

Is the STP Effective on Skin to Skin Contact among the Mothers' of Newborn?

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Abstract: Decrease the body temperature in LBW/preterm neonates can cause for respiratory problems, PH, hypoglycaemia, decrease oxygen intake, decrease heart rate, reduced weight gain and reduced blood coagulability.¹ **Objectives:** 1. To assess the knowledge level before and after STP among the mothers' of newborn 2. To examine the impact of STP the terms of knowledge among the mothers' of newborn 3. To determine relationship between the levels of knowledge score and their selected demographic variables. **Material and methods:** An educative and an evaluative approach, pre experimental design and purposive sampling technique were used. The target population was mothers of newborn and 30 samples were used. Before intervention, the test was conducted by using questionnaire on skin to skin contact. Then STP was given. The post test was conducted after intervention by using questionnaire which is used for pre test. **Results:** Before STP, the Mean score was 6.1 and after STP, the Mean score was 8.2. It depicts that, the STP on Skin to skin contact was effective among the mothers.

Keywords:- Effective, STP, Skin to skin contact, Mothers' of Newborn.

I. INTRODUCTION

In worldwide, 20 million babies are born each year with LBW. In India about 30 to 40% neonates are born before 37 completed weeks. LBW neonates having less than 2500 grams of body weight. These infants vulnerable to various physiological handicapped conditions and 50% of deaths occur in each year.²

II. NEED FOR THE STUDY

Prematurity or IUGR or LBW imposes a tremendous stress and prone to malnutrition, infections and neurodevelopment handicapped conditions. It is not possible to provide special care to all LBW neonates, especially in India. Skin to skin contact improves the health of preterm newborn, gain the temperature slowly and prevent hypothermia, baby become calm, relaxed and more useful for all economic standards of people.³

III. STATEMENT OF THE PROBLEM

Is the STP effective on skin to skin contact among the mothers' of newborn?

A. Objectives:

- To assess the knowledge level before and after STP among the mothers' of newborn.

- To examine the impact of STP in terms of knowledge among the mothers' of newborn.
- To determine relationship between the levels of knowledge score among the mothers' of newborn and their selected demographic variables.

B. Hypothesis:

- **H1:** There is significant difference between the levels of knowledge before and after STP among the mothers' of newborn.
- **H2:** There is significant relationship between the levels of knowledge score after STP among the mothers' of newborn with their selected demographic variables.

IV. METHODOLOGY

In this study, an educative and an evaluative approach were used. Pre experimental design (One group pre test and post test design) was used to collect the data from the samples by purposive sampling method. The target population was mothers' of newborn and the samples were 30. Before intervention, the test was conducted for 3-5 mothers per day by using structured knowledge questionnaire on skin to skin contact. Then STP was given for 30mts. The post test was conducted after intervention by using questionnaire which is used for pre test. The mothers' knowledge level was graded in the percentage of scores.

V. RESULTS

Demographic data was analyzed by using frequency and percentage. Frequencies, percentage distribution, mean, standard deviation, and paired 't' test were used. Chi-square test was done to determine the relationship between the levels of knowledge among the mothers with their demographic variables.

A. Finding related to demographic data:

The overall highest percentage in the demographic data includes 60% of mothers' had the age group <25years and house wife belongs to nuclear family had primary education respectively, 30% of mothers' income was <Rs 1000, 50% of mothers had 1 child with 2kg body weight, 55% mothers availed health services from the Hospital and 65% mothers had normal delivery.

B. Classification of knowledge score:

- Good - 75% to 100%
- Average - 51% to 74%
- Poor - 50% and below

Knowledge Level	Pre experimental group			
	Before STP		After STP	
	No.	%	No.	%
Good	-	-	24	80
Average	8	27	6	20
Poor	22	73	-	-

Table.1: The frequency, percentage distribution of levels of knowledge before and after STP among the mothers on skin to skin contact.

Table.1: Showed, before STP 73% of the mothers had poor knowledge, 27% of them had average knowledge respectively. It shows that, there is difference in the level of knowledge without STP. After STP, most (80%) of the mothers had good knowledge and only 20% of them had average knowledge. It showed that, the STP was effective among the mothers.

Variable	Pre experimental Group	Mean SD	Significance 't' test
Skin to skin contact	Before STP	6.1 2.42	t = 12.82 P < 0.05
	After STP	8.2 1.58	

Table.2: The Comparison of Mean and SD of knowledge scores before and after STP among the mothers on skin to skin contact.
(N = 30)

Table.2: Showed, before STP, the Mean score was 6.1 and after STP, the Mean score was 8.2. In Paired 't' test (12.82) and the 't' value (0.65) was high, hence it seems that, STP on skin to skin contact was effective among the mothers. The Chi-square test showed that, there is no significant ($p < 0.05$) relationship between knowledge scores of mothers with their demographic variables such as age, religion, education, family income, type of delivery and significant ($p > 0.05$) relationship was found between the knowledge scores of mothers with their demographic variables such as occupation, type of family, number of children, weight of the baby and availed health services.

VI. NURSING IMPLICATIONS

- Nursing students have to create the knowledge on skin to skin contact.
- It helps the nurses to know about the effectiveness of STP on skin to skin contact.
- Faculty members have to educate the students to learn about on skin to skin contact.
- Nursing students have to update their knowledge on skin to skin contact.
- Teachers have to motivate the students to learn about on skin to skin contact.
- It can create the awareness about the effectiveness of STP on skin to skin contact.

VII. RECOMMENDATIONS

- It can be proceed in different areas.
- It can be replicated in various sample size.

VIII. CONCLUSION

- The findings of the study, overall highest percentage of data includes 60% of mothers' had the age group <25years and house wife belongs to nuclear family had primary education respectively, 30% of mothers' income was <Rs 1000, 50% of mothers had 1 child with 2kg body weight, 55% mothers availed health services from the Hospital and 65% mothers had normal delivery.
- Before STP the Mean score was 6.1 and after STP the Mean score was 8.2. There is an improvement of knowledge level after STP on skin to skin contact among the mothers.

REFERENCES

- [1] Bohnhorst.B., Heyne.T., Peter.C.S., Poets.C.F., (2001), Skin to Skin care, respiratory control and thermoregulation. *Journal of Pediatrics*. 138(2): 193-197.
- [2] Charpak.N., Ruiz-Pelaez.J.G., Figueroa de.C.Z., Charpak.Y., (2001), A trial of kangaroo mother care. *Journal of Pediatrics*. 108(5): 1072-1079.
- [3] Dutta.D.C, (2004), Text Book of Obstetrics. 6th ed, Calcutta New central book Agency Pvt Ltd. Page: 418.
- [4] Ghai O.P, (2007), Essential Pediatrics. 6th ed, Jaypee brothers publishers, New delhi. Page: 715.
- [5] Suraj Gupta, (2004), Text book of paediatrics. 7th ed, Jaypee brothers publishers, New delhi. Page: 255-267.
- [6] Basavanthappa.B.T, (2006), Child Health Nursing. 1st ed, Ahuja publishing House, Newdelhi. Page: 425-438.