constant reminder of fragility and delicacy of the process from conception to child birth. It is along road with pitfalls at every turn. While most women negotiate the path to motherhood success fully, always at the back of their minds runs the thought that things can go wrong if they are not careful. This care helps pregnant women to be healthier and have fewer problems in birth

Most women experience some type of morning sickness during pregnancy; however, some of them have extreme morning sickness called hyperemesis gravidarum, Hyperemesis Gravidarum is the strongest form of nausea and vomiting in pregnancy, defined as unrelenting nausea and excessive vomiting initiated before the 22nd week. The incidence of hospitalization for hyperemesis gravidarum is 0.3–3% of all pregnancies among all pregnancies and is the most common cause of hospital admission in the first trimester

Keywords: Assess, effectiveness, knowledge, structured teaching programme, antenatal mothers

I. INTRODUCTION

A. Statement Of The Problem

A study to assess the effectiveness of structured teaching programme regarding the management of hyperemesis gravidarum among antenatal mothers in a selected hospitals at Ghaziabad.

- B. Objective
- 1) To assess the level of knowledge regarding the management of hyperemesis gravidarum among antenatal mothers.
- 2) To assess the post-test level of knowledge regarding the management of hyperemesis gravidarum among antenatal mothers.
- 3) To evaluate the effectiveness of the structured teaching programme on level of Knowledge regarding the management of hyperemesis gravidum among antenatal mothers.
- 4) To associate the pre-test level of knowledge regarding the management of hyperemesis gravidum among antenatal mothers with their demographic variables.

II. RESULTS

The results revealed the mean pretest score is 3.8 and post test score is 5.2. And standard deviation of pretests score of the sample is 1.99 and post test score is 2.16. The structured teaching plan was found to be effective. Also there was significant association of knowledge of mothers with education, occupation and type of family and non-significant association with age, family monthly income, source of information and gestational age



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- 4) To associate the pre-test level of knowledge regarding the management of hyperemesis gravidum among antenatal mothers with their demographic variables.

III. **OPERATIONAL DEFINITIONS**

A. Assess

In this study, it refers to determine the rate of knowledge among antenatal mothers regarding management of hyperemesis gravidarum.

B. Effectiveness

In this study effectiveness refers to difference in the level of knowledge after administering the structured teaching programme on hyperemesis gravidarum among antenatal mothers.

C. Knowledge

In this study, it refers to the knowledge of antenatal mothers regarding the management of hyperemesis gravidarum.

D. Structured Teaching Programme

In this study Structured Teaching Programme refers to an organized group teaching for 30minutes by lecture cum discussion method to impart knowledge regarding management of hyperemesis gravidarum.

E. Antenatal mothers

In this study antenatal mothers refers, having to do with the time a female is pregnant, before birth occurs.

IV. **INCLUSION CRITERIA**

- 1) Pregnant women age between 19 and 35 years old.
- 2) Pregnant women medically diagnosed with hyperemesis gravidarum by physician.
- 3) Pregnant women with hyperemesis gravidarum and free from any psychological disorder.

V. **EXCLUSION CRITERIA**

- 1) Who are not willing for study
- 2) Who are not present at the time of study.

VI. MATERIALS AND METHODS

Tools of data collection:

A. Part I

It consists of demographic variables of the antenatal mothers which in clued age, education, occupation, family income, type of family, source of information and gestational age.

B. Part II

Assessment of level of knowledge regarding hyperemesis gravidaurm among antenatal mothers.

It consists of 30 self- structured multiple-choice questions regarding the causes, manifestations and management of Hyperemesis Gravidarum.



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The correct response carries 1 mark and wrong answer carries 0 marks.

The scores was interpreted as follows

21-30 - Adequate knowledge

11-20 - Moderately adequate knowledge

0-10 - Inadequate knowledge

VII. VARIABLES

A. Independent Variable

Structured teaching programme for 45 minutes.

B. Dependent Variables

Level of knowledge regarding the management of hyperemesis gravidarum which will be assessed by self- structured multiplechoice questions

VIII. METHOD OF DATA COLLECTION

The formal prior permission will be obtained from the principal, from Santosh Nursing College Ghaziabad for main study. The researcher introduced herself to the clients and established rapport with them. The study was conducted for period of 1month. The investigator will select the sample that fulfilled the inclusion criteria. The informed consent will obtained from selected hospitals. In this study 50 antenatal were taken. The samples were confidentiality was maintained. After explaining the purpose of study, the written consent was obtained from each sample. Based on the inclusion criteria 50 samples was selected by using Purposive sampling technique. Data will be collected by using the demographic tool and knowledge questions. A pre- test was conducted to assess the existing knowledge regarding management of hyperemesis gravidaurm followed by a structured teaching programme. A post test was conducted to assess the level of knowledge with the same questionnaire provided in the pre- test. The collected data was tabulated and analysed using descriptive statistics.

Demographic Variable	Percentage Of Obtained Knowledge			Chi	D.F	Inference	Frequen	Percentage
	Scores			Squar			cy	
				e				
AGE	adequate	Moderat	inadequate					
		e						
20-25	03	02	03				08	27%
26-30	01	05	01	5.96	04	NS	07	23%
31-35	05	07	03				15	50%
EDUCATION								
Higher secondary	03	04	02				09	30
Illiterate	02	07		9.93	04	S	13	43
Senior secondary	04	03	04				08	27
			01					
OCCUPATION								
HOUSE WIFE	5	5	2				12	40
LABOUR	1	3	3	9.86	04	S	07	23
OTHERS	3	6	2				11	37
FAMILY MONTHLY								
INCOME								
Above 10000	5	6	4	8.09	4	NS	15	50



