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A Study to Assess the Knowledge About Birth Preparedness among Primigravida Women Attending Antenatal Clinic of Jai Prakash Hospital, Bhopal, (M.P.)

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ABSTRACT
Motherhood is a great responsibility and it is woman's highest crown of honour. Pregnancy is the state of carrying a developing fetus within a body. The word "pregnant" comes from Latin word 'pre' meaning before, '(g) natus' meaning birth, so the pregnant means before (giving) birth. Pregnancy is the vital event in the life of a woman. It needs special attention from the time of conception to the postnatal stage. Antenatal care services are important for ensuring the reproductive health of the mothers and for the better outcome of pregnancy. The findings of the study highlights that the majority (75%) of the samples had average knowledge, 13% had good knowledge and, 12% had poor knowledge.

KEYWORDS: *Birth Preparedness, Knowledge, Antenatal*

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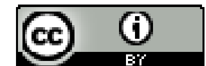

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INTRODUCTION

Motherhood is a great responsibility and it is woman's highest crown of honour. Pregnancy is the state of carrying a developing fetus within a body. The word "pregnant" comes from Latin word 'pre' meaning before, '(g) natus' meaning birth, so the pregnant means before (giving) birth. Pregnancy is the vital event in the life of a woman. It needs special attention from the time of conception to the postnatal stage. Antenatal care services are important for ensuring the reproductive health of the mothers and for the better outcome of pregnancy.

Pregnancy is not just a matter of waiting to give birth. It is often a defining phase in women life; can be joyful and pleasant experience. It can also be one of misery and suffering for few. Pregnancy is natural but it does not mean it is problem fiee. Early and regular' prenatal care is the best way to ensure the healthy outcome for mother and child. Understanding the development of changes during pregnancy helps to better provide anticipatory guidance and identifying deviation from the expected pattern of development.

Childbirth is a universally celebrated event yet for many thousands of women each day. Birth preparedness is the process of planning for the birth. Its Components include, Preparation for normal delivery, readiness to deal with complications, post natal and new bom care. It is a strategy to promote the timely use of skilled maternal care especially during childbirth, based on theory that preparing for childbirth reduces emergencies. Interventions to reduce the other barriers to seeking care, such as transport costs, perceptions of poor quality of care and cultural differences, must also be addressed.

Historical evidence shows that no country has managed to bring its maternal mortality ratio below 100 per 100 000 live births without ensuring that all

women are attended by an appropriately skilled health professional during labour, birth and the period immediately afterwards. Many of the complications that result in maternal deaths and many that contribute to perinatal deaths are unpredictable, and their onset can be both sudden and severe. Delay in responding to the onset of labour and such complications has been shown to be one of the major barriers to reducing mortality and morbidity surrounding childbirth. Information on how to stay healthy during pregnancy and the need to obtain the services of a skilled birth attendant, on recognizing signs of the onset of labour, and on recognizing danger signs for pregnancy-related complications and what to do if they arise would significantly increase the capacities of women, their partners and their families to remain healthy, to take appropriate steps to ensure a safe birth and to seek timely skilled care in emergencies. Interventions to reduce the other barriers to seeking care, such as transport costs, perceptions of poor qualities of care and cultural differences, must also be addressed.

Pregnancy is an exciting time and a great opportunity to learn about the child development. Each week of pregnancy includes a description of baby's development as well as a explanation of the changes taking place in the body.

Birth preparedness and complication readiness is a strategy to promote the timely use of skilled maternal and neonatal care, especially during childbirth, based on the theory that preparing for childbirth and being ready for complications reduces delays in obtaining this care.

High risk pregnancy is a critical problem for modem medical and nursing care. The leading cause of maternal attributable to pregnancy differs over the world the factors that are strongly related to maternal death include age, lack of prenatal care, low educational attainment.

