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Research Article

**NEWBORN HANDLING PRACTICES OF MOTHER IN RURAL
AREAS OF BAHAWALPUR: A CROSS SECTIONAL STUDY**¹Dr. Rabia Kanwal, ²Dr. Shagufta Ramzan, ³Dr. Mubashra Mushtaq¹Govt Rana Abdul Rahim Memorial Hospital, Sodiwal, ²DHQ DG Khan, ³BVH Bahawalpur**Article Received:** June 2020**Accepted:** July 2020**Published:** August 2020**Abstract:**

When a baby born he/she needs proper care, handling a newborn baby is difficult for mothers mainly for those who belong to rural areas. First seven days of child birth is very difficult to handle any child. Most of the mothers don't know how to take care of their babies, so in this case harmful side effects may occur. When babies given to mothers by doctors are nurses, mother do not know about what to do and how to take care of their babies, so they make a lot of mistakes which are very harmful for their babies. So study this case in detail we make a survey, we ask questions to mother of those babies who was newly born or under 6 months of age. This assignment/survey done in a BVH Bahawalpur. In this survey we ask different type of questions related to child birth, as at the time of delivery mother was in which situation, after delivery ,they give bath to baby, feeding. After these questions we find results and it was like breast feed, vernix removal and treat, some these types of points was common in answers given by mothers. But o n the other case due to less knowledge mothers was not aware with this that they have to clean their selves and use proper medication for cleaning purposes of beds and wards also.

Keywords: Handling newborn, care, nourishment, feed.**Corresponding author:****Dr. Rabia Kanwal,**

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INTRODUCTION:

For new born babies mainly first week is very crucial time till 4th week of child birth. We estimated that approximately 132 million babies get birth in each year and about 3-4 million babies died due to negligence of doctors or of mothers [1]. If children will not be treated well at the time of their birth they will not grow up to 6 years of their lives and they will die due to carelessness occur at the time of their birth. These type of issues occur in different countries including Pakistan [2]. Pakistan have high rate of deaths of babies with 5 years of their birth, because most of mothers in Pakistan specially from rural area are uneducated, they do not know about proper medication and how to take care of their babies medically, that's why due to carelessness babes dies [3]. Some time reasons of deaths of babies are some type of disease they are having at the time of birth [4]. Like some of babies have diseases like pneumonia, or birth before time also causes many issues and babies cannot survive and death causes [5]. In rural areas natural remedies are used to treat children who are newly born, sometimes these practices save a lot of lives [6]. By doing some safety precautions as mother feed, removal of vernix, make child body warm, giving milk which give child health setup. Proper nursing of both mother and child is necessary to save life of birth mother and her baby [7]. When women are in pregnancy stage, they have to get knowledge about what they have to do at the time of child birth [8]. In this way at that time they will not be panic and will take care of their babies more easily.

METHODOLOGY:

So to check the difference between how a mother takes care of their child and how doctors and nurses do care of babies. To check results we ask multiple questions and make report on this. So we perform this experiment with the mother belong to rural areas After visiting many villages and asking different question to mothers of newly born babies and also of babies within 6 months of age. We collected answers of different questions from different areas and make a report. Women from which we take this survey and make report, some of them was uneducated and few was educated, little ratio was of those mothers who have somehow know about the care to child and treatment given to baby at the time of birth.

RESULTS:

After this survey, we receive different type of answers from different ladies from which some was educated and others were uneducated. Totally we take interview of approximately 150 women, in which some of them was educated as 4% was those who have doe graduation.20-21% was those who passed inter, 82% was those who passed middle and primary studies but the ratio of those women who was totally uneducated, but breast feeding which make hygiene of child strong was answered by all women. If we go toward the care of nurses or doctors we have seen that child get birth in clinics was ratio of 85%.We have seen that babies who get birth in BVH Bahawalpur get feeding activity after one hour of their birth .Round them up in a cloth and apply ointment on vernix. Babies get birth at home also do breast feeding but have different ratio.

