The Effect of Prenatal Educational Guidelines about Postpartum Care on Maternal Practices and Coping

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ABSTRACT

Background: The postpartum period is described as the most essential, yet underappreciated, phase in the lives of mothers and babies; the majority of maternal and neonatal deaths occur during this time. As a result, improved follow-up care has an impact on maternal self-confidence **aimed** to evaluate the effect of prenatal educational guidelines on maternal practices and coping. **Subjects and method: Design:** a quasi-experimental design was used **Setting:** For selected women at the antenatal care clinics of family health units in Port-Said city, namely the El-Kuwait and Othman Bin Affan units **Subjects:** After meeting requirements, a total of 160 women were recruited. **Three tools** The structured interviewing scheduale, Postpartum Women's Practice Questionnaire, and Coping with Motherhood scale were used to collect data first. **The Results** In both the research and control groups, relatives and friends were the most stated sources of information. Women in the study group had higher practice, problem-focused and emotion-focused coping ratings than women in the control group beginning in the post-intervention period, as well as more sufficient responses in stages 1 and 2 of follow-up, the difference was statistically significant (p 0.005). **Conclusions:** Educational instructions that were implemented had a positive impact on women's practices and coping mechanisms. **Recommendation**s: To improve their practice and coping, all pregnant women should be advised about postnatal care discharge policies. In addition, more study is being conducted to determine the elements that influence women's involvement in these sessions.

Keywords: educational guidelines, maternal coping, maternal practices, period, postpartum, Pre-natal**.**

INTRODUCTION

Postnatal period begins right after delivery and lasts for around 6 weeks. A mother's life is incomplete without a successful childbirth. One of the most important aspects of maternity care is postnatal care, which not only prevents harm and impairment but also lowers maternal mortality (WHO, 2014). After the birth of the baby, the mother and the newborn require postnatal care. The importance of providing postnatal support to young moms while caring for their babies is highlighted by postnatal care. As a result, improved postnatal care has an impact on mothers' confidence in infant nursing behaviors, particularly during the first six weeks (Freeman et al., 2005; McKinney and Murray, 2014).

Prenatal education is an overlooked area of women's health care. The lack of national health goals and maternal health data reflects this disregard. The birth of a child is one of the most joyous occasions in a woman's life. However, it also poses physical and emotional difficulties (Zielins, et al.,2014).

Addressing these needs postpartum is being increasingly recognized as crucial as meeting long-term public health goals both prenatally and prenatally (Kassebaum, J., Lopez, Murray, & Lozano, 2014; Sacks and Langlois, 2016; Bick and Schmied, 2014). As a result, recent health policy reports in a number of countries, including the Netherlands, have concentrated on maternal and infant health early in life, particularly in the first week of life (NHS England, 2016; Veldermann et al, 2014).

The basic goal of postpartum and postnatal care is to keep women and their newborns healthy and happy. New parents require assistance with parenting and duties.

In the early postpartum period, the role of the postpartum nurse is to assist new moms in returning to their pre-pregnancy state as quickly as possible, as well as to give a sound knowledge base for the care of new mothers and newborns. The goal is for the mother to feel secure in her ability to care for herself and her child and to return to her usual role in the community. Nurses assist the new mother in developing coping strategies as she navigates the predictable physical, emotional, and social changes that occur following pregnancy. To boost maternal resilience in the postpartum phase, nurses can also provide social support and encourage maternal-fetal attachment (Strand,et al., 2010; Walker, 2021).

Maternal mortality estimated 33/ 100,000 live births. It is highest during the first six weeks after birth (Egypt Demographics Profile, 2018). Of all maternal deaths,

80% can be potentially avoided by interventions during pregnancy, childbirth and the postpartum period. One of the most important avoidable interventions is self-care during this important period (WHO, 2019).

AIM OF STUDY

To evaluate the effect of educational guidelines on maternal practices and coping.

Research hypothesis:

The educational guidelines will upgrade the women's practices and coping during postpartum period.

SUBJECT AND METHOD

A-Research design

A quasi-experimental design was conducted in this study.

B- Setting

The research was carried out at the Family Health Department's Antenatal Care Clinic (ANC) in Port Said. For their high patient flow, the El-Kuwait and Othman Bin Affan units were chosen.

