Effectiveness of an Educational Program Regarding Postpartum Care on Women's Practices in Primary Health Care Centers at Amara City /Iraq

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Abstract

Objective: determined the effectiveness of educational program on women's practices for Mothers' Care in Postpartum Period in Primary Health Care Centers at Amara City.

Methodology: Quasi-experimental design is accomplish on non-probability (Purposive sample) used to collect the data from 172 multigravida women, (86) study group and(86) control group who were selected from the eight primary health care centers (AL-Uroba Primary Health Care Center, AL Zahraa Primary Health Care Center ,AL Hasen AL-Askerry Primary Health Care Center , AL-Qudis primary health care center, AL-Ameer primary health care center, AL-Jawideen primary health care center, AL- Amam AL-Husaan. Primary health care center and Ali AL-Ridha Primary Health Care Center.) These centers are choose randomly from 16 primary health care centers in the first sector. The study was conducted from (1st December, 2018 to 1stDecember, 2019.).

Results: The findings of the study indicated that (48%), (45%) respectively were in the age group (24-31) years for both study and control groups, a quarter of the both study and control group were primary school graduates, more than three quarter were housewives for both study and control groups , The majority of the women were living in urban area specifically for the study and control group, the majority of women in the study and control group were live equally of nuclear and extended families. Regarding to the reproductive characteristics more than a fifth women had five-six pregnancies for study group and quarter of the control group were had three pregnancies, and around a quarter of the study group were have three deliveries and more than fifth for control group were had two deliveries, as well as, three quarter of women in the both study and control group reported that they do not have abortion 64(74.4%), 62 (72.1%) respectively.

Key words: *Education, Effectiveness, Postpartum Period, Practices , Program, Women*

Introduction

Postpartum period marks the establishment of a new phase of family life for women and their partners and the beginning of the lifelong health record for newborn babies[1] , These have highlighted widespread and persistent health problems experienced by women after childbirth, many of which are unreported by women and not identified by healthcare professionals, common health problems include physical morbidity such as backache, breastfeeding problems, perineal pain, stress incontinence, and mental health problems[2], such as postnatal depression[(1)]. Mothers and their newborn babies are at highest risk of dying during the early neonatal period, especially in the first 24 hours following birth and over the first seven days after delivery it estimate about 45% maternal mortality, (50%) newborns who die do so in the first 24 hours after birth, and 65% Maternal mortality , and(75%) neonatal deaths occur within one week of birth [(2)] Postpartum period, or puerperium, starts about an hour after the delivery of the placenta and includes the following six

weeks. Postpartum care should include the prevention and early detection and treatment of complications and disease, and the provision of advice and services on breastfeeding, birth spacing, immunization and maternal nutrition [3].Traditional practices are usually derived from the relations with the environment and the attitude of early humans toward nature .These practices usually develop over time and by trial and error in most cases[4] .Mothers in purperium period may be suffering from illness, heaviness, inability to speak, crying, loss of appetite, high fever, bruises, delusions and somniloquy. The example for the practices of mothers use to guard against puerperal fever including not leaving the household for 40 days, not being alongside another mother, not being left alone with the infant for 40 days and 40 nights, keeping a talisman and the Quran at hand, putting scissors or a knife under their pillow and hanging onions or garlic near their bed [5] .Every society and country has its own traditional belief and practice related to postpartum care, most of the practices like rituals and belief, some of the practices are beneficial to the mother and children [6].

Methodology

Quasi-experimental design is accomplish on non-probability (Purposive sample) used to collect the data from 172 multigravida women, (86) study group and(86) control group who were selected from the eight primary health care centers (AL-Uroba Primary Health Care Center,AL Zahraa Primary Health Care Center ,AL Hasen AL-Askerry Primary Health Care Center , AL-Qudis primary health care center, AL-Ameer primary health care center, AL-Jawideen primary health care center, AL- Amam AL-Husaan. Primary health care center and Ali AL-Ridha Primary Health Care Center.) These centers were choosen randomly from 16 primary health care centers in the first sector. The study was conducted from (1st December, 2018 to 1stDecebet, 2019.).The questionnaire was consisted of three main parts, including: part 1 socio-demographic characteristics, part 2/ Reproductive Characteristics and part three women's practices toward postpartum period this part consisted of (23) items these part consists of (three) domain, first domain :women's practice toward nutritional behaviors in postpartum period, this domain consists of (nine) items. Second domain: women's practice about breast feeding: this domain was consisted of (seven) items. Third domain : women's practice related to personal hygiene, this domain was consisted of (seven) items. The content validity of questionnaires are determined through 12 panels of experts from different fields.

