ASSESS THE KNOWLEDGE ON HOME REMEDIES REGARDING MINOR DISORDERS OF NEWBORN AMONG POSTNATAL MOTHERS AT SAVEETHA MEDICAL COLLEGE HOSPITAL, CHENNAI

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INTRODUCTION

The birth of a child is significant event in any family. A child is a precious gift, which has lot of potentials within. The health of a growing child is always a matter of great concern, because a healthy child can become healthy citizen in future. After birth of child the health depends upon the health care practice adopted by the family especially by mother.

The minor disorder is most common among new born, neglecting the minor health problem is one of the factors contributing to the new born mortality rate. Most mothers observe their babies carefully and are often worried by physical peculiarities, which may be of no consequence.

Neonatal health problems are frequently found ranging from minor physical or physiological peculiarities to the serious life-threatening illnesses. Minor problems should not be ignored lightly without adequate assessment of the conditions. Early diagnosis and management of the serious problems help to overcome lifelong disability and to reduce neonatal morbidity and mortality. Nurses are responsible to manage the minor problems and to detect the serious problems for early and prompt management along with appropriate nursing interventions and support to the mother.

W.H.O (2013) Birth of a healthy new-born is one of the finest gifts of nature. The process of birth takes place only few hours, but it is the most hazardous period of life since it is associated with largest number of deaths as compared to any other phases of life. When a baby is born, he/she must adapt from fetal life to extra uterine life. With the arrival to this world, the neonate begins highly vulnerable period in which many psychological and physiological adjustments to life-outside assets for the nation's development. As rightly remarked by W.H.O. "A healthy child is nation's pride. Motherhood is a beautiful and joyous experience to women. The mother has a pivotal role to play in the life of her infant.

Bedwell, and Campbell (2012) Diaper dermatitis is a common dermatologic disorder in neonates. According to Ferber, "the skin of the new-born is immature at birth and vulnerable to contaminants that may cause diaper dermatitis". This is because the stratum corneum of a new-born is thin, less hydrated, has a neutral pH, and is ineffective in handling water (Bonifazi, 2014). Skin serves as a protective layer to prevent the loss of water, heat and electrolyte, and provides protection from infection and toxic substance that may adversely affect the babies' body (Bonifazi, 2011).

The presence of diaper dermatitis has been found to be associated with discomfort, irritation, and pain, which affects neonates' quality of life (Stamatas & Tierney, 2014). At the same time, an irritable baby may also increase caregiving stress, thus reducing the bonding between the baby and his or her caregiver (Ferber et al., 2012). Studies have identified certain conditions that increase neonates' susceptibility to diaper dermatitis, including high humidity, maceration, contact with urine and feces, and friction (Rowe, McCall, & Kent, 2008) (Alonso et al., 2013;). In particular, excessive humidity in diapers may decrease the function of the stratum corneum, which may cause the skin surface to become fragile and sensitive to frictional damage.

Excessive humidity may also weaken the barrier function of the skin, thus making it easier for microorganism to enter the skin. Excessive contact with urine and feces has been associated with diaper dermatitis, as it has been documented that ammonia from urine contributed to a higher pH value, creating an alkaline environment that is favourable for bacteria to grow (Bonifazi, 2011). Likewise, it has been found that faecal enzyme in the stool also increased the pH value and provided a fertile environment for bacteria to grow (Ibid.).

Together, excessive exposure to urine and feces may cause, and exacerbate, diaper dermatitis in neonates. Given that neonates typically pass urine out between 10 to 20 times daily (Stamatas, Zerweck, Grove, & Martin, 2011), excessive contact with feces and urine is a critical contributing factor toward diaper dermatitis. Studies by Bonifazi, (2011),Hoeger, Stark, and Jost (2010) and Sparker al. (2006) found that Candida albicans is the leading microorganism that causes diaper dermatitis, whereby the colonization by Candida albicans occurs in over 70-80% of diaper dermatitis. Generally, Candida albicans may be treated with a board spectrum of antibiotics, but these antibiotics may also worsen the incidence of diaper dermatitis (Spraker et al., 2006).

According to Suresh Kumar, principal secretary (women and child health welfer,2001) despite a plethora of women and child development and welfare programmes for the area, there has been no respite. This is because the government not only has to combat the diseases, but also the malaise of myths and superstitions which the local population swear by''

Every new-born has the right to the best possible conditions for its own growth and development, especially because children are assets for the nations development As rightly remarked by WHO,A healthy child.