C - Sample

A consecutive sample of 160 pregnant women was used, with a sample size requirement of 64 per group based on flow rate and the usage of UCSF statistical tools. To account for the predicted dropout rate of around 20%, this is increased to 80. Who qualifies: at least a primary school graduate, 18-35 years old, 28-32 weeks pregnant, nulliparous, no high-risk antennal disorders (pre-eclampsia, diabetes, etc.) in the baby, and no postpartum difficulties They were randomly assigned to one of two groups: the study group, which received the research intervention, and the control group, which received routine care.

TOOLS OF DATA COLLECTION:

Data were collected by using the following tools:

TOOL I: A Structured interviewing schedule sheet: According to the national and worldwide website Port, it was established by researchers after evaluating relevant material in the Journal of Scientific Nursing (PSSJN), Journal of Nursing and Health

Sciences (IOSR-JNHS), American Journal of Nursing Research, and expert opinion in Arabic. It is divided into 2 parts to collect the relevant information.

Part 1: Demographic and socioeconomic characteristics: Women's socio-demographic statistics, such as age, education, occupation, marriage length, and income, are collected here.

Part 2: Obstetric history, which contains pregnancy information, a history of past miscarriages, postpartum care information for both the mother and the newborn, and information sources.

TOOL II: Postpartum Women's practice Questionnaire: This was developed by the researcher according to domestic and international websites, the Scientific Journal of Nursing (PSSJN), Journal of Nursing and Health Science (IOSR-JNHS), and American Journal of Nursing Research and Experts are some of the journals that have been published. It was used to evaluate postpartum behavior in women who had participated in research studies. It is divided into two sections: Postpartum form: used to keep track of the mother's postpartum support, as well as postpartum pain, edema, constipation, gastralgia, depression, and other issues. Women should be evaluated for postpartum behaviors like as rest and sleep, medication use, wound care, postpartum issues management, contraception, exercise, and nursing.

Scoring system:-

"Done" or "not done" is the response for each item. These are given a 1 and a 0 rating, respectively. The final score is derived by putting all of the item scores together. Higher scores imply better practice because the overall score has been translated to a percentage score. When the proportion was 60% or greater, the woman's practice was regarded adequate, and when it was less than 60%, it was considered inadequate.

TOOL III: Coping with Motherhood scale (Appendix III): The scale, which was adopted from Panzarine and Kleinberg (1986) and translated into Arabic, assesses how often women employ various coping mechanisms. The scale is made up of 64 items that are separated into two main coping techniques.

Problem-focused coping: comprises 32 items equally divided into:

Reappraising situation meaning (8 items)

Dealing with the problem (8 items)

Seeking social support (8 items)

Emotion-focused coping: comprises 32 items equally divided into:

Wishful thinking (8 items)

Emotionally detaching and/or avoiding (8 items) .

Relieving tension by diversion, substance abuse, anger expression (8 items).

Scoring system:-

Each of the 64 items was graded on a four-point Likert scale, with responses ranging from never to always. Add the item scores for each primary approach and its subcategories, then divide the total score by the number of items to get the average score. Calculate standard deviation and median after converting these numbers to percentage and mean. The approach is deemed highly employed when the percentage score is 60 percent or more, and low usage when the percentage score is less than 60 percent.

Ethical Consideration:

The Faculty of Nursing's Scientific Ethics Committee (4) gave formal approval to perform this study on February 18, 2019 at the University of Port Said. In addition, the hospital director's permission to participate in the study was gained when the study objectives were explained.

The researchers also informed each woman about the study's objective and methods, as well as her freedom to refuse participation or withdraw oral consent at any moment. They can be assured that the information they provide will be kept private and utilized solely for research reasons. Participants are not harmed during research exercises. The data gathering method did not interfere with the aforementioned framework's work in any way.

I-procedure of work:

The study's fieldwork took place over the course of 18 months, from early March 2019 to late August 2020. By completing a pilot study, it assesses the substantive effectiveness of the instruments utilized as well as the utility of the research, assessment, planning, implementation, and evaluation stages.

Tool validity

All data collection tools were built with their input and sent to five specialist university expert professors in the subject of study for modifications. To ensure the content's authenticity, the tools were sent to three academic nursing specialists in obstetric nursing and community health medicine. Expert guidance was used to make changes.

Reliability

Content is checked for clarity, adequacy, and completeness using tools. Cronbach's Alpha was used to determine the tool's reliability. A Cronbach's alpha of 0.83 revealed a strong and significant positive correlation between instrumental items in the exante test.

