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APPENDIX I

Tool 1

Background Characteristics questionnaire

Instructions: - This section seeks information regarding the selected factors related to you. Kindly answer each question. The answer given by you will be tick (✓) marked in the appropriate choice which is acceptable to you.

1. Age in years
2. **Education of women**
 - a. Primary
 - b. Secondary
 - c. Higher secondary
 - d. Graduate
3. **Education of husband**
 - a. Primary
 - b. Secondary
 - c. Higher Secondary
 - d. Graduate
4. **Husbands Occupation**
 - a. Govt. employee.
 - b. Private employee
 - c. Self-employed
 - d. Farmer
 - e. Laborer
5. **Occupation of women, if working**
 - a. Govt. employee.
 - b. Private employee.
 - c. Self-employed
 - d. Farmer
 - e. Laborer
 - f. House wife
6. **Monthly income of the family**
 - a. Up to 3,00000
 - b. 2.300000- 600000
 - c. 600000- 1200000

- d. 1200001- 1800000
- e. 1800001 and above.

7. Marital status

- a. Married
- b. Separated/divorced
- c. Widowed
- d. Single

8. Type of Family

- a. Nuclear
- b. Joint
- c. Extended
- d. Others

9. Religion

- a. Hindu
- b. Muslim
- c. Christian
- d. Sikh

10. Travel time to the health facility

- a. Less than one hour
- b. More than one hour

11. Mode of transport to commute to the health facility

- a. Train
- b. Bus
- c. Car
- d. Bike
- e. Auto

12. Whether this pregnancy was planned or unplanned?

- a. Planned
- b. Unplanned

13. How many times in total have you received antenatal visit during this pregnancy?

- a. Regular (All visits)
- b. Irregular. (Less than 3 visits)

To be filled by investigator

14. Date of Last Menstrual Period

15. Expected Date of Delivery

16. Period of gestation..... (Calculate from LMP)

17. Weight

भाग क
अर्ध संरचित प्रश्नावली
सामाजिक जनांकिक विशेषताएँ

निर्देश: - यह भाग उन चुने गए कारणों के बारे में जानकारी चाहता है जिनका संबंध आपसे है। कृपया हर प्रश्न का उत्तर दें। आपके द्वारा दिए गए उत्तर को उस उचित विकल्प में सही के निशान (✓) से चिह्नित किया जाएगा, जो आपकी राय में सही है।

1. आयु, सालों में
2. महिला की शिक्षा
 - a. प्राइमरी
 - b. सेकेंडरी
 - c. हायर सेकेंडरी
 - d. ग्रेजुएट
3. पति की शिक्षा
 - a. प्राइमरी
 - b. सेकेंडरी
 - c. हायर सेकेंडरी
 - d. ग्रेजुएट
4. पति का पेशा
 - a. सरकारी कर्मचारी
 - b. प्राइवेट कर्मचारी
 - c. अपना व्यवसाय
 - d. किसान
 - e. मज़दूर
5. महिला का पेशा, अगर कामकाजी हैं
 - a. सरकारी कर्मचारी
 - b. प्राइवेट कर्मचारी
 - c. अपना व्यवसाय
 - d. किसान
 - e. मज़दूर

6. परिवार की वार्षिक आय

- a. 3,00000 तक
- b. 300000- 600000
- c. 600000- 1200000
- d. 1200001- 1800000
- e. 1800001 और उससे ज़्यादा

7. वैवाहिक स्थिति

- a. शादीशुदा
- b. अलग हो चुके/तलाकशुदा
- c. विधवा/विधुर
- d. गैर शादीशुदा

8. परिवार का प्रकार

- a. एकल
- b. संयुक्त
- c. विस्तृत
- d. कोई और
- e.

9. धर्म

- a. हिंदू
- b. मुसलमान
- c. ईसाई
- d. सिख

10. स्वास्थ्य सुविधा केंद्र पहुँचने में लगने वाला समय

- a. एक घंटे से कम
- b. एक घंटे से ज़्यादा

11. स्वास्थ्य सुविधा केंद्र पहुँचने के लिए यातायात का साधन

- a. ट्रेन
- b. बस
- c. कार
- d. बाइक
- e. ऑटो

12. यह गर्भावस्था नियोजित थी या अनियोजित?

- a. नियोजित
- b. अनियोजित

13. इस गर्भावस्था के दौरान आपके पास कुल कितने प्रसवपूर्व दौरे किए गए हैं?

a. सभी दौरे नियमित थे (सभी)

b. अनियमित थे (<3)

14. पिछले मासिकधर्म की तारीख

15. प्रसव की अपेक्षित

.....

16. गर्भकाल की अवधि..... (एलएमपी से गणना करें)

17. गर्भावस्था के दौरान वज़न

APPENDIX II

TOOL – II

Childbirth Preparedness Questionnaire

Instructions:

Following items are meant for obtaining information from you. Your information will be used for research purpose only. Respond by placing a tick (√) mark against the most appropriate answer according to you. Please note it is important to respond to all questions. There is no correct / incorrect answer.

Section 1- Childbirth Planning

S No	Question	Response	
1	Have you planned about the place for delivery of the baby?	YES	NO
2	Did you speak with anyone about danger signs of serious health problems during pregnancy, childbirth or soon after that should be reported to the doctor.	YES	NO
3.	Did you speak with anyone about where to go if you had danger signs of serious health problems that should be reported to the doctor.	YES	NO
4.	Did you speak with anyone about arrangements for transportation?	YES	NO
5.	Have you planned who will accompany you to health Centre for childbirth	YES	NO
6.	Have you planned who will be at home in your absence?	YES	NO
7.	Did you speak with anyone about arrangements for funds/ finances?	YES	NO
8.	Did you speak with about arrangements for blood donor?	YES	NO
9.	Have you planned the things to be carried to the health Centre for childbirth	YES	NO
10.	Have you planned about number of children you want to have?	YES	NO
11.	Have you planned for next child?	YES	NO
12.	Have you planned about contraception?	YES	NO
13.	Have you arranged someone who can take care of you and baby after delivery	YES	NO
14.	Have you heard or attended any childbirth preparation class?	YES	NO

Section B: Knowledge regarding Labour Process and Medical Intervention during labour

S No	Question	Response	
15	Do you know the signs and symptoms of labour?	YES	NO
16	Do you know “Baby drop down” is the initial sign of approaching labour.	YES	NO
17	Do you know intermittent radiating pain in abdomen is the sign of onset of labour?	YES	NO

18	Part preparation is a routine procedure before conducting normal delivery	YES	NO
19	Enema is a routine procedure for conducting normal delivery.	YES	NO
20	Vaginal touches are performed by professionals on routine basis every hourly.	YES	NO
21	Water and food intake of pregnant women are restricted during labour on routine basis.	YES	NO
22	Early rupture of bag of water is routinely practiced during labour by health care professionals.	YES	NO
23	Do you know the routinely used position during labour and childbirth?	YES	NO
24	One has to be in specific position for more than 8 hours during labour.	YES	NO
25	Do you know about the ways for relaxation for pain relief during labour and childbirth?	YES	NO
26	Do you know any non- pharmacological methods of pain relief during labour and child birth?	YES	NO
27	Medicines through Intravenous infusion is used as a way to speed up labour.	YES	NO
	Questions	Response	
28	Pushing down is an important effort at the time of fetus expulsion.	YES	NO
29	Perineal cut is a routine procedure.	YES	NO
30	Skin contact between mother and baby should be established immediately after birth.	YES	NO
31	Breast feeding should be initiated immediately after birth of the baby.	YES	NO
32	Placental Delivery may take 15 to 30 minutes	YES	NO
33	Unforeseen problems may occur during any pregnancy or childbirth that could require immediate visit to a doctor.	YES	NO
34	Severe Vaginal Bleeding is a serious health problem that can occur during pregnancy that could require immediate visit to a doctor?	YES	NO
35	Swelling, headache & blurred vision is a serious health problem that can occur during pregnancy that could require immediate visit to a doctor.	YES	NO
36	Severe Vaginal Bleeding is serious health problems that can occur during the first 2 days after birth that could require visit to a doctor?	YES	NO
37	High grade fever is serious health problems that can occur during the first 2 days after birth that could require visit to a doctor?	YES	NO
38	Difficult or fast breathing is a serious health problem in newborn that can occur during the first 7 days after birth that could require visit to a doctor?	YES	NO
39	Convulsion/Spasm/Rigidity is a serious health problem in newborn that can occur during the first 7 days after birth that could require visit to a doctor?	YES	NO
40	Exclusive breast feeding is a basic care that can be provided to a newborn baby immediately after birth.	YES	NO

साधन - II

प्रसव पूर्व तैयारी प्रश्नावली

निर्देश: कृपया सारे कथन बहुत ध्यान से पढ़ें और अपने चुने हुए उत्तर को दर्शाने के लिए दिए गए उचित स्थान में सही का निशान (✓) लगाएँ। कृपया कुछ प्रश्नों के लिए दिए गए खाली स्थान में ज़रूरी जानकारी प्रदान करें।

भाग 1- प्रसव की योजना

क्रम संख्या	प्रश्न	कोड	
		हाँ	नहीं
1	आपने इस शिशु को कहाँ जन्म देने की योजना बनाई है?	हाँ	नहीं
2	क्या आपने गर्भावस्था, प्रसव के दौरान या उसके तुरंत बाद गंभीर स्वास्थ्य समस्याओं के खतरे के उनचिह्नों के बारे में किसी से बात की है जिनकी जानकारी डॉक्टर को देनी चाहिए?	हाँ	नहीं
3.	क्या आपने किसी से इस बारेमें बात की है कि अगर आप में गंभीर स्वास्थ्य समस्याओं के खतरे केवेचिह्न दिखाईदेंजिनकी जानकारी डॉक्टर को देनी चाहिए, तो आपको कहाँ जाना चाहिए?	हाँ	नहीं
4.	क्या आपने किसी सेआने-जाने की व्यवस्था के बारे में बात की है?	हाँ	नहीं
5.	क्या आपने यह योजना बना ली है कि प्रसव के लिए कौनआपके साथस्वास्थ्य केंद्र जाएगा?	हाँ	नहीं
6.	क्या आपने यह योजना बना ली है कि आपकी गैरहाज़िरी में घर पर कौन रहेगा?	हाँ	नहीं
7.	क्या आपने निधि/पैसों के बंदोबस्त के बारे में किसी से बात की है?	हाँ	नहीं
8.	क्या आपने रक्तदान करने वाले व्यक्ति के बंदोबस्त के बारे में किसी से बात की है?	हाँ	नहीं
9.	क्या आपने प्रसव के लिए स्वास्थ्य केंद्र ले जाने के लिए ज़रूरीसामान की योजना बना ली है?	हाँ	नहीं
10.	क्या आपने यह योजना बना ली है कि आपको कितने बच्चे चाहिए?	हाँ	नहीं

11.	क्या आपने अगले बच्चे के लिए योजना बनाई है?	हाँ	नहीं
12.	क्या आपने गर्भनिरोध की योजना बना ली है?	हाँ	नहीं
13.	क्या आपने ऐसे किसी व्यक्ति का बंदोबस्त कर लिया है जो डिलीवरी के बाद आपकी और शिशु की देखभाल कर सकता है?	हाँ	नहीं
14.	क्या आपने प्रसव की तैयारी के लिए किसीक्लास के बारे में सुना है याकिसी में भाग लिया है?	हाँ	नहीं

भाग बी: प्रसव प्रक्रिया और प्रसव के दौरान चिकित्सीय हस्तक्षेप के बारे में जानकारी

क्रम संख्या	प्रश्न	कोड	
		हाँ	नहीं
15.	क्या आपको प्रसव के चिह्न और लक्षण मालूम हैं?	हाँ	नहीं
16.	क्या आप जानते हैं कि "बेबी ड्रॉप डाउन" प्रसव पीड़ा आने का शुरुआती संकेत है	हाँ	नहीं
17.	क्या आप जानते हैं पेट में रुक-रुक कर निकलने वाला दर्द प्रसव पीड़ा शुरू होने का संकेत है?	हाँ	नहीं
18.	सामान्य प्रसव कराने से पहले भाग तैयार करना एक नियमित प्रक्रिया है	हाँ	नहीं
19.	नॉर्मल डिलीवरी करवाने से पहले एनीमा एक सामान्य प्रक्रिया है।	हाँ	नहीं
20.	सामान्य रूप से हर घंटे पेशेवरों द्वारा यौन स्पर्श (वैजाइनल टच) की प्रक्रिया की जाती है।	हाँ	नहीं
21.	प्रसव के दौरान सामान्य रूप से गर्भवती महिला के पानी और भोजन का सेवन सीमित कर दिया जाता है।	हाँ	नहीं

22.	प्रसव के दौरान पेशेवरों द्वारा पानी की थैली (वाटर बैग) को जल्द फाड़ देना एक सामान्य अभ्यास है।	हाँ	नहीं
23.	क्या आप प्रसव और प्रसव के दौरान नियमित रूप से इस्तेमाल की जाने वाली स्थिति जानते हैं?	हाँ	नहीं
24.	प्रसव के दौरान 8 घंटे से अधिक समय तक विशिष्ट स्थिति में रहना पड़ता है।	हाँ	नहीं
25.	क्या आपको प्रसव के दौरान दर्द से राहत पाने के तरीकों के बारे में मालूम है?	हाँ	नहीं
26.	क्या आपको प्रसव के दौरान दर्द से राहत पाने का कोई ऐसा तरीकामालूम है जिसमें दवाइयों का इस्तेमाल नहीं होता?	हाँ	नहीं
27.	प्रसव में तेज़ी लाने के लिए अंतःशिरासंचार के ज़रिये दवाइयां देने का तरीका अपनाया जाता है।	हाँ	नहीं
28.	भ्रूण को बाहर लाने (फीटस एक्स्पलशन) के समय नीचे की तरफ धकेलना एक महत्वपूर्ण कोशिश है।	हाँ	नहीं
29.	पेरिनियल कट एक सामान्य प्रक्रिया है।	हाँ	नहीं
30.	शिशु के जन्म के तुरंत बाद माँ और शिशु के बीच त्वचा का संपर्क बना देना चाहिए।	हाँ	नहीं
31.	शिशु के जन्म के तुरंत बाद स्तनपान करना शुरू कर देना चाहिए।	हाँ	नहीं
32.	प्लेसेंटल डिलीवरी में 15 से 30 मिनट तक लग सकते हैं।	हाँ	नहीं
33.	किसी भी गर्भावस्था या प्रसव में गर्भावस्था से जुड़ी ऐसी अप्रत्याशित समस्याएँ हो सकती हैं जिनके लिए तुरंत डॉक्टर के पास जाने की	हाँ	नहीं

	ज़रूरत पड़ सकती है।		
34.	गंभीर योनि रक्तस्राव एक गंभीर स्वास्थ्य समस्या है जो गर्भावस्था के दौरान हो सकती है जिसके लिए तत्काल डॉक्टर से मिलने की आवश्यकता हो सकती है?	हाँ	नहीं
35.	सूजन, सिरदर्द और धुंधली दृष्टि एक गंभीर स्वास्थ्य समस्या है जो गर्भावस्था के दौरान हो सकती है जिसके लिए तुरंत डॉक्टर के पास जाने की आवश्यकता हो सकती है।	हाँ	नहीं
36.	गंभीर योनि से रक्तस्राव गंभीर स्वास्थ्य समस्या है जो जन्म के बाद पहले 2 दिनों के दौरान हो सकती है जिसके लिए डॉक्टर के पास जाने की आवश्यकता हो सकती है?	हाँ	नहीं
37.	हाई ग्रेड फीवर गंभीर स्वास्थ्य समस्याएं हैं जो जन्म के बाद पहले 2 दिनों के दौरान हो सकती हैं जिसके लिए डॉक्टर के पास जाने की आवश्यकता हो सकती है?	हाँ	नहीं
38.	मुश्किल या तेज़ साँस लेना नवजात शिशु में एक गंभीर स्वास्थ्य समस्या है जो जन्म के बाद पहले 7 दिनों के दौरान हो सकती है जिसके लिए डॉक्टर के पास जाने की आवश्यकता हो सकती है?	हाँ	नहीं
39.	ऐंठन/ऐंठन/कठोरता नवजात शिशु में एक गंभीर स्वास्थ्य समस्या है जो जन्म के बाद पहले 7 दिनों के दौरान हो सकती है जिसके लिए डॉक्टर के पास जाने की आवश्यकता हो सकती है?	हाँ	नहीं
40.	विशेष स्तनपान एक बुनियादी देखभाल है जो जन्म के तुरंत बाद नवजात शिशु को प्रदान की जा सकती है।	हाँ	नहीं

APPENDIX III

Tool 3

Childbirth Expectations Questionnaire

This questionnaire is designed to describe women's expectations regarding their impending labor and delivery experience. Your opinions along with those of other pregnant women will be used to learn more about women and their childbirth.

This questionnaire contains a number of statements, each of which says something different about your labor and delivery expectations. While no one can know for sure what will happen to them in labor, we are interested in knowing what you anticipate or expect the childbirth experience will be like for you. We are asking for your "best guess" about what will happen to you in labor. For each statement, decide how you agree or disagree with the view expressed. Think about the statement. Beside each statement you will find five words used to describe your expectation. There are no right or wrong answers. People differ in their views. Your response is a matter of your personal opinion. The information you give will be completely confidential.

Thank you very much for your time and your help. Below is an example which may help you in completing the questionnaire.

EXAMPLE	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. I am looking forward with great joy to the birth of my baby.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. I need to know more about childbirth than I possibly could.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The answer to example A, "Strongly Agree" indicated that you are quite certain that you are looking forward to the birth of your baby with great joy.

The answer to example B, "Neutral" indicated that you cannot quite decide whether to agree or disagree with this statement.

PLEASE BE SURE TO MARK EVERY STATEMENT AND WORD(S) WHICH COMES CLOSEST TO YOUR OPINION.

With regard to my labor and delivery experience, I expect that....

S.No	Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	My partner/coach will be happy and excited					
2.	The nurses will be kind to me					
3.	I will avoid seeking help from the nurses					
4.	I will be immobilized by the pain of labor					
5.	I will be able to cope with labor					
6.	I will feel reassured by the nurses' presence					
7.	The nurses will spend little time with me					
8.	My plans for birth will be ignored by the nurse					
9.	My partner/coach will feel quite helpless					
10.	I will be required to have routine procedures even if I don't want them.					
11.	I will ask my partner/coach for help					
12.	I will worry about the severity for labor pain					
13.	There is little chance that I will end up having a caesarean section.					
14.	Lots of medical equipment and machinery will be used.					
15.	I will be afraid of panicking					
16.	I will experience discomfort but not unbearable pain					
17.	I will feel comforted by the presence of me partner/coach					
18.	I will feel intense pain					
19.	I will have a childbirth free of medical intervention					

20.	I will want to have fetal monitoring					
21.	I will be afraid of being a coward					
22.	I will be able to relax during labor					
23.	The nurses will offer me encouragement					
24.	Forceps will be used					
25.	The pain of labor will be agonizing					
26.	I will receive personal attention from the nurses					
27.	My partner/coach will tell me what is going on					
28.	The nurse will allow me to be an active participant in decision making					
29.	I will be scared when I think about the pain of labor					
30.	I will refuse to have any procedures I consider Unnecessary					
31.	My opinion or that of my partner/coach will be sought for all major medical decisions					
32.	I will use anesthetics and/or pain killing drugs					
33.	The doctor will make most of the decisions					
34.	I will avoid telling me partner/coach what I am feeling					
35.	I will be embarrassed by my behavior					

प्रसव कि उम्मीदों से संबंधित प्रश्नावली

यह प्रश्नावली, महिलाओं के आसन्न प्रसव और प्रसूति अनुभव के बारे में अपेक्षाओं का वर्णन करने के लिए तैयार की गई है। अन्य गर्भवती महिलाओं की राय के साथ, आपकी राय का इस्तेमाल, महिलाओं और उनके बच्चे के जन्म के बारे में अधिक जानने के लिए किया जाएगा।

इस प्रश्नावली में कई बयान शामिल हैं, जिनमें से प्रत्येक, आपके प्रसव और प्रसूति की अपेक्षाओं के बारे में कुछ अलग जानकारी देता है। हालांकि किसी को भी यकीन के साथ यह पता नहीं होता है कि उनके साथ प्रसव के दौरान क्या होने वाला है, हम यह जानने में रुचि रखते हैं कि आपके लिए प्रसव का अनुभव कैसा होगा, इसके बारे में आप क्या आशा रखते हैं या उम्मीद करते हैं। आपके साथ प्रसव के दौरान क्या होगा इसके बारे में हम आपके "सर्वोत्तम अनुमान" के बारे में पूछ रहे हैं। प्रत्येक बयान के लिए, तय करें कि आप व्यक्त किए गए दृष्टिकोण से किस प्रकार सहमत या असहमत हैं। बयान के बारे में सोचें। प्रत्येक बयान की बगल में, आपको अपनी अपेक्षा का वर्णन करने के लिए इस्तेमाल किए गए पांच शब्द मिलेंगे। कोई सही या गलत उत्तर नहीं है। लोगों के विचार अलग अलग होते हैं। आपकी प्रतिक्रिया आपके व्यक्तिगत विचार का मामला है। आपके द्वारा दी गई जानकारी पूरी तरह से गोपनीय होगी।

आपके समय और आपकी मदद के लिए बहुत बहुत धन्यवाद। नीचे एक उदाहरण दिया गया है, जो प्रश्नावली को पूरा करने में आपकी मदद कर सकता है।

दृढ़ता से असहमत असहमत तटस्थ सहमत दृढ़ता से सहमत

- C. मैं बहुत खुशी के साथ मेरे बच्चे के जन्म की आशा कर रही हूँ
-
- D. तुलना में मुझे संभवतः जितना पता हो सकता है
- मुझे प्रसव के बारे में उससे और ज्यादा जानने की जरूरत है.....
-

उदाहरण A के, "दृढ़ता से सहमत" उत्तर ने संकेत दिया कि आप काफी निश्चित हैं कि आप अपने बच्चे के जन्म की बहुत खुशी के साथ अपेक्षा कर रही हैं।

उदाहरण B के लिए, "तटस्थ" उत्तर ने संकेत दिया कि आप इस निर्णय से सहमत या असहमत होने का निर्णय पूर्ण रूप से नहीं कर सकती हैं।

कृपया आपकी राय के सबसे अधिक नजदीकी हर बयान और शब्द / शब्दों को चिह्नित करना सुनिश्चित करें।

मेरे प्रसव और प्रसूति के अनुभव के बारे में, मुझे उम्मीद है कि...

