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Full Length Article

Effect of health teaching on post partum minor discomfort

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ABSTRACT

Background: Postpartum period is a time of vast change for women both physically and psychologically. During this period, women needed to information regarding minor discomforts and how to deal with them.

Aim: Evaluate the effect of health teaching on women experience of minor discomfort during postpartum period.

Design: Quasi experimental (pre and posttest one group) design was selected for this study.

Sample: A convenience sample of 150 subjects was selected according to certain criteria.

Setting: Postpartum unit at Maternity University Hospital, Cairo Governorate.

Tool: Semi-structured Interviewing sheet, maternal knowledge regarding postpartum minor discomforts follow up tool.

Results: Subjects age ranged from 20 to 40 years with 44% completed secondary school education, 9.3% reached high level of education, also, the study conveyed a level of improvement regarding breast engorgement, after pain, urinary retention, constipation and episiotomy pain. Sixty-four point seven of subjects mention that they weren't aware of expected minor discomforts during postpartum period before health teaching was given. After the teaching, only 0.7% of subjects were not aware of postpartum minor discomforts.

Conclusion: Teaching helped to improve the women's knowledge regarding postpartum discomforts.

Recommendations: Health educational package on postpartum discomforts should be given on discharge should be written in clear and comprehensive explanation supported by drawing pamphlets especially for illiterate one.

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1. Introduction

Postpartum period is the time from the delivery of the placenta through the six weeks after the delivery. Most of the changes of pregnancy, labor, and delivery have resolved and the body has reverted to the non-pregnant state and it is a very special phase in the life of a newly delivered subject and her newborn. It is the most critical, transition and life changing event which filled with strong emotions, physical changes, new and changed relationships, assumptions and adjustments into the mother role (Abd el-Razek, 2013).

Maternal and newborn physiological adjustments and important psychosocial and emotional diversifications for all family members. The nurse plays an essential role in promoting and improving post partum outcomes, not only as a health care provider but also as an administrator, manager, educator, researcher

and counselor. Nurse will need to have the appropriate knowledge and skills to determine when to be proactive with regard to undertaking specific observations where these might be required. Therefore, the nurse must be able to identify signs of morbidity that require further investigations and discuss the future management of these with the women. Nurses will never know the quality of care they offer until if it is being assessed through patient satisfaction. But also for providing vast teaching to women after delivery and before they discharged from the hospital based on bio- psychosocial needs further provide anticipatory assistance and counseling (Abd el-razek, 2013).

Postpartum minor discomforts may occur resulting from all systems adaptation. Common postpartum minor discomfort includes after pain, perineal pain, constipation, urinary distention, lactation problems. Immediate and effective care during and after birth for these problems can make the differences in postpartum adaptation.

From the research investigator at El Manial University Hospital over the period of two years, there is no one provide health teaching related to minor discomfort which post-partum subject

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experienced during this period which may affect their health status that interfere in their family relations and dealing with her baby. In Egypt, there are scattered published studies about importance of health teaching about improving of minor discomfort during postpartum period and indirectly improving subject quality of life. Accordingly this proposed study adds to data base knowledge of researches about most common problems which faced subject during this period.

Mirzaee et al. (2013) reported in their study that 91.6%, 90.3% and 83.5% of women had at least one problem at one week, six weeks and twelve months following delivery, respectively. Many of these problems could be resolved through education and raising awareness. Another study conducted in health care centers of Iran by Mirzaee et al. (2015) to assess the maternal knowledge on submit postpartum care. They discovered that most of women had slight expertise about four dimensions of health, breastfeeding and nutrition, contraceptive methods, infant care and they reported that inadequate information, low awareness, loss of skilled personnel at healthcare centers, monetary problems, lack of access to healthcare services and low quality of services are among factors stopping women use of postpartum care. Accordingly this study adds to data base knowledge of researches about most common problems which faced subject during this period. Those, The Egyptian Demographic and Health Survey (2014) reported that Subject spend a little time in health facilities following births. One-third of subjects are in the health facility for less than five hours after birth. Overall, 57% of subjects spend less than a day in the health facility after the birth

2. Aim of the research

The aim of this research was to evaluate the effect of health teaching on subject's knowledge regarding postpartum period minor discomfort.

3. Research hypothesis

Subject who will receive health teaching will reported a decrease of postpartum minor discomfort.

4. Material and computation

4.1. Design

Quasi experimental (pre and posttest one group) design was adopted in this study to achieve the stated aim. This is one type of experimental design, often described as non randomized, pre-post intervention studies which used to evaluate the benefits of specific interventions.

4.2. Sample

A convenient sample of 150 postpartum subjects was recruited for the study based on hospital statistics (2015) which revealed that the hospital received approximately 8500 VD postpartum subjects per year; so the sample size was calculated by the following formula:

$$\text{Yamanes formula : } *n = N/1 + N(e)^2$$

n = sample size & N = Population size & e = Margin of errors which is $\pm 5\%$ & Confidence level = 95%.

Inclusion criteria: Postpartum primi women, full term pregnancy, vaginal deliveries with or without episiotomy, free from any medical and obstetrics complications and at least can read and write.

4.3. Setting

The study was conducted at the postpartum unit at Maternity university hospital, Giza Governorate affiliated hospital providing free health care for the mothers during antenatal, natal and postnatal period as well as gynecological patients.

4.4. Tools for data collection

- 1- Personal background Semi-structured Interviewing sheet. This tool was designed by the researcher & it was included data about a) Demographic data such as age, place of residence, income, educational level, occupation, b) Obstetric profile such as number of gravida and abortion.
- 2- Maternal knowledge regarding minor discomfort tool (pre and posttest): to determine level of subjects' knowledge regarding minor discomfort during early partum period. It included questions about minor discomfort during postpartum period. Tool was include three scores, score three means correct answer, score two for false result and score one for unknown. The results of that responses were statistically analyzed.
- 3- Postpartum minor discomfort follow up tool (Fahmy, 2004): This tool was designed by the researcher through an extensive review of recent literatures. This tool included only (5) items from minor discomfort during postpartum period which included in present study as breast engorgement, perineal discomfort, urinary retention, constipation and after pain. The scoring system as form of Likert scale for improving symptoms from 3 scale (score 3 means relived discomfort, score 2 means not detected discomfort and score one means become worth). The researcher was followed up each subject every week through period of 3 weeks postpartum through phone calls.

5. Ethical consideration

A primary approval was granted from the Ethical Research Committee at faculty of nursing Cairo University to undergo the current research on June 2015. Informed written consent was taken from each postpartum subject who was willing to participate in the research and the researcher emphasized that, their participation in the research is entirely voluntary, and that she has the right to withdraw at any time without giving any reason and without affecting her care. At the same time, pregnant subject were informed that, the research posed no risks or hazards on their health. Measures were taken to assure confidentiality as coding of data and participants were ensured that the collected data will be used only for the purpose of the research.

6. Procedures

The study was conducted through 3 phases:

- 1- Preparatory Phase: An official permission to conduct the proposed study was obtained from the hospital administrators. As well as, all participants and healthcare providers were informed orally about the purpose, importance and benefits of the study. Additionally, they were aware that the researcher is a master candidate at the Faculty of Nursing; Cairo University. Also, it included review the recent literature to construct and prepare tool for data collection. The researcher met the postpartum subjects at postpartum unit and obtained their acceptance to be recruited in the study,

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