Pilot Study

Before actual data collecting began, a pilot study was done after the tool had been reviewed and approved by experts. The goal of the pilot study was to confirm that the research instrument was clear and applicable, as well as to identify potential data collection barriers and concerns. It also aids in estimating the amount of time it will take to complete the questionnaire. The test was performed on ten percent of the 16 women in the study who were not included in the overall sample. Internal, external, and inference validity tests were carried out. To ensure the stability of the replies, several questions were amended, clarified, removed, and rearranged based on the results of the pilot study.

Antenatal Care Clinics (ANCs) in the Family Health Units in Port Said City, Kuwait, and Osman Bin Afan Units were used in the study. Two times a week, researchers come to the institution. Each lady was first interviewed to gain her verbal consent to take part in the study. Before the intervention, three women were checked on a daily basis. The study's goal was communicated to each woman in order to gain her trust and participation. Prior to intervention, assess the women's knowledge. Then comes the period of putting the instructional recommendations into action. The women who were evaluated were initially separated into eight groups of ten women. The instructive guide can be delivered at any time that is convenient for each group. The instructional criteria were then put in place over 8 sessions.

Each session took twenty minutes. Lectures, group discussions, demonstrations, and applications are all examples of teaching approaches. Lab tops, pamphlets, and video items were employed as media. The subject of knowledge is covered in four classes. The created manual (handout) was handed to the women immediately after the intervention at the end of the session. The impact of adopting the teaching guideline findings was

assessed using tools II and III once the intervention was completed.

STATISTICAL DESIGN

The information collected is organized, tallied, and analyzed according to the type of personal information. SPSS 20.0 was used for data entry and analysis (Statistical Package for the Social Sciences). At the encoding and data entering steps, quality checking is performed.

RESULT:

Figure (1): Sources of information reported by women in the study and control groups: demonstrates that, the relatives and friends was the most commonly reported source of information in the study and control groups, followed by internet phone and medical team. On the other hand, media and books were the least reported sources.

Table (1): Mode of delivery and postpartum problems among women in the study and control groups demonstrates that 51.3% of the women in the study and 60.0% of those in the control group were delivered by cesarean section, with no statistically significant difference. More women in the control group had mother support (41.3%) compared with 25.6% of those in the study group, with statistically significant difference (p=0.047). The most common postpartum problem was pain in both groups (100.0%). The women in the control group had significantly more postpartum problems of most type, with median 6 problems compared with 4.5 in the study group (p<0.001).

Table (2): Postpartum practices among women in the study and control groups1st follow-up indicates that significantly more women in the study group were having good rest/sleep (p=0.005), properly dealing with postpartum problems (p-0.01), using contraception (p=0.02), and exercising (p=0.004). On the other hand, more women in the control group had proper problem care (p<0.001).

Table (3): Scores of practices among women in the study group throughout intervention phases illustrates statistically significant improvements in the scores of postpartum practices among the women in the study compared to the control group throughout the 1st and 2nd follow-up (p<0.001).

Table (4): Scores of coping among women in the study group throughout intervention phases: illustrates statistically significant improvements in the scores of various types of coping among the women in the study throughout the intervention phases (p<0.001). The highest improvement was related to coping by "relieving tension by diversion, substance abuse, anger expression" where the mean scores increased from 1.7 at baseline to 3.0 at the third follow-up.