Results

Table (1) Distribution of Study Sample (Study and Control Group) According to Reproductive Characteristics

Variables	Study Group (n = 86)		Control (n = 86)		D.F	P value	Sign
	F	%	F	%			
Gravidity							
2	18	20.9	21	24.4			
3	19	22.1	23	26.8			
4	13	15.1	9	10.5	7	0.290	NS
5-6	19	22.1	21	24.4			
7-8	11	12.8	7	8.1			
≥ 9	6	7.0	5	5.8			
Mean (SD)	4.54±2.3		4.16± 2.2				
Parity							
1	13	15.1	18	20.9			
2	18	20.9	26	30.2			
3	22	25.6	9	10.5	5	0.233	NS
4	9	10.5	17	19.8			
5-6	18	20.9	10	11.6			
≥ 7	6	7.0	6	7.0			

Cont... **Table (1) Distribution of Study Sample (Study and Control Group) According to Reproductive Characteristics**

Mean (SD)	3.43± 2.1		3.04±1.9				
Abortion None 1 2 3-4	 64 12 8 2	 74.4 14.0 9.3 2.3	 62 13 9 2	 72.1 15.1 10.5 2.3	3	0.665	NS
Mean (SD)	0.4±0.75		0.5±0.9				
Stillbirth None 1 2 ≥ 3	 70 6 6 4	 81.4 7.0 7.0 4.6	 72 10 3 1	 83.7 11.6 3.5 1.2	3	0.071	NS

n=Number of Sample , F.=Frequencies,% Percentage, SD=Standard Deviation, χ2=Chi Square, df=degree of freedom, C.S=Comparison Significant, NS=Non Significant at p-value p < 0.05.

Table(1) Concerning gravidity, the gravidity mean for women in the study group is 4.54 ± 2.3; showed that the same highest percentage of study group 19(22.1%) had three and five-six pregnancy, followed by those who have two pregnancies *18*(20.9%), those who have four pregnancies 13(15.1%), those who 7-8 pregnancies *11*(12.8%), and those who have nine or more pregnancies *6*(7.0%). For the control group, the gravidity mean is 4.16 ± 2.2; showed that more than a quarter have three pregnancies *n 23(26.8%*), followed by those who have two pregnancies *21*(24.4%), those who have four pregnancies *8*(9.3%), those who have 7-8 pregnancies *7*(8.1%), and those who have nine or more pregnancies *5*(5.8%).

Table (2) Differences in women's practices related to breastfeeding during puerperium between pretest and posttest for the study group

List	Item	Response	Pretest - Study G. (n= 86)					Posttest - Study G. (n= 86)					*t*	P-value	C.S
			F	%	MS	R.S %	Ass.	F	%	MS	R.S %	Ass.			
1.	Initiation of breast feeding immediately after delivery	Never	78	90.7	1.17	39.0	L	0	0.0	2.97	99.0	H	-22.924	.000	S
		Sometimes	1	1.2				18	20.9						
		Always	7	8.1				68	79.1						
2.	Initiation of Breast feeding from each breast alternately	Never	78	90.7	1.15	38.3	L	0	0.0	2.75	91.6	H	-22.691	.000	S
		Sometimes	3	3.5				21	24.4						
		Always	5	5.8				65	75.6						

Cont... **Table (2) Differences in women's practices related to breastfeeding during puerperium between pretest and posttest for the study group**

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3.	Exclusive breast feeding for 6 months	Never	78	90.7	1.12	37.3	L	0	0.0	2.82	94.0	H	-26.439	.000	S
		Sometimes	5	5.8				15	17.4						
		Always	3	3.5				71	82.6						
4.	Wash hands with soap and water before and after breast feeding	Never	78	90.7	1.16	38.6	L	0	0.0	2.97	99.0	H	-31.004	.000	S
		Sometimes	2	2.3				2	2.3						
		Always	6	7.0				84	97.7						
5.	Wash hands with soap and water after Change the diaper	Never	8	9.3	1.18	39.3	L	0	0.0	2.97	99.0	H	-27.845	.000	S
		Sometimes	0	0.0				2	2.3						
		Always	78	90.7				84	97.7						

Ass.= Assessment, C.S. = Comparative Significance, Corr. = Correct, f = Frequency, R.S less than 66.6% (Low) , 77.77% - 88.88% (Moderate) , 88.89%-100% (High)

MS = Mean Score, n= Number of sample, R.S = Relative Sufficiency, % = Percentage, t = t-test, S = Significant at P- value ≤ 0.05.