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8000-10000	3	5	2				10	33
Below 8000	1	3	1				05	17
Type of Family								
Joint Family	06	09	01	6.29	2	S	16	53
Nuclear Family	03	05	06				14	47
•								
Source of information								
Relatives								
T.V	3	4	2	5.13	6	NS	09	30
Internet	2	4	1				07	23
Radio	1	3	1				05	17
	3	3	3				09	30
Gestational Age								
Before 12 weeks			6	4.33	2	NS	19	63
After 12 weeks	3	10	1				11	37
	6	4						

Table 1Table Reveals that there was significant association of knowledge of mothers with education ,occupation and type of family and non-significant association with age ,family monthly income ,source of information and gestational age

Level of knowledge		Pre test		Post test		
	Frequency	Percentage	Frequency	percentage		
Adequate	4	13	1	3		
Moderate	15	50	17	57		
Inadequate	11	37	12	40		

Table 2- Reveals the frequency and percentage of Knowledge score of mothers in Pretest and Post test

Test	Mean	Standard Deviation
Pretest	3.8	1.99
Post test	5.2	2.16

T value-1.85

Table 3- The results revealed the mean Pretest Score and Post Test Score. And standard deviation of pretests scores and Post Test Score

IX. RESULTS

The results revealed the mean pretest score is 3.8 and post test score is 5.2. And standard deviation of pretests score of the sample is 1.99 and post test score is 2.16. The structured teaching plan was found to be effective. Also there was significant association of knowledge of mothers with education, occupation and type of family and non-significant association with age, family monthly income ,source of information and gestational age .



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X. IMPLICATIONS

- 1) Nursing services: The priority of nursing care for patients with hyperemesis gravidarum is to identify the severity of nausea and vomiting, the degree of dehydration, and the extent of the weight loss. Nurses provide medications to prevent nausea and vomiting and administer IV fluids and electrolyte supplementation for severe cases. Patient education helps prevent complications and manage discomfort at home.
- 2) Nursing education: The hyperemesis gravidarum patients often ignores until the situation worsens so Patient education helps prevent complications and manage discomfort at home.
- 3) Nurse administration: Nurse Directors need to take active role in building up a positive self-worth in student nurses. Social support from co-workers ought to be sustained at the present levels. Larger attention has to be directed to not solely acknowledging the information relating to Hyperemesis conjointly to produce a mechanism that promotes header.
- 4) Nursing Research: Research is and could be a crucial tool for the continual development of a relevant body of {information} in nursing, and it generates information from nursing investigations that facilitate outline the distinctive role of nursing as a profession.

XI. LIMITATIONS OF THE STUDY

- 1) The study was conducted on a smaller sample size.
- 2) The study only knowledge aspect was assessed other aspects also can be assessed.

XII. RECOMMENDATION FOR ANY STUDIES

- 1) An analogous study can be conducted on large scale.
- 2) A comparative study can also be conducted to find the changes within the level of data student nurses with the expertise gained.

REFERENCES

- [1] Basavanthappa. B. T. Nursing research. (2nd ed.). New Delhi, Jaypee brothers publication.
- [2] Bennet. V. R. and Brown. L. K., (2003). Myles text book for midwives. (14th ed.). Edinburgh, Churchill Livingston
- [3] Bobak. M. I, Laudermilk. D. L, and Janse. M. D., (1987). Essential of Maternity Nursing. Louis C.V. Mosby publication.
- [4] Chenoy. R. (1987). Clinical obstetrics and Gynaecology. (2nded.). London, Addison wesly publishing company.
- [5] Dutta. D. C, (2004). Text book of obstetrics including perinatalogy and contraception. (3rded.). Calcutta, New central book agency.
- [6] Kaur., A., and Gagandeep. (2017). Assessment of the Knowledge and Expressed Practices Regarding Self-Management of Major Ailments Among Antenatal Mothers. IOSR Journal of Nursing and Health Science; 6(1):49-54.
- [7] Kim, H. Y., Cho, G. J., Kim, S. Y., Lee, K. M., Ahn, K. H., Han, S. W., ... & Kim, S. C. (2021). Pre-Pregnancy Risk Factors for Severe Hyperemesis Gravidarum: Korean Population Based Cohort Study. Life; 11(1):
- [8] Kloter E., Gerstenberg G., Berenyi T., Gollmer B., Fliiger C., Klein U.,..& Wolf U. (2019). Treatment of hyperemesis gravidaurm with anthroposophic complex therapy in 3 case repots. Complementary therapies in medicine;44:14-17. MacGibbon, K. W., Kim, S., Mullin, P. M., & Fejzo, M. S. (2021)
- [9] HyperEmesis Level Prediction (HELP Score) Identifies Patients with Indicators of Severe Disease: a Validation Study. Geburtshilfe und Frauenheilkunde; 81(01): 90-98. Mahmoud, G. (2012). Prevalence and risk factors of hyperemesis graviderum among Egyptian pregnant woman at the Woman's Health Center. The Medical Journal of Cairo University; 80(2)
- [10] Franger. D. M, Cooper. M. A, (2005). Myles text book for midwives. (14th ed.). Toronto, Churchill Livingston.
- [11] Gansohow. P, (2000). Breast health and common breast problem; a practical approach. (1st ed.). A C P publication.
- [12] Humphrey. S, (2003). The nursing mother's herbal.(1st ed.). Fair view publication.
- [13] Jacob. A, (2000). Text book of midwifery. (1sted.). New Delhi, Jaypee brothers.
- [14] Kerlinger. F. N, (1983). Foundation of behavioural research. (2nded.). New Delhi, Surject Publication.
- [15] Kothari. C. R, (2004). Research methodology. (2nd ed.). New Delhi, New age international publication
- [16] Rinaldi. D, (1995). Qualitative research in nursing. (1sted.). London, J.B. Lippincott company.









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