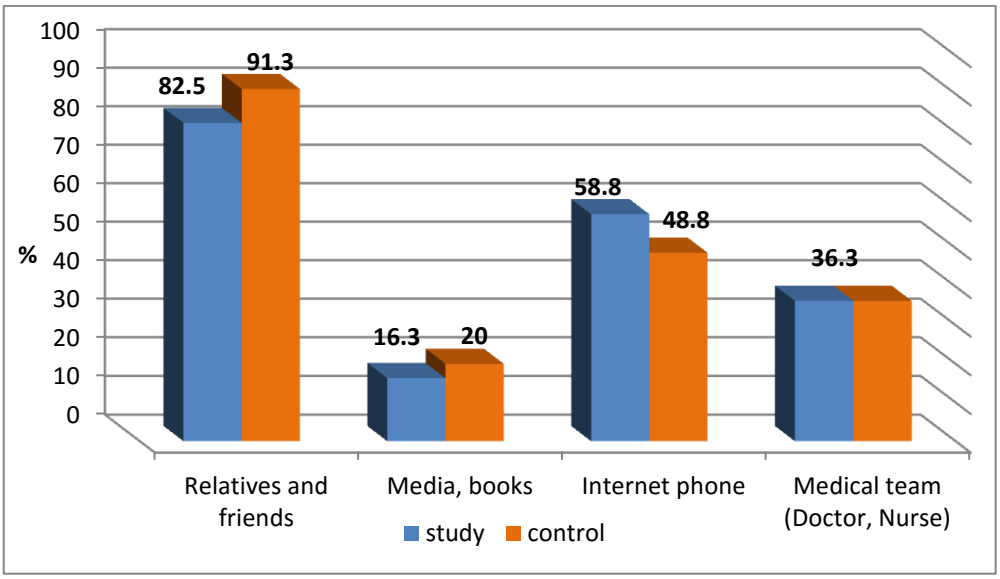

Figure 1: Sources of information reported by women in thestudy and control groups

Table (1): Mode of delivery and postpartum problems among women in the study and control groups

	Group				X^2 test	p-value
	Study (n=78)		Control (n=80)			
	No.	%	No.	%		
Mode of delivery:						
Normal vaginal	38	48.7	32	40.0		
Cesarean	40	51.3	48	60.0	1.22	0.27
Postpartum support:						
Husband	2	2.6	0	0.0		
Mother	20	25.6	33	41.3	7.98	0.047*
Multiple	56	71.8	47	58.8		
Postpartum (PP) problems:						
PP pains	78	100.0	80	100.0	0.00	1.00
Perineal pain	29	37.2	43	53.8	4.37	0.04*
Mastalgia	36	46.2	60	75.0	13.78	<0.001*
Cracked nipples	37	47.4	51	63.8	4.26	0.040*
Edema	15	19.2	20	25.0	0.76	0.38
Constipation/piles	48	61.5	61	76.3	4.00	0.046*
Urinary problems	8	10.3	18	22.5	4.31	0.040*
Sweating	48	61.5	67	83.8	9.84	0.002*
Depression	54	69.2	69	86.3	6.63	0.01*
Total number of problems:						
Range	2-8		2-9			
Mean±SD	4.5±1.4		5.9±1.3		32.91	<0.001*
Median	4.5		6.0			

(*) Statistically significant at p<0.05

Table (2): Postpartum practices among women in the study and controlgroups1st follow-up

	Group				X^2 test	p-value
	Study(n=78)		Control(n=80)			
	No.	%	No.	%		
Good rest/sleep:						
No	16	20.5	33	41.3		
Yes	62	79.5	47	58.8	7.94	0.005*
Use unprescribed drugs:						
No	48	61.5	37	46.3		
Yes	30	38.5	43	53.8	3.71	0.054
Analgesics	*19*	*63.3*	*33*	*76.7*		
Antibiotics	*11*	*36.7*	*10*	*23.3*	*1.55*	*0.21*
Proper wound care:						
Yes	60	76.9	34	42.5		
No	18	23.1	46	57.5	19.42	<0.001*
Proper dealing with PP problems:						
No	34	43.6	51	63.8		
Yes	44	56.4	29	36.3	6.46	0.01*
Use contraception:						
No	67	85.9	77	96.3		
Yes	11	14.1	3	3.8	5.24	0.02*
Exercise 30 min/day:						
No	18	23.1	36	45.0		
Yes	60	76.9	44	55.0	8.44	0.004*
Types of exercise:						
Kejel	8	13.3	0	0.0		
Abdomen/back	0	0.0	3	6.8		
Walking	0	0.0	41	93.2		
Multiple	52	86.7	0	0.0		
Breastfeeding:						
No	32	41.0	48	60.0		
Yes	46	59.0	32	40.0	5.688	0.017*
Total practice:						
Adequate (60%+)	48	61.5	38	47.5	6.614	0.037*
Inadequate (<60%)	30	38.5	42	52.5		

(*) Statistically significant at p<0.05

Table (3): Scores of practices among women in the study group throughout intervention phases

Practice:		Group		Mann-Whitney test	P-Value
		Study (n=78)	Control (n=80)		
1ST FOLLOW-UP	Range Mean±SD Median	25.0-100.0 62.3±15.9 62.50	12.5-87.5 56.1±13.2 62.50	5.65	0.02*
2ND FOLLOW-UP	Range Mean±SD Median	40.0-100.0 82.9±15.8 80.00	40.0-80.0 65.8±15.0 60.00	38.78	<0.001*
3RD FOLLOW-UP	Range Mean±SD Median	60.0-100.0 82.9±15.8 80.00	55.0-90.0 75.8±15.0 80.00	1.60	0.20