S.No.		दृढ़ता से असहमत	असहमत	तटस्थ	सहमत	दृढ़ता से सहमत
1.	मेरा साथी / कोच खुश और उत्साहित होगा ...					
2.	नर्स मुझे पर मेहरबान होंगी					
3.	मैं नर्सों से मदद लेने से बचूंगी					
4.	प्रसव पीड़ा मुझे अचल (इमोबिलाईज्ड) बना देगी					
5.	मैं प्रसव का सामना करने में सक्षम होऊंगी					
6.	मैं नर्सों की उपस्थिति से आश्चर्य महसूस करूंगी					
7.	नर्स मेरे साथ बहुत कम समय बिताएंगी					
8.	जन्म के लिए मेरी योजना को नर्स द्वारा नजरअंदाज कर दिया जाएगा					
9.	मेरा साथी काफी असहाय महसूस करेगा					
10.	मुझे नियमित प्रक्रिया करने की आवश्यकता होगी भले ही मैं उन्हें नहीं चाहती हूँ					
11.	मैं अपने साथी से मदद मांगूंगी					
12.	मुझे प्रसव पीड़ा की गंभीरता के बारे में चिंता होगी					
13.	इस बात की बहुत कम संभावना है कि मेरा सीजेरियन सेक्शन करना पड़ेगा					
14.	बहुत सारे चिकित्सा उपकरण और मशीनरी का इस्तेमाल किया जाएगा					
15.	मैं घबरा कर डर जाऊंगी					
16.	मैं असुविधा का अनुभव करूंगी लेकिन असहनीय दर्द का नहीं					
17.	मेरे साथी की मौजूदगी से मुझे सुकून मिलेगा					
18.	मुझे बहुत दर्द महसूस होगा					
19.	मेरा मेडिकल हस्तक्षेप के बिना प्रसव होगा					
20.	मैं भ्रूण की निगरानी करना चाहूंगी					

21.	मुझे डरपोक होने के कारण डर लगेगा					
22.	मैं प्रसव के दौरान आराम से रह पाऊंगी					
23.	नर्स मेरा हौसला बढ़ाएंगी					
24.	फोर्सेप्स का इस्तेमाल किया जाएगा					
25.	प्रसव पीड़ा दर्दनाक होगी					
26.	नर्स मेरा निजी ख्याल रखेंगी					
27.	मेरा साथी मुझे बताएगा कि क्या चल रहा है					
28.	नर्स मुझे निर्णय लेने में एक सक्रीय भागीदार होने की अनुमति देगी					
29.	जब मैं प्रसव के दर्द के बारे में सोचूंगी तो मैं डर जाऊंगी					
30.	मुझे जो अनावश्यक लगती है ऐसी किसी भी प्रक्रिया से मैं इंकार कर दूंगी					
31.	सभी प्रमुख चिकित्सा निर्णय के लिए मेरी राय या मेरे साथी / कोच की राय ली जाएगी					
32.	मैं एनेस्थेटिक्स और / या दर्द निवारक दवाओं का इस्तेमाल करूंगी					
33.	डॉक्टर ज्यादातर निर्णय लेंगे					
34.	मुझे कैसा महसूस हो रहा है यह मेरे साथी / कोच को बताने से मैं बचूंगी					
35.	मुझे मेरे व्यवहार से शर्मिंदगी महसूस होगी					

Childbirth Expectations Questionnaire (CEQ)

CEQ ITEM	ITEM NUMBER	SUBSCALE	REVERSE SCORE
My partner/coach will be happy and excited	1	Significant Other	No
The nurses will be kind to me	2	Nursing Support	No
I will avoid seeking help from the nurses	3	Nursing Support	Yes
I will be immobilized by the pain of labor	4	Pain/Coping	Yes
I will be able to cope with labor	5	Pain/Coping	No
I will feel reassured by the nurses' presence	6	Nursing Support	No
The nurses will spend little time with me	7	Nursing Support	Yes
My plans for birth will be ignored by the nurse	8	Nursing Support	Yes
My partner/coach will feel quite helpless	9	Significant Other	Yes
I will be required to have routine procedures even if I don't want them	10	Intervention	Yes
I will ask my partner/coach for help	11	Significant Other	No
I will worry about the severity of labor pain	12	Pain/Coping	Yes
There is little chance that I will end up having a caesarean section	13	Intervention	No
Lots of medical equipment and machinery will be used	14	Intervention	Yes
I will be afraid of panicking	15	Pain/Coping	Yes
I will experience discomfort but not unbearable pain	16	Pain/Coping	No
I will feel comforted by the presence of my partner/coach	17	Significant Other	No

I will feel intense pain	18	Pain/Coping	Yes
I will have a childbirth free of medical intervention	19	Intervention	No
I will want to have fetal monitoring	20	Intervention	Yes
I will be afraid of being a coward	21	Pain/Coping	Yes
I will be able to relax during labor	22	Pain/Coping	No
The nurses will offer me encouragement	23	Nursing Support	No
Forceps will be used	24	Intervention	Yes
The pain of labor will be agonizing	25	Pain/Coping	Yes
I will receive personal attention from the nurses	26	Nursing Support	No
My partner/coach will tell me what is going on	27	Significant Other	No
The nurse will allow me to be an active participant in decision making	28	Nursing Support	No
I will be scared when I think about the pain of labor	29	Pain/Coping	Yes
I will refuse to have any procedures I consider unnecessary	30	Intervention	No
My opinion or that of my partner/coach will be sought for all major medical decisions	31	Significant Other	No
I will use anesthetics and/or pain killing drugs	32	Intervention	Yes
The doctor will make most of the decisions	33	Intervention	Yes
I will avoid telling my partner/coach what I am feeling	34	Significant Other	Yes
I will be embarrassed by my behavior	35	Pain/Coping	Yes

High scores on the CEQ indicate more positive expectations for childbirth/ High Scores on the pain/coping scale indicate that women expect to cope with pain that is manageable. High scores on the nursing support scale indicate that women expect to receive support from nurses. High scores on the Significant other scale indicate women expect to receive support from the partner/coach. High scores on the intervention scale indicate women expect to have a minimum of medical intervention during their childbirth.

Scoring Instructions

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Scoring Value

if reverse scoring

5	4	3	2	1
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The total score for the CEQ is equal to the sum of all the questions

Possible scores for the entire CEQ range from 35-175

APPENDIX IV

TOOL 4

The Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ) version A

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INSTRUCTION

This questionnaire is about feelings and thoughts women may have at the prospect of labour and delivery.

The answers to each question appear as a scale from 0 to 5. The outermost answers (0 and 5 respectively) correspond to the opposite extremes of a certain feeling or thought.

Please complete each question by drawing a circle around the number belonging to the answer which most closely corresponds to **how you imagine** your labour and delivery will be.

Please answer **how you imagine** your labour and delivery will be - *not the way you hope it will be*.

I How do you think your labour and delivery will turn out as a whole?

1 0 1 2 3 4 5
Extremely Not at all
fantastic fantastic

2 0 1 2 3 4 5
Extremely Not at all
frightful frightful

II How do you think you will feel in general during the labour and delivery?

3 0 1 2 3 4 5
Extremely Not at all
lonely lonely

4 0 1 2 3 4 5
Extremely Not at all
strong strong

5 0 1 2 3 4 5
Extremely Not at all
confident confident

33 fantasies that your child will be injured during labour/delivery?

0	1	2	3	4	5
Never			Very often		

Would you please now check that you have not forgotten to answer any questions?

विजमा डिलीवरी अपेक्षा/अनुभव प्रश्नावली (W-DEQ)
संस्करण ए

निर्देश

यह प्रश्नावली महिलाओं की भावनाओं और खयालों के बारे में है जो प्रसव की संभावना को लेकर उनके मन में उठ सकते हैं।

हर प्रश्न के उत्तर एक स्केल के तौर पर 0 से 5 तक दिए गए हैं। किनारों पर दिए गए उत्तर (क्रमशः 0 से 5) किसी भावना या सोच की विपरीत सीमाओं को दर्शाते हैं।

कृपया हर प्रश्न को पूरा करने के लिए उस उत्तर के साथ दिए गए नंबर पर गोला बनाएँ जो इस प्रश्न का सबसे बढ़िया उत्तर देता है कि अपनी डिलीवरी को लेकर **आपका क्या सपना है।**

कृपया इस प्रश्न का उत्तर दें कि अपनी डिलीवरी को लेकर **आपका क्या सपना है - न कि इस प्रश्न का कि आप किस तरह की डिलीवरी की उम्मीद करती हैं।**

I आपके विचार से आपके प्रसव और डिलीवरी का अनुभव कुल मिलाकर कैसा रहेगा?

1.	0 बेहद अच्छा	1	2	3	4	5 बिलकुल भी अच्छा नहीं
2.	0 बेहद डरावना	1	2	3	4	5 बिलकुल डरावना नहीं

II आपके विचार से आपके प्रसव और डिलीवरी का अनुभव कुल मिलाकर कैसा रहेगा?

3.	0 बेहद अकेलापन	1	2	3	4	5 बिलकुल अकेलापन नहीं
4.	0 बेहद मज़बूत	1	2	3	4	5 बिलकुल मज़बूत नहीं
5.	0 बेहद भरोसा	1	2	3	4	5 बिलकुल भरोसा नहीं
6.	0 बेहद डर	1	2	3	4	5 बेहद डर नहीं
7.	0 बेहद अनदेखा किया गया	1	2	3	4	5 बेहद अनदेखा नहीं किया गया

III आपके विचार से आपके प्रसव और डिलीवरी का अनुभव कुल मिलाकर कैसा रहेगा?

8.	0 बेहद कमज़ोर	1	2	3	4	5 बिलकुल कमज़ोर नहीं
9.	0 बेहद सुरक्षित	1	2	3	4	5 बिलकुल सुरक्षित नहीं
10.	0 बेहद आज़ाद	1	2	3	4	5 बिलकुल आज़ाद नहीं
11.	0 बेहद सुनसान	1	2	3	4	5 बेहद सुनसान नहीं
12.	0 बेहद बेचैन	1	2	3	4	5 बेहद बेचैन नहीं
13.	0 बेहद प्रसन्न	1	2	3	4	5 बिलकुल प्रसन्न नहीं
14.	0 बेहद गर्व	1	2	3	4	5 बिलकुल गर्व नहीं
15.	0 बेहद अकेला छोड़ दिया गया	1	2	3	4	5 बिलकुल अकेला नहीं छोड़ दिया गया
16.	0 पूरी तरह से शांत	1	2	3	4	5 बिल्कुल शांत नहीं
17.	0 सुकूनभरा	1	2	3	4	5 बिलकुल सुकूनभरा नहीं
18.	0 बेहद खुश	1	2	3	4	5 बिलकुल खुश नहीं

IV आपके विचार से प्रसव और डिलीवरी के दौरान आम तौर पर आपको कैसा महसूस होगा? आपके विचार से प्रसव और डिलीवरी के दौरान आपको कैसा महसूस होगा?

19.	0 बेहद ज़्यादा डर	1	2	3	4	5 बिलकुल डर नहीं
20.	0 बेहद निराशा	1	2	3	4	5 बिलकुल निराशा नहीं

21.	0 बच्चे का बेहद इंतज़ार	1	2	3	4	5 बिलकुल इंतज़ार नहीं
22.	0 खुद पर बेहद विश्वास	1	2	3	4	5 खुद पर बिलकुल विश्वास नहीं
23.	0 बेहद भरोसा	1	2	3	4	5 बेहद भरोसा नहीं
24.	0 बेहद दर्द	1	2	3	4	5 बिलकुल दर्द नहीं

V आपके विचार से क्या होगा जब आपको प्रसव का सबसे तेज़ दर्द होगा?

25.	0 मैं बेहद बुरा बर्ताव करूँगी	1	2	3	4	5 मैं बिलकुल भी बुरा बर्ताव नहीं करूँगी
26.	0 मैं अपने शरीर को हावी होने दूँगी	1	2	3	4	5 मैं अपने शरीर को बिलकुल हावी नहीं होने दूँगी
27.	0 मैं खुद पर पूरा काबू खो दूँगी	1	2	3	4	5 मैं खुद पर काबू बिलकुल नहीं खोऊँगी

VI आपकी कल्पना के अनुसार आपको कैसा महसूस होगा जिस पल आप अपने शिशु को जन्म देंगी?

28.	0 बेहद खुशी होगी	1	2	3	4	5 बिलकुल खुशी नहीं होगी
29.	0 बेहद स्वाभाविक	1	2	3	4	5 बिलकुल स्वाभाविक नहीं
30.	0 पूरी तरह से वैसा जैसा होना चाहिए होना चाहिए	1	2	3	4	5 बिलकुल भी वैसा नहीं जैसा

31.	0 बेहद खतरनाक	1	2	3	4	5 बिलकुल खतरनाक नहीं
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VII क्या पिछले महीने से आपके दिमाग में अपने प्रसव और डिलीवरी से जुड़े काल्पनिक डर पैदा होने लगे हैं, जैसे....

32. यह डर कि आपका शिशु प्रसव/डिलीवरी के दौरान मर जाएगा?						
	0 कभी नहीं	1	2	3	4	5 अक्सर
33. यह डर कि आपका शिशु प्रसव/डिलीवरी के दौरान घायल हो जाएगा						
	0 कभी नहीं	1	2	3	4	5 अक्सर

कृपया अब ध्यान से देख लीजिए कि कहीं प किसी प्रश्न का उत्तर देना भूल तो नहीं गई हैं।

The Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ) version B
© 2008 K. Wijma

INSTRUCTION

This questionnaire is about feelings and thoughts women may have after childbirth.

The answers to each question appear as a scale from 0 to 5. The outermost answers (0 and 5 respectively) correspond to the opposite extremes of a certain feeling or thought.

Please complete each question by drawing a circle around the number belonging to the answer which most closely corresponds to **how you now think** your labour and delivery was.

Please answer **how you now think** your delivery was - *not the way you wish it would have been.*

I How did you experience your labour and delivery as a whole?

1.	0 Extremely fantastic	1	2	3	4	5 Not at all fantastic
2	0 Extremely frightful	1	2	3	4	5 Not at all frightful

II How do you think you will feel during delivery?

3.	0 Extremely lonely	1	2	3	4	5 Not at all lonely
4.	0 Extremely strong	1	2	3	4	5 Not at all strong
5.	0 Extremely confident	1	2	3	4	5 Not at all Confident
6.	0 Extremely afraid	1	2	3	4	5 Not at all afraid
7.	0 Extremely deserted	1	2	3	4	5 Not at all Deserted

III What do you think you will feel during the labour and delivery?

8.	0 Extremely weak	1	2	3	4	5 Not at all weak
9.	0 Extremely safe	1	2	3	4	5 Not at all safe
10.	0 Extremely independent	1	2	3	4	5 Not at all independent
11.	0 Extremely desolate	1	2	3	4	5 Not at all desolate
12.	0 Extremely Tense	1	2	3	4	5 Not at all tense
13.	0 Extremely glad	1	2	3	4	5 Not at all glad
14.	0 Extremely proud	1	2	3	4	5 Not at all Proud
15.	0 Extremely abandoned	1	2	3	4	5 Not at all abandoned
16.	0 Extremely composed	1	2	3	4	5 Not at all Composed
17.	0 Extremely relaxed	1	2	3	4	5 Not at all relaxed
18.	0 Extremely happy	1	2	3	4	5 Not at all happy

IV What do you think you will feel during the labour and delivery?

19.	0 Extremely panic	1	2	3	4	5 Not at all panic
20.	0 Extremely hopeless	1	2	3	4	5 Not at all hopeless

21.	0 Extremely longing for child	1	2	3	4	5 Not at all longing
22.	0 Extremely self confidence	1	2	3	4	5 Not at all confidence
23.	0 Extreme trust	1	2	3	4	5 Not at all trust
24.	0 Extreme pain	1	2	3	4	5 Not at all pain

V What happened when the labour was most intense?

25.	0 Extremely bad behave	1	2	3	4	5 Not at all bad behave
26.	0 Allowed my body to take control over mind	1	2	3	4	5 Not allowed
27.	0 Totally lost control of my self	1	2	3	4	5 Not at all lost control

VI What happened when the labour was most intense?

28.	0 Extremely enjoyable	1	2	3	4	5 Not at all enjoyable
29.	0 Extremely natural	1	2	3	4	5 Not at all natural
30.	0 Completely as it should be	1	2	3	4	5 Not at all as it should be
31.	0 Extremely dangerous	1	2	3	4	5 Not at all dangerous

VII Had you, during the labour and delivery, fantasies like for example...

32. Fantasies that your child would die during delivery?						
	0 (Never)	1	2	3	4	5 (Often)
33. Fantasies that your child would be injured during delivery?						
	0 (Never)	1	2	3	4	5 (Often)

Would you please now check that you have not forgotten to answer any questions?

विजमा डिलीवरी अपेक्षा/अनुभव प्रश्नावली

संस्करण बी निर्देश

यह प्रश्नावली महिलाओं की भावनाओं और खयालों के बारे में है जो प्रसव के बाद उनके मन में आ सकते हैं।

हर प्रश्न के उत्तर एक स्केल के तौर पर 0 से 5 तक दिए गए हैं। किनारों पर दिए गए उत्तर (क्रमशः 0 से 5) किसी भावना या सोच की विपरीत सीमाओं को दर्शाते हैं।

कृपया हर प्रश्न को पूरा करने के लिए उस उत्तर के साथ दिए गए नंबर पर गोला बनाएँ जो इस प्रश्न का सबसे बढ़िया उत्तर देता है कि **इस समय आपकी राय में** आपकी डिलीवरी कैसी रही।

कृपया इस प्रश्न का उत्तर दें कि **इस समय आपकी राय में** वाकई में आपकी डिलीवरी कैसी रही - न कि इस प्रश्न का कि आपको किस प्रकार की डिलीवरी की उम्मीद थी।

I कुल मिलाकर आपकी डिलीवरी का अनुभव कैसा रहा?

1.	0 बेहद अच्छा	1	2	3	4	5 बिलकुल भी अच्छा नहीं
2.	0 बेहद डरावना	1	2	3	4	5 बिलकुल डरावना नहीं

II कुल मिलाकर आपकी डिलीवरी का अनुभव कैसा रहा?

3.	0 बेहद अकेलापन	1	2	3	4	5 बिलकुल अकेलापन नहीं
4.	0 बेहद मज़बूत	1	2	3	4	5 बिलकुल मज़बूत नहीं
5.	0 बेहद भरोसा	1	2	3	4	5 बिलकुल भरोसा नहीं
6.	0 बेहद डर	1	2	3	4	5 बेहद डर नहीं
7.	0	1	2	3	4	5 बेहद अनदेखा नहीं किया गया

	बेहद अनदेखा किया गया					
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III लेबर और डिलीवरी के दौरान आम तौर पर आपको कैसा महसूस हुआ?

8.	0 बेहद कमज़ोर	1	2	3	4	5 बिलकुल कमज़ोर नहीं
9.	0 बेहद सुरक्षित	1	2	3	4	5 बिलकुल सुरक्षित नहीं
10.	0 बेहद आज़ाद	1	2	3	4	5 बिलकुल आज़ाद नहीं
11.	0 बेहद सुनसान	1	2	3	4	5 बेहद सुनसान नहीं
12.	0 बेहद बेचैन	1	2	3	4	5 बेहद बेचैन नहीं
13.	0 बेहद प्रसन्न	1	2	3	4	5 बिलकुल प्रसन्न नहीं
14.	0 बेहद गर्व	1	2	3	4	5 बिलकुल गर्व नहीं
15.	0 बेहद अकेला छोड़ दिया गया	1	2	3	4	5 बिलकुल अकेला नहीं छोड़ दिया गया
16.	0 पूरी तरह से शांत	1	2	3	4	5 बिल्कुल शांत नहीं
17.	0 सुकूनभरा	1	2	3	4	5 बिलकुल सुकूनभरा नहीं
18.	0 बेहद खुश	1	2	3	4	5 बिलकुल खुश नहीं

IV जब आपको लेबर का दर्द सबसे तेज़ हो रहा था, तब क्या हुआ?

19.	0 बेहद ज़्यादा डर	1	2	3	4	5 बिलकुल डर नहीं
20.	0 बेहद निराशा	1	2	3	4	5 बिलकुल निराशा नहीं
21.	0 बच्चे का बेहद इंतज़ार	1	2	3	4	5 बिलकुल इंतज़ार नहीं
22.	0 खुद पर बेहद विश्वास	1	2	3	4	5 खुद पर बिलकुल विश्वास नहीं
23.	0 बेहद भरोसा	1	2	3	4	5 बेहद भरोसा नहीं
24.	0 बेहद दर्द	1	2	3	4	5 बिलकुल दर्द नहीं

V जब आपको लेबर का दर्द सबसे तेज़ हो रहा था, तब क्या हुआ?