Table (3) Differences in women's practices related to personal hygiene during puerperium between pretest and posttest for the study group

List	Item	Response	Pretest - Study G. (n= 86)					Posttest - Study G. (n= 86)					*t*	P-value	C.S
			f	%	MS	R.S %	Ass.	F	%	MS	R.S %	Ass.			
1.	Wash hands with soap and water before and after changing perianal pad	Never	5	4.6	2.53	84.3	M	0	0.0	2.94	98.0	H	-5.739	.000	S
		Sometimes	30	25.6				5	5.8						
		Always	51	69.8				81	94.2						

	al pad														
2.	Wash the perineum area, including a warm containing sterile material (such as iodine or Heptane)	Never	78	90.7	1.09	36.3	L	0	0.0	2.93	97.6	H	-25.064	.000	S
		Sometimes	8	9.3				6	7.0						
		Always	0	0.0				80	93.0						
3.	Cleaning the area from the pubic bone to the anal area	Never	78	90.7	1.16	38.6	L	0	0.0	2.73	91.0	H	-21.469	.000	S
		Sometimes	2	2.3				23	26.7						
		Always	6	7.0				63	73.3						
4.	Changing perianal pad every 2-3 hours	Never	31	36.0	1.83	61.0	L	0	0.0	2.89	96.3	H	-12.963	.000	S
		Sometimes	38	44.2				0	0.0						
		Always	17	19.8				86	100.0						

Ass.= Assessment, C.S. = Comparative Significance, Corr. = Correct, , f = Frequency, H = High R.S less than 66.6% (Low) , 77.77% - 88.88% (Moderate) , 88.89%-100% (High),MS = Mean Score, , n= Number of sample, R.S = Relative Sufficiency, % = Percentage, t = t-test, S = Significant at P- value ≤ 0.05.

Table (4) Difference in Women's Overall Practices between the Pretest and Posttest for Study and Control Group

Paired Samples Test								
Overall Practices	**Paired Differences**					**t**	**df**	**Sig. (2-tailed)**
	Mean	**Std. Deviation**	**Std. Error Mean**	**95% Confidence Interval of the Difference**				
				Lower	**Upper**			
Study Pretest – Study posttest	-20.790	5.980	0.644	-22.072	-19.508	-32.238	85	.000
Control Pretest – Control Posttest	-.023	0.151	.0163	-.055	0.009	-1.423	85	0.159

SD=Standard Deviation, Std.Error=Standard Error, df=degree of freedom, Sig=Significant, $\overline{X}$ =Mean, T=T-test

Table (1) shows that more than a fifth had 5-6 pregnancies 19(22.1%) for study group while more than a quarter have the same pregnancies 23(26.8%) for control group, and Regarding parity around a quarter have three deliveries (n = 22; 25.6%). for study group and for control group less than a third have two deliveries (n = 26; 30.2%), These finding indicated that most of the study sample were "grandmulti gravida & para". The study concluded that the study sample may had no awareness for using family planning ,or the desire and attitude of the couples to have big family related to the social norms and culture perspectives of the area in Governorate of Mysan. **Begum (2003)** who reported that the lack of health education ,religious taboos ,against the use of family planning methods and vogue of having large families (especially in a rural areas) accounts for the increased complications associated with high gravidity[15]**. Shahid and Moshtaq (2009)** who reported in their study that maternal complications increased with the increased of parity ,so the grandmultipara still as high risk pregnancy .In addition the risk of having suboptimal pregnancy outcomes increase in women who are experiencing their sixth or higher birth[16] **.**

Alameda (2006). In a cross-sectional analysis of over 500.000 women delivered between 1992to 1997 in New South Wales ,Australia ,the incidence of obstetric complications found to be increased significantly from parity 4 onwards.

Number of Live Children

Regarding the number of live children, more than a quarter reported that they have three live children *24*(27.9%), for study group , and for control group, less than a third reported that they have three live children 28(32.6%). This result agree with **Masoud and Saber(2016)** who was conducted on (100) primiparous and multiparous, at the BeniSuef general hospital in Egyptian. They showed that shows that; nearly more than quarter of the sample of pregnant women had three live children (26%) [17]**.**

Gestational Age

Regarding the gestational the result indicated that more than a half of study and control group weeks46(53.5%),46(53.5%) respectively were their gestational age between 35-38 weeks. This result agree with **Salhi e t al., (2019)** they conducted at Maternity & Children's Hospital at the city of Najran,Saudi Arabia, between May and August 2018, on 502 women , who showed that(49.6%) were 37–40 weeks of pregnancy. The results of present study indicated that major study sample were in third trimester, and Commitment visits within this trimester [22]**.**

Conclusions

The study was concluded there was a statistically significant difference in women's overall practices related to puerperium between the pretest and posttest for study group while for the control group, there is no statistically significant difference in women's overall practices during puerperium between the pretest and posttest times.

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Conflict of Interest: None to declare.

Ethical Clearance: All experimental protocols were approved under the Ministry of Health and all experiments were carried out in accordance with approved guidelines.

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