(*) Statistically significant at p<0.05

Table (4): Scores of coping among women in the study group throughout intervention phases

Coping	Phases					Mann Whitney test	p-value
	Pre	Post	FU1	FU2	FU3		
Reappraising situation meaning: Mean±SD Median	2.2±0.4 2.17	2.8±0.3 2.83	2.5±0.5 2.58	2.7±0.5 2.75	2.8±0.5 2.96	125.91	<0.001*
Dealing withproblem: Mean±SD Median	2.2±0.4 2.17	2.6±0.3 2.58	2.5±0.5 2.54	2.4±0.5 2.46	2.7±0.5 2.75	80.23	<0.001*
Seeking social support: Mean±SD Median	1.9±0.3 1.87	2.3±0.3 2.27	2.3±0.5 2.40	2.1±0.5 2.13	2.4±0.5 2.53	88.33	<0.001*
Wishful thinking: Mean±SD Median	1.8±0.3 1.83	2.4±0.3 2.33	2.3±0.5 2.33	2.4±0.5 2.50	2.6±0.5 2.67	152.35	<0.001*
Emotionally detaching,avoiding: Mean±SD Median	2.1±0.5 2.13	2.2±0.2 2.25	2.6±0.7 2.63	2.8±0.6 2.88	3.0±0.6 3.00	148.92	<0.001*
Relieving tension by diversion,anger: Mean±SD Median	1.7±0.4 1.73	1.6±0.3 1.55	2.4±0.6 2.55	2.9±0.6 2.91	3.0±0.6 3.09	250.52	<0.001*

(*) Statistically significant at p<0.05

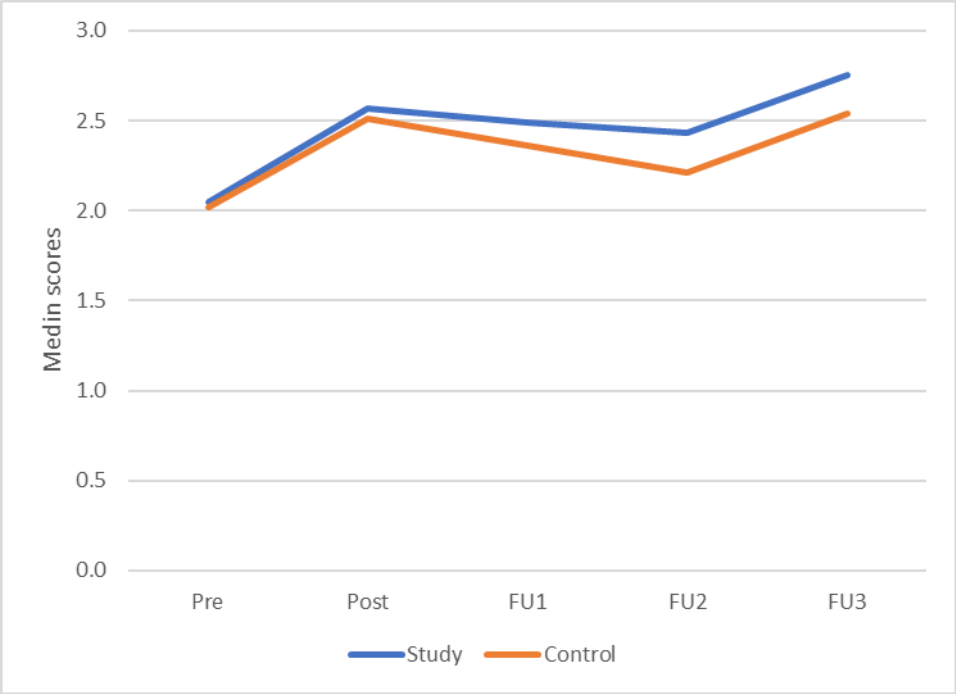

Figure 2: Scores of total problem-focused coping among women in the study and control groups throughout intervention phases