NEED FOR THE STUDY

The minor disorders of new-borns are the common health problems will be occurring in the first 7 days of life of the baby such as vomiting, failure to pass stools and constipation, diarrhoea, physiological jaundice, conjunctivitis, breast engorgement, skin rashes etc.

Panahi et al., 2011 research has shown that the incident rate of diaper dermatitis varied from 7% to 35%, with the highest prevalence occurring between 6 and 12 months old (Alonso et al., 2013; Stamatas et al., 2011; Gozen, Caglar, Bayraktar & Atici, 2012). The study by Shin et al. (as cited in Alonso et al., 2013, p.124) reported the earliest onset of diaper dermatitis was developed on the fourth day of life. However, these figures may be underestimated because some cases may not have been reported to physicians for treatment (Stamatas, 2011). To illustrate the wide discrepancy pertaining to the prevalence of diaper dermatitis, a study from UK found that as many as 52% of babies suffered from diaper dermatitis and its associated symptoms, including oral thrush and diarrhoea.

Adam, (2008) The effects of diaper dermatitis have also been documented. For instance, Stamatas and Tierney (2014) asserted that neonates' vital signs were irritated by the painful sensation caused by diaper dermatitis. Visible signs of discomfort including excessive crying, and abnormal heart rates and body temperatures have also been identified as results of diaper dermatitis (Stamatas & Tierney, 2014). Studies also showed that the feeding of neonates may be adversely affected by the discomfort resulting from diaper dermatitis, and subsequently altered the nutritional intake of neonates.

Babies with diaper dermatitis are generally more agitated and therefore require more attentive care. In many cases, this places a high demand on manpower and other resources to care for these babies during their hospital stay (Stamatas & Tierney, 2014). Additionally, caring for babies with diaper dermatitis may also lead to higher anxiety levels and exacerbating caregiving-related stress (**Baldwin et al., 2012).**

Different preventative measures aimed to reduce the prevalence of diaper dermatitis was recommended by nurses and doctors in the neonatal intensive care unit (NICU) and special care baby unit (SCBU) where I worked. However, mild to severe diaper dermatitis remained unresolved. Therefore, the development of a skin care management guideline for different level of diaper dermatitis among the new-borns is direly needed.

Each year over 26 million babies are born in India accounting for 50 births per minute, in that 1.2 million neonates die per year representing almost three deaths per minute. Every 3 second one child dies in India. Neonatal deaths now account for up to two thirds of all infant deaths in developing countries. This means that interventions to reduce neonatal mortality are at the cutting edge of the child survival program.

High neonatal mortality rate one of the most sensitive indicators of the health status of the population. In 2005 the status of the neonatal mortality rate is 58 per 1000 live birth. It is lower in urban areas (40 per 1000 live births) and higher in rural areas (64 per 1000 live births). Kerala has lowest infant mortality rate 14 per 1000 live births. Higher rate is in Madhya Pradesh 76 per 1000 live births are usually associated with higher educational status of mothers and a high standard living index. The neglect of nutrition, health and health education of girl child and mothers are the fundamental reason for adverse state of perinatal health in the country.

The WHO has recently approached the government to modify the child survival package of RCH program to incorporate into the integrated management of childhood illness (IMCI) module. However, the

IMCI protocol does not cover the crucial neonatal period. It will be desirable that IMCI guidelines may be enlarged to include the new born period.

The department of health and family welfare had implemented several important programs and schemes to address the issue of highest infant and child mortality rate in the country. Approximately 50% of perinatal and neonatal deaths can be prevented by simple measures at the primary care. The neglect of nutrition, health and health education of girl child and mothers are the fundamental reason for adverse state of perinatal health in the country.

The Deccan Herald recently reported the progress in the reduction of India's child mortality rate with an average fall of approximately 2.6% between 1990 and 2006. However, if India is to reach the millennium development goal set by the united nation. The average annual rate of reduction over the next nine years should be approximately 7.6%. We certainly hope this proves to be achievable. In Karnataka to reduce the neonatal mortality rate the government had established home based neonatal care in rural areas, in that mothers are given training to provide care to the neonates in the home setting.