25.	0 मैं बेहद बुरा बर्ताव करूँगी	1	2	3	4	5 मैं बिलकुल भी बुरा बर्ताव नहीं करूँगी
26.	0 मैं अपने शरीर को हावी होने दूँगी	1	2	3	4	5 मैं अपने शरीर को बिलकुल हावी नहीं होने दूँगी
27.	0 मैं खुद पर पूरा काबू खो दूँगी	1	2	3	4	5 मैं खुद पर काबू बिलकुल नहीं खोऊँगी

VI जिस पल आपने शिशु को जन्म दिया, वह कैसा था?

28.	0 बेहद खुशी होगी	1	2	3	4	5 बिलकुल खुशी नहीं होगी
29.	0 बेहद स्वाभाविक	1	2	3	4	5 बिलकुल स्वाभाविक नहीं

30.	0 पूरी तरह से वैसा जैसा होना चाहिए होना चाहिए	1	2	3	4	5 बिलकुल भी वैसा नहीं जैसा
31.	0 बेहद खतरनाक	1	2	3	4	5 बिलकुल खतरनाक नहीं

**VII क्या आपके दिमाग में लेबर और डिलीवरी से जुड़े कुछ
काल्पनिक डर थे, जैसे.....**

32. यह डर कि आपका शिशु प्रसव/डिलीवरी के दौरान मर जाएगा?						
	0 कभी नहीं	1	2	3	4	5 अक्सर
33. यह डर कि आपका शिशु प्रसव/डिलीवरी के दौरान घायल हो जाएगा						
	0 कभी नहीं	1	2	3	4	5 अक्सर

**कृपया अब ध्यान से देख लीजिए कि कहीं प किसी प्रश्न का उत्तर देना
भूल तो नहीं गई हैं।**

Wijma Delivery Expectancy/Experience Questionnaire(W-DEQ)

Psychometric quality

The W-DEQ has been developed since the late 1980's. The scale has two versions, A, measuring the fear before a delivery, B measuring fear after a delivery. In various studies the reliability has been proven to be very good (.90 or higher). We have done a study on specificity and sensitivity to make the scale useful for clinical use, and found that when a woman has a score of 100 on the W-DEQ A, we can with certainty say that she has "clinical fear of childbirth", i.e. that she daily suffers from the fear disturbing her personal life, work, studies, family and social life etc. After that publication we will go further and develop the publication via a publisher. For the time being researchers have to contact me for permission, which is almost always offered after that the researcher has offered her/his address, in case of a study under supervision the address and name of the supervisor and a **short** description of the project.

Unfortunately we discovered some mistakes in the English version published in 1998 and changed the English text of three items. Anyhow, in that publication you can get an impression of what the scale looks like and the scale's psychometric basis.

Wijma, K., Wijma, B. & Zar, M. (1998). Psychometric aspects of the W-DEQ: a new questionnaire for the measurement of fear of childbirth. *Journal of Psychosomatic Obstetrics and Gynecology*, 19, 84-97.

Scoring W-DEQ version A and B

As you can read in the article from 1998 page 85, column 2, the scoring is simply a sumscore; you add the scores of a respondent. NOTE that items with the numbers 2, 3, 6, 7, 8, 11, 12, 15, 19, 20, 24, 25, 27, 31 need to be reversed for the computation of the sum score.

After 1998 we changed the scale answers from 1-6 to 0-5, still 6 steps. Min. score 0, maxscore $33 \times 5 = 165$. This change has only a practical meaning. Psychometrically it does not change anything.

By means of diagnostic research we found on the continuum from 0-165 that women with a sum score of 85 have severe fear of childbirth, and women above a sum score of 100 have clinically fear of childbirth (i.e. handicapped of their fear in their daily life and doings like work, studies and free time).

The W-DEQ measures "fear of childbirth" and its measurement SHOULD be referred to as that and NOT, as some unacquainted researchers have done, as "childbirth expectancy" and "childbirth experience". These terms are psychometrically nonsense when you use this instrument, validated for the field of anxiety and fear. **See**

Wijma, K., Wijma, B. & Zar, M. (1998). Psychometric aspects of the W-DEQ: a new questionnaire for the measurement of fear of childbirth. *Journal of Psychosomatic Obstetrics and Gynecology*, 19, 84-97.

APPENDIX V

TOOL 5

The Childbirth Experience Questionnaire - CEQ

Dear new mother,

One of the goals of childbirth care is to ensure a positive childbirth experience for the mother. The purpose of this questionnaire is to learn about how you experienced childbirth. Your answers, along with answers from other new mothers, will be used to evaluate childbirth care. It is important that you answer all the questions.

There are two ways to rate your experience, either by ticking a box or marking a line.

Examples:

Tick the box below the response choice that best corresponds to your opinion.

I eat fruit every day.

Totally agree

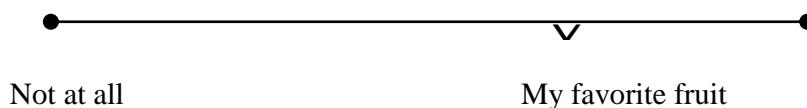
Mostly agree

Mostly disagree

Totally disagree

Indicate your opinion by marking on the line between the two end-points.

How much do you like apples?



The questionnaire begins on the next page.

Thank you for participating and sharing your views.

1. Labour and birth went as I had expected.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I felt strong during labour and birth.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I felt scared during labour and birth.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I felt capable during labour and birth.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. I was tired during labour and birth.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I felt happy during labour and birth.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. I have many positive memories from childbirth.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. I have many negative memories from childbirth.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Some of my memories from childbirth make me feel depressed.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. I felt I could have a say whether I could be up and about or lie down.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. I felt I could have a say in deciding my birthing position.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I felt I could have a say in the choice of pain relief.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. My midwife devoted enough time to me.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. My midwife devoted enough time to my partner.

Totally agree	Mostly agree	Mostly disagree	Totally disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

प्रसव के अनुभव से संबंधित प्रश्नावली - सी.ई.क्यू.

प्रिय नई माँ,

प्रसव की देखभाल के लक्ष्यों में से एक, माँ के लिए एक सकारात्मक प्रसव अनुभव सुनिश्चित करना है। इस प्रश्नावली का उद्देश्य, यह जानना है कि आपने प्रसव का अनुभव कैसे किया। आपके उत्तर, अन्य नई माताओं के उत्तरों के साथ, प्रसव की देखभाल का मूल्यांकन करने के लिए इस्तेमाल में लाए जाएंगे। यह महत्वपूर्ण है कि आप सभी प्रश्नों का उत्तर दें।

आपके अनुभव को रेट करने के दो तरीके हैं, या तो एक बॉक्स को टिक करके या, एक लाइन को चिह्नित करके।

उदाहरण:

प्रतिक्रिया विकल्प के नीचे दिए गए ऐसे बॉक्स पर टिक करें, जो आपकी राय के अनुरूप हो।

मैं रोज फल खाती हूँ।

पूरी तरह से सहमत

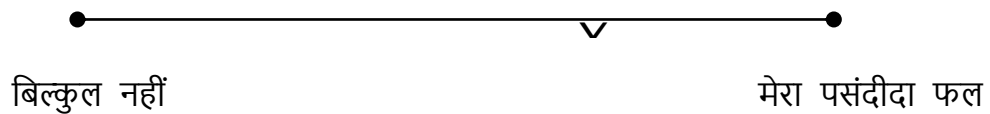
ज्यादातर सहमत

ज्यादातर असहमत

पूरी तरह से
असहमत

दो अंतिम बिंदुओं के बीच की रेखा पर अंकित करके अपनी राय सूचित करें।

आपको सेब कितने पसंद हैं?



*प्रश्नावली अगले पेज पर शुरू होती है।
भाग लेने और अपने विचार साझा करने के लिए धन्यवाद।*

1. प्रसव और जन्म वैसा ही हुआ जैसी मुझे उम्मीद थी।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

2. मुझे प्रसव और जन्म के दौरान अच्छा महसूस हुआ।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

3. मुझे प्रसव और जन्म के दौरान डर लगा।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

4. मैंने प्रसव और जन्म के दौरान सक्षम महसूस किया।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

5. मैं प्रसव और जन्म के दौरान थक गई थी।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

6. मुझे प्रसव और जन्म के दौरान खुशी महसूस हुई।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

7. प्रसव की मेरी कई सकारात्मक यादें हैं।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

8. प्रसव की मेरी कई नकारात्मक यादें हैं।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

9. प्रसव की मेरी कुछ यादें मुझे उदास कर देती हैं।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

10. मुझे लगा कि मैं उठकर चल फिर सकूं या लेटी रहूं, यह तय करने की मुझे इजाजत होती।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

11. मुझे लगा कि अपनी बर्थिंग पोजीशन तय करने की मुझे इजाजत होती।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

12. मुझे लगा कि दर्द से राहत पाने के विकल्प तय करने की मुझे इजाजत होती।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

13. मेरी नर्स ने मेरे लिए पर्याप्त समय दिया।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

14. मेरी नर्स ने मेरे साथी के लिए पर्याप्त समय दिया।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

15. मेरी नर्स ने प्रसव और जन्म के दौरान क्या हो रहा है, इस बात की मुझे जानकारी दी।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

16. मेरी नर्स ने मेरी जरूरतों को समझा।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

17. मुझे लगा की, नर्स ने मेरी बहुत सारी देखभाल की।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

18. टीम के चिकित्सा कौशल के बारे में मेरी धारणा के कारण मुझे सुरक्षित महसूस हुआ।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

19. मुझे लगा कि मैंने स्थिति को अच्छी तरह से संभाला है।

पूरी तरह से सहमत ज्यादातर सहमत ज्यादातर असहमत पूरी तरह से असहमत

20. कुल मिलाकर, आपको प्रसव के दौरान कितना दर्दनाक महसूस हुआ?

●—————●

कोई दर्द नहीं

कल्पनीय सबसे खराब दर्द

21. कुल मिलाकर, आपने प्रसव के दौरान आपने कितना नियंत्रण महसूस किया?

●—————●

कोई नियंत्रण नहीं

पूर्ण नियंत्रण

22. कुल मिलाकर, आपने प्रसव के दौरान कितना सुरक्षित महसूस किया?

●—————●

बिल्कुल भी सुरक्षित नहीं

पूरी तरह से सुरक्षित

Childbirth Experience Questionnaire Scoring

Instructions for scoring the Childbirth Experience Questionnaire (CEQ)[©]

The Childbirth Experience Questionnaire (CEQ) was developed to study women's perceptions of their first labour and birth. The questionnaire comprises 22 questions and statements assessing four domains of childbirth experiences: Own capacity, Professional support, Perceived safety and Participation.

Item coding The response format is a 4-point Likert scale ranging from Totally agree to Totally disagree. Response choices are generally coded as follows:

Response choice	Coded value	VAS score	Coded value
Totally agree	4	0-40	1
Mostly agree	3	41-60	2
Mostly disagree	2	61-80	3
Totally disagree	1	81-100	4

However, *ratings of negatively worded statements* (item # 3, 5, 8, 9 and 20) are reversed (R). Questions about labour pain, sense of security and control (items 20-22) are assessed with visual analogue scales (VAS). The VAS-scales scores are transformed to categorical values as follows*:

* item 20 is reversed

Computing scale scores

Item ratings are aggregated to scale scores by summing the coded values of the items in each scale and dividing by the number of items in that scale (mean). If the respondent has answered at least half of the items in a scale then mean values of the items that have been answered should be computed. Scoring range is 1 to 4 where higher ratings reflect more positive experiences.

Reference for the CEQ: Dencker A, Taft C, Bergqvist L, Lilja H, Berg M. *Childbirth Experience Questionnaire (CEQ): development and evaluation of a multidimensional instrument*. BMC Pregnancy and Childbirth 2010, 10: 81.

For questions please contact: anna.dencker@gu.se

CEQ: Domains and included items.

Item number	Item	Reversed item
	Domain: Own capacity (8 items)	
1	Labour and birth went as I had expected.	
2	I felt strong during labour and birth.	
4	I felt capable during labour and birth.	
5	I was tired during labour and birth.	(R)*
6	I felt happy during labour and birth.	
19	I felt that I handled the situation well.	
20	As a whole, how painful did you feel childbirth was?***	(R)
21	As a whole, how much control did you feel you had during childbirth?***	
	Domain: Professional support (5 items)	
13	My midwife devoted enough time to me.	
14	My midwife devoted enough time to my partner.	
15	My midwife kept me informed about what was happening during labour and birth.	
16	My midwife understood my needs.	
17	I felt very well cared for by my midwife.	
	Domain: Perceived safety (6 items)	
3	I felt scared during labour and birth.	(R)
7	I have many positive memories from childbirth.	
8	I have many negative memories from childbirth.	(R)
9	Some of my memories from childbirth make me feel depressed.	(R)

18	My impression of the team's medical skills made me feel secure.	
22	As a whole, how secure did you feel during childbirth? **	
	Domain: Participation (3 items)	
10	I felt I could have a say whether I could be up and about or lie down.	
11	I felt I could have a say in deciding my birthing position.	
12	I felt I could have a say in the choice of pain relief.	

* Item reversed in scoring

** Visual analogue scale (VAS)

APPENDIX VI

TOOL 6

MATERNAL-NEONATAL OUTCOMES PROFORMA

Section A: Labor Outcome

Code No-

Gestational Age at labour.....

1. Pre term
2. Term
3. Post term

2. Date of Delivery

3. Type of Delivery

1. Normal Vaginal Delivery with episiotomy
2. Normal Vaginal delivery without episiotomy
3. Elective Caesarean Section
4. Emergency Caesarean Section
5. Instrumentive Delivery with episiotomy

4. Nature of Labour

1. Spontaneous
2. Induced

5. Total Duration of Labour

1. First Stage (hrs.)
2. Second Stage(hrs.)
3. Third Stage (min.)

6. Weight of the New Born-----

1. < 2.5 kg.
2. 2.5 to 3 kg
3. > 2.5 kg

7. APGAR SCORE

1. 7-10
2. 4-6
3. 1-3

Section B: -Maternal- Neonatal Outcome

Instructions:

Following items are meant for obtaining information from you. Your information will be used for research purpose only. Respond by placing a tick (√) mark against the most appropriate answer according to you. Please note it is important to respond to all questions. There is no correct / incorrect answer.

8. Any breast-feeding complications in mother (assess from mother & baby clinical examination)

- 1. Yes
- 2. No

9. Any bowel Problems post labor (assess from mother's verbalization)

- 1. Yes
- 2. No

10. Any breast-feeding complications in baby (assess baby clinically)

- 1. Yes
- 2. No

11. Weight of the baby

मातृ-नवजात परिणाम प्रोफार्मा

कोड - संख्या-

खंड बी: - मातृ-नवजात परिणाम

8. मां में कोई स्तनपान संबंधी जटिलताएं (मां और बच्चे की नैदानिक जांच से आकलन)

1. हां
2. नहीं

9. प्रसव के बाद आंत्र की कोई समस्या (मां की मौखिक व्याख्या से आकलन)

1. हां
2. नहीं

10. नवजात शिशु में कोई भी स्तनपान संबंधी जटिलताएं (चिकित्सकीय रूप से बच्चे का आकलन करें)

1. हां
2. नहीं

11. शिशु का वजन

APPENDIX VII
Tool 7 BREAST FEEDING SELF EFFICACY SCALE

Here are statements that describe the activities of breastfeeding. Please circle the number that best describes the feeling of confidence you have for each statement. There are no right or wrong answer for each statement.

1 2 3 4 5
Not at all confident Not really confident Sometimes confident Confident Very confident

No	STATEMENT	Not at all confident → Very Confident				
		1	2	3	4	5
C1	I believe I can always make sure that my baby is getting enough milk.	1	2	3	4	5
C2	I believe I can always breastfeed my baby, the same as I do other challenging tasks.	1	2	3	4	5
C3	I believe I can always breastfeed my baby without the need to add formulated milk.	1	2	3	4	5
C4	I believe and am always sure that my baby is suckling in the right method, over the period of breastfeeding.	1	2	3	4	5
C5	I believe I can always manage breastfeeding up to my satisfaction.	1	2	3	4	5
C6	I believe I can always breastfeed, even when my baby was crying.	1	2	3	4	5
C7	I always want to breastfeed my baby.	1	2	3	4	5
C8	I am always comfortable breastfeeding my baby, even in the presence or in front of other family members.	1	2	3	4	5
C9	I am always satisfied with my breastfeeding experience.	1	2	3	4	5
C10	I can always accept the fact that breastfeeding process will take a long time.	1	2	3	4	5
C11	I can always fully breastfeed on the same breast, before switching to the second breast.	1	2	3	4	5
C12	I can always continue to breastfeed my baby without problems, at each feeding session.	1	2	3	4	5
C13	I can always manage to breastfeed every time my baby asks for milk.	1	2	3	4	5
C14	I am always able to recognize the time my baby is finished and satisfied with the breastfeeding session.	1	2	3	4	5

स्तनपान आत्म प्रभावकारिता स्केल

यहां वे कथन दिए गए हैं जो स्तनपान की गतिविधियों का वर्णन करते हैं। कृपया उस संख्या पर गोला लगाएँ जो प्रत्येक कथन के लिए आपके आत्मविश्वास की भावना का सर्वोत्तम वर्णन करती है। प्रत्येक कथन के लिए कोई सही या गलत उत्तर नहीं है।

1
2
3
4
5
 कतई आश्वस्त नहीं वास्तव में आश्वस्त नहीं कभी-कभी आश्वस्त विश्वास है बहुत भरोसा

संख्या	कथन	कतई आश्वस्त नहीं -----> बहुत भरोसा				
		1	2	3	4	5
C1	मेरा मानना है कि मैं हमेशा यह सुनिश्चित कर सकती हूँ कि मेरे बच्चे को पर्याप्त दूध मिल रहा है	1	2	3	4	5
C2	मेरा मानना है कि मैं हमेशा अपने बच्चे को स्तनपान करा सकती हूँ, ठीक उसी तरह जैसे मैं अन्य चुनौतीपूर्ण कार्यों को करती हूँ	1	2	3	4	5
C3	मेरा मानना है कि मैं हमेशा अपने बच्चे को स्तनपान करा सकती हूँ, बिना फार्मूला दूध मिलाए	1	2	3	4	5
C4	मुझे विश्वास है और मुझे हमेशा यकीन है कि मेरा बच्चा स्तनपान की अवधि के दौरान सही तरीके से दूध पी रहा है	1	2	3	4	5
C5	मेरा मानना है कि मैं हमेशा अपनी संतुष्टि के अनुसार स्तनपान का प्रबंधन कर सकती हूँ	1	2	3	4	5
C6	मेरा मानना है कि मैं हमेशा स्तनपान कर सकती हूँ, भले ही मेरा बच्चा रो रहा हो	1	2	3	4	5
C7	मैं हमेशा अपने बच्चे को स्तनपान कराना चाहती हूँ	1	2	3	4	5
C8	मैं अपने बच्चे को स्तनपान कराने में हमेशा सहज रहती हूँ, यहां तक कि उपस्थिति में या परिवार के अन्य सदस्यों के सामने भी	1	2	3	4	5
C9	मैं अपने स्तनपान के अनुभव से हमेशा संतुष्ट रहती हूँ	1	2	3	4	5
C10	मैं हमेशा इस तथ्य को स्वीकार कर सकती हूँ कि स्तनपान की प्रक्रिया में लंबा समय लग सकता है	1	2	3	4	5
C11	मैं दूसरे स्तन में जाने से पहले हमेशा एक ही स्तन पर पूरी तरह से स्तनपान करा सकती हूँ	1	2	3	4	5
C12	मैं अपने बच्चे को बिना किसी समस्या के, प्रत्येक फीडिंग सत्र में हमेशा स्तनपान करा सकती हूँ	1	2	3	4	5
C13	जब भी मेरा बच्चा दूध मांगता है, मैं हमेशा स्तनपान करा सकती हूँ	1	2	3	4	5
C14	मैं हमेशा यह पहचानने में सक्षम हो सकती हूँ कि मेरे बच्चे ने दूध पीना कब समाप्त कर दिया और स्तनपान सत्र से संतुष्ट हो गया	1	2	3	4	5

APPENDIX VIII
LIST OF EXPERTS/ VALIDATORS

1. Dr. Sanchita Pugazhendi
Dept. of Community Health Nursing
Himalayan College of Nursing,
Dehradun
2. Dr. Raminder Kalia
Dept. of Child Health Nursing
Saraswati College of Nursing
Mohali, Punjab
3. Dr. Poonam Sheron
Dept. of Obstetrics & Gynecological Nursing
Maharishi Markandeshwar University
Ambala, Haryana.
4. Dr. M V Smitha
Dept. of Obstetrics & Gynecological Nursing
College of Nursing, AIIMS
Bhuaneshwar
5. Dr. Deviga
Dept. of Obstetrics & Gynecological Nursing
College of Nursing, AIIMS
Jodhpur, Rajasthan
6. Dr. Manju Chhugani
Dept. of Obstetrics & Gynecological Nursing
Rufaida College of Nursing
Jamia Hamdard, Delhi
7. Dr. Chitra Sethya
Obstetrician
Apollo Hospital, Sector 16
Noida

APPENDIX IX

INTERVENTION

Comprehensive Childbirth Preparation Package

Introduction

Comprehensive childbirth preparation package (CCBPP) refers to multicomponent training program which was prepared by the researcher. It was designed to provide information to the primigravidae in a group of (10-20) regarding childbirth preparation.

Purpose of CCBPP

The main purpose of this program was improvement of childbirth experiences and maternal-neonatal outcomes through childbirth preparation of primigravidae.

Objectives of CCBPP

The objectives of the preparation package for primigravidae were to:

1. Improve knowledge on childbirth process.
2. Enhance self-confidence about childbirth.
3. Create realistic childbirth expectation
4. Reduce childbirth fear.
5. Promote positive childbirth experiences
6. Improve maternal-neonatal outcomes.