The poorer the prenatal care, the more unsafe is motherhood. The coverage of maternity care is over 90% in East Asia but hardly 25%in the southern subcontinent, the high death rates are due to poor prenatal care with practically no risk screening, and the intranatal supervision is mostly by illiterate and untrained traditional birth assistants. Lack of proper transport facilities also contribute to the delay in emergencies like hemorrhage, obstructed labour and eclampsia.

In developing countries, one out of six women in the age group of 15-45 years, dies due to maternal disorders.

Globally, of an estimated 515,000 maternal deaths in 1995 only 206 (0.4%) reported from developed region. Though the maternal mortality rate in the world estimated to be about 400 per 1,00,000 live births, it varies widely from 830 per 1,00,000 in Africa, compared to 24 in Europe. Thus we find that it is as low as 20 per 1,00,000 in developed regions, and 440 in developing regions. Over 75% of global maternal deaths are reported from the developing countries of just two continents-Asia and Africa.

China, with a population larger than that of India accounts for only 6% of global maternal deaths compared to 25% in India, because of its higher literacy rate. In Kamataka maternal death rate estimated to be 171 per 1,00,000 live births during 2007-2009.

In most developing countries, 80% of the deaths are due to direct causes and 20% to associate causes. The leading direct causes are hemorrhage (25%), infections (15%), unsafe abortions (13%), eclampsia and pre eclampsia (12%), obstructed labour (8%), and others (7%). Amongst the associated causes of maternal deaths, anaemia, malaria, and viral hepatitis complicating pregnancy are common. Globally, over 50% of pregnant women are anaemic. Many of them suffer from nutritional anaemia worsened by helminthiasis and malaria, and this is responsible for 10-15% maternal deaths in developing countries.

Need for the Study

Pregnancy is starts with conception, and ends with delivery of the baby. Preparing for childbirth is one of the most exciting times for a woman; however, it may also be a time of fear and anxiety for a mom-to-be. During this transitional period as a woman may start preparing for the special new addition to her family, she may also have to come to terms with the many adjustments that will have to be made. Staying organized, positive, relaxed and planning properly can help make the childbirth process easier.

One of the most important functions of antenatal care is to offer the woman advice and information about birth preparedness, danger signs of obstetric complications, and emergency preparedness. Birth preparedness and complication readiness is a safe motherhood strategy whose objective is to promote the timely use of skilled maternal and neonatal care during child birth and obstetrical emergencies by reducing delays at the first, second and third levels. It entails making plans prior to birth and complications. Decisions are made and documented on such issues as desired place of birth, the preferred skilled birth attendant, items required for birth, birth companion, getting a compatible blood donor, and arranging in advance for transport.

Other elements of birth preparedness include knowledge of expected date of delivery, HIV testing, mobilizing resources to pay for services, arranging for someone to take care of the family during delivery, importance of postnatal care, importance of exclusive breastfeeding, and contraception.

In Ethiopia, only 6% of the deliveries are attended by health professionals. This situation well explains the maternal mortality ratio of 673 per 100,000 live births, which is one of the highest in the world Studies revealed that hemorrhage, hypertensive disorders and ruptured uterus were among the causes of maternal deaths.

Mothers and children are the vulnerable groups in over population today. In India women of child bearing age (15-44) constitute 19% and children less than 15year of age 40% of total population. Therefore services to women and child are tremendously significant in Indian health care delivery system.

World Health Organization estimates that 5,00,000-6,00,000 women die from pregnancy and childbirth related complications each year", with 99% of these deaths occurring in developing countries. In India the maternal mortality ratio is 300 per 1,00,000 live births. According to demographic and health surveys, only 51% of women in developing countries were assisted by skilled provider at last birth. There are 77,000 maternal deaths per year", which in other words mean one woman dies every 7nminutes due to complication related to pregnancy and child birth.