Hence the postnatal mothers are not aware of the minor disorders of neonates, they must be educated, and they should have the knowledge regarding various aspects of minor disorders of neonates to decrease the neonatal mortality and morbidity rate from preventable cause.

STATEMENT OF THE PROBLEM:

Assess the knowledge on home remedies regarding minor disorders of new born among postnatal mothers at Saveetha Medical College Hospital, Chennai.

OBJECTIVES:

The objectives of the study were to

1) To assess the level of knowledge among postnatal mothers regarding minor disorders of new-born.

2) To determine the association between level of knowledge and socio-demographic variables among postnatal mothers regarding minor disorders of new born.

OPERATIONAL DEFINITION:

ASSESS:

- In this study it refers to level of knowledge on home care remedies for minor disorders of new born among postnatal

MINOR DISORDERS:

- In this study refers to Common health problems present new-borns which can be managed before it develops complication. the common minor disorders of new-born are physiological jaundice, diarrhoea, vomiting, conjunctivitis, skin rash, umbilical cord infection, oral thrush, skin rash, breast engorgement, pseudo menstruation etc.

NEW BORN:

- In this study it refers to the baby in the age group of from birth to 4 weeks
  who are getting treated as in -patient or out-patient in Saveetha Medical College Hospital, Tandalam, Chennai.

POSTNATAL MOTHER:

- In this study it refers to the postnatal mothers who delivered live baby through spontaneous vaginal delivery & LSCS. who are getting to treat as in-patient or out-patient in Saveetha Medical College Hospital, Thandalam, Chennai.

ASSUMPTION:

- The level of knowledge among postnatal mother differ from individual to individual.
- Socio-demographic variables can influence the level of knowledge of postnatal mother of new born.
- Number of child birth influences knowledge level of postnatal mother regarding minor disorders of new-borns.

DELIMITATIONS:

- The study is limited to 60 samples
- Study is limited period of 4 weeks
- Study is limited to postnatal mother attending OPD and Postnatal ward in Saveetha Medical College Hospital, Chennai.

PROJECTED OUTCOME:

1. The study helps the postnatal mother to gain adequate knowledge on home remedies regarding minor disorders of new-borns.
2. The findings level of knowledge and among postnatal mother on home remedies regarding minor disorders of new- born.

REVIEW OF LITERATURE

The related studies are presented under the following sub headings

PART-I

A) Literature related to this study

PART-II

B) Conceptual framework

PART-I

A) LITERATURE RELATED TO THIS STUDY

Anil Sharma (2017) had conducted a study to assess on new-born home based assess care practices and traditional beliefs related to neonatal jaundice." Researchers prospectively identified mothers of new-borns through an on-going regional cohort study. Trained research assistants administered a 78-item questionnaire to mothers during home visits 14-28 days after birth except those we could not contact or whose babies remained hospitalized at 28 days. This study reveals that out of 979 mothers 99% delivered at a health facility. Infants were discharged at a median age of 1.35 days. Only 11% received jaundice education; only 27% thought jaundice could be harmful. During the first week, 77% of new-borns were kept in dark rooms. Only 2.5% had routine follow-up before 14 days. Among 118 mothers who were worried by their infant's jaundice but did not seek care, 40% held non-medical beliefs about its cause or used traditional therapies instead of seeking care. Phototherapy was uncommon: 6 (0.6%) were treated before discharge and 3 (0.3%) on readmission. However, there were no exchange transfusions, kernicterus cases, or deaths. The study concluded that early discharge without follow-up, low maternal knowledge, cultural practices, and use of traditional treatments may limit or delay detection or care-seeking for jaundice.

Mohini H.1, Sumanth Shetty (2017) had conducted a study to assess on new-born home based the new born signifies the beginning of life and provides a foundation for future health of the nation. New born care is strongly influenced by women's social status, health status, home care practices for mother and new born care services. Therefore, the present study has been designed to assess the Knowledge of mothers on home based neonatal care especially among rural mothers.

Shashikala. P (2017) had conducted study was conducted the cultural practices regarding care during jaundice revealed that 143 (79.4%) had practice of exposing the baby to sunlight when the new born had jaundice.106 (60.6%) had practice of taking baby to hospital. 25 (13.9%) had practice of exposing the baby to sunlight.16 (14.4%) had practiced skin branding & leaf extracts (apsara) to new born in case of jaundice. Table 3: shows the other cultural practices and beliefs related to new born care.

