

The Knowledge of Third Trimester Pregnant Women about Postpartum and Newborn Infants Care

Faizah Betty Rahayuningsih, A. S.Kep., M.Kes.

Nursing Studies Program, Faculty of Health Sciences, University of Muhammadiyah Surakarta
A. Yani Street Tromol Pos 1 Pabelan Kartasura Surakarta Central Java 57162

Abstract

Introduction: Postpartum period is a transition period but it is being neglected aspect from women health care. Mother's knowledge and education before childbirth is important to be prepared for postpartum. Misinformation about traditions/costums in society are considered irrational, causing confusion in puerperal women, especially for mothers who having their first birth (primipara). **Method:** Analytical observational study, using cross-sectional design. The research conducted in the area of Miri Health Centers, Sragen Regency in December 2012. **Result:** Mother's age significantly associated with maternal knowledge ($p=0,002$). Long marriage was significantly associated with maternal knowledge ($p=0,002$). In high knowledge category was 25 pregnant women (83,3%) and moderate knowledge was 5 pregnant women (16,7%).

Keywords: Knowledge, pregnant women in third semester, postpartum care, infants.

1. Introduction

Postpartum period is a transition period but it is being neglected aspect from women health care. The birth of first child is a hard time. This period become a new experience for the wife and the husband. The parents feel confuse, fear, and happy (Kararina & Suyasa, 2005). The birth of first child which is desired, is a mixture of excitement and love, can be accompanied by heavy demands of the job, and would appear confusion of roles changes and changes to become parents.

Mother's knowledge and education before childbirth is important to be prepared for postpartum (Escobar *et al.*, 2001). The preparation during childbirth which is not given during pregnancy, causing mothers do not know how to do well self care and baby care. The mothers feel just have a little time and personal space to control their lives over the years, antenatal training sessions have been recommended for pregnant women (Woods *et al.*, 2010). Misinformation and traditions/costums in society are considered irrational causing confusion in puerperal women especially for mothers who having their first birth (primipara). The traditions/costums of people in practice care soon after birth have a major role in causing neonatal morbidity and maternal morbidity.

Therefore, we need to know the description of the knowledge of third trimester pregnant women about postnatal care. This study aimed to assess the knowledge of third trimester pregnant women about postnatal care and its relationship with the characteristics of the respondents.

2. Methods

This is an analytical observational study, which using cross-sectional design. The research conducted in the area of Miri Health Center, Sragen Regency in December 2012. The subjects of this study were third trimester pregnant women who live in Village Jeruk and around, and visit the midwife on December 3, 2012 to obtain the third trimester pregnancy examination services. The sample selection was based on the consecutive sampling method. The research sample filled out the knowledge questionnaire which had been validated before. The questionnaire contains 20 statements. The questionnaire was developed based on 6 materials from the Guidelines for Pregnant Women Class book (MOH, 2011) include 1) labor. 2) ruling. 3) contraction. 4) newborns. 5) sexually transmitted diseases. 6) the birth certificate. Characteristics data include live at home with her husband, long marriage, marriage to how number, mother's age, last education, mother's occupation, husband's age, husband's last education, husband's occupation, mother's religion and husband's religion.

The data were analyzed by univariate analysis to get a general overview of descriptive, and bivariate analysis to look the relationship between baseline characteristics, and with the knowledge of postpartum care. Bivariate analysis was also conducted to assess the relationship between the characteristics of the mother's knowledge about postpartum care to the respondent. Bivariate statistical used was Spearman test. Categorization using the formula mean hypothetical and categorization Azwar (2008), the low category with a value 0-6,66 ; moderate = 6,67-13,34 ; high = 13,35 -20.

3. Result and Discussion

The highest percentage of mother's occupation is a housewife (70%) and the husband's job is laborer. A total of 86,7% is the first marriage and as much as 83,3% live at home with the husband. From the 30 questionnaires which are filled by the respondents, all of the questionnaires were back and full filled, so that they incorporated into the data processing and statistical tests. The characteristics of the respondents can be seen in Table 1.

In Table 1 it can be seen that the average of the mothers was 22,03 years with the lowest age is 16 years and the highest age is 26 years, while the average of husband's age is 15,03 years with the lowest is age 20 years and the highest age is 30 years. All of the respondents are women who have attended formal education of primary school age (low education level).

The result from bivariate test determined that the relationship between the characteristics of third trimester pregnant women to the knowledge can be seen in Table 1, it appears that the mother's age and the long marriage are significantly associated to the mother's knowledge. The mother's age is significantly associated to the mother's knowledge with $p=0,002$. The long marriage is significantly associated to the mother's knowledge with $p=0,002$. This is in line with studies that claimed the scores of mother's knowledge about parenting related to mother's age (Bornstein *et al.*, 2003; Bornstein *et al.*, 2010). Higher age was associated to higher knowledge scores. (Padiyath *et al.*, 2010).

The Table 2 below shows the percentage of correct and incorrect answers for knowledge statements. The knowledge based on Table 2, all the respondents (100%) answered correctly on three questions there are type of immunization should be given to the baby, avoiding sexually transmitted diseases, and the benefits of birth certificate. A total of <25% of mothers answered incorrect on the question of vitamins to prevent bleeding.

The result shows that there are five materials which mothers answered incorrect >30% they are about vitamin A, early breastfeeding initiation, immunization, pregnancy nutrition, and HIV/AIDS. This happened because the five materials were not included in the Maternal and Child Health Handbook (MOH, 2011). The Maternal and Child Health Handbook is a handbook of mothers and health workers in the health service.