A cross-sectional study was done with 312 mothers of infants aged 2-4 months in 11 slums. The sample was selected using purposive sampling technique. They were interviewed to assess birth preparedness and complication readiness (BPACR). One hundred forty-nine mothers (47.8%) were well-prepared. Factors associated with well-preparedness were maternal literacy [odds ratio (OR) = 1.9, 95% CI 1.1-3.4] and availing of antenatal seivices (OR= 1.7, 95% CI 1.05-2.8). Deliveries in the slum-home were high (56.4%). Among these, skilled attendance was low (7.4%); 77.3% of them were assisted by traditional birth attendants. Skilled attendance during delivery was three times higher in well-prepared mothers compared to less-prepared mothers (OR: 3.0, CI 1.6-5.4). Antenatal outreach sessions can be used for promoting BPACR. It will be important to increase the competency of slum-based traditional birth attendants, along with promoting institutional deliveries.

The investigator during her clinical postings and interaction with primigravida women observed that they had poor knowledge regarding various aspects of birth preparedness. Hence, the investigator felt the need to assess the knowledge on birth preparedness among primigravida women. This study will help to identify the awareness of birth preparedness among primigravida women

Objectives of the Study :

- To assess the knowledge of primigravida women on birth preparedness.
- To find out the association between the level of knowledge scores with selected demographic variables.

Operational definitions

1. **Assess:** Assessment is the method of measuring the degree of competence of another person's ability to perform physically and/or intellectual skills.

In this study, assessment is the act of judging knowledge of primigravida women on birth preparedness.

2. **Knowledge:** Knowledge refers to the information gained through education.

In this study, knowledge refers to the extent of sum of what is known to the primigravida women about birth preparedness.

3. **Birth preparedness:** Birth preparedness refers to a state of readiness for the emergence of the baby.

In this study, birth preparedness means preliminary preparation during the pregnancy. It includes antenatal, intranatal, and postnatal, preparations. It also includes preparations regarding diet, cloths, transport, emergency and its management, danger signs of impending labour, exercise, place of delivery, hygienic practices, and complications during the postnatal period.

4. **Primigravida women:** Primigravida women refers to the women who is pregnant for the first time.

In this study, a primigravida woman refers to the women who have become pregnant for first time and are in the first trimester.

Assumptions

The study assumes that:

- Birth preparedness promotes the health of the primigravida women.
- Birth preparedness is a process of planning for normal birth.
- Women will have some knowledge regarding birth preparedness.
- Women will willingly participate in the study.

Delimitations
The study is delimited to primigravida women who are in first trimester attending antenatal clinic.

Hypotheses
The hypothesis will be tested at 0.05 level of significance.

H_1: There is a significant association between the knowledge score and the selected demographic variables.

Delimitations
The study is delimited to primigravida women who are in the first trimester attending antenatal clinic.

Scope of the Study
1. The findings would reveal the level of knowledge of primigravida women regarding birth preparedness.
2. The study would stimulate and arouse interest in health professionals to conduct further researches in the field

METHODOLOGY

According to **Sharma (1990)** Research Methodology is a systematic procedure which the researcher starts from the initial identification of the problem to its final conclusions . The role of methodology consists of procedures and techniques for conducting a study.

The methodology of research indicates the general pattern of organizing the procedure for gathering valid and reliable data for the problem under investigation (**Kothari 1998**).

Research design is the plan, structure & strategy of investigation of answering the research question & it is the overall plan or blue print the researchers select to carry out their study. It indicates the general pattern for organizing the procedures to gather valid & reliable data for investigation.

Research Approach :
Research approach indicates the basic procedure for conducting research. A descriptive survey approach was adopted to assess the knowledge regarding birth preparedness among primigravida women attending antenatal clinic in Jai Prakash Hospital, Bhopal.

Research Design
A research design is a blue print for conducting the study that maximizes control over factors that could interfere with the validity of the findings. It provides a path for the investigator to obtain answers to the research problem. The selection of the design depends on the purpose and variables of the study.

Variables under the Study:
Variables are qualities, properties or characteristics of persons, things or situation that change or vary

Research Variable:
The research variable is the variable the researcher is interested in understanding

In this study, it refers to the level of knowledge of primigravida women.