Key features of CCBPP

1. Enhancing the knowledge and improve childbirth preparation.
2. Demonstration of breathing and relaxation exercises to manage pain during labour.
3. Guided imaginary.
4. Positive labour affirmation.
5. Virtual trip to labour room.

Venue: Community Health Centre, Dadri, Gautam Budha Nagar, Uttar Pradesh.

Method of teaching: Lecture cum discussion, demonstration, videos and audio ppt.

A.V Aids: Ppt, poster, videos

Duration: 3 weeks

Groups: primigravidae (28-34 weeks of pregnancy)

Medium of teaching: Hindi

Blue Print of Comprehensive Childbirth Preparation Package

Sl.No.	Sessions	Duration	Method of Teaching	A.V. Aids
1.	<p><u>Session I:</u></p> <ol style="list-style-type: none"> 1. Nutrition for late trimester of pregnancy. 2. Daily foetal movement count. 3. Danger signals during 3rd trimester. 4. Elements of childbirth preparedness. 	60-75 minutes	Lecture Discussion Brain Stroming	Eat Well Guide DFMC
2.	<p><u>Session II:</u></p> <ol style="list-style-type: none"> 1. Signs and symptoms of labour. 2. Common medical intervention for childbirth 3. Demonstration of relaxation and breathing exercises. 4. Virtual trip to labour room. 5. Guided Imaginary Audio 6. Positive labour affirmation 7. Birth stories and sharing exepriences 	45-50 minutes	Lecture Demonstration Redemonstration Discussion Sharing Experience	Audio-Video ppt. Self-demonstration Video of labour room Audio mp4 clip Wall hangings
3.	<p><u>Session III:</u></p> <ol style="list-style-type: none"> 1. Essential new-born care 2. Minor ailments of neonatal and postnatal period. 3. Breast feeding benefits and position. 4. Redemonstration of exercises 	45-55 minutes	Lecture Group Discussion Question & Answer Demonstration	PPT Videos Poster

Intervention Schedule:

Session I: Nutrition for late trimester

Duration of session: 60-75 minutes

गर्भावस्था का आहार चार्ट	
<p>यह २००० किलो कैलोरी की आवश्यकता वाली महिलाओं के लिए गर्भावस्था आहार चार्ट का नमूना है जिसमें दूसरे और तीसरे तिमाही में आवश्यकता अतिरिक्त ३०० कैलोरी शामिल है।</p>	
<p style="text-align: center;">ब्रेकफास्ट और मिड मॉर्निंग</p> <p>७:०० बजे - ४ बादाम ९:०० बजे - दलीय- १ कटोरी/ पोहा या सब्जियों वाला उपमा/ २ गेहूँ के ब्रेड/ २ रोटी सब्जी के साथ/ गेहूँ के फलैक्स. १ गिलास दूध/ १ कटोरी दही + १ अंडा/ पनीर (५०ग्राम)</p>	
<p style="text-align: center;">मिड मॉर्निंग</p> <p>११ बजे - कोई १ फल</p>	
<p style="text-align: center;">दोपहर का भोजन</p> <p>१ मीडियम प्लेट सलाद १ कटोरी दाल १ कटोरी सब्जिया १ कटोरी दही/ रायता ३ रोटी</p>	
<p style="text-align: center;">शाम का नाश्ता</p> <p>शाम ४ बजे १ कप दूध १ छोटी कटोरी भुने चने/ १ बेसन का चीला / १ उबला अंडा/ १ कटोरी अंकुरित दाल शाम ६ बजे - १ फल</p>	
<p style="text-align: center;">रात का खाना</p> <p>१ मीडियम प्लेट सलाद १ कटोरी सब्जिया(हरी पत्तेदार) १ कटोरी दाल + १ कटोरी दही ३ रोटी १ कटोरी दही</p> <p style="text-align: center;">बेड टाइम</p> <p>१ कप दूध</p>	

This session involved development of rapport with the primigravidae in the group and also involved briefing them regarding maintenance of nutrition in 3rd trimester of pregnancy. In the last trimester of pregnancy, the mother should relax and rest as much as possible. Mothers' lifestyle should account for herself as well as the baby.

Food for last trimester

1. Fibre rich foods: include fresh vegetables, fruits, cereals, oats, bread and whole grains in diet.
2. Calcium rich foods: calcium rich foods are must in the last trimester of pregnancy. Growing baby needs calcium for the development of strong bones, cheese, yoghurt, lentils, almonds, leafy greens etc.
3. Iron-rich foods: iron is an important micronutrient during pregnancy. Deficiency of iron is a major problem faced by women in third trimester. Iron is available in raisins, chicken, peas, berries, eggs, fish etc.

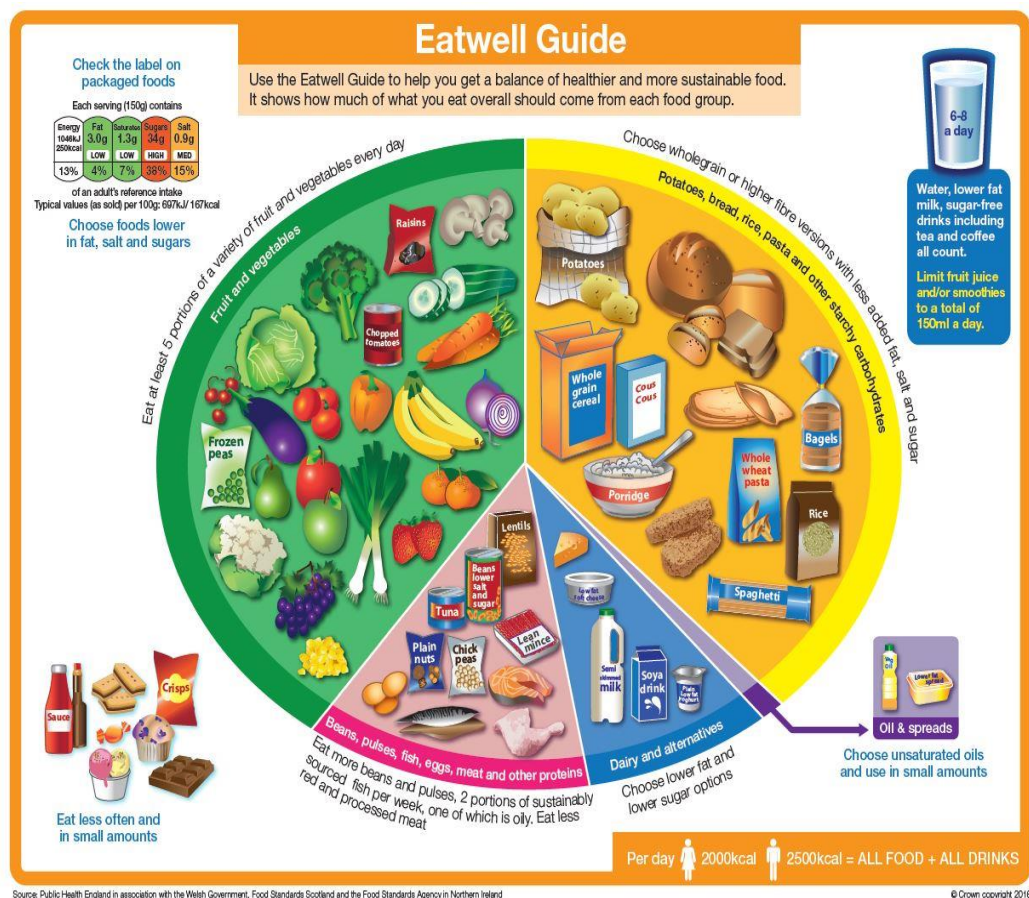
4. Foods with vitamin c: Eat tomatoes, cauliflower, strawberries, broccoli, bell-peppers and oranges. There are not only high in vitamin C but are also good for your skin.
5. Folic acid rich foods: folic acid is vital for baby's growth, especially for spine development. Folic acid is present in beans, green leafy vegetables and chickpeas.
6. Foods with vitamin A: Vitamin A is necessary for mother as well as baby's eye health. Foods like sweet potato, carrots and spinach are full of vitamin A.

Food to avoid during late trimester

1. Caffeine: caffeine may be dangerous during pregnancy. If pregnant women have the habit of consuming it must be restricted to intake of 200mg per day.
2. Alcohol and Tobacco: should not be consumed throughout the pregnancy. It has deleterious effect on mother and the baby.
3. Raw meats: Uncooked or half cooked meat may cause the risk of contracting a bacterial or viral infection that can cross the placenta and cause harm.
4. Junk foods: chips, cakes, cookies and candy have little nutritional value and are high in sugars and fats. They should be kept to a minimum or avoided altogether.

Dietary tips:

1. Split meals into 6-7 portions instead of 3 large ones.
2. Consume water throughout the day.
3. Eat a handful of nuts and seeds every day.
4. Along with balanced diet, including exercises like brisk walking may help to avoid complications and risks for both the mother and the baby.



2. Daily Foetal Movement Count

Duration of session: 20minutes

Fetal movement counts also called fetal activity counts or kick counts, are the number of times baby kicks, twists, turns or moves.

- a. First flutters of movement can start any time between 16- and 22-weeks' gestation but may be subtle and irregular.
- b. During the 3rd trimester at 28th weeks, baby's movement become stronger and more predictable and counts will be more.
- c. Set aside a time for kick counts everyday and roughly around the same time (before bed time).
- d. Choose a time when your baby is most active.

3. Danger signals of 3rd trimester

1. Vaginal bleeding
2. Sudden or severe swelling in face, hand or fingers.
3. Severe headache.

4. Pain or cramping in lower abdomen or severe back pain.
5. Chills or fever.
6. Dizziness or blurred vision.
7. Sudden decrease in baby's movement.
8. Convulsions
9. General weakness, fatigability and breathlessness.
10. Vomiting or nausea that won't go away. (**Audio-Video ppt attached**)

4. Elements of birth preparedness

In order to reduce delay in obtaining care childbirth preparedness and complications readiness (BP/CR) is significant.

- a. **Planning and preparing for birth:** Preparation of the birth starts from antenatal registration of the pregnant women. The pregnant women must identify a skilled provider for birth. An SBA (Skilled Birth Attendant) must be prepared over a unskilled birth attendant.
- b. **Recognising the signs of labour:** Woman should go to the health facility or inform the ASHA to contract the SBA if the woman has any one of the following signs, which indicate start of labour.
 - ❖ A bloody, sticky discharge from the vagina.
 - ❖ Painful uterine contractions increasing in duration, frequency and intensity.
- c. **Identify and arrange for referral transport.** Delay in reaching health facility is one of the major delay responsible for MMR, it is important to ensure.
 - ❖ If the women or family decide to deliver in health facility, ensure that vehicle is available to transport her to health facility whenever required.
 - ❖ Even if the women, decides to deliver at home, a vehicle should be identified and kept ready to transport her to the nearest health facility or referral centre.
- d. **Locate the nearest PHC/CHC/Hospital:** The woman and her family member should be aware of the nearest health facilities: the PHC, where 24-hour emergency obstetric care services are available and the FRU, where facilities for a blood transfusion and surgery are available.
- e. **Identify support people:** People are needed to help the woman look after her children or household, arrange for transportation or accompany her to the health facility. Women may seek help from relatives, neighbour or community-based health functionaries, such as AWW/ASHA.

- f. **Finances:** Depending on the place decided for delivery, transport and other expenses should be calculated. After estimating the expenses finances must be arranged. Keep an emergency fund or have a source of emergency funding in case of complications. Kindly enquire about various government scheme regarding finances from health centre.
- g. **Arranging blood donor:** It is always advisable to arrange for a blood donor in advance. In case of emergency blood may be required so its better to have in advance arrangement.
- h. **Preparing essential items for childbirth:** Following list of articles are advisable to be carried along at the time of onset of labour to the labour room.



Session II : Intra Natal Preparation

Duration 45-50 minutes

1. Symptoms of labour (Birthing Process)

Before labour actually begins, many women experience some of the following:

- **Braxton Hicks contractions** - These “practice” contractions (sometimes felt throughout the second half of pregnancy) tend to be irregular and are focused in the abdomen, as opposed to beginning in the back. They generally cause no changes in the cervix. Many women find that walking may give some relief.
- **Lightening** - Lightening, or “dropping,” occurs when the presenting part of the baby moves down into the pelvis. This often relieves shortness of breath, but can increase pelvic pressure and frequency of urination. In first time pregnancies, lightening may occur several weeks or just a few hours before the onset of labour. In subsequent pregnancies, lightening does not generally occur until just before labour begins.
- **Weight loss** - After all of those weeks and months of gaining weight, many women lose two or three pounds before labour even begins.
- **Bursts of energy** - Many women experience a burst of energy before the onset of labour. Often referred to as “nesting,” many women find themselves cleaning and preparing their homes for the arrival of the new baby.
- **Activity of baby** - The baby may become slightly less active as labour approaches.
- **Increased vaginal discharge** - Discharge may become thicker and may even be blood tinged.



Signs of Labour: -

- **Contractions** - In true labour, contractions will become very regular and will often start in the back and work their way toward the front. They will become progressively stronger and closer together. While walking often stops Braxton Hicks contractions, it will often make real contractions stronger. Time your contractions from the beginning of one to the beginning of the next.
- **Rupture of membranes** - Also known as “water breaking,” this may be experienced as either a gush of fluid or a slow trickle. Observe colour of the fluid, the time of rupture, and the movement of the baby.
- **Bloody show** - As the cervix readies itself for labor, the mucous in the cervix will often emerge from the vagina.
- **Effacement and Dilation** - The cervix must thin out (effacement) and dilate (enlarge) in order to deliver the baby. The cervix must be 10 centimetres dilated (4 fingers) in order for the woman to push.

True and false pain

- Labour pains get more intense with more activity. They also do not get better if you change your position.
- Labour pains begin in the lower back, then spread to the lower abdomen and sometimes radiates to the legs.
- The pain sometimes mimics an upset stomach and may also be accompanied by diarrhoea.
- There is no set pattern of labour pains, but in general, contractions become more frequent, painful and more regular. Each contraction may not be more painful than the last one, but over time there is a definite increase in the level of labour pain.
- Membranes break and the water breaks, either as a trickle or a gush.

Difference between True and False labour pain:

- As contractions begin, track them. If they are occurring at irregular intervals, and are not getting more frequent or if their intensity is not increasing over time, it is probably false labour pain.
- Try to locate the pain to know if it is confined to your lower abdomen or your lower back. If it is your abdomen, it might be false labour pain.
- If the pains get better while walking around or changing position, or by performing everyday activities then it is probably just false labour.
- A brownish or reddish mucous plug on underwear, then it means real labour pains might start. **(Video attached)**

2. Common medical Intervention during labour:

Medical Interventions during labour:

- a) **External electronic foetal monitoring-** An ultrasound device is used to record your baby's heartbeat. This assesses your baby's well-being during and between contractions and records the contraction pattern. A pressure-sensitive device is used to record the strength of contractions. Both are held in place on the abdomen by a band or belt. This may be done constantly or on-and-off during labour. The birth centre staff may also monitor your baby's heart rate with a doppler machine which is a hand-held monitor used from time to time, rather than constantly.
- b) **IV (intravenous infusion of fluids or medicines)** To give fluids or medicines or to induce labour, you may have a small tube placed into a vein in your arm or hand. A needle is used to guide the placement of the tube and then is removed.
- c) **Episiotomy-** To prevent tearing and to speed up birth, an incision called episiotomy may be made to enlarge the vaginal opening. It is made straight back toward the rectum, or off to one side. A local anaesthetic or block is used to numb the perineal area, if needed.
- d) **Vacuum Extractor-** To help move the baby down the birth canal or to speed up birth, a vacuum extractor may be used. A small plastic suction cup is placed on baby's head. As you push, your baby is guided out of the birth canal. This is used when the health care provider wishes to help lift your baby out. Your baby may have swollen and/or bruising where the extractor was applied.
- e) **Forceps-** When pushing is not helping to bring your baby down the birth canal, or to facilitate a speedier birth, forceps may be used. Forceps look like two large, metal spoons. This pair of metal instruments may be used to guide your baby out of the birth canal.
- g) **Artificial rupture of the membranes-** Sometimes breaking the bag of waters, or amniotic sac, will begin or speed up labor. This procedure is called an amniotomy. The amniotic sac is broken with a plastic hook during a vaginal exam. You won't feel pain when the bag of waters is broken—just a warm gush of fluid. After your water breaks, you'll be monitored at least every hour. **(Virtual trip to labour room)**

3. Exercise demonstration Session



Activity Session- This includes three activities, as follows

- i. **Progressive relaxation-** During progressive relaxation, first contract and then relax each body part, starting with your feet. This process helps to recognize how the body feels when it's relaxed and not tense. During labour, the cervix opens more easily if when the parturient is relaxed. Tense & Release, take a deep breath and contract shoulders (count 1 to 5) and then relax (say "Aaram"). Repeat the same steps and contract fist and relax, contract. Folds hand from elbows, contract (say 1 to 5) and relax. Relaxation Exercises demonstration video will also be shared through wats app.
- ii. **Positive affirmations-** replacing negative thoughts with positive images. One example is welcoming the baby as you feel the pain begin. Wall Hangouts with 5 positive birth affirmation will be distributed.



लेबर की प्रत्येक
लहर मुझे अपने
बच्चे को अपनी
बांह में पकड़ने के
करीब लाती है



- iii. **Positive guided imagery-** Guided imagery is the act of closing your eyes and imagining yourself in a positive place. It can be done with words from another person or with music. You can also imagine this positive place in silence. The relaxing effect of guided imagery is often a sense of calm and peacefulness. Positive guided imaginary audio played. Guided Imaginary Audio will be shared through Wats App.

Session III Postnatal care and minor ailments of mother and baby

Duration: 30-35 minutes

Postnatal Minor Ailments- The common postnatal ailments are engorged breast, fever, constipation,

- a. **Engorged Breast-** Breast fullness may develop into engorgement if the baby has not been feeding often or long enough. It may affect the areolar tissue only (the dark area around the nipple), the body of the breast, or both. The key to preventing engorgement is to nurse frequently and unrestrictedly after birth; i.e., every 2-3 hours with one longer sleep span in a 24-hour period even if waking the baby is necessary to do so

Symptoms of breast engorgement is swelling, tenderness, warmth, shiny skin, throbbing and low-grade fever.

b. Constipation-

Constipation occurs during the last weeks of pregnancy as the growing foetus puts pressure on the bowels, preventing the emptying of wastes. This problem often continues after delivery and can be very uncomfortable. Constipation can also worsen conditions like urinary incontinence.

Remedies

- Postpartum constipation generally resolves by itself after a week or so, but there are a few ways to get some relief.
- Increase fibre in your diet, such as green veggies, fruits, grains and lentils.
- Drink at least three litres of water a day, especially if you are breastfeeding.
- Regular exercise can also improve digestion, such as walking or jogging.
- In extreme situations, constipation can lead to haemorrhoids, in which case you might be prescribed stool softeners to ease bowel movements.

c.Sore Nipples/ Nipple Fissures

In the first three to five days after birth, women may experience nipple soreness beyond a slight tenderness when baby latches on, it may be a sign that something isn't right with the baby's latch, position, or suck. An adjustment to the latch or positioning can help you and baby to be more comfortable. With proper positioning and latch-on techniques, one can expect little or no nipple soreness. Correcting poor positioning or latch-on can often alleviate sore, cracked nipples and allow healing to begin. While the cause of sore nipples is being determined and corrected,

continued breastfeeding is important. When baby is latched on well with nipple deep in his mouth, the nipple is protected from further damage.

Minor Ailments of New born

Jaundice

Jaundice is very common in newborns and infants. It occurs when there is an excess of bilirubin in baby's blood, which causes yellowish pigmentation of the skin. This is a fairly common problem as many babies are born with newborn jaundice. It occurs because the baby's liver is not mature enough to get rid of the excess bilirubin in the blood. Neonatal jaundice normally resolves with time. In most cases, it should disappear within 2 to 3 weeks of the baby's birth.

Colic

Colic is very common in babies but that does not make it easier for parents to handle. When a baby cries continuously for no apparent reason, especially in the evening, he may have colic. The exact cause of colic is not known and some theories behind it suggest that it could be because of gas, hormones that cause stomach pain, overstimulation by light or sound, or a growing digestive system. Colic starts at 2 weeks in full-term infants and should subside by the time the baby is 3 months of age. However, if this condition persists, it could be because of intolerance to milk formula or some other underlying condition.

Fever

Fever is an indication that the body is fighting an infection. However, high and persistent fever above 101 degrees in newborns and infants can lead to seizures and brain damage. If baby has a high fever, parent must take baby to a doctor and get the necessary medication.

Skin Problems

Problems like diaper rash and cradle cap are common skin issues which can be painful for a baby. The baby may get diaper rash because of wearing wet or soiled diapers for long or because of an allergic reaction to the dyes or contents of the diaper. Frequent changing of diapers and use of a good diaper changing cream is recommended. If the baby has cradle cap, it could be because of excess oil production by skin glands surrounding hair follicles. The main symptom of cradle cap is scales on the scalp. Wash baby's hair with mild shampoo on a daily basis to loosen up and remove the scales on scalp.