(Table: 1)

Sr. No	Cord Application	Frequency (N)	Percentage
1	Spirit	91	60.6%
2	Ghee	21	14%
3	Ointment	18	12%
4	Dettol	8	5.3%
5	Turmeric	6	4%
6	None	6	4%
	Total	150	100

(Table: 2)

Sr. No	Harmful Practices	Frequency (N)	Percentage
1	Tying of cord with string or cloth	58	38.7%
2	Cord application other them spirit or Dettol	51	34%
3	Bathing of baby immediately after birth	46	30.6%
4	Vernix removal	75	50%
5	Supplementary feed in addition to breast feeding	75	50%
6	Colostrum with drawl	13	8.6%
7	Prelacteal feeding	87	58%
8	Water along with breast milk	35	23%

(Table: 3)

Sr. NO	Birth Attendants	Cord tied with cord clamp P<0.05	Prelacteal feed P<0.05	Bathing Immediately After birth P<0.05
1	Doctor	112(75%)	78(52%)	33(22.6)
2	Nurse	112(75%)	67(45%)	33(22%)
3	Dai	18(12%)	115(77%)	85(57%)
4	Other	57(38%)	120(80%)	27(18%)

DISCUSSION:

By the help of these results we can clearly see that the ratio of child birth in hospitals was about 55% and 74% with proper care and hygiene [9]. As compared to Pakistan in other countries, women give birth to their child at home. We study this case by taking survey from women living in the rural areas of BVH Bahawalpur, where a lot of facilities are not available [10]. We have see some changing in taking care of children from those mothers who prefer to give birth to their child at home [11]. In previous times, mothers use different items to treat their newly born child, but nowadays many changing happen even in rural areas, villages which are even totally cut off with the big cities [12]. WHO gives some most important guide lines according to child birth as we must have to do a neat and clean delivery, items which we are using during delivery or cleaning to newly born baby must be clean. Proper breast feeding should be given to child and If at the time of birth, child is suffering from any type of disease, we must have to first treat that issue, check temperature of body, either child is responding /crying or not [13]. At the time of birth, if baby do not have enough weight or facing any type of issue or disease, we have to give proper care to child and cure disease or solve that issue at very first step [14]. We see that breast feeding after birth occur about 72% but in rural areas where mother give birth to child at home and other women take care of her and baby, they don't have much knowledge about how to take care of baby in proper way [15]. They don't know what will be temperature of baby at time of birth, they give bath to newly born child ,which is not good for the health of child because as we have discussed that we should check the thermal level baby and if breathing rate of child is not normal or if birth happens before time, we must have to take extra care of child to save life of baby, because little bit carelessness can cause death of child as from every 1000 ,84 child died with first 4 weeks or with 6 months of their lives due to these type of issues. Still we need to improve all these things for better care and nourishment of child.

CONCLUSION:

Here we took survey from some of women in rural areas where some of them was educated and other was showing illiteracy. With all this research we have concluded that we need to aware our women about care of child at time of birth, they have to go to hospitals for better treatment of child .In this way we can save a lot of lives every year. Awareness of medication and using instruments which are not harmful for child and for mother too is must.

REFERENCES:

1. Oghenetega, O. B., Ojengbede, O. A., & Ana, G. R. (2020). Perception Determinants of Women and Healthcare Providers on the Effects of Oil Pollution on Maternal and Newborn Outcomes in the Niger Delta, Nigeria. *International Journal of Women's Health*, 12, 197.
2. Shikuku, D. N., Tanui, G., Wabomba, M., Wanjala, D., Friday, J., Peru, T., ... & Sisimwo, K. (2020). Community midwifery model's effect on availability, utilization and outcomes of maternal and newborn health services in hard-to-reach communities of Busia Kenya: a Quasi-experimental study.
3. Sarker, M., Saha, A., Matin, M., Mehjabeen, S., Tamim, M. A., Sharkey, A. B., ... & Shahabuddin, A. S. M. (2020). Effective maternal, newborn and child health programming among Rohingya refugees in Cox's Bazar, Bangladesh: Implementation challenges and potential solutions. *PLoS one*, 15(3), e0230732.
4. Joe, M. B., & Joykutty, M. A. A study to assess the effectiveness of structured teaching programme on knowledge regarding care of low birth weight babies among mothers in selected rural areas of Rajkot, Gujarat.
5. Parsekar, S. S., Pundir, P., & Bevilacqua, V. (2020). Reproductive, Maternal, Newborn, Child and Adolescent Health and related Behaviour Change Communication strategies in Bangladesh, Nepal and India: A narrative review. *Clinical Epidemiology and Global Health*, 8(1), 280-286.
6. Wideman, E. S., Dunnigan, A., Jonson-Reid, M., Kohl, P., Constantino, J., Tandon, M., ... &