Extraneous Variable:
All those variables, which are present in the research environment that may interfere with research

In this study, extraneous variables are age, religion, education, monthly income, occupation, type of family, place of residence, source of information.

Setting of the Study
Setting is the physical location and conditions in which data collection takes place in a study.

The study was conducted in antenatal clinics of Jai Prakash hospital, Bhopal.

Population
According to Polit & Hungler (1999) Population is the entire aggregation of cases that meet a designated set of criteria.

In this study, the population is primigravida women attending antenatal clinic.

Sample & Sampling Technique :
Sampling is the process of selecting a portion of population to represent the entire population **(Polit and Hungler 1999).** Sample size 100 pregnant women who fulfill all the characteristics of population.

CRITERIA FOR SELECTION OF SAMPLE:
Inclusion criteria
- Primigravida women who are:
- Accessible during the study.
- Willing to participate in the study.
- In the first trimester.

Exclusion criteria
- Multigravida mothers.
- Primigravida woman whose gestation is more than 3 months.
- Primigravida women who already had attended the birth preparedness classes.

Plan for data analysis :
The data was collected and analyzed by means of descriptive and inferential statistics. Pie and bar diagrams were used to depict the findings.

A. Descriptive Statistics:
1. Mean and standard deviation was used to identify the Knowledge of pregnant women
2. The frequencies and percentage for the analysis of demographic data of the pregnant women

3. Mean score, standard deviation and mean score percentage for the analysis of specific content area regarding knowledge.

B. Inferential Statistics:

1. Chi-square test was to find out association between knowledge and selected demographic variables.
2. The significant findings expressed in table and graphs.

DATA ANALYSIS, INTERPRETATION AND DISCUSSION

This chapter deals with analysis and interpretation of data obtained from a sample of 100 pregnant women attending antenatal outpatient department of Jai Prakash Hospital, Bhopal, (M.P.)

Kerlinger (1973) described analysis as the categorizing, ordering, manipulating and summarizing of the data to reduce it to a tangible and interpretable form so that the research problem can be studied and tested including the relationship between the variables

The analysis of the data was done in accordance with the objectives of the study. The data was analyzed by collectively by the frequency, mean, mean percentage, standard deviation and Chi-square test.

Section - A

Description of the Demographic Variable of the samples

This section deals with the description of sample according to their demographic characteristics which includes age (in years), religion, educational status, occupation ,type of family ,monthly income ,source of information, place of residence. Data is analyzed using descriptive statistics and is summarized in terms of frequency and percentage.

Table1: Frequency and Percentage Distribution of Sample According to their Demographic Variables

N=100

Sno.	Demographic variables	Frequency	Percentage
1	**AGE (in years)**		
	➢ 18-21yrs	16	16%
	➢ 22-25 yrs	50	50%
	➢ 26-29 yrs	28	28%
	➢ >30 yrs	06	06%
2	**RELIGION**		
	➢ Hindu	64	64%
	➢ Christian	22	22%
	➢ Muslim	14	14%
	➢ Any other	-	-
3	**EDUCATIONAL STATUS**		
	➢ No formal education	11	11%
	➢ Primary education	17	17%
	➢ Secondary education	48	48%
	➢ Graduate or more	24	24%
4	**OCCUPATION**		
	➢ Housewife	84	84%
	➢ Labourer	8	8%
	➢ Private services	8	8%
	➢ Government services	-	-
5	**MONTHLY INCOME**		
	➢ <5000	11	11%
	➢ 5001-10,000	62	62%
	➢ 10,001-15,000	24	24%
	>15,000	3	3%
6	**TYPE OF FAMILY**		
	➢ Nuclear family	49	49%
	➢ Joint family	42	42%
	Extended family	9	9%

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7	**SOURCE OF NFORMATION** ➢ Relatives ➢ Family members, Friends ➢ Mass Media ➢ Health Workers	 24 19 47 10	 24% 19% 47% 10%
8	**PLACE OF RESIDENCE** ➢ Urban ➢ Rural	 65 35	 65% 35%

Depicts that maximum of pregnant women (50%) were in the age group of 22-25 years followed by (28%) belonging to age group of 26-29 years, (16%) were in the age group of 18-21 years and minimum (6%) in the age group of above 30 years.

