

Chapter 4

Results

The chapter presents analysis and interpretation of gathered data to assess the efficacy of comprehensive childbirth preparation program on childbirth experiences and selected maternal-neonatal outcomes. Study was conducted in two phases and the collected data was categorized and analyzed on the basis of study objectives and hypothesis. Study results are organized under following sections:

Phase I

Section 1. Childbirth preparedness among primigravidae.

Section 2. Childbirth experiences among primiparous women

Phase II

Section 3. Background characteristics of primigravidae participating in randomized control trial.

Section 4. Efficacy of comprehensive CCBPP on childbirth experiences

Section 5. Efficacy of comprehensive childbirth preparation package on maternal- neonatal outcomes

Section 1. Childbirth preparedness among primigravidae

In order to explore the childbirth preparedness in-depth interview was conducted among 15 primigravidae.

Table 7. Background characteristics of participants of In-depth interview on childbirth preparedness.

n=100

Sl. No.	Background characteristics	Frequency	Percentage
1	Age		
	18-22	02	13
	22-26	05	33
	26-30	08	54
2	Education		
	Primary	08	53.3
	Secondary	07	46.6
3.	Education of husband		
	Primary	04	26.6
	Secondary	11	73.3
4	Occupation of primigravidae		
	Farmer	02	13.3
	Laborer	05	33.3
	House wife	08	53.3
5	Occupation of husband		
	Farmer	02	13.3
	Laborer	07	46.6
	Private employee	06	40
6	Religion		
	Hindu	10	66.6
	Muslim	05	33.3

7	Weeks of gestation		
	28-32 weeks	03	20
	32-36 weeks	08	53.3
	36-40	04	26.6
8	Type of family		
	Joint	12	80
	Nuclear	03	20

Primigravidae were between 18-30 years of age and most of them i.e., 8(53.3%) of them were between 26-30 years of age. Majority of them lives in joint family 12(80%) and most of them were between 32-36 weeks of gestation 8(53.3%).

Content analysis of childbirth preparedness

Major themes and subthemes identified regarding childbirth preparedness among primigravidae are-

1. Preparation related to childbirth
 - 1.1. Physical preparation
 - 1.2. Psychological preparation
 - 1.3. Role preparation
2. Fear related to childbirth
 - 2.1. Fear of pain
 - 2.2. Fear of adverse outcomes and medical interventions
 - 2.3. Fear related to not receiving professional support

3. Awareness related to childbirth
 - 3.1. Information about childbirth preparation
 - 3.2. Source of information
 - 3.3. Myth and superstition
4. Expectation related to childbirth.
 - 4.1. Natural vaginal delivery
 - 4.2. Safety of the baby

Theme 1: Preparation related to childbirth

Preparation for childbirth is a unique process. It was revealed that every primigravidae prepares herself differently. Some express their preparation in terms of fitness, diet, being active and performing household chores while some believe mental preparation is essential. The sub-themes are as follows:

1.1 Psychological preparation

Participants expressed that one has to be mentally ready to tolerate the childbirth pain. Source of mental strength were the faith in God, support of companion and their self-confidence. One of the participants stated *“Women have to keep themselves mentally strong to have vaginal delivery. Fearing will make the situation difficult.”* Another participant narrated *“Preparation???? Why do we need preparation for childbirth???(appeared surprised).*

1.2. Physical preparation

Some primigravidae expressed that for childbirth physical fitness is significant. They think that those who are physically fit will be able to deliver vaginally whereas thin women are weak and will have caesarean. Some statements were *“A good diet is very important; it gives you energy to deliver.”* Another responded, *“I don’t perform any exercise, I just try to walk 30 minutes daily for better digestion of food.”*

1.3. Role preparation

Most of the primigravidae perceive that birthing is an assigned task that had been given to them as a job by a family member or husband, which they have to accomplish. Some of them stated *“This is the story of every woman. We all have to perform this task of giving birth. Being a housewife, this is part of my job” (laughs loudly)*. Other participants stated *“I know once the baby arrives, I will be having new role and responsibilities.”*

Theme 2 Fear related to childbirth

Primigravidae expressed their fear related to labor pain. The major source of childbirth fear was identified as birth stories. Women have never experienced labor pain before but almost all of them have narrated fear of unbearable and severe pain because they have heard about it. Sub-themes originated are as follows:

2.1. Fear of pain

Most of the women were nervous and clearly expressed on interview that mere thinking about the situation of labor scares them a lot. *“I know it’s going to be very difficult and very painful.”* Some of them were afraid on asking and replied *“I feel I won’t be able*

to handle the pain.”