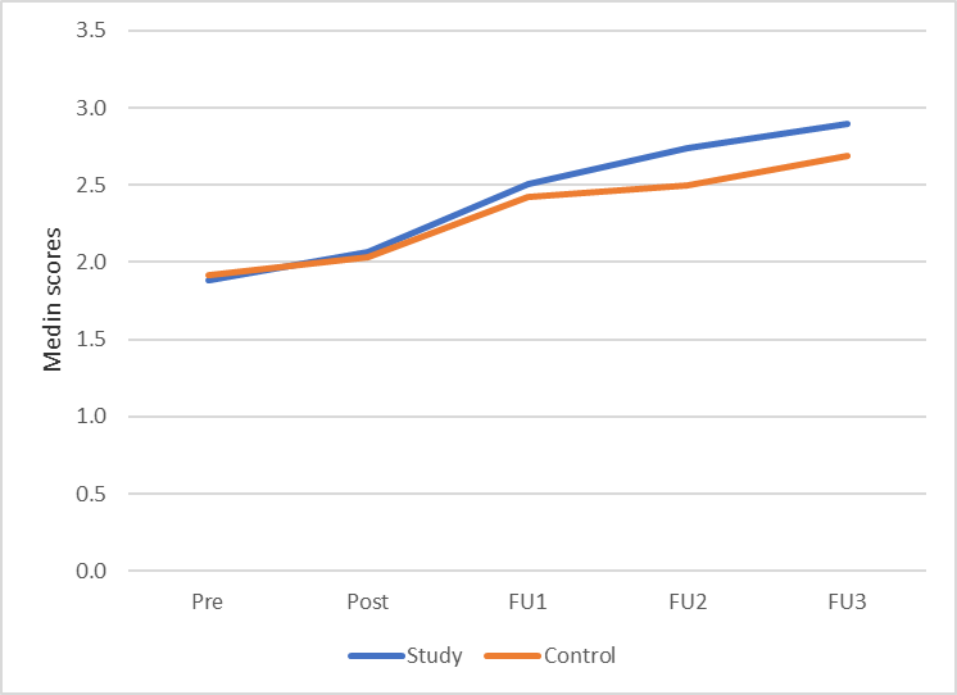

Figure 3: Scores of total emotion-focused coping among women in the study and control groups throughout intervention phases

Table 5: Correlation matrix of women's pre-intervention knowledge and coping scores

	Spearman's rank correlation coefficient		
	Knowledge	Problem-Focused coping	Emotion-Focused coping
Study group			
Knowledge	1.000		
Problem-focused coping	.340**	1.000	
Emotion-focused coping	-.002	.686**	1.000
Control group			
Knowledge	1.000		
Problem-focused coping	.182	1.000	
Emotion-focused coping	-.019	.598**	1.000
Total sample			
Knowledge	1.000		
Problem-focused coping	.278**	1.000	
Emotion-focused coping	-.018	.640**	1.000

(*) Statistically significant at p<0.05 *(**) Statistically significant at p<0.01*

DISCUSSION

The aim of this study was to study the effect of designed discharge guideline on maternal coping during postpartum period. For many women, being a mother is a challenging experience that necessitates a great deal of emotional, physical, and social adjustment. As a result, a woman's health depends on how well she adjusts to motherhood.

This study involved 160 women who were evenly split between study and control groups and had similar socio-demographic features but no statistically significant differences. More than half of them hold a college diploma. The majority were housewives, the vast majority were primipara, and only a small minority had a miscarriage history.

The outcomes of this study reveal that women's postpartum behaviors are much more appropriate and valued in the immediate postpartum and post-intervention stages. Compared to the control group, women in the study group maintained better practice values during the first follow-up period. Multivariate analysis, like knowledge, identified study intervention and time as positive predictors of practice assessment, showing the efficacy of the intervention in enhancing the practice of women in the study group, as well as the beneficial effect of time on practice in the group.

Soltanni, Esmaeili, Mohammadi, and Aghababaei (2019) reported that after completing the study intervention, moms in the intervention group scored considerably higher on postpartum care behaviors than mothers in the control group, which is consistent with the available evidence. In an intervention study, Shafaei, Mirghafourvand, and Havizari *(2020)* found that the intervention group had considerably better postpartum habits in newborn care and breastfeeding than the control group.

The husband's educational degree is likewise a good predictor of the wife's practice assessment, according to this study. This research emphasizes the importance of husbands and wives' contributions in facing the challenges of this vital period, which is aided by their level of education. In line with this, a research evaluating spouses' participation in perinatal care found that better educated husbands had a more favorable influence (Waseghi, Nasiri, Moravveji, & Karimian, 2021).