SECTION-II

Objective 1: Assess the knowledge of primigravidae woman regarding birth preparedness.

Table-II Frequency and percentage distribution of Level of knowledge of pregnant women regarding birth preparedness.

S. No	Level of Knowledge	Frequency	Percentage	Mean	Mean %	SD
1	Excellent: Above 80% (25-30)	8	8%	25.625	84.416	0.5175
2	Good : 61%-80% (19-24)	57	57%	22.333	74.443	1.5961
3	Average : 41%-60% (13-18)	30	30%	17.1333	57.111	1.2521
4	Poor : 21%-40% (07-12)	5	5%	11.400	38.000	0.8944

Shows the frequency and percentage distribution of level of knowledge of pregnant women regarding birth preparedness. 8% of Pregnant women obtained Excellent score (> 80%), 57% of Pregnant women got Good score (61%-80%), 30% of Pregnant women obtained Average score (41%-60%), 5% of Pregnant women obtained poor score (21%-40%) and mean knowledge score of Pregnant women regarding birth preparedness was 32.03 and Mean percentage of knowledge score of pregnant women regarding birth preparedness was 106.76667%.

SECTION – B

To Assess knowledge of primi gravidae mother regarding birth preparedness

Section B1: To Assess knowledge of primi gravidae mother regarding birth preparedness during antenatal period.

Section B2: To Assess knowledge of primi gravidae mother regarding birth preparedness during intranatal period.

Section B3: To Assess knowledge of primi gravidae mother regarding birth preparedness during postnatal period.

Section B1

Table No. 2.1 Allotment of score for the assessment of knowledge of staff nurses regarding normal new born

(N = 100)

S. No	Description	Max. score	Very Good	Good	Average	Poor
01	Knowledge	07	6 - 7	4 - 5	2 - 3	1

Description: - The Table No 2.1 indicates the assessment of knowledge by asking total 19 questions to the pregnant mother's regarding birth preparedness during antenatal period. Score can be categorized in to three categories (Very Good & good, average poor, Very Poor).

Table no 2.2 Assessment of knowledge of staff nurses regarding normal newborn babies

S.NO.	AGE	FREQUENCY	MEAN	MEAN%
1.	18-21yrs	16	17.69	58.96
2.	22-25yrs	50	20.70	69.00
3.	26-29yrs	28	21.25	70.83
4.	> 30yrs	6	22.66	75.55

(N = 100)

S. No	Category	Frequency	Percentage	Mean	SD
01	Excellent	1	2	3.566	1.295
02	Average	25	42		
03	Good	29	48		
04	Very good	4	6		

RESULT

Analysis is the process of organizing and synthesizing data in such a way that research questions can be answered and hypotheses can be tested. The purpose of analysis is to summarize, compare, test the proposed relationship and draw interference related to the generalization of findings.

This chapter deals with the analysis of data gathered from 100 samples regarding their knowledge on birth preparedness. The data has been analyzed and interpreted in the light of objectives and hypothesis of the study.

Section-B

Description of knowledge on birth preparedness among primigravida women

The knowledge was assessed with a structured interview schedule, and the scores are presented in the form of tables and figure.

Table 2: Frequency and Percentage Distribution of Sample according to knowledge scores regarding birth preparedness.