In the high knowledge category there is 25 pregnant mothers (83,3%), and moderate category is 5 pregnant mothers. High knowledge means that someone has had information before (Mudjiman, 2011).

There was 10% mothers said that it is better to having self examination in quack if there is a health problem in postpartum. As presented by Hapsari & Sulistyowat (2005) states that the number of people who are still using quack because of possibility they were easier to access them

The knowledge value is in the range 0-20. The mean value of total knowledge of pregnant women is 16,53 with mean value of the distribution of knowledge is: knowledge about labor (mean = 3,567), about postpartum (mean = 3,267), about contraception (mean = 1,767), about infants (mean = 5), about sexually transmitted diseases (mean = 1,633) and about birth certificate (mean = 1).

The mean of mother's knowledge is shown in Table 3. According to Table 3, the highest mean score of knowledge is the knowledge about newborn infants, the next is about childbirth and postpartum. This can be probably because of the participants were in third trimester pregnant who are facing labor and postpartum period. The information can be obtained from the Maternal and Child Health Handbook (MOH, 2011), electronic media, or counseling with the midwife.

4. Closing

There is mothers who still using the service of quack in childbirth and postpartum, it probably because they are easier to access. The quack need to be given the skills which support the health of the mother during pregnancy, childbirth and postpartum. Another alternative is health workers must be active to improve the mother's knowledge in recognizing the symptoms of the disorders during childbirth.

Increasing the method of giving information about postpartum care is needed. The method of giving information may include the preparatory training during childbirth. The information materials is need to be increased, especially the contraception material, sexually transmitted diseases, and birth certificate.

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Table 1. The differences of the knowledge value based on the characteristics of respondents

No	Characteristics		Category		P -value	
			n/average	% min-max		
1	Occupatio - Mother	1) Farmer	2	6,7	0,173	
		2) Private sector worker	7	23,3		
		3) housewife	21	70,0		
No	Characteristics		Category		P -value	
			n/average	% min-max		
	- Husband	1) Farmer	1	3,3	0,649	
		2) Factory worker	3	10,0		
		3) labor	24	80,0		
		4) Private sector worker	2	6,7		
2	Last Education	1) Junior high school	12	40,0	0,245	
		- Mother	2) Senior High school	14		46,7
		3) 3-year diploma	4	13,3		
		4) undergraduate				
	- Husband	1) Junior high school	16	53,3	0,745	
		2) Senior High school	9	30,0		
		3) 3-year diploma	3	10,0		
		4) Undregraduate	2	6,7		
3	Husband	1) First	26	86,7	0,976	
		2) Second	4	13,3		
4	Living at the home with the husband	1) No	5	16,7	0,108	
		2) Yes	25	83,3		
5	Long marriage	1) 1 year	25	83,3	0,000*	
		2) 2 years	5	16,7		
6	Husband's age		25,03	20-30	0,064	
7	Mother;s age		22,03	16-26	0,002*	

Table 2. The Percentage of correct and incorrect answers of mother's knowledge statements

No	Statements	Correct	Incorrect
1	Strong pain/colic, rupture of the amniotic sac, and the bloodstains out are signs of labor will take place	96,7%	3,3%
2	Helping during the labor, helping to water, and stimulating the mother's nipple during childbirth are husband and family supports at the time of childbirth	96,7%	3,3%
3	Babies are not born in 12 hours, bleeding in the birth canal, the mother is not strong to push, and the waters murky and smelled are danger sings in labor	86,7%	13,3%
4	The mother has the right to choose childbirth helper, but it is not true if labor helping by quack	76,7%	23,3%
5	Drinking high doses of vitamin A, adequate rest and nutritious diet are the efforts need to be done after the postpartum to maintain the health	56,7%	43,3%
No	Statements	Correct	Incorrect
6	Drinking high doses of vitamin A is not good after parturition	56,7%	40%
7	1 hour after childbirth is a true time to breastfeed their babies after birth	36,7%	63,3%
8	If the postpartum mothers experiencing signs: headache, nausea, vaginal discharge, pus discharge from the birth canal, you should immediately check to the quack	86,7%	13,3%
9	1 year after parturiyion is the most appropriate time for family planning	93,3%	6,7%
10	Selecting the contraception should be based on the desire of the mother alone	83,3%	16,7%
11	Babies born immediatley cry, redness around the baby's body, hans and feet actively move, those are signs of a helathy baby born	96,7%	3,3%
12	Exclusive breastfeeding in infants given untill the age of 6 months	90%	10%
13	Hepatitis B, Polio, DPT, tuberculosis and measles are the immunizations which should be given to the mother	100%	-
14	We must be vigilant and avoid sexually transmitted diseases because they are danger	100%	-
15	The benefits for the baby's certificate is requirement to go to school, work, the maintenance weddings and others	100%	-
16	Giving vitamin C to prevent bleeding in infants by deficiency vitamin K1.	80%	20%
17	If there are signs in the baby, do not wan to breastfeed, convulsions, the baby looks yellow then immediately take to a quack	90%	10%
18	TT immunization are useful to keep baby's immune system is not susceptible to polio	43,35	56,75
19	According to medical sciences, women should be abstain from eating hanging fruit, eating fish, and drinking ice water during parturition	66,7%	33,3%
20	Shake hands and living at home with people who live with HIV/AIDS can be infected with HIV/AIDS	63,3%	36,7%

Table 3. The mean of mother's knowledge

Knowledge	Mean	Sd.
Childbirth	3,567	0,678
Postpartum	3,267	1,112
Contaception	1,767	0,568
Infants	5,00	0,946
Sexually transmitted diseases	1,633	0,490
Birth certificate	1,000	0,000

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