Breast Feeding Techniques & Benefits-

Breastfeeding is healthier for mom physically:

- Promotes faster weight loss after birth, burning about 500 extra calories a day to build and maintain a milk supply.
- Stimulates the uterus to contract and return to normal size.
- Less postpartum bleeding
- Fewer UTI.
- Less chance of anaemia.
- Less risk of postpartum depression and more positive mood

Healthier for mom emotionally:

- Breastfeeding produces the naturally soothing hormones oxytocin and prolactin that promote stress reduction and positive feelings in the nursing mother.
- Increased confidence and self-esteem
- Increased calmness. Breastfed babies cry less overall, and have fewer incidences of childhood illness. Breastfeeding can support the wellness of body, mind, and spirit for the whole family.
- Breastfeeding makes travel easier. Breast milk is always clean and the right temperature.
- Physical/emotional bonding between mother and child is increased. Breastfeeding promotes more skin-to-skin contact, more holding and stroking. Many feel that affectionate bonding during the first years of life help reduce social and behavioural problems in both children and adults.
- Breastfeeding mothers learn to read their infant's cues and babies learn to trust caregivers. This helps shape the infant's early behaviour. (**Video attached**)

Breastfeeding techniques: -

The most common breastfeeding positions include the following:

- **Cradle.** The baby is held in the crook or elbow area of the arm on same side as breast to be used for feeding; mother supports breast with opposite hand; baby's body is rolled in toward mother's body so they are belly-to-belly.
- **Cross-cradle.** The baby's head is supported by the hand opposite the breast to be used for feeding; mother supports breast with hand; baby is rolled in toward mother's body belly-to-belly.
- **Football or clutch.** Baby's head is supported by the hand on the same side as breast to be used for feeding; baby's body is supported on a pillow and tucked under the arm on the same side as breast to be used for feeding.
- **Side-lying using modified cradle.** In this position, the baby lies next to the mother with their bodies facing each other. If a pillow under your arm is uncomfortable, try placing your baby in the crook of your arm. This way, you will not be likely to roll over on the baby should you doze off. This position also keeps the baby's head at a good angle to bring baby and breast together, with the baby's head higher than his or her tummy, which can be helpful for babies who are more likely to spit up.

- **Laid-back breastfeeding.** In this position, you are leaning back in a recliner or reclining in bed. Your baby is lying on his or her stomach and is pressed against you. You can support the side of your baby's head if your baby cannot hold it him- or herself. In this position, both you and your baby can relax. You can allow your baby to explore your breast and latch on at his or her leisure. This is a great position if you have had a caesarean delivery.



DAILY ROUTINE CARE OF NEONATES

The majority of complication of the normal new-born may occur during first 24 hours or within 7 days. So close observation & daily essential routine care is important for health & survival of the new-born baby.

The daily routine care of the neonates are as follows: Warmth, Breastfeeding, Skin care & baby bath, Care of umbilical cord, Care of the eyes, Clothing of the baby.

Warmth- Warmth is provided by keeping the baby dry & wrapping the baby with adequate clothing in two layers, ensuring head & extremities are well covered. Baby should keep by the side of the mother.

Breast Feeding- Breastfeeding The baby should be put to the mother's breast within half an hour of birth or as soon as possible the mother has recovered from the exertion of labour.

Skin care & baby bath: The skin should be cleaned off blood, mucus & meconium by gentle wiping before he/she is presented to the mother. Baby bath can be given at the hospital or home by using warm water in a warm room gently & quickly. First Bath: Once a baby's temperature has stabilized, the First bath can be given.

Care of the Umbilical Cord - Keep the cord stump clean and dry. Topical application of antiseptics is usually not necessary unless the baby is living in a highly contaminated area.

Care of the eyes- Eyes should be clean at birth & once in every day using sterile cotton swabs soaked in sterile water or normal saline. Separate swabs for each eye.

Clothing of the baby- The baby should be dressed with loose, soft & cotton cloths. The frock should be open on the front or back for easy wearing. Large button, synthetic frock and plastic or nylon napkin should be avoided.

APPENDIX X

Swami Rama Himalayan University

(Est. vide Uttarakhand Act No. 12 of 2013)

Swami Ram Nagar, Jolly Grant, Dehradun 248016
Uttarakhand, India



स्वामी राम हिमालयन विश्वविद्यालय

(उत्तराखण्ड अधिनियम सं० 12 वर्ष 2013 द्वारा स्थापित)

स्वामी राम नगर, जौलीग्रान्ट, देहरादून 248016
उत्तराखण्ड, भारत

“Ethics Committee”

SRHU/HIMS/E-1/2019/122

Date: 26/08/2019

To,
Ms. Lekha Bist,
Ph.D Scholar,
Himalayan College of Nursing
Swami Rama Himalayan University.

Ref: “Efficacy of comprehensive childbirth preparation package on childbirth experiences and selected maternal-neonatal outcomes among primigravidae in selected health centres of Noida, Uttar Pradesh.” Submitted by Principal investigator, Ms. Lekha Bist, Ph.D Scholar, Under the guidance of Dr. Lekha Viswanath, Professor, Himalayan College of Nursing, Swami Rama Himalayan University.

Dear Ms. Lekha Bist,

With reference to your submission letter, dated 11/06/2019, the Ethics Committee, SRH University reviewed and discussed your application for approval of the above referred research protocol on 17/08/2019.

The following members were present in the meeting held on 17/08/2019, at 11:30 AM in the deptt of Pharmacology, H.I.M.S., and SRH University:

Sr. no.	Name of the Member	Designation and Qualification	Representation as per Schedule Y	Gender	Affiliation with the Institution
1.	Prof. K.C. Mishra	Chairman MBBS, MD, MAMS	Ex. Principal	M	No
2.	Mr. G.N.S. Gurudutt	Member M.A., M.phil.	Social Scientist	M	No
3.	Mr. J.P. Pant	Member M.A., L.L.B	Practicing Advocate	M	No
4.	Mrs. Manju Chamoli	Member Gram Pradhan, Athurwala	Community Representative	F	No
5.	Prof. Mushtaq Ahmed	Member MBBS, MD(Radiotherapy)	Professor, Deptt. of Radiotherapy	M	Yes
6.	Dr. B.P.Kalra	Member MBBS, DCH, DNB(Paediatrics)	Clinician Professor of Paediatrics	M	Yes
7.	Prof. D.C. Dhasmana	Member Secretary. MBBS, MD(Pharmacology)	Pharmacologist	M	Yes


This is to confirm that only members, who were independent of the Investigator of the study, have voted and provided opinion on the study.

The Ethics Committee, Swami Rama Himalayan University, has no objection to the conduct of the study in the present form, as per the submitted protocol, subject to the prior approval of local Ethics Committee empowered to supervise the project at the study site.


Further, the permission is subject to the statutory provisions and permissions, as deemed necessary, to be obtained from concerned authorities.

The Ethics committee, Swami Rama Himalayan University expects to be informed about the progress of the study, any changes in the protocol and asks to be provided a copy of the final report.


The Ethics committee, Swami Rama Himalayan University follows procedures that are in compliance with the requirements of ICH (international Conference on Harmonization) guidelines related to GCP (Good Clinical Practice) and applicable Indian regulations, revised and updated from time to time.


Dr. D.C. Dhasmana,
Member Secretary, Ethics Committee

APPENDIX XI

 **हिमालयन उपचर्या महाविद्यालय**
HIMALAYAN COLLEGE OF NURSING

स्वामी राम नगर, जौली ग्रान्ट, देहरादून (उत्तराखण्ड) 248016
(A Constituent Academic Unit of Swami Rama Himalayan University - Act No. 29 of UGC Act & amended vide Uttar Pradesh Act No. 12 of 2013)



Ref No. : SRHU/HCN/2019/ 872 **Date: November 23, 2019**

To
The Chief Medical Officer,
Dadri, Gautam Buddha Nagar
Uttar Pradesh

Respected Sir,

This is to introduce Ms. Lekha Bisht, PhD Scholar, Swami Rama Himalayan University (Batch January 2018) is conducting a research study on the following topic as a part of her curricular requirement.

Problem statement:

Efficacy of Comprehensive childbirth preparation package on childbirth experiences and selected maternal – neonatal outcome among primigravidae in selected health center of Noida, Uttar Pradesh

The purpose of study is to collect the necessary information from 300 primigravidae regarding child birth preparedness and child birth experiences. The information will be kept confidential and will be used only for purpose of research.

I request you to please give her the necessary Administrative permission to conduct the study in your community health centre.

Further details of the research study will be furnished by the PhD Scholar.

I assure you that this process will no way interfere with the administrative work or the regular activities of the community health centre. Further no financial burden will be levied on pregnant women or on your community health centre.

Thanking You,

Regards,

Lekha
28/11/19

Dr. Lekha Viswanath
Research Guide &
Professor, Himalayan College of Nursing
Swami Rama Himalayan University
Dehradun

Forwarded
RA
23/11/2019
Dean, Faculty of Nursing
Himalayan College of Nursing
Swami Rama Himalayan University
Swami Ramnagar, Jolly Grant
Dehradun-248016

10% Sandhya
Supd Dadri

स्वामी राम नगर, जौली ग्रान्ट, देहरादून (उत्तराखण्ड) 248016
Tol. 91-135-2471501 / 2471196 फोन 91-135-2471512 principal.hcn@srhu.edu.in www.srhu.edu.in

To, Sandhya
Swami Ram Nagar, P.O. Jolly Grant, Dehradun (Uttarakhand) 248016
Tol. 91-135-2471501/2471196 Fax 91-135-2471512 principal.hcn@srhu.edu.in www.srhu.edu.in

Chief Medical Officer
Dadri Nagar
4-12-19

APPENDIX XII

INFORMED CONSENT FORM (PARTICIPANTS)

Information to the participants:

I am Ms. Lekha Bist, Ph.D. scholar in the Department of Nursing, SRHU. As part of my Ph.D. in Nursing I am conducting a study on "Efficacy of comprehensive childbirth preparation package on childbirth experiences and selected maternal-neonatal outcome among primigravidae in selected health centre of Noida, Uttar Pradesh". If willing, you would be required to answer a few questionnaires and participate in an interview. This assessment would take approximately one and a half to two hours to complete. *You will have to undergo 4 sessions of Comprehensive Childbirth Preparation Package lasting for 60-75min per session. These sessions will be conducted twice a week. For educational purpose audio/video recording of the Comprehensive Childbirth Preparation program sessions may be taken with your permission.* Your participation in this study is entirely voluntary. You can withdraw your consent at any point during the interview. You will not receive any direct benefits from participation. However, your participation will facilitate better understanding and boosting of childbirth experiences.

The information provided by you will strictly be kept confidential. For more information about the study you can contact: Ms. Lekha Bist (Ph.D. Scholar), or Dr Lekha Viswanath (Guide). Their contact details are given at the end of this consent form.

Undertaking by the investigator:

Your consent to participate in the above study is sought. You have the right to refuse consent or withdraw the same during any part of the study without giving any reason. If you have any doubts about the study, please feel free to clarify the same. Even during the study, you are free to contact any of the following investigators for further information/clarification with regards to this study. The information collected from you in the form of the several assessments detailed above will be maintained with strict confidentiality. For more information about the study you can contact: Ms. Lekha Bist

(Ph.D. Scholar), or Dr Lekha Viswanath(Guide). Their contact details are given at the end of this consent form.

Consent Form

I _____ hereby give consent for participation of myself in the study being conducted by Ms. Lekha Bist (Ph.D. Scholar), Department of Nursing, Swami Rama Himalayan University (SRHU) Dehradun. We are informed about the purpose and process of the study.

We have been informed about the nature and purpose of the study. We are aware that participating in the study will not benefit me directly in any way. We have been assured that the information we provide will be kept confidential.

We are aware that we will be free to withdraw from the study at any point of time. We understand that participation in the study will require one and a half to two hours of my time for assessment & it will also require me to attend 2 sessions (twice a week) over a period of 4 weeks.

I, _____ the undersigned, hereby give my consent for my participation in the study entitled “Efficacy of Comprehensive Childbirth Preparation Package on childbirth experiences and maternal- neonatal outcome among primigravidae in selected health centre of Noida, Uttar Pradesh”.

Participant’s signature

Name:
Date & Place
Contact No:

Investigator’s signature

Ms. Lekha Bist
Ph.D. Scholar,
Department of Nursing,
SRHU, Dehradun

Witness’s signature

Name:
Contact No:

सूचित सहमति प्रपत्र (प्रतिभागी)

प्रतिभागियों को सूचना:

मैं सुश्री लेखा बिष्ट, पीएच.डी. नर्सिंग विभाग, SRHU में विद्वान। मेरे पीएच.डी. के हिस्से के रूप में नर्सिंग में मैं दादरी सामुदायिक स्वास्थ्य केंद्र, नोएडा, उत्तर प्रदेश के चयनित स्वास्थ्य केंद्र में प्राइमिग्रेविडे के बीच बच्चे के जन्म के अनुभवों और चयनित मातृ-नवजात परिणाम पर व्यापक प्रसव तैयारी पैकेज की प्रभावशीलता पर एक अध्ययन कर रहा हूँ। यदि आप इच्छुक हैं, तो आपको कुछ प्रश्नावली का उत्तर देना होगा और एक साक्षात्कार में भाग लें। इस मूल्यांकन को पूरा करने में लगभग डेढ़ से दो घंटे का समय लगेगा। आपको प्रति सत्र 60-75 मिनट तक चलने वाले व्यापक प्रसव तैयारी पैकेज के 3 सत्रों से गुजरना होगा। ये सत्र सप्ताह में 1 बार आयोजित किए जाएंगे। व्यापक प्रसव तैयारी कार्यक्रम सत्रों की शैक्षिक उद्देश्य ऑडियो/वीडियो रिकॉर्डिंग आपकी अनुमति से ली जा सकती है। इस अध्ययन में आपकी भागीदारी पूरी तरह से स्वैच्छिक है। आप साक्षात्कार के दौरान किसी भी समय अपनी सहमति वापस ले सकते हैं।

आपको भागीदारी से कोई प्रत्यक्ष लाभ नहीं मिलेगा। हालांकि, आपकी भागीदारी से बच्चे के जन्म को बेहतर ढंग से समझने और बढ़ावा देने में मदद मिलेगी अनुभव आपके द्वारा दी गई जानकारी को कड़ाई से गोपनीय रखा जाएगा। अध्ययन के बारे में अधिक जानकारी के लिए आप संपर्क कर सकते हैं: सुश्री लेख बिष्ट (पीएचडी विद्वान), या डॉ लेखा विश्वनाथ (गाइड)। उनके संपर्क विवरण इस सहमति फॉर्म के अंत में दिए गए हैं।

अन्वेषक द्वारा वचन:

उपरोक्त अध्ययन में भाग लेने के लिए आपकी सहमति मांगी गई है। आपको अध्ययन के किसी भी भाग के दौरान बिना कोई कारण बताए सहमति को अस्वीकार करने या उसे वापस लेने का अधिकार है। यदि आपको अध्ययन के बारे में कोई संदेह है, तो कृपया इसे स्पष्ट करने के लिए स्वतंत्र महसूस करें। अध्ययन के दौरान भी, आप इस अध्ययन के संबंध में अधिक जानकारी/स्पष्टीकरण के लिए निम्नलिखित में से किसी भी जांचकर्ता से संपर्क करने के लिए स्वतंत्र हैं। ऊपर दिए गए कई आकलनों के रूप में आपसे एकत्र की गई जानकारी को सख्त गोपनीयता के साथ रखा जाएगा।

अध्ययन के बारे में अधिक जानकारी के लिए आप संपर्क कर सकते हैं: सुश्री लेखा बिष्ट (पीएचडी विद्वान), या डॉ लेखा विश्वनाथ (गाइड)। उनके संपर्क विवरण इस सहमति फॉर्म के अंत में दिए गए हैं।

सहमति पत्र

मैं, _____ एतद्वारा सुश्री लेखा बिष्ट (पीएचडी विद्वान), नर्सिंग विभाग, स्वामी राम हिमालयन विश्वविद्यालय (एसआरएचयू) देहरादून द्वारा किए जा रहे अध्ययन में भाग लेने के लिए सहमति देता हूं। हमें अध्ययन के उद्देश्य और प्रक्रिया के बारे में सूचित किया जाता है।

हमें अध्ययन की प्रकृति और उद्देश्य के बारे में सूचित किया गया है। हम जानते हैं कि अध्ययन में भाग लेने से मुझे किसी भी तरह से सीधे तौर पर कोई लाभ नहीं होगा। हमें आश्वासन दिया गया है कि हमारे द्वारा प्रदान की जाने वाली जानकारी को गोपनीय रखा जाएगा।

हम जानते हैं कि हम किसी भी समय अध्ययन से हटने के लिए स्वतंत्र होंगे। हम समझते हैं कि अध्ययन में भाग लेने के लिए मूल्यांकन के लिए मेरे डेढ़ से दो घंटे के समय की आवश्यकता होगी और इसके लिए मुझे 4 सप्ताह की अवधि में 2 सत्रों (सप्ताह में दो बार) में भाग लेने की भी आवश्यकता होगी।

मैं, _____, नोएडा, उत्तर प्रदेश के चयनित स्वास्थ्य केंद्र में प्राइमिग्रेविडे के बीच प्रसव के अनुभवों और मातृ-नवजात परिणाम पर व्यापक प्रसव तैयारी पैकेज की प्रभावशीलता शीर्षक के अध्ययन में मेरी भागीदारी के लिए अपनी सहमति देता हूं।

प्रतिभागी के हस्ताक्षर

अन्वेषक के हस्ताक्षर

नाम:

दिनांक और स्थान

संपर्क नंबर: _____

गवाह के हस्ताक्षर

सुश्री लेखा बिष्ट

नाम:

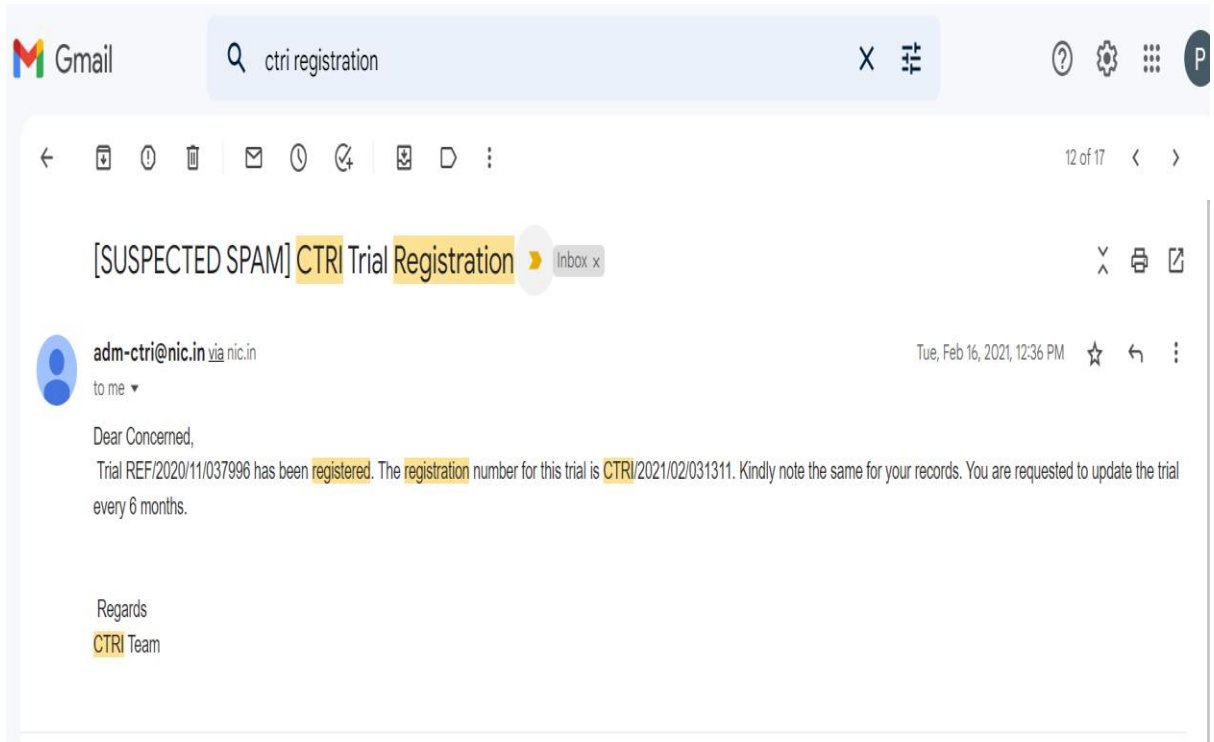
पीएच.डी. विद्वान,

संपर्क नंबर:

नर्सिंग विभाग,

SRHU, देहरादून

APPENDIX XIII CTRI Registration



CHILDBIRTH PREPARATION: CONCEPT ARTICLE

Lekha Bist¹, Dr. Lekha Viswanath², Dr. Ruchira Nautiyal³

¹Research Scholar, Himalayan College of Nursing, Swami Rama Himalayan University, Jolly Grant, Dehradun, Uttarakhand.

²Professor, Himalayan College of Nursing, Swami Rama Himalayan University, Jolly Grant, Dehradun, Uttarakhand.

³Professor, Himalayan Hospital Swami Rama Himalayan University, Jolly Grant, Dehradun, Uttarakhand.

Abstract: Childbirth preparation programs are significant tool to improve maternal and child health. Today, no one knows the most effective educational approach. The objective of this article is to discuss various methods of childbirth preparation and the impact of childbirth preparation on antenatal mothers.

Keyword- Childbirth preparation, childbirth education, parenthood education, Centering pregnancy, pregnancy, prenatal care, childbirth education methods.

Introduction- Path towards pregnancy are many but not always happy¹. The decision to accept pregnancy is not always easy. Pregnancy produces a feeling of ambivalence of whether I want it or not². Such ambivalent feelings raises doubt in parents that whether it is the right time, whether they have necessary resources to raise the child or whether they are ready to play the role of mother of father^(3,4). Once the future parents makes the decision to continue with the pregnancy, it is important to prepare them by educating about gestational care, childbirth, postnatal and new born care. During the phase of preparation, the new mothers are prepared for pregnancy, labour process and for the new role of “motherhood”.

Science and various research studies have proved that child health starts in the antenatal stage and this makes childbirth preparation very significant. Everything, right from mothers’ diet, emotions and health influence the health of her child^(5,6). So, World Health Organisation and other related scientific societies promote childbirth preparation at this stage.