Seenu, Timmy, et.al., (2016) had conducted a study to assess the practices regarding new born care adopted by mothers in selected rural areas and to find out the association of level of practices regarding new born care with selected demographic variables. The results revealed that the Mothers had better practices in thermoregulation area regarding new born care than in feeding and skin and cord care. The age of the mothers was found to be significantly associated with level of practices.

Chiu gee sheen (2015) conducted a study to Diaper dermatitis is one of the most common skin conditions in neonates, infants, and toddlers. To date, there is no formal data that reports on the prevalence of diaper dermatitis in Hong Kong, but an informal observation made by nurses in one public hospital reported that approximately 4 in 10 neonates in both neonatal intensive care unit (NICU) and special care baby unit (SCBU) suffer from diaper dermatitis. Diaper dermatitis causes discomfort or pain, and in some cases, alters the neonates' vital sign, nutritional intake, and quality of life. This leads to prolonged hospitalization, increased manpower, and reduced bonding between neonates and mothers. Without standardized treatment and practices,

nurses may deal with diaper dermatitis in varying ways, which means that the healing process will also vary. Therefore, it is imperative to develop an evidence-based guideline that will inform physicians, nurses, and caregivers alike of the best management of diaper dermatitis.

Saranya S, Nandini M, et.al., (2015) had conducted a study to assess the level of knowledge and attitude of mothers on management of selected minor ailments in neonates with a view to prepare a Self-Instructional Module, at selected hospital, Thrissur. The results revealed that the positive correlation between level of knowledge with attitude of mothers and there was significant association between level of knowledge with selected demographic variables.

Akojiam sangita Devi (2014) had conducted a study to assess the knowledge among the minor disorder are most common among new-born, neglecting the minor health problem is the one of the factor contributing to the new-born mortality rate. In India most the mothers are not aware of management regarding minor disorders of new-born (vomiting, constipation, diarrhoea, physiological jaundice, conjunctivitis, umbilical cord infection, pseudo menstruation, breast engorgement, and skin rashes). In a view of limited studies and resources, important consideration on literature review taken. Twenty research studies on nursing from databases regarding minor disorders of new-born. The incidence Knowledge of postnatal mothers concludes most of the studies 10 (78%) shows mothers had below average knowledge and 66% mothers showed negative attitude and there was big gap between actual and desired practice in carding new-born.

Delcys.Fernandes (2014) he findings of the study show that the majority, that is, 27 (45%) of the postnatal mothers had a good knowledge of all the areas such as vomiting, regurgitation, diaper rash, umbilical cord infection, fever, constipation, and diarrhoea. About 20 (33.3%) had very good knowledge and about 13 (21.67%) had an average level of knowledge on the common problems of new-borns. Knowledge about vomiting was average among 34 (56.67%), poor in 21 (35%), and good in five (8.33%). Knowledge about diaper rash was average among 36 (60%), good among 21 (35%), and poor among three (5%). Knowledge on umbilical cord infection was average in 29 (48.33%), good in 27 (45%), and poor in 4 (6.67%). Knowledge on fever was good in 38 (63.33%), average in 19 (31.66%), and poor in three (5%). Knowledge on constipation and diarrhoea were average in 38 (63.34%), good in 11 (18.33%), and poor in 11 (18.33%). No association was found between the knowledge of postnatal mothers and selected baseline variables, such as, age, education, religion, occupation, type of family or area.

Joshi et al., (2014) conducted a study on the health and survival of new-borns depend on high levels of attention and care from others. The mother is the most important person who looks after and meets the physiological and psychological needs of the child, in the early years of life. Adequate knowledge about how to provide necessary care for an infant during the neonatal period can raise a mother's confidence regarding infant care and it can reduce false and traditional beliefs about neonatal care and neonatal morbidity and mortality rates.

Nagari Venkata Lakshmi, (2014) conducted a study on assess the level of knowledge among postnatal mothers regarding minor disorder of new-borns. the levels of knowledge of postnatal mothers regarding minor disorders of new-born out of 50 subjects 34(68%) had moderately adequate knowledge 10 (20%) had inadequate knowledge and 6(12%) had adequate knowledge.

