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Knowledge On Lower Segment Caesarean Section Among Primi Gravida Mothers At Selected Hospital In Chennai, Tamil Nadu, India.

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ABSTRACT

Caesarean section, also known as C-section, or caesarean delivery, is the use of surgery to deliver babies. A caesarean section is often necessary when a vaginal delivery would put the baby or mother at risk. This may include obstructed labor, twin pregnancy, high blood pressure in the mother, breech birth, or problems with the placenta or umbilical cord. A caesarean delivery may be performed based upon the shape of the mother's pelvis or history of a previous C-section. A trial of vaginal birth after C-section may be possible. The World Health Organization recommends that caesarean section be performed only when medically necessary. A descriptive survey design with Purposive sampling technique was used to collect the data from 60 Prime gravida mothers in selected hospitals ,in Chennai Data was collected using a structured interview schedule. The results were described by using descriptive and inferential statistics. In this study the mean knowledge score was 39.53% and 82% of the mothers had inadequate knowledge regarding lower segment caesarean section . There was no association between knowledge scores and selected demographic data. The study was found useful to know the knowledge about lower segment caesarean section among mothers .It was found that self-instructional module was very effective in improving the knowledge of mothers of adolescent girls on knowledge regarding institutional delivery.

Keywords: Effectiveness; Knowledge, primigravida, lower segment ceaseran section .

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INTRODUCTION

A woman is likely to go through pregnancy complications at the time of labour. Caesarean section, also known as C-section, or caesarean delivery, is the use of surgery to deliver babies. A caesarean section is often necessary when a vaginal delivery would put the baby or mother at risk. This may include obstructed labor, twin pregnancy, high blood pressure in the mother, breech birth, or problems with the placenta or umbilical cord. A caesarean delivery may be performed based upon the shape of the mother's pelvis or history of a previous C-section.. A trial of vaginal birth after C-section may be possible. The World Health Organization recommends that caesarean section be performed only when medically necessary. Institutional delivery gives a safe environment for the mother to avoid any risk of medical complications during labour.

According to the Centres for Disease Control (CDC), about 1/3 of births are delivery by C-section, although rates are highly variable by hospital and region.³ The World Health Organization (WHO) says the rate of Caesarean deliveries should be about 10%-15%; the higher level is because of both elective Caesareans and overuse in the U.S. A C-section involves a horizontal incision across the lower abdomen through which the infant is delivered. The typical hospital stay is three days after a Caesarean to ensure the incision is healing. Full recovery can take 8 weeks. One advantage of a C-section is that the delivery date can be planned ahead of time . In 2012, about 23 million C-sections were done globally. The international healthcare community has previously considered the rate of 10% and 15% to be ideal for caesarean sections. Some evidence finds a higher rate of 19% may result in better outcomes. More than 45 countries globally have C-section rates less than 7.5%, while more than 50 have rates greater than 27%. Efforts are being made to both improve access to and reduce the use of C-section. In the United States as of 2017, about 32% of deliveries are by C-section.

India is a third-world country which has a high growth rate, as it also has a high number of people living in BPL (below poverty line)level. According to the Tenth Five-Year Plan (2002–2007), there were 3.26 lakhs BPL families in rural areas and 1.25 lakhs in urban areas [1-5].

STATEMENT OF THE PROBLEM

“ Assess the knowledge on lower segment caesarean section among primi gravida mothers at selected hospital in Chennai ”

OBJECTIVES

- To assess the knowledge on lower segment caeseran section among primi gravide mothers...
- To associate the findings with the demographic variables.

METHODS

A descriptive survey design with Purposive sampling technique was used to collect the data from 60 Prime gravida mothers in selected hospitals ,in Chennai.

Data was collected using a structured interview schedule. The results were described by using descriptive and inferential statistics.

RESULTS

Regarding demographic variables majority highest number of respondents were in the age group of 24-29.Majority of the respondent (49%) had higher secondary education.57% of them were house wives, 42% were belongs to 10,001-15,000 incomegroup,68% were in Hindu religion,68% were in nuclear family ,56% were residing in urban area 32% got information from magazines, new papers, journals or books and 76%of them not experience in institutional delivery before. In this study the mean knowledge score was 39.53% and 82% of the mothers had inadequate knowledge regarding lower segment caesarean section . There was no association between knowledge scores and selected demographic .



CONCLUSION

Mother and family are among the key players in reduction of neonatal mortality and improvement in health status. The strength of any programme lies in community mobilization and participation since the community participation is more of a challenge. The study was found useful to know the knowledge about lower segment caesarean section among mothers .It was found that self-instructional module was very effective in improving the knowledge of mothers of adolescent girls on knowledge regarding institutional delivery.

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