Trends in Childbirth Education:

1.1 The beginning- By the end of 20th century many great changes took place in health care industry that gave a new perspective to hospitals. Over time the hospitals developed, technified and became the great centres of training and development of medicines. During this time, the first maternity centres arose to serve the most disadvantaged women. The delivery assistance

moves from homes to hospitals⁷. Women no longer had the opportunity to see their relatives give birth and lost ancestral control over their physiology and their natural knowledge of childbirth. In hospitals, in order to improve perinatal outcomes, deliveries were medicalised and instrumentalized. These medical interventions lead to anxiety and pain for women in childbirth, so the need arose to find the ways to reduce pain and anxiety⁸. In 1870, Young Simpson applied chloromorphine anaesthesia to childbirth. At the beginning of the century, studies were developed throughout Europe to achieve analgesia in childbirth with psychological means^{7,9,10}. Obstetrician start prenatal education program for childbirth. These early programs are the forerunners of the current Maternity/Paternity Education Programs.

1.2 Models of Prenatal Education- The first half of childbirth education emerge in the first half of the century in Europe. The objective was to reduce the pain of women during childbirth and it consisted of few sessions. Slowly, the program expanded in their objectives, sessions and focussed on pregnancy, bonding, couple and new-born.

1.3 Hypnosis and Childbirth Preparation-The clinical hypnosis was investigated by Charcot and Berheim^{11,12,13}. Schultze and Rhonhof in 1922 proved that by introducing educational sessions before childbirth the time needed to achieve hypnotic state was reduced. Kogerer in 1923, used post hypnotic self-suggestions^{14,15,16}

1.4 Dick Read Model- Grantly Dick Read, the obstetrician in 1932, published “Natural Childbirth”. According to him, birthing is a natural phenomenon in which pain is created by fear which causes muscular tension. Read formulated, Fear-Tension-Pain concept and developed session based on explanation, conversations, relaxation breathing techniques that enhance trust in health care team. This concept disseminated worldwide and underwent many changes.^{17,18}

1.5 Velvoski, Platinov&Nikolaiev Model- Velvoski, Platinov&Nikolaiev were working with hypnotic suggestion and were also looking for new obstetric psychoprophylaxis approaches.¹⁹ According to them, pain in labour is a reaction conditioned by sociological and religious-cultural stimuli based on Pavlov’s classical conditioning theory. As per this model, deconditioning of fear can be done through relaxation, language, positive thinking and by childbirth education^{20,21}. To actively involve women, breathing and muscle exercises were introduced. This model spread through Russia, china and Eastern Europe.

1.6 Lamaze Model- In 1940, Dr. Lamaze created a technical method that focussed on the requirement for a caring and loving environment with presence of companion. This model also insisted on power on power of verbal persuasion and active role of woman²². Laboyer in 1975, in his book “Birth without Violence” explained the creation of an environment of tranquillity in the labour room and the submersion of new-borns in a bath of warm water, so he is called as the precursor of water birth²³.

1.7 Midwife Consuelo Ruiz Model- “Labour without pain” in 1955 was written by midwife Consuelo Ruiz²⁴. School of “Obstetric Sophropedagogy” or “Maternal Education” was founded in 1956, which helped to change the focus from pain during labour to achieving a new socio-cultural standard, under which both the woman and her partner acquire knowledge to face labour

with peace, decreased fears and having positive experience and satisfaction towards

childbirth

25,26. In 1986, Maternal Education was included in U.S National Health System. ²⁷

2. Current Childbirth preparation Models- In the middle of 20th century, these methods obtained good perinatal results and spread throughout the world. ²⁸

2.1 International Childbirth Educator's Association- It is a non- profit organization founded in 1960 and further evolved the Lamaze Method. This association promotes freedom of choice for women and their partner by rendering childbirth knowledge and options. The major objective of this association is maternity and new-born care. It respects maternal autonomy and individuality. ^{29,30,31}

2.2 Husband Coached Childbirth- Robert Bradley in 1965, wrote in his book "Husband- Coached Childbirth" which focuses on birth companion. According to Bradley the birth companion must ensure that the parturient is in safe and quiet environment and should be able to help her in birth process. Bradley called husband or partner as "Coach" who will give instructions, relaxation and massages to women ³². Bradley was the pioneer of "Father Training".

2.3 Mindfulness based childbirth & Parenting- Kabat- Zinn in 1970, in university of Massachusetts Medical School developed Mindfulness Based Stress Reduction. This method insisted on development of conscience through meditation. This model help to reduce pregnancy related depression and anxiety ^{33,34}. This model was also the base for arising of new model "Centering Pregnancy".

2.4 Birth your Way- Sheila Kitzinger, in 1970's reinstated the importance of women wisdom in childbirth. Kitzinger, the author of "Birth Your Way: Choosing Birth at Home or in a Birth Centre" explains that women into their contractions in the way they feel they achieve harmony and rhythm and acquire the knowledge to make their own decisions. The presence of midwife, instructors and husband create a favourable environment for childbirth. Janet, assistant of Kitzinger created the Active Birth movement and proposed the use of yoga for positive childbirth ³⁵.

2.5 Haptonomy- In the 70's, a new approach of childbirth preparation developed in Netherlands: "Haptonomy", which extended to France, Switzerland and Spain. Dr. Etienne Herbinet, explains that Haptonomy works on touch, palpation and tactile contact as a means to communicate. This approach prepared the future parents to develop emotional bond with the baby. ^{36,37}

2.6 Respiratory Autogenic Training (R.A.T)- Umberto Piscicelli in 1984, published his book "Respiratory Autogenic Training and Psychoprophylaxis in Obstetrics". His work was inspired by Schultz's autogenic breathing, the laws of conditioning, psychotherapy, relaxation therapy. The women is given full autonomy for her birth decisions and is prepared to act in an environment full of stimuli. This approach also focus on correction of negative psychic aspects and non- adaptive behaviour. ^{38,39}

2.7 Hypnobirthing- Marie Mickey in 1990, developed the Morgan Method, famously known as Hypnobirthing. This approach believes that all women within them have the power or natural

instincts to achieve a natural childbirth. This method also work on mother's childbirth expectations and to achieve positive childbirth experience. It emphasized on breathing, relaxation, visualization, self-hypnosis and language. This approach

also highlighted the fact that childbirth does not have to be painful^{40,41}

2.8 Intra Uterine Harmonization- Dr. Thomas Verny and Pamele Weinhaub in 1992, developed a new childbirth preparation program which works on music, deep relaxation, massage and visualization to prepare prospective parents. The various novel strategies they used under this program to prepare couples were guided imaginary, drawing, lullabies and names by which they will be addressing their babies. They believed that positive thinking techniques is an important component of childbirth preparation⁴²

2.9 Birthing from Within- Pam England & Rob Horowitz in 1998, developed a holistic approach to childbirth preparation and postnatal care known as “Birthing from Within”. Birthing from within, addressed on introspection and self-discovery from the woman’s point of view and own internal experience⁴³

2.10 Awareness of Welcome- Dr. Wendy Anne McCarty in 2004, reviewed 30 year of clinical research in the field of childbirth preparation. Her book “Awareness of Welcome” presents an integrated model of early development that was a reflection of the clinical results. It is an integrating model of early human experience, learning, development and care. In this model the authors affirms that the most important thing is to reconstruct our sensitive spiritual nature as well as our fundamental nature of sensitive human being.⁴⁴

Impact of childbirth preparation:

Pregnancy is often an exciting and joyful time, but sometime this excitement can bring anxiety about carrying and giving birth to a child, especially for the new moms. However, with proper guidance, education and support, those anxieties can be relieved. Beneficial impact of childbirth preparation program is: -

a. Childbirth experience- Childbirth education or preparation programme are found to be effective in improving the mother’s knowledge, outcome and experience with childbirth.^{45,46} Deepthy et al conducted a quasi-experimental study to assess the effectiveness of childbirth education on childbirth experiences of primigravid women. The study findings revealed the mean childbirth experience score of the experimental group receiving childbirth education programme was (38±11.8) was significantly lower than the control group (65.25±18.85) at $p < 0.001$. The study concluded that childbirth experience of the women can be improved with childbirth education.⁴⁷

b. Childbirth Self- Efficacy- Childbirth education has been shown to reduce fear and anxiety while increasing birthing confidence or Self- efficacy in expectant mothers. Munkhondya BM (2020) conducted a quasi-experimental study to assess the efficacy of companion-integrated childbirth preparation for childbirth fear, self-efficacy, and maternal support in primigravid. They enrolled the 70 pregnant mothers in experimental and control group. The primigravid women and their birth companions in the intervention group received two sessions of companion-integrated childbirth preparation, whereas the control group received routine care. At pre-test,

mean scores were similar in the intervention and control groups. At post-test, being in the intervention group significantly decreased childbirth fears ($\beta: = - .866$, $t(68) = - 14.27$, $p <$

.001) and significantly increased childbirth self-efficacy ($\beta = .903$, $t(68) = 17.30$, ($p < .001$)⁴⁸

c. Knowledge of Childbirth Process- Childbirth preparation classes also include contents like physiological changes of pregnancy, nutrition during pregnancy, prenatal care that is something more than labor and birth. Childbirth preparation program actually prepares for safe and smooth delivery. Childbirth preparation program helps mothers to learn how to take care of themselves and their new born in a multitude of ways. In a study published by the American Journal of Obstetrics and Gynaecology (AJOG) participating in childbirth classes can reduce the rates of adverse delivery outcomes like failed induction and caesarean sections. It is concluded in study that this is due to the increased knowledge and skills in women who take childbirth classes.

d. Maternal birth Outcomes- A lot of anxiety and fear surrounding pregnancy and childbirth comes from not knowing what to expect once the labour begins. Many studies have reported that women attending childbirth preparation program had lower pain level and better labour outcome. A clinical trial conducted in Iran among 57 women who were offered childbirth preparation class during pregnancy and a normal physiologic childbirth program during labour while the control group received conventional care. The study outcome was the measure of labour pain between both the groups. The results revealed that the mean of labour pain in the intervention group was significantly lower than the control group ($p < 0.001$). The study concludes that complete implementation of the normal physiologic childbirth program can reduce the severity of labour pain.⁴⁹ Gluck Ohad et al conducted retrospective study and reviewed the medical records of nulliparous women who participated in childbirth preparation class during their pregnancy and delivered between January 2014 to December 2017. The control group comprised of nulliparous women who delivered in the same time period but did not participate in education class. The study findings showed that the group of women who received childbirth preparation programme during their pregnancy had higher rate of normal vaginal deliveries and lower rate of vacuum extraction as compared to group of women who did not receive childbirth preparation.⁵⁰

e. Neonatal Outcomes- The impact of childbirth education can be seen on various neonatal outcome like birth weight, APGAR score, breast feeding and decrease rate of prematurity. Madhavanprabhakaran et al conducted a randomized controlled trial with the objective to evaluate the effectiveness of childbirth educational intervention on nulliparous women's knowledge on childbirth preparation, pregnancy anxiety and pregnancy outcomes. The experimental group received childbirth education in 3 sessions. The findings of the study revealed that the experimental group demonstrated a significantly higher level of knowledge on childbirth preparation ($p < 0.001$) and lower score of pregnancy. Specific anxiety compared to control group. Significant reductions in rate of caesarean section and 12% increase in newborn's birth weight were main positive birth outcomes. The study concluded that the emerging trend of caesarean section on maternal request due to childbirth anxiety could be reduced by empowering primigravida mothers through childbirth education.⁵¹

f. Improved postpartum and new born care-Some international studies have demonstrated that the participation in childbirth preparation classes can be associated with reduce labour pain, increased vaginal deliveries, reduce anxiety, fear, increased breast-feeding efficacy and improve women relationship with health care professionals. A true experimental study conducted by Jayasankari et al to assess effectiveness of childbirth education intervention increased the knowledge level of the antenatal mothers which is highly correlated with the increase in the coping level of the parturient, decrease in the duration of labour, an uneventful intrapartum period, a positive childbirth experience and an increase in maternal and infant bonding during postnatal period.⁵²

g. Coordination with care team- By providing a trip to labour room, teaching about various birthing positions a realistic expectation is developed among women which helps the pregnant women to develop better coordination and understanding with health care professionals.⁵³

The need for these classes is more in these times. Not every man and woman has seen small babies at home. They lead busy lives, live in nuclear setups where families are small and precious. True, our parents, grandparents and great-grandparents delivered child after child, and never was there any need for classes. However, it is important to remember that family support in earlier times was much more than it is today. There were many experienced women by our parents' and grandparents' side to guide them every step of the way. Such help is not always an option nowadays, with everyone leading busy lives. It is thus important that pregnant women look out for themselves.

Conclusion- The need for these classes is more in these times. Not every man and woman has seen small babies at home. They lead busy lives, live in nuclear setups where families are small and precious. True, our parents, grandparents and great-grandparents delivered child after child, and never was there any need for classes. However, it is important to remember that family support in earlier times was much more than it is today. There were many experienced women by our parents' and grandparents' side to guide them every step of the way. Such help is not always an option nowadays, with everyone leading busy lives. It is thus important that pregnant women look out for themselves.

Pregnancy and childbirth are very special time in the life of every women. The nine months of pregnancy and the hours of labour or delivery are event of physical and psychological changes. Every change brings challenges that can be successfully overcome, if the women and their partner is prepared for the pregnancy and childbirth by her midwife or childbirth educator. The importance of childbirth preparation or education during pregnancy is emphasized for positive childbirth expectations, experience, better maternal-neonatal outcome and to achieve childbirth satisfaction.⁵³

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Appendix XV

2021

NATIONAL VIRTUAL
CONFERENCE



CERTIFICATE OF PRESENTATION

This is to certify that

Lekha (3rd Position)

Presented a paper titled

“Child birth preparedness and child birth lived experience among primigravida. Qualitative approach”

At the **National Virtual Conference** Organized by
Shri Guru Ram Rai University, College of Nursing, Patel Nagar, Dehradun, Uttarakhand
In collaboration with The Indian Red Cross Society, Uttarakhand State Branch
Held on 10th & 11th June, 2021


Shri Mahant Devendra Dass Ji Maharaj
CHANCELLOR
SGRRU


Prof. U.S. Rawat
VICE CHANCELLOR
SGRRU


Prof. G. Ramalakshmi
PRINCIPAL
COLLEGE OF NURSING

Appendix XV



CERTIFICATE

— OF PRESENTATION —





ASIA PACIFIC CONFERENCE ON NURSING SCIENCE AND HEALTHCARE

01ST & 02ND DECEMBER 2021 | DUBAI, UAE

This is to certify that **Lekha Bist** of
Kailash Institute of Nursing & Paramedical Sciences presented his/her worthy Oral
Presentation titled *A descriptive study to assess childbirth preparedness, childbirth fear and childbirth expectation among
primigravida mothers in selected community health centre of Noida, Uttar Pradesh.* in the
“Asia Pacific Conference on Nursing Science and Healthcare” Organized by Society For Nursing Practices (SFNP) and
BioLEAGUES Worldwide held on 01st & 02nd December 2021.



Dr. L. Lakshmi
Dean
Sathyabhama College of
Nursing, Chennai, India



Vasantha Kumari
Associate Professor
Child Health Nursing
Wollega University, Ethiopia



Dr. S.P. Subhashini
Dean
Galgotias School of Nursing
Galgotias University, India



Prof. Niyati Das
Kalinga Institute of Nursing
Sciences, KIIT University
India



Dr. Miriam C.A. Wagoro
Dean
School of Nursing Sciences,KNH
University of Nairobi, Kenya

Master Data Sheet

TOOL 1- Background Characteristics																		
Section A(Demographic)												Section B (Obstetric Data)						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	26	4	1	2	4	1	1	1	1	1	2	2	1	21/12/2019	28/09/2021	32	1	60
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5	26	2	1	4	6	1	1	2	2	2	2	1	1	05/01/2020	12/10/2020	36	1	62
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23	25	1	2	2	6	1	1	2	2	1	4	1	2	23/09/2020	30/06/2021	33	2	68

24	28	1	1	5	6	1	1	2	1	2	2	1	1	22/09/2020	29/06/2021	35	7	69
25	27	2	1	5	6	1	1	2	1	1	4	2	1	12/08/2020	19/05/2021	35	9	70
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30	28	1	2	4	6	2	1	2	1	1	2	2	1	22/08/2020	29/05/2021	34	9	72
31	28	1	2	4	6	2	1	1	1	1	2	2	1	11/09/2020	18/06/2021	32	7	65
32	27	1	2	4	6	1	1	1	1	1	4	1	1	02/09/2020	09/06/2021	34	2	66
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34	28	1	2	2	5	1	1	1	1	1	4	1	1	11/09/2020	18/06/2021	32	2	69
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36	28	2	1	5	5	1	1	1	1	1	2	1	1	15/08/2020	22/05/2021	34	1	67
37	25	2	1	5	5	1	1	2	1	1	4	2	1	19/09/2020	26/06/2021	36	2	65
38	25	2	1	5	6	1	1	1	1	2	4	2	1	12/09/2020	19/06/2021	34	2	66
39	25	1	1	5	6	1	1	2	1	2	4	1	2	11/08/2020	18/05/2021	33	1	67
40	26	1	2	5	5	1	1	2	1	1	2	1	2	15/09/2020	22/06/2021	34	1	68
41	26	1	1	5	6	1	1	2	1	1	4	1	2	14/09/2020	21/06/2021	33	2	66
42	27	1	1	5	6	1	1	2	1	1	4	1	2	13/09/2020	20/06/2021	35	7	64
43	26	2	1	4	6	1	1	2	1	1	4	1	2	16/08/2020	23/05/2021	34	8	65
44	25	1	1	4	6	1	1	2	1	2	4	1	1	17/08/2020	24/05/2021	33	9	67
45	24	1	2	4	6	2	1	1	1	2	4	1	1	19/09/2020	26/06/2021	32	7	68
46	27	1	2	5	6	2	1	1	1	2	4	1	1	18/08/2020	25/05/2021	34	8	69
47	28	1	2	5	6	1	1	1	1	1	4	2	1	17/09/2020	24/06/2021	33	7	71
48	29	2	2	5	6	1	1	1	2	1	4	2	2	16/08/2020	23/05/2021	34	7	72
49	26	2	1	5	6	1	1	1	1	1	4	1	1	14/08/2020	21/05/2021	32	7	73
50	27	2	1	5	6	1	1	1	1	2	4	1	1	15/09/2020	22/06/2021	34	8	74

TOOL 2																																												
Childbirth Planning														Knowledge regarding danger signs & medical intervention																														
San	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
2	1	1	1	1	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
3	1	1	1	1	1	0	0	0	0	0	1	0	1	1	1	1	0	0	1	0	1	0	0	0	1	1	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	
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7	1	1	1	1	1	1	0	0	0	0	0	1	0	1	0	1	0	0	1	0	1	0	0	0	0	1	0	0	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	
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9	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	1	1	1	0	1	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10	0	0	0	1	1	1	1	1	1	1	1	0	1	0	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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TOOL 2																																												
Sample	Childbirth Planning														Knowledge related to labour and medical intervention														Awareness related to danger signs, complications															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40				
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35	0	1	1	0	0	1	1	1	1	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
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37	0	0	0	0	0	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	0	1	0	0	1	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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41	0	0	0	1	0	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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45	0	1	1	0	0	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	1	1																		

Pre Test Control Group ---Childbirth Expectation Questionnaire(CEQ)

	Significant Others							Nursing Support								Pain/Coping							Intervention													
	1	9	11	17	27	31	34	2	3	6	7	8	23	26	28	4	5	12	15	16	18	21	22	25	29	35	10	13	14	19	20	24	30	32	33	
1	4	2	2	4	2	1	2	17	2	2	2	2	2	2	2	16	2	2	2	2	4	2	2	2	2	2	24	2	2	2	2	2	2	2	2	
2	3	4	1	5	1	1	1	16	1	2	1	1	1	1	1	9	2	2	2	2	4	2	2	2	2	1	22	1	2	2	2	2	3	2	2	
3	3	2	3	4	1	1	2	16	2	2	2	2	2	2	2	16	1	2	2	3	4	1	1	1	1	2	1	19	2	1	2	2	2	1	2	
4	3	2	2	4	3	1	1	16	2	2	2	1	1	1	2	1	12	2	2	2	1	4	2	2	2	2	1	22	2	2	2	2	2	2	2	2
5	2	4	3	4	3	2	1	19	2	3	2	2	2	2	2	1	16	2	2	2	1	5	2	2	2	2	2	24	2	2	2	2	2	2	2	2
6	2	2	2	4	2	2	1	15	2	2	2	2	2	2	2	16	2	2	2	1	4	2	2	2	2	2	2	23	2	2	2	2	2	2	2	2
7	3	1	1	2	1	1	1	10	1	2	1	1	1	1	1	9	2	2	2	2	4	2	2	2	2	1	1	22	1	2	2	2	3	2	2	2
8	2	2	3	1	1	2	2	13	2	2	2	2	2	2	2	16	1	2	2	1	4	1	1	1	1	2	1	17	2	1	2	2	2	1	2	1
9	2	2	2	1	2	1	2	12	2	2	2	1	1	1	2	1	12	2	2	2	1	4	2	2	2	2	1	22	2	2	2	2	2	2	2	2
10	2	4	2	4	2	2	2	18	2	3	2	2	2	2	2	1	16	2	2	2	1	5	2	2	2	2	2	24	2	2	2	2	2	2	2	2
11	4	2	2	4	2	2	2	18	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	2	2	20	2	2	2	2	3	2	2	2
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34	2	4	2	4	2	2	2	18	2	3	2	2	2	2	2	1	16	2	2	2	1	5	2	2	2	2	2	24	2	2	2	2	2	2	2	2
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37	4	2	2	4	2	2	2	18	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	3	2	2	2
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39	4	2	2	4	2	2	2	18	2	2	2	2	2	2	2	16	2	2	2	2	2	2	2	2	2	1	2	21	2	2	2	2	2	2	2	2
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41	4	2	2	4	2	2	2	18	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	3	2	2	2
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44	4	2	2	2	2	2	2	16	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	3	2	2	2
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46	4	2	2	4	2	2	2	18	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	3	2	2	2
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50	4	2	2	4	2	2	2	18	2	3	2	2	2	2	2	17	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	3	2	2	2
								838								775												1032								