N=100

Inference(level of knowledge)	Range of score	Knowledge score	Frequency	Percentage
Poor	0-12	0-34%	12	12
Average	13-24	35-67%	75	75
Good	25-36	68-100%	13	13

Data presented in Table 2 and Figure 1 shows that; majority (75%) of the respondents had good knowledge, 12% of them had poor knowledge

Table 3: Range, Maximum score, Mean, Median, Standard deviation and Mean Percentage of Knowledge Score of Sample

N=100

Range.	Maximum score	Mean	Media	S.D	Mean%	Level of knowledge
9-29	29	19.48	20	4.651	67.17	Average knowledge

The data presented in the Table 3 show that the range of knowledge scores was 9-29. The mean, median and S.D of the knowledge scores are 19.48, 20 and 4.65. respectively. The mean percentage of the score was 67.17% which shows that the sample had an average knowledge.

Table 4: Area Wise Range of Score, Mean, Standard Deviation and Mean Percentage of knowledge Scores of Sample regarding birth preparedness.

N = 100

Areas	Maximum Score	Mean	Standard Deviation	Mean%	Level Of Knowledge
Antenatal	16	10.14	3.159	63.375	Average
Intranatal	6	4.02	10.39	67	Average
Postnatal	8	5.32	16.12	66.5	Average

Data in Table 4 and Figure 2 show that the mean percentage of knowledge scores was the highest (67%) in the area of Intranatal and the lowest (63.37%) in the area of antenatal period.

Section- C

Association of knowledge Score with Selected Demographic Variables. This section deals with the association of k hypothesis was formulated in order to find the association of knowledge scores knowledge scores with selected demographic variables and was computed using chi-square test.

The following null:

$H_0 1$: There is no significant association of knowledge with selected demographic variables.

Table 5: Chi square Test Showing Association of knowledge Score with Selected Demographic Variables of Sample

N=100

Sno.	Demographic variables	X^2	df	Table value	Inference
1	Age (in years)	3.12	2	5.991	Not significant
2	Religion	0.48	1	3.841	Not significant
3	Educational status	16.84	2	5.991	Significant
4	Occupation	0.04	1	3.841	Not significant
5	Monthly income	7.75	1	3.841	Significant
6	Type of family	0.18	1	3.841	Not significant
7	Place of residence	0.89	1	3.841	Not significant

Not significant

The data in the Table 5 shows that there was significant association of knowledge scores with the educational status ($\chi2$=16.84), monthly income ($\chi2$ =7.75) as the calculated chi square value was more than the table value at 0.05 level of significance. Hence the null hypothesis was rejected for this variable and research hypothesis was accepted for the same at 0.05 level of significance. There was no significant association of knowledge scores with age ($\chi2$ =3.12), religion ($\chi2$ =0.48), occupation ($\chi2$=0.04), type of family ($\chi2$ =0.18) place of residence ($\chi2$ =0.89). Hence the null hypothesis was accepted for this variable and the research hypothesis was rejected.

DISCUSSION

This chapter presents the major findings of the study and discusses them in relation to similar studies conducted by other researchers. The study intended to Assessment of knowledge on birth preparedness among primigravida women attending antenatal clinics of selected hospitals in Bhopal. The findings of the study are discussed in reference to the objectives and hypothesis stated.

Major findings of the Study :

Demographic characteristics of the sample :

- Majority (37%) of the respondents were aged between 22-25 years.
- Maximum percentage (64%) of the subjects belonged to Hindu religion.
- The highest percentage (30%) of respondents had pre university education,
- Majority (84%) of sample were house wives.
- The highest percentage (62%) of sample had a family income of 5001-10,000 rupees
- The highest percentage (49%) of sample belonged to nuclear family.
- The highest percentage (65%) of sample lived in urban area

CONCLUSION :

- Planning before women get pregnant is very important. A Woman should start planning for pregnancy as soon as she begins to have thoughts about having a baby. In this regard health personnel's play a very important role as they have to educate the women about birth preparation and have a healthier pregnancy. Proper planning may help a woman to avoid or minimize pregnancy complications, give birth to a healthier baby, recover more quickly and easily after giving birth, have a more pleasant postpartum (post birthing) experience and minimize child's risk of future adult health problems.
- Based on the findings of the study the following conclusions have been drawn:

Major findings of the study:

- Majority (37%) of the respondents were aged between 22-25 years. Maximum percentage (64%) of the subjects belonged to Hindu religion. The highest percentage (30%) of respondents had pre university education. Majority (84%) of sample were house wives. The highest percentage (62%) of sample had a family income of Rs. 5001-10,000. Highest percentage (49%) of sample belonged to nuclear family. The highest percentage (65%) of sample lived in urban area.
- The findings of the study highlights that the majority (75%) of the samples had average knowledge, 13% had good knowledge and, 12% had poor knowledge.