Sujatha R. (2014) The data collected from 157 samples were analysed using descriptive statistics. (149) 95% of the mothers have followed oil massage for the baby before bath. (83) 53% of the mothers have provided home remedies for the baby. (87) 55% of the mothers were applying ashes, soot, powder, or dry cow dung, (115) 73% mothers exposed their babies to the sunlight when the baby's skin turns yellowish. (129) 82% of the mothers are applied 'Kajal' on baby's face to prevent bad eye. (92) 59% of the mothers are practicing a belief that “empty cradle should not be moved.

Suthar (2014) had conducted study was conducted under certain objectives to assess the cultural practices and beliefs on new born care among mothers and to associate it with demographic variables. Every society has its own traditional beliefs and practices related to baby care. Beliefs in super natural power that is holy rituals, salvation offerings and sacrifices are applied at different stages of life from birth to death. There are many such practices, rituals, beliefs and offerings which either 7 protect or harm the health of the baby. The study enabled the researchers to identify the cultural practices and beliefs on new born care followed by the mothers. Help from the authorities and subjects made the study fruitful and interesting.

Apathy Malar, Devi Kaonium, et.al., (2013) had conducted a study to investigate in the terms of incidences of minor disorders of new born including knowledge of postnatal mother regarding minor disorders. To increase the attention of least fathered area but it is early needed of neonatal health in the state of Karnataka

will help the nursing personnel to reduce the incidence of minor disorder of new born. The results revealed that investigate in the terms of incidences of minor disorders of new born including knowledge of postnatal mother regarding minor disorders. To increase the attention of least fathered area but it is early needed of neonatal health in the state of Karnataka will help the nursing personnel to reduce the incidence of minor disorder of new born.

Garcia Ker Eke, Peace lob Opera (2013) had conducted a study to evaluate the knowledge and home management of nappy rash amongst mothers in Port Harcourt. A structured, anonymous, self-administered questionnaire was used to obtain information on biodata, awareness information, response and practices. The results revealed that the knowledge of, and home treatment of diaper rash is poor amongst our mothers. There is need for awareness I enlightenment campaigns about skin care of young children targeted at mothers.

Kohli Gaurav (2013) conducted a study to assess minor disorder most common among new-borns, neglecting the minor health problem is the one of the factors contributing to the new-born mortality rate. In India most, the mothers are not aware of management regarding minor disorders of new-born (vomiting, constipation, diarrhoea, physiological jaundice, conjunctivitis, umbilical cord infection, pseudo menstruation, breast engorgement, and skin rashes). In a view of limited studies and resources, important consideration on literature review taken.

Marybelle dash (2013), conducted a study to assess the knowledge and attitude on neonatal jaundice among the mothers in selected village.

PART-II

B-CONCEPTUAL FRAMEWORK

A conceptual frame work is a group of concepts and a of propositions that spell out the relationship between them. The conceptual frame work plays several interrelated rol.es is the progress so science. Their overall purpose is to make scientific findings meaningful and generalize them.

A conceptual frame work deals with abstraction that are assembled by virtue of relevance to a common phenomenon.

The theoretical frame work for the present study is modified Pender's health promotion model, which was developed from Pender's health promotion model (1987)

Pender's health promotion model aims to increase an individual health promotion activity. The model focuses on cognitive, perceptual and modifying factors and participation in health promotion' model identifies factors that influence the health promotion activities.

At the present concepts from Pender's Health promotion model are utilized on the postnatal mother's act as a health promoting agent with knowledge on home remedies regarding minor disorders of new born.

According to this model mother's knowledge is modified by the factors like their Age, Educational status, Occupation, Religion, monthly income, Area of residence, previous source of health information. And here comes the assess the assess the knowledge on home remedies regarding minor disorders of new born among postnatal mothers with structured questionnaires. The cognitive perceptual factors include a variety of factors like perceived benefits of behaviour, the level of knowledge among postnatal mother differ from individual to individual. Socio-demographic variables can influence the level of knowledge of postnatal mother of new born. Number of child birth influences knowledge level of postnatal mother regarding minor disorders of new-borns.

Behavioural outcome include Self-instructional module on minor disorder of new born like constipation, nappy rashes, new-born acne, physiologic jaundice, vomiting, diarrhoea, Hiccups ,gastric problem, cold ,oral thrush, induce sleep, fever ,anuria ,colic pain, cough ,mastitis neonatorum, From the output is obtained by assessing knowledge level of postnatal mother regarding minor disorders.