2.2. Fear of adverse outcomes and medical interventions

Few other factors that were bothering women were the fear of adverse outcomes like death of the baby, use of medical equipments, instruments and operative interferences.

They were scared of adverse outcomes, which reflect in following verbatim *“I am very frightened thinking that if any complication arises like bleeding and if something happens to my baby.” “I am aware that sometimes if the baby does not pass-through vagina, they cut the abdomen and the woman may die.”*

2.3. Fear related to not receiving professional support

During in-depth interview primigravidae appeared worried and anxious about the attitude of health care professionals. They were worried thinking that they all will be lonely and helpless in labor room. They expressed in words as *“During antenatal check-ups, they were very rude to us, I don’t know how they are going to behave during delivery.” “I was accompanying my elder sister for her delivery last year, I heard a woman screaming, crying, shouting of pain and requesting for water but no one heard.”*

Theme 3. Awareness related to childbirth

Awareness related to any kind of information the primigravidae had on childbirth preparedness and childbirth process. Following are the sub- themes:

3.1. Information about childbirth preparation

On exploring about the components of childbirth preparedness and childbirth planning

many women agreed that they were told by ANM and ASHA worker that in case fetal movement is not felt they have to reach hospital. A participant responded,

“I attended antenatal visits regularly but they have not informed me anything about childbirth process, diet or well-being of fetus. They once informed me, in case fetal movements are not felt then I have to reach health center.”

3.2. Source of information

Awareness among the primigravidae is from their mother, friends and relatives. Most of the participants reported that they have received childbirth education from elderly women of family or village. Traditional counselling was delivered to primigravidae by elders of family in aspects like diet, physical activity, abortion and delivery. One of the primigravidae said *“Mother-in-law guided me that eating hot items like egg, jaggery, and sesame seeds during pregnancy can cause abortion”*

On any information from health care providers, participants quoted-

“I have not received any childbirth information. It was only elderly women of house who spoke to me about childbirth.”

3.3 Myth and superstition

Most of the women started attending late antenatal visits. On further exploring, they revealed that early disclosure of pregnancy news may bring misfortune for the baby and may lead to miscarriage or congenital abnormality in fetus. They said,

“My mother told me not to inform other people like my close friend, relative or any outsider. She told to keep the news of pregnancy a secret for at least 3 months”

Theme 4. Expectation related to childbirth

On exploring what they expect from their childbirth process, majority of women answered that they expect a normal delivery and fetal well-being. Sub themes that emerged are:

4.1. Natural vaginal delivery

Primigravidae were desirous of a normal delivery, with no complications. *“I pray for a normal vaginal delivery.”*

4.2. Safety of the baby

Other than expecting a natural birth, primigravidae also expect baby should not have any complications. *“My God will provide me the energy to deliver the baby normally and he will protect my child from every complication.”* *“I am expecting my child to be safe and healthy.”*

Section 2. Childbirth experiences among primiparous mothers

In order to explore the childbirth preparedness in-depth interview was conducted among 10 primiparous mothers. The background characteristics is presented below:

Table 8. Background characteristics of participants of in-depth interview on childbirth experiences.

n=100

Sl. No.	Background characteristics	Frequency	Percentage
1	Age		
	18-22	01	10
	22-26	03	30
	26-30	06	60
2	Education		
	Primary	07	70
	Secondary	03	30
3	Education of husband		
	Primary	03	30
	Secondary	07	70
4	Occupation of primigravidae		
	Farmer	01	10
	Laborer	03	30
	House wife	06	60
5	Occupation of husband		
	Farmer	03	30
	Laborer	06	60
	Private employee	01	10
6	Religion		
	Hindu	7	70
	Muslim	3	30

8	Weeks of gestation		
	≥40 weeks	01	10
	≤ 37 weeks	02	20
	37-39 weeks	04	70
9	Type of family		
	Joint	7	70
	Nuclear	3	30

Primiparous women were between 18-30 years of age and majority of them i.e., 6(60%) of them were between 26-30 years of age. Majority of them live in joint families 7(70%) and most of them were between 37-39 weeks of gestation 7(70%).