However, satisfactory knowledge may not be enough for women to modify their health-related behaviors. The numerous possible difficulties that women confront during the postpartum period can stymie these efforts. Women must overcome the difficulties they confront in raising their children at the expense of their personal lives. Only by coping with new life conditions is this feasible. A lack of coping skills in the early postpartum period, on the other hand, can lead to more serious mental illnesses. As a result, the current study looked into the coping styles of women.

The findings of this study revealed that pre-intervention coping levels were lower. Both the study and control groups had problem-focused and emotion-focused coping methods. This is due to their lack of expertise and, for the most part, ineffective practice. A research of coping among postpartum women in Turkey found that they had poorer coping rates, which is consistent with our findings (Boybay Koyuncu & Duman, 2022).

The current study's bivariate analysis demonstrated a significant positive relation between pre-intervention problem-focused and emotion-focused coping strategies, as well as women's college degree, husband's education, and newborn care awareness. Employees are also more problem-solving and coping oriented. The findings revealed that education and knowledge improved women's coping abilities. In line with this, a Turkish study on women's postpartum coping found that women and their husbands' educational level had a favorable impact on their coping abilities (Gunaydin & Zengin, 2022).

Meanwhile, new research suggests that during the intervention phase, both groups of women had an upward trend in both problem-focused and emotion-focused coping scores, implying that time had a favorable effect on their coping scores. Women in the study group, on the other hand, had considerably higher coping scores than women in the control group, which was seen in all future periods. These findings show that the intervention had a positive impact on women's coping abilities. A Chinese study found that educational programs for women's postpartum coping had equal success (Negron, Martin, Almog, Balbierz, & Howell, 2013); (Ngai et al., 2018).

CONCLUSION:

The implementation of the research intervention significantly improved the women's values in the relevant practice of the research group and raised their problem- and emotion-oriented coping capacities as compared to women in the control group.

RECOMMENDATIONS:

The developed discharge guidelines should be used in all MCH facilities and similar settings, as well as in research settings. In addition, more study is being conducted to determine the elements that influence women's involvement in these sessions.

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تأثير الإرشادات التعليمية قبل الولادة حول رعاية ما بعد الولادة على ممارسات الأمهات وتكيفهن

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الخلاصة

توصف فترة ما بعد الولادة بأنها المرحلة الأكثر أهمية ، ولكنها لا تحظى بالتقدير الكافي ، في حياة الأمهات والأطفال.حيث غالبية وفيات الأمهات والأطفال حديثي الولادة خلال هذا الوقت. ونتيجة لذلك ، فإن تحسين الرعاية له تأثير على ثقة الأم بنفسها. حيث تهدف هذه الدراسة لتقييم تأثير ارشادات الخروج على ممارسات الأمهات و تكيفهن أثناء فترة ما بعد الولادة ،تم استخدام المنهج شبه التجريبى لعمل الدراسة على 160 سيدة من المتابعات للحمل بمركزى الكويت وعثمان بن عفان في بورسعيد. تم جمع البيانات باستخدام الادوات التالية :استمارة مقابلة شخصيه، استمارة لتقييم معلومات ، ومقياس التعامل مع الأمومة. وقد استخلصت النتائج ما يلي: في كل من مجموعتي الدراسة والمجموعة الضابطة ، كان الأقارب والأصدقاء هم مصادر المعلومات الأكثر شيوعًا. و النساء في مجموعة الدراسة بعد تطبيق ارشادات الخروج اصبحت لديهم معدلات أعلى من حيث الممارسة والتكيف المتمركز على المشكلات والعاطفة مقارنة بالنساء في المجموعة الضابطة ، وكان الاختلاف هو ذات دلالة إحصائية.. وقد اظهرت نتائج الدراسة تحسن ايجابياحصائي ملحوظ في ممارسات وتكيف النساء خلال فترة ما بعد الولادة. وأوصت بنصح جميع النساء الحوامل باتباع ارشادات الخروج بعد الولادة. بالإضافة إلى ذلك ، وأوصت بإجراء المزيد من الدراسات لتحديد العناصر التي تؤثر على مشاركة المرأة في هذه الجلسات.

الكلمات المرشدة: إرشادات الخروج ، إرشادات ما قبل الولادة ، تكيف الامهات ممارسات الأمهات،فترة النفاس.