- Tompkins, R. (2020). Nurse home visitation with vulnerable families in rural areas: A qualitative case file review. *Public Health Nursing, 37*(2), 234-242.
- Sharma, K. Effectiveness Of The Planned Teaching Programme On Knowledge About Newborn Care Among Anm 2nd Year Students In KS Nursing College Gwalior (MP).
7. Nalule, Y., Buxton, H., Flynn, E., Oluyinka, O., Sara, S., Cumming, O., & Dreibelbis, R. (2020). Hygiene along the continuum of care in the early post-natal period: an observational study in Nigeria.
 8. Tareke, K. G., Lemu, Y. K., Yidenekal, S. A., & Feyissa, G. T. (2020). Community's perception, experiences and health seeking behavior towards newborn illnesses in Debre Libanos District, North Shoa, Oromia, Ethiopia: Qualitative study. *Plos one, 15*(1), e0227542.
 9. Mukunya, D., Haaland, M. E., Tumwine, J. K., Tylleskar, T., Nankabirwa, V., & Moland, K. M. (2020). "The cord is the child": meanings and practices related to umbilical cord care in Central Uganda. *BMC pediatrics, 20*(1), 1-9.
 1. Hüseyin, Ç. H., Muazzez, H., & Yadigar, P. (2020). A study of low birth weight prevalence and risk factors among newborns in a public-hospital at Kilis, Turkey. *African Health Sciences, 20*(2), 709-714.
 10. Konje, E. T., Hatfield, J., Kuhn, S., Sauve, R. S., Magoma, M., & Dewey, D. (2020). Is it home delivery or health facility? Community perceptions on place of childbirth in rural Northwest Tanzania using a qualitative approach. *BMC Pregnancy and Childbirth, 20*, 1-11.
 11. BIGIRIMANA, J. B., & Luginaah, I. (2020). Timely Access to Maternal, Neonatal and Child Healthcare for rural communities in Rwanda: Job satisfaction of Community Health Workers delivering Community Based Maternal, Newborn and Child Healthcare.
 12. Dangol, R., & Koirala, R. (2020). Awareness of Fathers Regarding Newborn Danger Signs: Evidence from a Tertiary Level Hospital of Kathmandu, Nepal. *Open Journal of Nursing, 10*(2), 194-207.
 13. Memon, J., Holakouie-Naieni, K., Majdzadeh, R., Yekaninejad, M. S., Garmaroudi, G., Raza, O., & Nematollahi, S. (2019). Knowledge, attitude, and practice among mothers about newborn care in Sindh, Pakistan. *BMC pregnancy and childbirth, 19*(1), 329.
 14. Okereke, E., Ishaku, S. M., Unumeri, G., Mohammed, B., & Ahonsi, B. (2019). Reducing maternal and newborn mortality in Nigeria—a qualitative study of stakeholders' perceptions about the performance of community health workers and the introduction of community midwifery at primary healthcare level. *Human Resources for Health, 17*(1), 1-9.
 15. Sarker, M., Saha, A., Matin, M., Mehjabeen, S., Tamim, M. A., Sharkey, A. B., ... & Shahabuddin, A. S. M. (2020). Effective maternal, newborn and child health programming among Rohingya refugees in Cox's Bazar, Bangladesh: Implementation challenges and potential solutions. *PloS one, 15*(3), e0230732.