Post Test Experimental Group ---Childbirth Expectation Questionnaire(CEQ)

Sample	Significant Others							Total	Nursing Support							Total	Pain/Coping							Total	Intervention													
	1	9	11	17	27	31	34		2	3	6	7	8	23	26		28	4	3	12	13	16	18		21	22	23	29	33	10	13	14	19	20	24	30	32	33
1	3	4	4	3	4	4	4	26	4	4	4	4	4	3	4	4	31	4	4	4	3	4	3	4	4	4	4	3	41	4	4	4	4	4	4	4	4	4
2	3	4	4	4	4	3	4	26	4	3	4	4	3	4	3	3	28	4	4	4	3	4	3	3	3	4	4	4	40	4	4	4	3	4	3	4	3	4
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6	4	4	4	4	4	4	4	28	4	3	4	4	3	4	3	3	28	4	4	4	5	3	4	4	3	4	4	4	43	4	4	4	5	4	3	4	3	4
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8	4	3	3	3	3	4	4	24	4	3	4	4	3	4	3	3	28	4	3	4	5	4	3	4	4	3	3	4	41	4	4	4	4	4	5	4	4	4
9	4	4	3	3	3	4	4	25	4	3	4	4	3	4	3	3	28	4	4	4	3	4	4	4	3	3	4	41	4	4	4	4	4	5	4	4	4	
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19	3	4	4	4	3	4	3	25	4	4	4	4	3	4	4	4	31	4	4	3	3	3	4	4	4	3	4	4	40	3	3	4	4	3	4	4	3	3
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Post Test Control Group ---Childbirth Expectation Questionnaire(CEQ)																																						
Significant Others								Nursing Support								Total	Pain/Coping										Total	Intervention										
	1	9	11	17	27	31	34	Total	2	3	6	7	8	23	26	28	Total	4	5	12	15	16	18	21	22	25	29	35	Total	10	13	14	19	20	24	30	32	33
1	4	2	2	2	2	1	2	15	2	2	2	2	2	2	2	2	16	2	2	2	2	4	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	4
2	3	4	1	2	1	1	1	13	1	2	1	1	1	1	1	1	9	2	2	2	2	4	2	2	2	2	4	4	28	4	3	4	4	3	3	4	4	4
3	3	2	3	2	1	1	2	14	2	2	2	2	2	2	2	2	16	1	2	2	3	4	1	1	3	1	2	1	21	2	1	3	2	2	2	1	2	3
4	3	2	2	4	3	1	1	16	2	2	3	3	1	1	2	1	15	2	2	2	1	4	3	2	2	2	1	2	23	2	2	2	2	2	2	2	2	2
5	3	4	3	4	3	2	1	20	2	3	2	2	2	2	2	1	16	2	2	2	1	5	2	2	2	2	2	2	24	2	2	2	2	2	2	2	2	2
6	2	2	2	2	2	2	1	13	2	2	2	2	2	2	2	2	16	2	2	2	1	4	2	2	2	2	2	2	23	2	3	2	2	3	2	2	2	2
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29	2	2	2	2	2	2	2	14	2	2	2	2	2	2	2	2	16	2	2	2	2	2	2	2	2	2	1	2	21	2	2	2	2	2	2	2	2	2
30	2	2	2	4	2	2	2	16	2	3	2	2	2	2	2	2	17	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	2	4	2	2	2
31	3	2	2	4	2	2	2	17	2	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	2	5	2	2	2
32	3	2	2	2	2	2	2	15	2	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	2	4	2	2	2
33	3	2	2	2	2	2	2	15	2	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	2	3	2	2	2
34	3	2	2	2	2	2	2	15	2	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	4	4	2	25	2	4	2	2	2	5	2	2	2
35	3	2	2	2	2	2	2	15	2	2	2	2	2	2	2	2	16	2	2	2	2	4	2	2	2	2	2	2	24	2	2	2	2	2	2	2	2	2
36	3	1	1	2	1	1	1	10	1	2	1	1	1	1	1	1	9	2	2	2	3	4	2	2	2	2	2	2	19	2	2	2	2	2	3	2	2	2
37	3	2	1	2	1	2	2	13	2	2	2	2	2	2	2	2	16	1	2	2	3	4	1	1	1	1	2	1	24	2	1	2	2	2	2	3	2	1
38	3	4	2	4	2	2	2	19	2	3	2	2	2	2	2	1	16	2	2	2	1	5	2	2	2	2	2	2	24	2	2	2	2	2	2	2	2	2
39	4	2	2	4	2	2	2	18	2	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	2	3	2	2	2
40	4	2	2	4	2	2	2	18	2	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	2	3	2	2	2
41	4	2	2	4	2	2	2	18	2	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	4	2	23	2	2	2	2	2	3	2	2	2	
42	4	2	2	3	2	2	2	17	2	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	1	2	20	2	2	2	2	2	2	2	2	2
43	4	2	2	4	2	2	2	18	2	2	2	2	2	2	2	2	16	2	2	2	2	2	2	2	2	2	1	2	21	2	2	2	2	2	2	2	2	2
44	3	2	2	4	2	2	2	17	2	3	2	2	2	2	2	2	17	2	2	2	1	4	4	2	2	3	2	26	2	2	2	2	2	3	2	2	2	
45	4	2	2	3	2	2	2	17	2	1	2	2	1	2	2	1	13	2	2	2	2	2	2	2	2	2	2	2	22	2	2	2	2	2	2	2	3	3
46	4	2	2	2	2	2	2	16	2	1	2	2	1	2	2	1	13	2	2	2	2	2	2	2	2	2	2	2	22	2	2	2	2	2	2	2	2	2
47	4	2	2	2	2	2	2	16	2	2	2	2	2	2	2	2	16	2	2	2	1	2	2	2	2	2	2	2	21	2	2	2	2	2	2	2	2	2
48	4	2	2	2	2	2	2	16	2	2	2	2	2	3	2	2	17	2	2	2	1	1	2	1	2	2	2	2	19	2	2	2	2	2	2	2	2	2
49	4	2	2	2	2	2	2	16	2	3	2	2	2	2	2	2	17	2	2	2	1	2	1	2	2	2	2	2	20	2	2	2	2	2	2	3	2	2
50	4	2	2	2	1	2	2	15	2	2	2	3	2	2	2	2																						

Pre Test Experimental Group- Wijma-A (Childbirth Expectation)

Sample	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	
1	4	2	1	5	4	1	1	0	4	4	0	0	4	5	4	4	5	4	0	0	5	4	4	1	0	0	0	4	0	5	1	4	5	
2	4	0	0	5	5	1	0	0	5	0	0	0	4	4	5	4	4	4	0	0	5	5	4	1	0	0	1	4	0	5	1	4	5	
3	4	0	1	5	5	0	3	0	5	4	0	0	4	5	5	4	4	4	0	0	5	5	4	0	0	0	1	4	0	5	1	4	5	
4	4	0	1	5	0	0	1	0	4	4	1	0	4	5	4	4	4	4	1	0	4	5	5	0	0	0	1	4	0	4	0	4	5	
5	4	0	1	5	0	0	1	0	4	4	0	0	4	5	4	4	4	4	0	0	4	4	4	5	0	0	0	1	4	0	5	0	5	5
6	4	3	1	5	5	3	1	3	5	0	1	1	5	5	5	4	5	4	0	0	4	4	4	0	0	1	0	4	0	5	0	5	5	
7	4	0	1	5	0	1	1	1	4	0	1	1	3	3	4	4	5	4	1	1	5	4	5	0	0	0	0	4	0	5	0	5	5	
8	5	0	3	5	0	1	1	1	4	4	1	1	3	4	5	4	5	4	0	0	5	5	5	0	0	0	0	4	0	5	0	5	5	
9	5	0	3	5	5	0	1	3	3	5	0	0	4	4	5	5	5	5	0	0	5	5	4	0	0	0	0	4	0	5	0	4	4	
10	4	0	1	4	4	1	1	1	4	4	1	1	5	5	4	4	4	4	0	0	4	5	4	0	0	0	0	4	0	5	1	5	5	
11	4	0	1	4	4	1	1	1	5	4	1	1	4	4	4	4	4	4	1	1	4	4	4	1	1	1	0	4	0	4	1	4	4	
12	5	0	0	5	5	0	0	0	5	5	0	0	5	5	5	5	5	5	0	0	5	5	5	0	0	0	0	5	0	5	0	5	5	
13	4	0	1	4	4	1	0	0	4	4	0	0	5	5	5	5	5	4	0	1	5	4	5	0	0	0	0	4	0	4	1	4	4	
14	4	0	0	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	5	4	5	0	0	0	0	5	0	5	0	5	4	
15	4	0	1	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	5	4	5	0	0	0	1	4	1	4	1	4	4	
16	4	0	0	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	5	4	5	0	0	0	0	5	0	5	0	5	5	
17	4	3	1	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	5	4	5	0	0	1	1	4	1	4	1	4	4	
18	4	3	0	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	5	4	5	0	0	1	0	5	0	5	0	5	5	
19	4	3	1	4	5	1	0	1	4	4	0	1	4	5	5	5	5	4	0	1	5	4	5	0	0	1	1	4	1	4	1	4	4	
20	5	1	1	4	5	1	0	0	4	4	0	1	4	5	5	5	5	4	0	1	5	5	5	0	0	1	1	5	1	5	1	5	5	
21	5	1	0	4	5	1	0	1	4	4	0	0	4	5	4	4	4	4	0	0	5	5	5	0	0	1	0	4	0	4	0	4	4	
22	4	1	1	4	5	1	0	1	4	4	1	0	4	5	4	4	4	4	1	0	5	5	5	0	0	1	0	5	0	5	0	5	5	
23	4	1	1	4	5	1	1	1	5	4	1	0	4	5	4	4	4	4	1	0	5	5	5	0	0	0	1	4	1	4	1	4	4	
24	5	1	1	4	4	1	1	1	5	4	1	0	4	5	4	4	4	4	1	0	5	5	4	0	0	1	1	5	0	5	0	5	5	
25	5	1	1	4	4	1	1	1	5	4	1	0	4	5	4	4	4	4	1	0	5	5	4	0	1	1	1	4	1	4	1	4	4	
26	5	1	1	4	4	1	1	0	5	4	1	0	4	5	4	5	4	4	1	0	5	5	4	0	1	1	1	4	1	4	1	5	5	
27	5	1	1	4	5	1	1	0	5	4	1	0	4	5	4	5	4	4	1	0	5	5	4	0	1	1	1	4	1	4	1	5	5	
28	5	1	1	4	5	1	0	0	5	4	0	0	4	5	4	5	4	4	1	0	5	5	4	0	1	1	0	5	0	5	0	4	4	
29	5	1	1	4	5	1	0	0	5	4	0	1	5	4	5	4	4	4	1	0	4	5	4	0	1	1	0	4	0	4	0	4	5	
30	5	1	1	4	5	1	0	0	5	4	0	1	5	4	4	5	4	4	1	0	4	4	4	0	1	1	1	5	0	5	0	5	4	
31	4	0	3	4	5	1	0	1	4	4	0	1	5	4	4	5	4	4	0	0	4	4	4	1	1	1	0	4	0	4	0	4	4	
32	4	0	0	5	5	1	0	1	4	4	0	1	5	4	5	5	4	4	0	0	4	4	4	1	0	1	1	5	1	5	1	5	5	
33	4	0	0	5	5	1	1	1	4	4	0	1	5	4	5	5	4	5	0	0	4	4	4	1	0	1	0	5	1	5	1	5	5	
34	4	0	0	5	5	1	1	1	4	4	0	1	5	4	5	5	4	5	0	1	4	4	4	1	0	1	0	5	1	5	1	5	5	
35	4	0	1	5	5	1	1	1	5	4	0	1	5	4	5	4	4	5	0	1	4	4	4	1	0	1	0	5	1	5	1	5	5	
36	4	0	1	5	5	1	1	1	5	4	0	1	5	4	5	4	4	5	0	1	4	4	4	1	0	1	0	4	1	4	0	4	4	
37	4	0	1	5	5	1	1	1	5	4	1	1	4	4	5	4	4	5	0	1	4	4	4	4	1	0	1	1	4	0	5	0	5	5
38	4	0	1	5	5	1	1	1	5	5	1	1	4	4	5	4	4	5	0	1	4	4	4	1	0	1	1	5	1	4	0	4	4	
39	4	0	1	5	5	1	1	1	5	5	1	1	4	4	5	4	4	5	0	1	4	4	4	1	0	1	1	4	0	4	0	5	5	
40	4	0	0	5	4	1	1	1	5	5	1	1	4	4	5	4	4	5	0	1	4	4	4	1	0	1	0	5	1	4	0	4	4	
41	5	3	0	5	4	1	1	1	5	5	1	1	4	4	5	4	4	5	0	1	5	4	4	1	0	1	0	5	0	4	0	5	5	
42	4	0	0	5	4	0	1	1	5	5	1	1	4	4	4	4	5	5	0	1	5	4	4	1	0	1	0	5	0	5	0	4	4	
43	5	0	0	4	5	0	0	0	5	5	1	1	4	4	4	4	5	4	0	1	5	4	4	0	0	1	0	4	0	5	0	4	4	
44	4	1	0	4	5	0	0	0	4	5	1	1	4	4	4	4	5	4	0	1	5	5	4	0	0	1	1	4	0	5	0	4	4	
45	4	1	0	4	5	0	0	0	5	5	1	1	4	4	4	5	5	4	0	1	5	5	4	0	0	1	1	4	1	4	1	4	4	
46	5	1	1	5	5	0	0	0	4	4	0	0	5	5	4	5	5	4	0	1	5	5	4	0	0	1	1	5	1	4	1	5	5	
47	5	0	0	5	5	1	0	0	5	5	0	0	5	4	5	4	5	4	0	1	5	5	4	0	0	1	1	5	0	5	0	5	5	
48	4	0	0	5	4	1	0	0	4	4	0	0	5	5	4	4	4	4	0	1	5	5	4	0	0	1	1	5	0	5	0	4	5	
49	5	1	0	4	4	1	1	0	5	5	0	1	4	4	5	5	5	5	1	0	4	5	4	0	0	1	0	4	0	4	0	4	5	
50	5	0	0	4	4	1	0	0	4	4	0	1	4	5	4	4	4	5	0	0	4	4	4	0	0	1	0	4	0	4	0	5	4	

Pre Test Control Group- Wijma-A (Childbirth Expectation)

Sample	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
1	4	0	1	4	4	1	1	1	4	4	1	1	5	5	4	4	4	4	0	0	4	5	4	0	0	0	0	4	0	5	1	5	5
2	4	0	1	4	4	1	1	1	5	4	1	1	4	4	4	4	4	4	1	1	4	4	4	1	1	1	0	4	0	4	1	4	4
3	5	0	0	5	5	0	0	0	5	5	0	0	5	5	5	5	5	5	0	0	5	5	5	0	0	0	0	5	0	5	0	5	5
4	4	0	1	4	4	1	0	0	4	4	0	0	5	5	5	5	5	4	0	1	5	4	5	0	0	0	0	4	0	4	1	4	4
5	4	0	0	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	4	4	5	0	0	0	0	5	0	5	0	5	4
6	4	0	1	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	5	4	5	0	0	0	1	4	1	4	1	4	4
7	4	0	0	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	5	4	5	0	0	0	0	5	0	5	0	5	5
8	4	3	1	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	5	4	5	0	0	1	1	4	1	4	1	4	4
9	4	3	0	4	4	1	0	1	4	4	0	1	5	5	5	5	5	4	0	1	5	4	5	0	0	1	0	5	0	5	0	5	5
10	4	3	1	4	5	1	0	1	4	4	0	1	4	5	5	5	5	4	0	1	5	4	5	0	0	1	1	4	1	4	1	4	4
11	5	1	1	4	5	1	0	0	4	4	0	1	4	5	5	5	5	4	0	1	5	5	5	0	0	1	1	5	1	5	1	5	5
12	4	0	0	5	4	0	0	0	5	5	1	0	5	4	4	4	4	5	1	0	4	4	5	1	0	0	0	4	3	4	1	4	3
13	4	0	0	5	4	0	0	0	5	5	1	0	5	4	4	4	4	5	1	0	4	4	5	1	0	0	0	4	0	4	1	4	3
14	4	0	1	5	4	0	0	0	5	5	1	1	5	4	5	4	4	5	1	0	4	4	5	1	0	0	0	4	0	4	1	5	3
15	4	0	1	5	4	0	0	0	5	5	1	1	4	4	5	4	4	5	1	0	4	4	4	1	0	1	0	4	0	4	1	5	4
16	4	0	1	5	4	0	0	0	5	4	1	1	4	4	5	4	4	5	1	0	4	4	4	1	0	1	0	4	0	4	1	5	4
17	4	0	1	5	4	1	0	0	5	4	1	1	4	4	5	4	5	4	1	0	4	4	4	1	0	1	1	4	0	4	1	5	4
18	4	0	1	5	4	1	0	0	5	4	0	0	5	4	4	4	5	4	1	0	4	4	4	1	0	0	1	4	4	4	1	5	4
19	5	0	0	4	4	1	0	1	5	4	0	0	5	4	4	4	5	4	1	0	4	5	4	1	0	0	1	4	1	4	1	3	4
20	4	0	0	4	4	1	0	1	5	4	0	0	5	4	4	4	5	4	0	0	4	5	4	1	0	0	1	5	1	4	1	3	4
21	5	0	1	4	4	1	0	1	5	3	0	0	5	4	4	5	5	4	0	0	5	5	4	1	0	0	1	5	1	5	1	3	4
22	5	0	1	4	5	0	0	1	4	3	0	1	5	4	4	5	4	5	0	0	5	4	5	0	0	0	1	5	1	5	1	4	4
23	4	0	1	4	5	0	0	1	4	2	0	1	4	5	4	5	4	5	0	0	5	4	5	0	0	0	1	5	1	5	0	4	4
24	5	0	0	4	4	0	1	1	4	5	1	1	4	5	4	5	4	5	1	1	5	4	5	0	1	0	1	5	1	5	0	4	4
25	4	0	0	5	4	0	1	1	4	5	1	1	4	5	4	5	4	5	1	1	5	4	5	0	1	1	1	3	1	5	0	4	4
26	4	0	0	5	4	0	1	1	4	3	1	1	4	5	5	4	4	4	1	1	5	4	5	0	1	1	1	3	3	5	0	4	4
27	4	0	0	5	4	1	1	0	4	4	1	1	4	5	5	4	4	4	1	1	5	4	5	0	1	1	0	3	0	4	0	4	5
28	5	1	0	5	4	1	1	0	4	4	1	1	4	5	5	4	5	3	1	1	5	4	5	0	1	1	0	4	0	4	0	4	5
29	4	1	1	5	4	0	1	0	5	4	0	1	5	5	5	4	5	4	1	1	5	4	5	0	0	1	0	4	0	4	0	4	5
30	4	1	1	4	4	0	1	0	5	4	0	0	5	5	5	4	5	5	1	1	5	4	4	0	0	1	0	4	0	4	1	4	5
31	4	1	1	4	4	1	0	0	5	4	0	0	5	5	5	4	5	5	1	1	4	4	4	0	0	1	0	4	0	4	1	4	5
32	4	1	1	4	5	1	0	1	5	3	0	0	5	5	4	5	5	3	1	1	4	4	4	2	0	1	0	4	0	4	1	4	3
33	5	3	1	4	5	1	0	1	5	3	0	0	5	5	4	5	5	4	1	1	5	4	4	1	0	0	0	4	0	4	1	4	4
34	5	3	1	4	5	0	0	1	5	5	0	1	5	5	4	4	5	4	1	0	5	4	4	1	0	0	0	4	0	4	1	5	4
35	5	2	0	4	5	0	0	1	5	5	1	1	5	5	4	4	5	4	1	0	5	4	4	1	0	0	0	4	0	4	1	5	4
36	4	3	0	4	5	0	1	1	5	5	1	0	5	5	4	4	4	4	1	0	5	4	4	1	0	0	0	4	0	4	1	5	4
37	4	1	0	5	4	1	1	1	4	5	1	0	5	3	5	4	4	5	1	1	5	5	4	1	1	0	0	4	0	4	1	5	4
38	4	1	1	5	4	1	1	0	4	5	1	0	4	4	5	4	4	5	0	1	4	5	5	1	1	0	1	4	0	4	1	5	4
39	4	1	1	5	5	1	1	0	4	4	1	0	4	5	5	4	5	0	1	4	5	5	5	1	1	0	1	4	0	4	1	3	4
40	4	1	1	5	4	1	1	0	4	4	0	1	4	4	5	5	4	5	0	1	4	5	5	1	1	1	1	5	0	4	1	4	4
41	4	1	1	5	4	1	1	0	4	5	0	1	4	4	3	5	4	5	0	1	4	4	5	1	1	1	1	5	0	5	1	4	5
42	4	0	0	5	4	1	1	0	4	5	0	1	4	4	3	5	4	5	0	1	4	4	5	3	0	1	1	5	0	5	1	4	5
43	4	0	0	5	4	1	1	0	4	3	0	1	4	3	4	5	4	5	1	1	4	4	4	3	0	1	1	5	0	5	3	4	4
44	5	0	0	4	5	1	1	0	4	4	0	1	3	4	4	4	5	5	1	0	4	4	4	3	0	1	1	5	0	5	1	4	4
45	5	0	0	4	5	1	1	1	4	4	0	1	3	4	4	4	5	5	1	0	3	4	4	3	0	1	1	3	1	5	1	4	4
46	5	0	0	4	5	1	1	1	4	4	1	1	4	4	4	4	5	5	1	0	3	4	4	3	0	1	1	4	1	5	1	4	4
47	5	0	1	5	5	1	1	1	4	4	0	1	4	3	4	4	5	5	1	0	4	4	4	3	0	1	1	4	1	5	1	4	5
48	5	1	1	5	5	1	1	1	4	4	0	1	4	5	5	4	5	5	1	0	4	4	4	3	0	1	1	4	1	5	1	5	5
49	5	1	1	5	5	1	1	1	4	5	0	1	5	5	3	4	3	5	1	0	4	4	4	3	0	0	1	4	1	5	1	5	5
50	5	1	1	5	4	1	1	1	4	5	0	1	5	5	4	4	4	5	1	0	4	5	4	3	1	0	1	4	1	5	1	4	5