Content analysis of childbirth experiences

Major themes and sub themes identified regarding childbirth experiences among primiparous women are:

1. Low self esteem
 - 1.1 Guilt
 - 1.2 Low confidence
 - 1.3 Mixed feeling
 - 1.4 Novel experience
2. Unrealistic childbirth expectations
 - 2.1. Unfamiliar environment
 - 2.2 Pain
 - 2.3 Medical intervention

Theme 1 Low self-esteem and self-blame

The data interpretation shown below consist of experiences reported by primiparous women on 2nd and 3rd day of delivery. During in-depth interview the focus was identify the childbirth experiences of primiparous women. The sub-themes under low self-esteem and self-blame identified were-

1.1 Guilt

Data interpretation revealed that the women who underwent caesarean section were experiencing low self-esteem and were blaming self for birth outcomes. They felt that their act has led to embarrassment for family. One of the participants reported: *“I am ashamed of my behavior. Nurse told my mother-in-law and husband that I am not cooperating during delivery. They asked me to keep legs wide open but due to intolerable pain I was closing my legs.”* One primigravidae also reported that *“My mother-in-law told me that when I was screaming of pain...others were laughing at me.”*

1.2 Low confidence

In-depth interview showed that self-confidence is an important part of childbirth preparation. Primiparous women who were not confident during antenatal period about their childbirth found themselves weak and unable to perform during childbirth. One participant reported *“During pregnancy itself I knew that I won’t be able to push the baby as I am very weak. Due to pain, I felt I will die and was not able to control pain and push the baby.”*

1.4.Mixed feelings

Some women narrated that they focused on encouraging words of their husband or

mother-in-law during labor which motivated them exert self-control and tolerate pain but sometimes they get anxious about the childbirth. *“I kept on remembering the words of my mother. She told me “You are strong and you can do it” and I did.” (Smiles) “I had faith in myself and almighty. I knew that I have the strength to believe that I can handle and I was able to control myself and stay calm.”*

1.5. Novel experience

Most of the women indicated that as it was their first experience, they were not prepared for it. They knew childbirth would be difficult but never expected to be a terrible experience. Participant shared *“For me the entire birthing process was new. I didn’t know how to push. When to push? And how to push?”*

Theme 2 Unrealistic childbirth expectation

In-depth interview explored that primigravidae had some unrealistic expectation which emerged as subthemes and are as follows:

2.1. Unfamiliar environment

Participants shared that instead of hospital environment they would be much comfortable in-home environment. The strange, unfamiliar environment, unrecognizable people, equipment increase anxiety among the women. One of the women stated *“Hospital environment was very noisy and crowded. I was listening to sound of another woman shouting and screaming in pain and nobody was with her to support. Her screaming made me anxious.”*

2.2 Pain

Participants had dual feeling related to childbirth pain. Some perceived it to be crucial

and very important in order to have a vaginal delivery and for some it turned out to be negative experience. The mixed responses stated by some participants were-

“In case if I undergo the process again, I would like to take drugs to control that horrible pain.” Another participant said, *“Pain is important, without pain how the baby will come out. I cried, screamed during my delivery but tolerated the pain for sake of my baby.”*

2.3. Medical intervention

Most of the primiparous women had no idea about what is expected from them during process of childbirth by health care professionals. Many women felt that in case they were aware about the expectations they would have much smoother labor. Participants quoted *“I wanted to move inside the room but it was very crowded. They asked me to lie down over a table and exposed my body (lower part). Flexed and tied my legs to a rod fixed on table. Sight of those instruments, blood-stained hands made me frightened”* *“Repeatedly inserting fingers (inside vagina) was very uncomfortable. I asked her several times, how much time it will take? But she did not inform a word.”*

Section 3. Background characteristics of primigravidae participating in randomized control trial

Phase II of the study comprise of randomized control trial to assess effectiveness of comprehensive childbirth preparation program. Background characteristics of the participants is presented below

Table 9. Distribution of primigravidae participating in randomized control trial based on background characteristics.