Nursing Implications :

The findings of the study have implications in the field of nursing education, nursing practice, nursing administration, and nursing research.

Nursing Education :

Nurse as an educator needs to understand the various health problems among people. Nursing health personnel should have adequate knowledge and skill to educate women regarding birth preparation. To improve the knowledge of the women, nurse educators play a major role so they should plan and organize health teaching for them. So there will be a better outcome in pregnancy. Nurses should have

thorough knowledge regarding the concepts and importance of birth preparation. Only then they can educate the people on this. This teaching can be provided when women come for regular health check up.

Nursing Practice :
Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain or recover optimal health and quality of life. Health personnel mainly working in antenatal clinic and in community set up, can play a very important role in promotion of health and wellbeing of pregnant women. Nurse should have adequate knowledge about antenatal postnatal and intranatal preparation. The investigator through her experience realized that the primigravida women who are not well educated have poor knowledge regarding birth preparation so its nurse's role to educate the primigavida women on this subject.

Nursing Administration :
The nurse administrator plays a major role in supervising and managing health personnel's, and at the same time, they must have some knowledge in maintaining high quality of care for patients in a hospital setting. In addition, they must act as the risk managers of the health care system. Nurse's who are working under nursing administration need to develop this skill in order to seek employment in rural areas. In rural areas people may not be getting adequate information regarding birth preparation. So it is up to her to improve their living standards by providing quality of care in the health setting.

Nursing Research:
A nurse have to gather the information regarding birth preparedness including all the 3 aspects like antenatal, intranatal and postnatal preparation. Nurses have to gather information regarding birth preparations. Research is one type of evaluating the level of knowledge among people. The present study focuses on primigravida women's knowledge on birth prepardness who are attending antenatal clinic. So then to make out their knowledge as thereby can prevent further complication.

Limitations:
Since the sample size was small, generalization of the findings is limited. The structured interview schedule restricts the amount of information that can be collected from the respondent.

Recommendations:
Keeping in view of the present research study findings, the following recommendations have been made:

- A similar study can be undertaken on a larger sample of primigravida women.
- A study can be conducted to evaluate the effectiveness of the planned teaching programme on birth preparation among primigaravida women.
- A similar study can be undertaken among multigravida women.
- A similar study can be conducted among primigavida women of all 3 trimesters

BIBLIOGRAPHY

[1] Richard M. Learning needs and self care practices of primipara mothers following emergency LSCS. Nightingale Nursing Times2010 Mar;5(12):9-13.

[2] Anuchitra S. Attitude of antenatal mothers towards infant feeding. Nightingale Nursing Times 2011 Mar;6(12):6-10.

[3] Devi MK. Knowledge of antenatal mothers preparing for safe delivery. Nightingale Nursing Times 2011 Jun;7(3):37-9.

[4] Jayasudha A. Knowledge of pregnant woman on warning signs during pregnancy. Nightingale Nursing Times 2010 Mar;5(12):51-2.

[5] Gloria L. Introduction to maternity & paediatric nursing. 6th ed. USA: Elsevier publication;2011

[6] Hailu M, Gebremariam A, Alemseged F, Deribe .K Birth Preparedness and complication readiness among pregnant women in Southern Ethiopia Journal of PLOS One. 2011;6(6)

[7] Kaur V, Saini S K, Walia I. Development of Birth Preparedness Tool (BPT). Nursing and Midwifery Research Journal, 2009;5(2).45-58.

