INTRODUCTION

Nurses have a vital role in the successful operation and ultimate outcome of low birth weight babies’ care and therapy. Neonatal intensive care nursing is the highly specialised area of knowledge and practice that requires lengthy supervised experience to reach a level of competence that permits independent nursing care. It involves an understanding of neonatal physiology and characteristic knowledge of the function and management of a number of mechanical devices and apparatus, the ability to recognise very subtle deviation from the expected and the ability in implementing a judicious course of action.

Birth weight is considered as a major determinant of neonatal death in the developing world. According to W.H.O., newborns with birth weight of 2500 gms or less should be designated as low birth weight babies. It was assessed by Indian scientists that 2000 gms or less should be taken as the criteria for low birth weight of Indian infants. It was found to be 5.5% as against 20-70% when the criteria was less than 2500 gms. The term very low birth weight refers to weight between 1000 gms to 1500 gms regardless of gestational age. Out of 22 million low birth infants in the world, 21 million belongs to developing countries. India shows quite substantial 7-10 million low birth weights constituting 30% of all the birth in India. The reason for having such a high prevalence may be due to illiteracy, poverty, inadequate antenatal care, maternal nutritional deficits and high parity.

OBJECTIVES:

The study was conducted with the primary aim to understand and evaluate the nursing care given to Low birth weight babies and to assess the predisposing factors that leads to low birth weight for reducing the incidence of low birth weight and also to reduce the complications occurring due to low birth weight.

METHODOLOGY

The sample size was selected on the basis of easy accessibility to obtain relevant and faithful data. Low birth weight babies and their mothers following deliveries were selected for the study. Response of mothers were recorded on the spot and checked there itself for complete information. Their babies were also observed individually regarding the nursing care they were receiving and recorded on the spot. Daily follow up has been carried out during the hospital stay of the babies. Two sets of schedules were used for collecting the data namely schedule I and II in accordance with the objectives of the study. Schedule I had particulars of mothers to understand the risk factors leading to low birth weight through interview. While schedule II relates to the care given to the baby, to understand and evaluate the nursing care given to the low birth weight babies observed using the observation checklist and questionnaires.

ANALYSIS AND FINDINGS

The data was analysed in descriptive and inferential terms in accordance with objectives. The major findings of study revealed that-

1. Incidence of low birth weight was higher amongst mothers not receiving regular antenatal care.
2. Systemic Diseases such as anemia, pre-eclampsia (PHT), Hepatitis during pregnancy were found to be direct contributory factors to increased incidence of low birth weight babies.
3. Primigravida and grand multipara were more prone to deliver low birth weight babies.
4. Incidence of low birth weight babies was higher in the mothers from poor socio-economic status.
5. Major neonatal complication in low birth weight babies were respiratory distress, Jaundice, Birth asphyxia, Pneumonia and septicemia.
6. Low birth babies require special care such as ventilation, U.V. phototherapy, Nebulization and oxygen administration in accordance with complication.
7. All low birth babies require suctioning and oxygen therapy by nasal catheter placed in front of nostrils (Free flow oxygen).
8. Body temperature of all babies should be maintained by over head warmer in the labour room.
CONCLUSION
The study revealed that most of the predisposing factors were correlated to literature and can be minimized by adequate antenatal care.

RECOMMENDATIONS
1. All antenatal women should receive regular antenatal care.
2. High-risk antenatal mothers such as cases of PET, malnutrition, anemia etc should be screened early and directed towards hospital for safe delivery.
3. Health education programme should be conducted for antenatal mothers regarding factors contributing to low birth weight.
4. Nurses should be well oriented and trained to handle the equipments.
5. Each P.H.C. should be provided with life saving equipments such as oxygen, suction apparatus, heaters, ambus bags etc.
6. In-service education should be conducted for staff nurses regarding care of LBW babies and use of mechanical devices.

REFERENCES

ST. ANN'S SCHOOL OF NURSING
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Application forms will be available from 15th May 2003
Last date for submitting applications: 10 August, 2003
For further details please contact:
Principal
Apollo School of Nursing, Indraprastha Apollo Hospitals
Chennai-Madhura Road, Saintr Vihar, New Delhi-54
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