Table 11: Frequency and Percentage description of sample characteristics $n = 100$

Sl. No.	Sample Characteristics	Intervention Group	Control Group	χ^2 / t value	p value
		f (%)	f (%)		
1.	Age of Primigravidae (in years):				
1.1	18 – 21	10(20%)	12(24%)	2.9	0.9
1.2	22– 25	12(24%)	17(34%)		
1.3	26 – 29	20(40%)	15(30%)		
1.4	30 – 34	08(16%)	06(12%)		
2.	Education of primigravidae:				
2.1	Primary	36(72%)	39(78%)	6.7	.08
2.2	Secondary	19(38%)	16(32%)		
3.	Education of husband:				
3.1	Primary	31(62%)	26(52%)	0.91	.22
3.2	Secondary	24(48%)	29(58%)		
4.	Occupation of primigravidae:				
4.1	Labourer	09(18%)	7 (14%)	2.1	.53
4.2	Housewife	45(90%)	48(96%)		
5.	Husband Occupation:				
5.1	Private	17(34%)	15(30%)	.00	1
5.2	Farmer	13(26%)	21(42%)		
5.3	Labourer	25(50%)	19(38%)		

6	Annual income of family:				
6.1	Up- to 3 lakhs	44(88%)	39(78%)	1.2	.18
6.2	3-6 lakhs	11(22%)	16(32%)		
7	Type of family				
7.1	Nuclear	19(38%)	25(50%)	1.3	.16
7.2	Joint	36(72%)	30(60%)		
8	Mode of transport to health center				
8.1	Bus	14(28%)	14(28%)	.00	.58
8.2	Bike	41(82%)	41(82%)		
9	Pregnancy				
9.1	Planned	40(80%)	39(78%)	.4	1
9.2	Un planned	15(30%)	16(32%)		
10	Antenatal visits				
10.1	Regular	44(88%)	44(88%)	.00	.59
10.2	Irregular	11(22%)	11(22%)		
11	Weight (Mean \pm SD)	67.7 \pm 4.6	67.4 \pm 4.4	.01	.89
12	Period of gestation (Mean \pm SD)	32.2 \pm 1.34	33.1 \pm 1.4	.35	.55

Table 9. depicts that both the groups were homogenous in terms of age, education, occupation, family income, type of family, mode of transport, pregnancy planning, antenatal visits, weight of primigravidae, and period of gestation.

Section 4. Efficacy of comprehensive childbirth preparation package on childbirth experiences

In order to assess the efficacy of comprehensive childbirth preparation package following hypothesis was stated:

H₁: Primigravidae in experimental group will have positive childbirth experiences than the primigravidae in control group.

The null hypothesis stated was:

H₀: Primigravidae in experimental group will not have positive childbirth experiences than the primigravidae in control group.

The efficacy of comprehensive childbirth preparation package on childbirth experiences in terms of childbirth preparedness, childbirth expectation, childbirth fear, and experiences of labor and birth was determined by comparison between groups. It is described below.

Comparison of childbirth preparedness between groups

Childbirth preparedness is the extent to which primigravidae are prepared in terms of childbirth planning and childbirth knowledge. Distribution of sample based on childbirth preparedness between groups are presented below

Table 10. Childbirth planning and knowledge scores of primigravidae between groups

n=100					
Childbirth preparedness	Experimental group	Control group	χ^2	df	p value
<i>Pre-test scores</i>					
Childbirth planning	f (%)	f (%)	.66	1	0.27 ^{NS}
Inadequate	28(56%)	32(64%)			
Adequate	22(44%)	18(36%)			
Childbirth knowledge			.36	1	0.34 ^{NS}
Poor	26(52%)	29(58%)			
Good	24(48%)	21(42%)			

<i>Post-test scores</i>					
Childbirth planning			12.9	1	0.0003*
Inadequate	16(34%)	34(68%)			
Adequate	32(68%)	16(32%)			
Childbirth knowledge			13.7	1	0.0002*
Poor	22(44%)	27(54%)			
Good	28(56%)	23(46%)			

NB: SD=Standard deviation, MD=Mean difference, df=degree of freedom, NS=non-significant, *=Significant at 5%

Table 10 depicts statistically significant difference among study participants in experimental and control group in terms of childbirth planning ($\chi^2 = 12.9$, $p \leq 0.001$) and knowledge ($\chi^2 = 13.7$, $p \leq 0.001$) whereas no difference was observed at pre intervention level in terms of childbirth planning ($\chi^2 = 0.66$, $p = .27$) and childbirth knowledge ($\chi^2 = 0.36$, $p = 0.34$).

