

SELF-CARE ACTIVITIES OF PREGNANCY INDUCED HYPERTENSION AND MATERNAL OUTCOME

¹ K. Soya, ¹ V. P. Geetha Kumari, and ² Kadeeja Mumthas

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Introduction

Pregnancy is one of the wonderful and noble services imposed by nature, no woman can shirk. Most of the women may not have much problems during pregnancy, but some are not so lucky, face various problems related to pregnancy and child birth. The hypertensive disorders of pregnancy, viz, pre-eclampsia (PE) and eclampsia are the prime causes of maternal deaths in the world. Though no perfect remedy is available at present, it is possible to minimize these hazards on mother and developing fetus by early detection and prompt action.

Most of the complications, related to PIH are occurring due to maternal negligence or unawareness on the disease and its management. Self-care offers a real potential for improving their health status, and thus to prevent the severe form of PIH at a deteriorating health cost. Self-care would be the most effective and appropriate approach to enhance both maternal and foetal well being, as well as the successful outcome of pregnancy.

An elaborate study has

Authors:

College of Nursing, Institute of Maternal and Child Health, Medical College, Kozhikode, Kerala - 673 008
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been envisaged to materialize the effectiveness of SIS on SSCA in terms of MO among women with PIH, attending out patient department of selected hospitals in Kozhikode district, based on Orem's self-care model (Orem, 1980). The major objectives of this study were to: (a) identify the knowledge and practice of experimental and control group women with PIH, regarding SSCA before and after the SIS; (b) compare the knowledge and practice of experimental group with PIH regarding SSCA, before and after SIS; (c) determine the effectiveness of SSCA on MO, and (d) find out the relationship between PIH and selected variables (SV).

Materials and Methods

The study was conducted at the Institute of Maternal and Child Health (IMCH), Kozhikode among primigravid women with PIH. Based on sample criteria, 70 primigravid women with PIH were selected, assigned 35 each to the experimental and control groups. Non-probability purposive sampling techniques were used to select the samples. A quasi-experimental method with pre-test post-test non-equivalent control group design was used for the study. The SIS on PIH and its SSCA were the independent variables and the effect of SIS on MO in terms of BP, oedema, proteinuria, weight gain and type of delivery were the dependent variables.

After selection pre-test was done using structured interview schedule. The bio-physiological markers such as BP, weight gain, proteinuria and oedema, of all the clients were also assessed at the time of selection. They were advised to contact the investigator during each of their subsequent antenatal visit, up to delivery. On the same day of selection, the experimental group were exposed to SIS, after the pre-test, in one session of 45 minutes, either individually or in group. A handout was provided to them for further reference. The post-test on both experimental and control groups were done after two weeks, using the same structural interview schedule. All the clients were monitored during each follow-up till delivery, using follow-up record. After delivery, to get the data regarding type of delivery, clients' clinical records were also referred. Interviews were conducted, using structured interview schedule to assess the knowledge, before and after administering SIS on SSCA. Follow up record was prepared for the monitoring the client, during each follow-up. SIS were prepared to impart the knowledge of PIH and its SSCA. The tools were given to eight experts for content validation.

The reliability of the structured interview schedule was calculated using Cronbach's Alpha. The reliability coefficient was 0.8732. Inter-rater reliability was tested for follow-up record. There →

was 100% agreement between the two raters. A pilot study was conducted to fine out the feasibility of the proposed study. It was found that tools were unambiguous, SIS were clear and the data obtained were amenable to statistical analysis.

During the course of the study, there were four-drop outs, two each from experimental and control groups. So total samples for analysis were 66. The collected data were tabulated and analyzed using descriptive and inferential statistics.

Observations

Sample Characteristics: The primigravid women with PIH included in the study belong to the age group between 18-35 years. Among them, 48% belonged to the age group of 21-25 years, and 56% to Hindu religion. Majority of them studied up to SSLC (35%) and 88% of the women were m5 housewives. The average monthly income of 56% of them was below Rs. 500. It had been seen that only 15% sample had got a family history of PIH. In the present study, 95% of them were unaware of their condition and its management.

Knowledge Scores: There was no significant difference in the knowledge scores of the experimental and control groups, regarding PIH and its SSCA before SIS.

Blood pressure: Subsequent to the practice of SSCA, BP of 64% of the samples in the experimental group was stabilized and 21% of them had low BP, from base line measurement. In contrast, 49% of

samples in the control group had fluctuating BP and 30% of them had very high BP.

Proteinuria. It was observed that 70% of the samples in the experimental group and 61% in the control group had no proteinuria, during the course of the disease. In fact, 27% of the remaining 30% samples in the experimental group (who had proteinuria at the time of selection), became free of it during the follow-up period. But, in the control group, 18% had increase of proteinuria and 12% had appearance of proteinuria during the follow-up period.

Oedema. It had been reflected that 39% of samples in the experimental group and 18% in the control group had no oedema during the course of the disease, up to delivery. But, 43% of samples in experimental group had got disappearance of oedema, while it was persisted in the control group.

Weight gain: There was not much difference between experimental and control groups regarding weight gain i.e., 97% of samples in both groups had normal weight gain.

Warning signs: It had been observed that there was no significant difference in the development of warning signs between experimental and control groups, i.e., 94% of samples in the experimental group and 82% of samples in the control group had no warning signs during the course of the study.

Medications: It showed that

only 9% samples in the experimental group required antihypertensive drugs. On the contrary, 76% of the samples in the control group required antihypertensive to control BP. So it was found that those who practiced SSCA would require lesser antihypertensive drugs.

Type of delivery: It had been observed that normal delivery was found more in experimental group (61%) and surgical approach was found more in control group (49%)

Association between PIH and SV: It had been found that there was significant relationship between PIH and certain variables such as age and occupation but there was no significant association between variables such as religion, educational status and family history of PIH.

Conclusions

The following are the conclusions. Before SIS, the knowledge, of primi gravid women with women with PIH was inadequate. The SIS on SSCA considerably enhanced the knowledge of primi gravid women with PIH. The SIS helped the primi gravid women with PIH to practice SSCA. The practice of SSCA by primi gravid women with PIH helped to attain favourable MO. There was an association between PIH and variables such as age and occupation, i.e., PIH was prevalent more among the age group of 21 to 25 years, and most of the women PIH had no occupation. There was no relationship with PIH and variables, such as religion educational status and family history of PIH. The findings have implica- ➔

tions on practice, education, administration and research of nursing, to improve the self-care practices of women with PIH. The conclusion drawn from the study is that SIS were effective in imparting the knowledge and practice of SSCA, and also in the effective control of PIH among primi gravid women with PIH.

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