[8] Thaddeus S and D Maine. Maternal and Neonatal Health (MNH) Program. Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibilities .2001;38.

[9] Birth and emergency preparedness in antenatal care. Integrated management of pregnancy and childbirth. [online]. Available from: http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/emergency_preparedness_antenatal_care.pdf

[10] Hiluf M, Fantahun M Birth Preparedness and Complication Readiness among women: Ethiop. J. Health Dev. 2008;22(1) :14-20.

[11] Pregnancy calendar. [online].Available from:

http://kidshealth.org/parent/pregnancy_calender/_intro.html

[12] Kushwah SS, Dubey D, Singh G, et al. Status of birth preparedness & complication readiness. Indian J Public Health. 2009; 53(3):128-132.

[13] Mutiso SM, Qureshi Z. Birth preparedness among antenatal clients. East African Medical Journal 2008 Jun; 85(6):275-83.

[14] Gopalan Sp, Arulkumaran S, Kumar P. Obstertrics and gynaecology for postgraduates. 3rd ed. Hyderbad: Orient blackswan pvt ltd;2009.

[15] Maternal & Child Mortality and Total Fertility Rates. Sample Registration System (SRS) Office of Registrar General, India. 7th July2011. [online]. Available from: http://censusindia.gov.in/vital_statistics/SRS_Bulletins/MMR_release_070711.pdf

[16] Ratnam SS, Rao KB, Arulkumaran S. Obstertric and gynaecology for postgraduate. Orient longman publication;1993

[17] Native remedies. Child birth preparation. [online]. Available from: http://www.nativeremedies.com/ailment/childbirth-preparation.html

[18] Wiegers TA, Boerma WGW, de Haan O. Maternity care and birth preparedness in rural Kyrgyzstan and Tajikistan. Sexual and Reproductive Healthcare 2010;1(4):189-94

[19] Blackwell's dictionary of nursing. 2nd ed. London: Blackwell Scientific Publications; 1997.

[20] Soaner C, Spooner A, Hawker S, Compact oxford dictionary. Thesaurus and power guide, New Delhi: Oxford University Press; 2005.

[21] George J B. Nursing Theories – the base for professional nursing practice.3rd ed. Englewood Cliff: Prentice Hall; 1985.

[22] Basavanthappa BT. Nursing research. 2nded. New Delhi: Jaypee Brothers Medical Publishers; 2003.

[23] Kamini J. Assessment of Knowledge, Attitude And Practices Of Pregnant Woman On Selected Aspects Of Antenatal Care. Nightingale Nursing Times. 2007:60-61

[24] Ekabua J E, Ekabua K J et al. Awareness Of Birth Preparedness And Complication Readiness. ISRN Obstetric and Gynaecology. 2011:1-6

[25] Moran AC, Sangli G, Dineen R. et al. Birth-preparedness for maternal health. Journal of Health Population andnutrition. 2006;24(4):489-97

[26] Alam AY, Qureshi AA, Adil MM, Ali H. Comparative Study Of Knowledge, Attitude And Practices Among Antenatal Care Facilities Utilizing And Non-Utilizing Women. Journal Of Pak Med Assoc.2005;55(2):53-6.

[27] Burns H. Grove SK. understand nursing Research. 4th ed. New Delhi: Harcourt Private Ltd.; 2005.

[28] Kajali, Samuel. The perceptions and practices of birth preparedness among antenatal mothers in Naguru and Kawempe health centers. Makerere university. 2009; [online]. Available from: URL:http://hdl.handle.net/10570/568

[29] Sharma Shivani. Study to assess the knowledge, attitude and practice regarding selected antenatal exercises among the pregnant women attending O.P.D., in a selected hospital of Bangalore. 2007[online]. Available from: http://hdl.handle.net/123456789/4276

[30] Abedzadeh M; Taebi M; Sadat Z ; Saberi F. Knowledge and performance of pregnant women on exercises during pregnancy and postpartum periods. Journal Of Jahrom University Of Medical Science. 2011;8(4):46-51