Table 11. Comparison of childbirth preparedness scores between groups

n=100

Test	Experimental (n=50)	Control (n=50)	MD	t value	df	p value
	Mean± SD	Mean± SD				
Pre-test	24.4±11.6	21.4±10.5	3.0	1.35	98	0.37 ^{NS}
Post-test	34.2±14.5	23.5±10.4	10.7	4.2	98	0.03*

NB: SD=Standard deviation, MD=Mean difference, df=degree of freedom, NS=non-significant, *=Significant at 5%

Table 11 depicts that there was no significant difference in the mean pre-test scores of childbirth preparedness between groups ($p = 0.37$). However, post test scores of

childbirth preparedness were significantly different ($p = 0.03$).

Comparison of childbirth expectations between groups

Childbirth expectation refers to expectation of primigravidae regarding childbirth process in terms of significant other, nursing support, pain/coping and medical intervention.

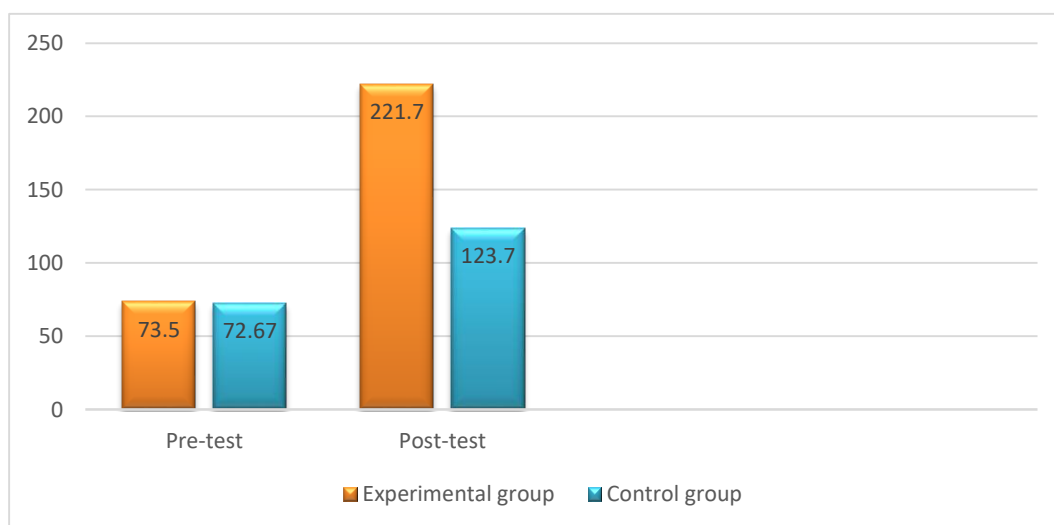


Figure 5. Bar graph showing the mean childbirth expectation scores

Table 12. Comparison of childbirth expectation of primigravidae between groups
n=100

	Experimental group (n=50)		Control group (n=50)		MD	t value	df	p value
	Mean	±SD	Mean	±SD				
Pre-test	73.05	4.9	72.67	7.16	0.38	0.31	98	0.75 ^{NS}
Post-test	221.7	10.9	123.7	7.34	98.0	52.7	98	0.001*

NB: SD=Standard deviation, MD=Mean difference, df=degree of freedom, NS=non-significant, *=Significant at 5%

Table 12 shows that the pre-test childbirth expectation scores had no significant

difference between experimental and control group ($p = 0.75$), whereas, statistically significant difference was observed I post-test childbirth expectation scores between experimental and control group ($p \leq 0.001$). This reveals that comprehensive childbirth preparation package was effective in terms of childbirth expectation.

Table 13. Domain-wise comparison of childbirth expectation scores between groups

n=100

Pre-test domain scores of childbirth expectation						
Domain	Groups	Mean±SD	MD	df	t value	p value
Significant other	Experimental	16.4±1.5	0.8	98	1.6	0.12 ^{NS}
	Control	15.6±2.9				
Nursing support	Experimental	15.1±2.3	-0.05	98	.42	0.63 ^{NS}
	Control	15.3±2.7				
Pain/coping	Experimental	20.9±1.6	-0.06	98	1.4	0.13 ^{NS}
	Control	20.3±2.1				
Intervention	Experimental	19.5±2.3	-0.03	98	.57	0.51 ^{NS}
	Control	19.2±2.7				
Post-test domain scores of childbirth expectation						
Domain	Groups	Mean± SD	MD	df	t value	p value
Significant other	Experimental	25.9±1.3	10.3	98	29.1	0.001 [*]
	Control	15.6±2.1				
Nursing Support	Experimental	29.3±1.4	13.8	98	42.4	0.001 [*]
	Control	15.5±1.8				
Pain/coping	Experimental	39.4±3.2	18.2	98	33.2	0.001 [*]
	Control	21.2±2.1				
Intervention	Experimental	32.4±3.9	13.4	98	21.1	0.001 [*]
	Control	19.0±2.2				

