Knowledge and reported practice regarding neonatal thermoregulation among primi mothers in selected hospitals

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Abstract: The birth of an infant is one of the most wonderful and emotional events that can occur in one’s life time. Immediately after birth the newborn must make rapid adjustment to successfully adapt to life outside the womb. The first few days of life is a period of transition occurring all of a sudden from intra uterine environment to a completely independent life. Newborns come from a warm environment to the cold and fluctuating temperatures of this world. After delivery the newborn must adapt to its relatively cool environment by production of heat metabolically as they are not able to generate heat by an adequate shivering response.

Keywords: Neonatal thermoregulation

I. Introduction
Thermoregulation is the ability to balance between heat production and heat loss in orders to maintain body temperature within normal range by using brown adipose tissue, which is limited and cannot be regenerated. On the other hand heat loss occurs through evaporation, conduction, radiation and convection, which can be minimized or prevented. Hence it is imperative that, nurses as immediate care givers of newborn should have adequate knowledge and skill in neonatal thermoregulation measures. Preventing hypothermia and maintaining a neutral thermal environment is important to prevent other complications. It can be done by mothers of the neonate and educating mothers regarding measures of thermoregulation like kangaroo care, rooming in, mummifying and promoting breast feeding can be attained by providing education to the mothers.

Statement of the Problem
A Descriptive study to assess the knowledge and reported practice regarding neonatal thermoregulation among primi mothers in selected hospitals of Pune.

Objectives:
- To assess the knowledge on neonatal thermoregulation among primi mothers
- To assess the reported practice on neonatal thermoregulation among primi mothers

Research Design and approach
Research design used was Descriptive Design. Study was conducted in selected hospitals of Pune. The sample comprised of 50 primi gravida mothers of newborns who were admitted in the postnatal ward. The sampling technique used in this study was consecutive sampling. The duration of this study was three months and period of data collection was from 1.7.17 to 31.7.17. A self-report with the help of structured questionnaire and a checklist were used as the technique for data collection. The tool for data collection consists of 3 sections. SECTION A consist of 9 items regarding the socio demographic data of the primi mothers including type of delivery, educational status, occupational status, religion, place of residence, type of family, monthly income and source of information regarding neonatal thermoregulation. SECTION B consists of a structured questionnaire to assess the knowledge on neonatal thermoregulation with 25 questions on various aspects of neonatal thermoregulation. SECTION C consists of a check list for the reported practice on neonatal thermoregulation with 12 statements on various aspects to maintain the neonatal thermoregulation.

Major findings:
The level of knowledge of mothers revealed that majority (68%) of primi mothers had average, (18%) mothers had poor knowledge and 14% mothers had good knowledge regarding neonatal thermoregulation. The reported practice of mothers revealed that majority (56%) of primi mothers had good, 40% mothers had average and only 4% mothers had poor practice regarding neonatal thermoregulation.
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**Figure 1:** A bar diagram showing distribution of primi mothers according to knowledge regarding neonatal thermoregulation.

The above figure reveals that majority (68%) of mothers had average knowledge about neonatal thermoregulation, 18% of mothers had poor knowledge and 14% had good knowledge.

**Figure 2:** A bar diagram showing distribution of primi mothers according to reported practice on neonatal thermoregulation.

The above figure shows that 56% of mothers had good practice on neonatal thermoregulation, 40% had average practice and 4% had poor practice.

**Limitation**
The sample size was limited to 50 mothers of newborn.
Nursing Implications

The present study emphasizes on enhancement regarding knowledge and practice towards neonatal thermoregulation. In order to achieve this the students, nurses and all the health personal should be given the responsibility to teach the mothers who get admitted in postnatal ward and teaching should be repeated until they have gained knowledge and gained practices.

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