

A Study to Assess the Knowledge and Attitude on Neonatal Jaundice among the Mothers in a Selected Village of Karnataka.

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Introduction

Newborn jaundicity in skin and other tissues takes on a yellow look .Neonatal jaundice appears if the bilirubin amount is higher than 85 mmmol/l (5 mg/dl). Newborn jaundice may be seen on the skin, and there is a yellowing of the skin, eyes, particularly in the middle of the face, indicating jaundice is present in the newborn. The icterus is first discovered in the face and later, with increasing concentration, in the body. It is common for infants with hemolytic fetoglobulin birth defects to show higher bilirubin levels in the first 24 hours, which can lead to the red blood cells being destroyed rapidly.

Which occurs as a result of the combined degradation of foetal haemoglobin and the immature hepatic secretion systems, which causes an aggregation of bilirub in the blood which causes it to transform into bilirubin. Such neonatal jaunds risk factors include premature delivery, anaemia, big or small newborn, presentation of the foetus, and an increased level of oxytocin during labour, although the largest is trisomy of the chromosome..

The infant mortality ratio figures indicate that while a great deal of work has been put into improving global and perinatal mortality, less emphasis has been placed on perinatal, even as this makes up the majority of the child's mortality rate. Neonatal death percentage has risen these figures are derived from the survey.

Neonates are among all newborns most prone to death and disease. The United Nations Children's Fund claims out of every four people, at least one is a native of India. The number of deaths per thousand births in the world for children under a year old is 67%. Neonatal mortality accounts for 43.4%. (2010) as neonatal tetanus to the risk of dying in the first three months of life is 4.55 percent. a year, led by perin Karnataka, the origin of neonatal death due to neonatal jaundice is accounted for 6.4% of the overall child deaths per year,considered for postnatal jaund had irregular awareness and comprehension of treatment Thirty-three percent of respondents fall inside the predicted range. After this research, they determined that parents appeared to be uninterested and unable after the birth of their children.The complication of hyperbilirubinemia is kernicterus. It is due to the severe accumulation of unconjugated bilirubin. According to a study by NasrinKhalesi, kernicterus causes 10% of mortality and 70% of morbidity among neonates. However, the correct use of phototherapy and timely blood exchange will control serum bilirubin level which can prevent complications .

Neonatal and infant disease treatment incorporates the concept that new moms should be able to recognise conditions in the children. Earlier release of new mothers and infants from clinics also raised the mother's burden of recognising jaundice. Via mothers, early detection and response, complications may be avoided and/More specifically, mothers play a major role in the prevention of complication.

Severely delayed or inadequate feeding results in an excessively high bilirubin level and bilirubin buildup. When the availability of sufficient milk is not provided to the infant, meconium is passed on to the baby. A child's escape through the birth canal helps provide the mother with extra milk The moms who've given birth via caesarian section may still have delayed milk and will be in a sedated and suffering for many days, because these kids are more vulnerable to the disease. I propose that mothers begin breastfeeding right before the birth or after the delivery; if it's by C-section or vaginally, it doesn't matter..

Most mothers struggle to understand the necessity of taking care of baby jaundice during the first weeks of life. Closers don't know them until they're faced with tough issues; when they're faced with real problems, they may be either grim or lethal. Early diagnosis of jaundiceable infants and their symptoms should be stressed. It may be useful in the care of jaundice, and a helpful means to avoid it.

Methodology

The method was a descriptive analysis and it was adopted for this experiment in order to examine phenomena as they occur naturally. A research analysis was carried out in the hamlet of Avala, Bangalore At the time of data collection, 50 mothers was a representative sample size. Convenience analysis was used for this research. The instrument creation and collection of the data where dependent on the findings was done by objective criteria. The semi-structured interview calendar was produced with attention given to and consultation on books, experts, as well as comprehension of issue statements and assessments. Questions in the questionnaire focus group include: demographic, related to the baby's exposure to neonatal jaundice, and attitude towards treatment of newborn jaundice. The experts were consulted, the experts' suggestions were taken into the material, and the findings were tabulated until the tool was produced.

Data Collection and analysis

A written authorization from the proper authority was made available to do the research. They were chosen for the analysis. The mothers and/written and verbal consents were presented before data collection. There were usually between 20 to 30 children interviewed per day, with each parent being interviewed on average for 30 minutes. Without any interruptions, both the mothers were able to express their fears. She gathered data from the initial 50 mothers in the sample, which was arranged and then assembled in a master text. Other than that, demographic variables such as age, religion, family type, profession, education, and pregnancy were examined and illustrated with frequency, percentage, graphic graphs, charts, and percentages.

Results

As seen in the figures, 21% of the mothers were 21 to 25 years old, 96% were Hindus, and 48% were literate, with 70% of them being single mothers. When it came to the neonatal jaundice, fewer than 1% of the mothers had the requisite expertise. The chances that mothers with an upbeat outlook regarding the jaundice treatment operation were 15 times greater than those who managed to breastfeed and kept the infant. Attachment for an infant is essential, which is why the parents should pursue medical attention immediately upon seeing a shift of colour, because failure to do so can lead to complications and infant death.

Conclusion

Some mothers had sufficient information about the more common complications of jaundice during the antenatal stage, but a lower level of understanding about the different varieties. To keep a happy and well-nourished baby it is important to breastfeed the infant in the first stage of jaundice.

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