NB: SD=Standard deviation, MD=Mean difference, df=degree of freedom, *=Significant

Table 13 depicts comparison of pre-test and post-test childbirth expectation domain - wise scores between experimental and control group. No significant difference was observed in pre-test scores between groups whereas statistically significant difference was observed in post-test domain-wise scores ($p \leq 0.001$) between groups.

Comparison of childbirth fear between experimental and control group

The pre-test and post-test childbirth fear of intervention and control group is described below.

Table 14. Comparison of childbirth fear between experimental and controlgroup

n=100						
	Experimental group (50)	Control group (50)	MD	t value	df	p value
	Mean± SD	Mean± SD				
Pre-test	87.1±4.02	88±3.47	0.9	1.198	98	0.23 ^{NS}
Post-test	74.8±10.9	87.9±4.5	13.1	7.85	98	0.001 [*]

*NB: SD=Standard deviation, MD=Mean difference, df=degree of freedom, NS=non-significant, *=Significant at 5%*

Table 14 depicts statistically significant difference among study participants in experimental and control group in childbirth fear scores ($t = 7.85$, $p = 0.001$) whereas no difference was observed at pre intervention level in childbirth fear ($t = 1.19$, $p = .23$) between groups.

Comparison of labor and birth experience between groups

Experiences of labor and birth refers to experience childbirth among primigravidae in terms of own capacity, participation, professional support, and perceived safety. Post-

test mean score comparison of labor and birth experiences between groups is presented below:

Table 15. Comparison of post-test scores of labor and birth experiences between groups

n=100

Test	Experimental group	Control group	MD	t value	df	p value
	Mean± SD	Mean±SD				
Post-test	74.8±10.9	87.9±4.5	-13.1	7.85	98	0.001*

Table 15 depicts a statistically significant difference in post-test scores of labor and birth experiences between experimental and control group (p= 0.001)

Table 16. Comparison of domain wise scores of labor and birth experiences between groups

n=100

Variables	Experimental group	Control group	MD	t value	df	p value
	Mean± SD	Mean± SD				
Own capacity	24.4±1.7	19.4±1.6	5.0	15	98	0.001*
Participation	10.4±1.3	4.4±.96	6.0	26.1	98	0.001*
Professional support	17.5±1.06	7.3±2.1	10.2	30.2	98	0.001*
Perceived safety	21±1.5	11.3±2.1	90.3	25.7	98	0.001*

*NB: SD=Standard deviation, MD=Mean difference, df=degree of freedom, *=Significant at 0.1%*

Table 16 depicts significant difference (p =0.001) in post-test mean scores of the four domains, own capacity, participation, professional support, and perceived safety between the groups.

Section 5. Efficacy of comprehensive childbirth preparation package (CCBPP) on maternal-neonatal outcomes

To assess the efficacy of CCBPP, following hypothesis was stated:

H₂: Primigravidae in experimental group will have better maternal-neonatal outcome than the primigravidae in control group.

The null hypothesis stated was:

H₀: Primigravidae in experimental group will not have better maternal-neonatal outcome than the primigravidae in control group.

The efficacy of comprehensive childbirth preparation package on maternal-neonatal outcomes in terms labor outcome, postnatal outcomes of mother and baby was determined by comparison between groups. It is described below.

Comparison of labor outcomes between experimental and control group.

Comparison of labor outcomes between groups in terms of gestational age, type of delivery, nature of labor, duration of labor, and APGAR score is presented below:

Table 17. Comparison of labor outcomes between groups

n=100

Labor outcome	Experimental group	Control group	t value	df	p value
	f (%)	f (%)			
Gestational age			9.7	98	0.007*
< 37 weeks	12 (24%)	20(40%)			
>37 weeks	38 (76%)	30(60%)			
Type of delivery			5.7	98	0.05*
Normal delivery with episiotomy	36(72%)	32(60%)			
Normal delivery without episiotomy	08(16%)	06(12%)			
Emergency CS	06(12%)	12(24%)			

Nature of labor			7.6	98	0.005*	
Spontaneous	46(92%)	40(80%)				
Induced	04(8%)	10(20%)				
APGAR Score			4.4	98	0.03*	
7-10 score	43(86%)	38(76%)				
4-6 score	07(14%)	12(24%)				
Duration of Labour						
	Experimental group (Mean± SD)	Control group (Mean± SD)	MD	t value	df	p value
First stage(hours)	12.5±1.3	12.4±.90	.03	.17	98	0.07
Second stage(hours)	1.7±.49	1.5±.53	.14	1.4		0.04*
Third stage(minutes)	9.9±7.9	5.7±6.3	1.9	1.6		0.07

NB: SD=Standard deviation, MD=Mean difference, df=degree of freedom,*=Significant at 0.1%, CS=cesarean section

Table 17 depicts that in experimental group 76% primigravidae had labor after 37 weeks and in control group it was 60% ($p = 0.007$). Majority 72% of primigravidae had normal delivery with episiotomy in experimental group comparing to 60% in control group ($p = 0.05$). Spontaneous labor occurred in 92% in experimental in comparison to 80% in control ($p = 0.005$). Experimental group had lesser duration of second stage of labor ($p = 0.04$). APGAR score (7-10) in the experimental group was 86% and in control group it was 76% ($p = 0.03$).

Comparison of postnatal outcomes of mother and baby between groups

Postnatal outcomes of mother i.e., breast feeding self-efficacy, breast complications,

bladder complications, bowel complications, and postnatal outcomes of baby i.e., weight gain, and feeding complications is presented in Table 18.

Table 18. Comparison of postnatal outcomes of mother and baby between groups

n=100						
Postnatal outcome	Experimental group	Control group		χ^2	df	p value
	f (%)	f (%)				
Breast complication						
Yes	12 (24%)	23(46%)		8.4	98	0.005*
No	38(76%)	27(54%)				
Bowel problems						
Yes	8(16%)	14(28%)		11.5	98	0.003*
No	42(84%)	37(74%)				
Infant feeding problems						
Yes	11(22%)	15(30%)		3.3	98	0.09 ^{NS}
No	39(78%)	35(70%)				
Weight gain of baby	Mean±SD	Mean±SD	MD	t value	df	p value
Weight (at birth)	2.6±0.41	2.7±0.48	0.45	0.53	98	0.59 ^{NS}
Weight (7 th day)	2.5±0.41	2.5±0.48	0.006	0.00		0.94 ^{NS}
Weight (6 th week)	3.02±0.4	3.03±0.4	0.007	0.09		0.76 ^{NS}

*NB: SD=Standard deviation, MD=Mean difference, df=degree of freedom, *=Significant at 0.1%*

Table 18 shows significant difference in postnatal outcome between groups in terms of breast complications (p = 0.005), bowel problems (p = 0.003). No significant difference was observed between groups in terms of infant feeding problems and weight gain of baby.

Comparison of postnatal outcomes of mother and baby between groups

Breast feeding self-efficacy refers as the ability or self-confidence of the mother to breast feed her baby. Comparison of breast-feeding self-efficacy between the groups is presented in Table 19.

Table 19. Comparison of breast-feeding self-efficacy (BSFE) between groups.

n=100

	Experimental Group (Mean±SD)	Control Group (Mean±SD)	MD	t- value	df	p value
BFSE	60.8±2.2	45.7±20.9	15.1	5.3	98	≤0.001

Table 19 depicts the effectiveness of comprehensive childbirth preparation package on breast feeding self-efficacy between experimental and control group. In experimental group the post-test mean score was 60.8 ± 2.2 and in control the mean score was 45.7 ± 20.9 . The mean difference was 15.1. Here independent t test was applied to find out statistically significant result. The $t_{107} = 5.3$, $p = 0.001$ which indicate that highly significant at 0.01 level.

Summary

This chapter dealt with analysis and interpretation of findings through descriptive and inferential statistics using SPSS version 22. The data was illustrated and organized under the headings such as sample characteristics, efficacy of CCBPP on childbirth experiences, and efficacy of CCBPP on maternal-neonatal outcomes. The study found the intervention was effective.