PostTest Experimental Group- Wijma-B(Childbirth Experience)

Sample	2	2	3	4	0	6	7	8	9	20	22	22	23	24	20	26	27	28	29	20	22	22	23	24	20	26	27	28	29	30	32	32	33	
2	0	4	4	3	3	4	4	4	0	4	4	4	0	3	0	2	0	4	4	0	4	3	3	4	0	4	0	4	4	4	0	2	2	
2	0	0	4	2	0	4	4	0	0	2	0	0	2	4	4	2	0	2	4	4	2	0	2	0	4	0	0	2	2	0	4	2	0	
3	0	0	4	2	0	4	4	0	0	2	0	0	2	4	4	2	0	2	4	4	0	4	2	0	4	0	0	2	2	2	4	2	0	
4	0	0	4	2	0	0	4	0	0	2	0	0	2	4	4	2	0	2	4	4	0	4	2	0	4	0	0	2	2	2	4	2	4	
5	2	0	4	2	2	0	4	0	0	4	0	2	0	0	0	2	0	2	4	4	2	0	2	0	4	0	0	2	2	3	0	2	4	
6	2	0	0	2	2	0	4	4	0	0	4	0	2	2	0	2	2	2	4	4	4	0	2	0	4	0	0	2	2	3	0	2	4	
7	0	4	0	2	2	0	4	4	0	4	4	4	0	2	0	0	2	2	4	0	2	0	2	4	0	4	4	0	0	2	0	0	4	
8	0	4	0	0	2	0	4	4	2	4	4	4	0	2	0	0	2	2	4	0	2	2	2	4	0	4	4	0	0	2	4	0	0	
9	0	4	0	0	2	0	0	4	2	4	4	4	0	2	4	0	0	2	4	0	2	2	2	4	0	4	4	0	0	2	4	0	0	
20	0	0	0	0	2	0	0	4	2	4	4	4	2	2	4	0	0	2	4	0	2	2	2	4	0	4	4	0	0	2	4	0	0	
21	2	0	4	2	0	4	0	0	0	2	4	4	2	2	4	2	2	2	4	0	2	0	2	4	4	4	4	4	0	4	2	4	2	0
22	0	4	0	0	2	0	4	4	2	2	4	4	2	0	0	0	2	2	0	4	0	3	0	0	0	0	4	2	0	0	2	0	2	
23	2	4	4	0	2	4	0	0	0	2	4	0	0	2	4	2	0	0	4	0	2	2	2	4	0	0	0	2	2	2	4	2	2	
24	2	4	4	0	2	0	0	4	4	4	4	4	0	0	4	2	0	0	4	0	2	2	2	4	0	0	0	2	2	2	4	2	2	
20	0	0	0	2	2	4	4	0	3	3	0	0	0	0	0	2	0	0	4	4	2	2	2	4	0	4	4	2	2	2	4	2	2	
26	2	4	4	2	4	4	0	4	2	2	4	4	2	2	4	2	0	0	0	0	2	2	2	0	0	4	4	0	0	0	0	0	0	
27	0	4	0	2	3	4	4	4	2	0	4	0	0	2	0	0	0	0	4	0	0	0	0	4	0	0	4	2	2	2	4	0	2	
28	0	4	0	2	2	4	4	4	2	0	4	0	0	2	0	0	0	0	4	0	0	0	0	4	0	0	4	2	2	2	4	2	2	
29	0	4	0	2	4	4	4	4	2	0	4	0	0	2	0	0	0	0	4	0	0	0	0	4	0	0	4	2	2	2	4	2	2	
20	0	4	4	0	3	4	4	4	2	0	4	0	0	2	0	0	0	0	4	0	0	0	0	4	0	0	4	2	2	2	4	2	0	
22	2	4	4	0	2	4	4	4	2	0	0	0	0	2	0	0	0	0	4	0	0	0	0	4	0	0	4	2	2	2	4	2	0	
22	0	4	4	0	0	4	4	4	2	4	0	0	0	2	0	0	0	0	4	0	0	0	0	4	0	0	4	2	2	2	4	0	2	
23	2	4	4	2	0	4	0	4	3	4	0	0	0	2	4	0	0	0	4	0	2	0	0	4	0	0	4	2	2	2	4	0	2	
24	2	0	4	2	4	4	0	4	3	4	0	0	0	2	4	0	0	0	4	0	2	0	0	4	0	0	0	2	2	2	4	0	2	
20	2	0	4	2	0	4	0	4	4	3	0	0	0	2	4	0	0	0	4	0	2	0	0	4	0	0	0	2	2	2	4	0	2	
26	0	0	4	2	4	4	0	4	3	3	4	0	0	2	4	0	0	0	4	0	2	0	0	4	0	0	0	2	2	2	4	0	2	
27	2	0	4	2	4	4	0	4	3	4	4	0	2	2	4	0	0	0	4	0	2	0	0	4	0	0	0	0	2	0	0	2	0	
28	2	0	4	2	2	4	0	4	2	0	4	0	2	2	0	0	2	0	4	0	2	0	0	4	0	0	0	0	2	0	0	0	0	
29	2	0	4	2	3	4	0	0	2	2	4	0	2	2	4	0	2	2	4	0	2	0	0	0	0	0	0	0	2	2	0	0	2	0
30	2	0	4	2	0	4	4	0	2	2	4	0	2	2	0	2	2	2	4	0	0	0	0	0	0	4	0	0	0	0	0	2	0	
32	2	0	4	2	2	4	4	0	2	2	4	0	2	2	0	2	2	2	4	0	0	0	0	0	4	4	4	0	0	0	0	2	2	
32	2	0	4	2	4	4	0	2	2	4	0	2	0	0	0	2	2	2	0	4	0	2	2	0	4	4	4	0	0	0	0	0	0	
33	0	4	4	3	0	4	4	0	2	0	4	0	2	0	4	2	2	2	0	4	0	2	2	0	4	4	4	0	0	0	0	0	2	
34	2	4	0	4	4	4	0	2	0	4	0	2	0	4	2	2	2	2	0	4	0	2	2	0	4	4	4	0	0	0	0	0	2	2
30	2	4	0	4	4	4	4	0	3	4	4	0	0	0	4	2	2	2	0	4	2	2	2	0	4	4	4	0	0	0	0	2	2	
36	2	4	0	3	4	4	3	0	2	4	4	0	0	0	4	2	2	2	0	4	2	2	2	0	4	4	4	0	0	0	0	2	0	
37	2	4	0	4	3	4	4	4	2	0	4	0	0	0	4	2	0	2	0	4	2	2	2	0	4	4	4	0	0	0	0	2	2	
38	4	0	4	3	4	4	0	4	2	0	0	0	0	0	4	2	0	0	0	4	2	2	2	0	4	4	4	0	0	0	0	2	2	
39	4	0	4	2	3	4	0	4	2	0	0	0	0	0	4	2	0	0	0	4	2	2	2	0	4	0	0	0	0	0	4	0	2	
40	4	4	4	2	2	4	3	4	2	2	0	0	0	0	4	2	0	0	0	4	2	2	2	4	4	4	0	0	0	0	4	0	0	
42	0	4	4	2	2	4	4	4	0	2	0	0	0	2	4	2	0	0	0	0	2	2	2	4	4	0	0	0	0	2	4	0	2	
42	2	4	0	3	2	4	0	4	0	2	4	0	0	2	0	2	0	0	0	0	0	2	2	4	4	0	0	0	0	2	4	0	2	
43	0	4	4	3	2	4	0	4	0	2	4	0	0	2	0	2	0	0	0	0	0	2	2	4	4	0	0	0	0	2	4	2	2	
44	4	4	4	2	2	4	0	3	4	2	4	0	2	2	0	2	0	0	0	0	0	2	2	4	4	4	0	2	2	2	4	0	2	
40	4	4	4	3	2	0	4	3	3	2	4	0	2	2	0	2	0	0	4	0	0	2	2	4	4	4	4	0	2	2	2	4	2	2
46	3	3	0	2	2	0	4	4	4	2	4	0	2	2	0	2	0	2	4	0	0	2	2	4	4	4	0	2	2	2	4	2	0	
47	0	3	0	3	2	0	4	4	3	4	4	0	2	2	0	2	0	2	4	4	0	2	2	4	4	4	0	2	2	2	4	2	0	
48	0	4	0	0	2	0	4	4	4	2	4	0	2	2	0	2	0	2	4	4	0	2	2	4	4	4	0	2	2	2	4	0	0	
49	4	0	4	3	2	0	4	4	3	2	4	0	2	2	0	2	0	2	4	4	0	2	2	4	0	0	0	2	2	0	4	2	0	
50	3	0	4	3	2	0	0	4	0	4	4	0	2	0	0	2	0	2	4	4	2	2	2	4	0	0	0	2	2	0	0	2	0	

PostTest Control Group- Wijma-B(Childbirth Experience)

Sample	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33				
1	1	1	5	5	1	1	5	5	5	1	1	5	5	5	5	5	1	5	5	5	5	5	5	5	5	5	5	5	1	1	5	1	5				
2	5	5	5	5	5	1	5	5	5	5	1	5	1	1	1	1	5	5	5	5	5	5	5	1	5	5	1	5	1	1	5	1	5				
3	5	5	5	5	5	1	5	5	1	5	1	5	1	1	5	1	1	5	5	5	5	5	5	1	5	5	1	5	1	1	5	1	5				
4	5	5	5	5	5	1	5	5	1	1	1	5	1	1	1	5	1	5	5	5	5	5	5	1	5	5	1	5	1	1	5	1	5				
5	5	5	5	5	1	1	5	1	1	1	1	5	1	1	5	5	1	5	5	1	1	5	1	5	5	1	5	1	5	1	5	5	1	1			
6	1	5	5	1	1	5	1	1	1	1	1	5	1	1	5	5	1	5	1	1	1	5	1	1	5	1	5	5	1	1	5	1	5	1			
7	1	5	1	1	5	1	1	1	1	1	5	5	1	1	5	5	5	1	1	5	1	5	5	1	1	5	5	5	1	1	5	1	5	1			
8	1	1	1	5	5	1	5	5	5	5	5	5	5	5	1	5	5	1	1	1	5	5	5	1	1	5	1	5	1	1	1	1	5	1			
9	1	1	1	1	5	1	5	5	5	5	5	5	5	5	1	5	5	1	1	1	5	5	5	5	5	1	5	1	5	1	1	1	1	5			
10	5	1	1	5	1	1	5	5	5	5	5	5	5	5	1	5	5	1	1	5	5	5	5	5	1	5	1	5	1	1	1	1	1	5			
11	1	1	1	1	1	1	5	5	5	1	5	5	5	5	1	1	5	5	1	1	1	1	1	1	5	5	1	5	1	1	1	1	1	5			
12	1	1	1	1	5	1	5	1	5	3	5	5	5	5	5	1	5	5	3	1	1	1	1	1	2	5	1	5	1	5	1	1	1	3			
13	5	3	1	1	5	1	5	1	5	3	5	5	5	5	1	5	5	1	1	1	5	1	1	1	5	5	5	1	5	1	1	1	1	1			
14	5	3	1	1	5	5	5	1	5	5	5	1	5	5	1	1	5	1	1	1	5	5	1	1	1	5	5	5	1	5	1	1	5	1			
15	5	2	5	1	5	5	5	1	5	5	1	1	5	5	1	1	5	1	1	1	5	5	1	1	1	5	5	5	1	5	1	1	5	1			
16	1	3	5	1	5	5	1	1	5	5	1	5	5	5	1	1	1	1	1	5	5	1	1	1	5	5	5	1	5	1	1	5	1	1			
17	1	1	5	5	1	1	1	1	1	5	1	5	5	3	5	1	1	5	1	1	5	1	1	5	5	1	1	5	5	1	1	5	1	5	1		
18	1	1	1	5	1	1	1	5	1	5	1	5	1	1	5	1	1	5	5	1	1	5	5	1	1	5	5	1	1	5	1	1	5	1	5	1	
19	1	1	1	5	5	1	1	5	1	1	1	5	1	5	5	5	1	5	5	1	5	5	1	1	5	5	1	1	5	1	1	5	1	1	3	1	
20	1	1	1	5	1	1	1	5	1	1	5	1	1	1	5	5	1	5	5	1	5	5	1	1	5	5	1	1	1	5	5	1	1	1	1		
21	1	1	1	5	1	1	1	5	1	5	5	1	1	1	3	5	1	5	5	1	5	5	1	1	5	1	1	1	5	5	5	1	1	5	5		
22	1	5	5	5	1	1	1	5	1	5	5	1	1	1	3	5	1	5	5	1	1	1	1	5	3	5	1	1	5	5	5	1	1	5	1		
23	1	5	5	5	1	1	1	5	1	3	5	1	1	3	1	5	1	5	1	5	1	1	1	1	3	5	1	1	5	5	5	3	1	1	5		
24	5	5	5	1	5	1	1	5	1	1	5	1	3	1	1	1	5	5	1	5	1	5	1	1	3	5	1	1	5	5	5	1	1	1	1		
25	5	5	5	1	5	1	1	1	1	1	1	5	1	3	1	1	1	5	5	1	5	3	1	1	3	5	1	1	3	1	5	1	1	1	1		
26	5	5	5	1	5	1	1	1	1	1	1	1	1	1	1	1	5	5	1	5	3	1	1	3	5	1	1	1	1	1	5	1	1	1	1		
27	5	5	1	5	5	1	1	1	1	1	5	1	1	3	1	1	5	5	1	5	1	5	1	1	3	5	1	1	1	1	5	1	1	5	1		
28	5	1	1	5	5	1	1	1	1	1	5	1	1	5	5	1	5	5	1	5	1	5	1	1	3	5	1	1	1	1	5	1	1	5	1		
29	5	1	1	5	5	1	1	1	1	5	5	1	5	5	3	1	3	5	1	5	1	5	1	1	3	5	5	1	1	1	5	1	5	5	5		
30	5	1	1	5	1	1	1	1	1	5	5	1	5	5	1	1	1	5	1	5	1	5	1	5	1	3	1	5	1	1	1	5	1	1	5		
31	5	1	1	1	1	1	1	1	1	3	5	1	5	5	1	1	1	5	1	1	1	5	1	1	1	5	1	1	1	1	1	1	1	1	5		
32	5	5	1	1	5	1	1	1	1	1	1	1	1	5	5	1	1	1	5	1	1	5	5	1	1	5	1	1	1	1	1	1	1	1	5		
33	5	5	1	1	5	1	1	1	1	1	1	1	1	5	5	1	1	1	5	5	1	5	5	1	1	5	1	1	1	1	1	1	1	1	5		
34	1	5	1	1	1	5	1	1	5	5	5	5	5	5	1	1	5	5	1	5	5	1	1	5	1	1	1	1	5	3	5	5	1	1	1	1	
35	1	5	1	1	1	5	1	1	5	5	5	5	5	5	1	1	5	5	1	5	1	5	1	1	5	1	1	1	5	5	5	5	1	1	1	1	
36	1	5	1	1	1	5	1	1	5	5	5	5	5	5	1	1	5	5	1	5	5	1	5	1	1	1	5	5	5	5	5	5	1	1	1	1	
37	1	5	1	1	1	5	1	1	5	5	5	5	5	5	1	1	5	5	1	5	5	1	1	5	1	1	1	5	5	1	1	5	5	1	1	1	
38	1	1	1	1	5	5	1	1	5	5	5	5	5	5	1	1	5	5	1	5	1	5	1	1	5	1	1	1	5	5	1	5	1	1	1	1	
39	5	1	1	5	5	1	1	1	5	5	5	5	5	5	1	1	5	5	1	5	5	1	1	5	5	1	1	5	5	1	1	1	1	1	1	1	
40	3	1	1	5	5	1	1	1	5	5	5	5	5	1	1	1	5	5	1	5	1	5	1	1	5	5	1	1	5	5	1	1	1	1	1	1	
41	3	1	1	5	5	1	5	1	1	5	5	1	1	1	1	5	5	5	1	1	1	1	1	5	5	1	1	5	5	1	1	1	5	5	1	1	
42	1	1	1	5	5	1	5	1	1	5	1	1	1	1	5	1	5	5	5	1	1	5	1	5	5	1	1	5	5	1	1	5	5	5	5	5	
43	1	1	1	5	5	1	5	1	1	1	1	1	1	1	5	5	5	1	5	5	1	5	5	5	1	5	1	1	1	5	1	1	5	5	5	5	
44	1	1	5	5	1	5	5	1	1	1	1	1	1	5	5	5	1	1	5	1	5	5	5	5	1	3	1	5	1	1	1	1	5	5	5	1	
45	3	1	5	1	1	5	5	5	1	1	1	1	5	5	5	1	1	5	1	5	1	5	5	5	1	1	5	5	1	1	5	5	5	5	1	1	5
46	3	5	5	1	1	5	5	5	1	1	1	1	5	5	5	1	1	5	1	5	1	5	1	5	1	1	5	5	1	1	1	5	5	5	1	1	1
47	3	5	5	1	1	5	1	5	1	1	1	1	5	5	5	1	1	5	1	5	1	5	1	5	5	1	5	5	1	1	5	5	5	5	1	1	1
48	3	5	1	1	1	1	1	1	5	1	1	1	5	5	5	1	1	5	5	1	5	1	5	5	1	5	5	1	5	5	1	1	5	5	1	1	1
49	3	5	1	1	5	1	1	1	5	1	1	5	5	5	5	1	1	5	1	5	1	5	1	5	5	1	5	1	5	5	1	5	5	1	1	1	1
50	1	5	1	1	5	1	1	1	5	5	1	5	1	5	1	1	1	5	1	1	5	1	1	1	5	1	1	1	5	5	1	5	5	1	1	1	3

Post test Control Group ----- Childbirth Experience

Own Capacity

Participation

Professional Support

Perceived Safety

Sample	1	2	4	5	6	19	20	21	Total	10	11	12	Total	13	14	15	16	17	Total	3	7	8	9	18	22
1	1	1	2	4	2	2	4	4	20	3	3	3	9	2	2	2	2	2	10	2	1	2	1	1	4
2	1	1	2	4	1	2	3	4	18	3	3	3	9	2	1	1	2	2	8	1	2	1	2	2	3
3	1	1	2	3	1	1	3	4	16	3	3	3	9	2	1	1	2	2	8	1	2	1	2	1	3
4	2	2	1	3	1	1	3	4	17	3	3	4	10	2	1	1	2	2	8	1	2	1	1	1	3
5	2	2	1	3	2	1	4	4	19	3	4	4	11	2	1	1	2	2	8	1	2	1	1	1	4
6	1	2	1	4	2	1	4	4	19	3	4	4	11	1	1	1	2	2	7	1	2	1	1	2	4
7	1	1	1	4	2	1	4	4	18	4	3	4	11	1	2	2	2	2	9	1	2	1	1	2	4
8	2	1	2	4	1	1	4	4	19	4	4	4	12	1	2	2	2	2	9	1	2	2	2	1	4
9	2	1	2	4	1	1	3	4	18	4	3	4	11	1	2	2	2	2	9	1	2	2	2	1	4
10	2	1	2	4	1	1	3	4	18	4	3	4	11	1	2	2	2	2	9	1	2	2	2	1	3
11	1	2	1	5	1	2	4	3	19	3	4	3	10	2	1	1	1	1	6	2	1	1	1	1	4
12	1	2	1	5	1	2	4	3	19	3	4	3	10	2	1	1	1	1	6	1	1	2	2	2	4
13	1	2	2	5	1	2	4	4	21	3	4	3	10	2	1	1	1	1	6	2	1	1	1	2	4
14	1	2	2	5	1	2	4	4	21	3	4	4	11	1	1	1	1	2	6	1	1	2	2	1	4
15	1	2	2	4	1	2	4	4	20	3	4	4	11	1	1	1	1	1	5	2	1	1	2	2	4
16	1	2	1	4	1	2	4	4	19	3	4	4	11	1	2	1	1	1	6	2	1	1	1	2	4
17	1	1	1	4	1	1	4	4	17	3	3	4	10	1	2	1	1	1	6	1	2	1	1	1	4
18	2	1	1	4	1	1	4	4	18	3	3	4	10	1	2	1	1	2	7	2	2	1	1	2	4
19	2	1	1	4	1	1	4	4	18	3	3	4	10	1	2	1	1	2	7	2	2	1	2	1	4
20	2	2	1	5	1	1	4	4	20	3	3	4	10	1	2	1	1	1	6	1	2	2	1	1	4
21	2	2	2	5	1	1	4	4	21	3	3	4	10	1	2	1	1	2	7	2	1	1	2	2	4
22	2	2	2	5	1	1	3	3	19	3	3	4	10	1	2	1	2	1	7	1	1	2	1	2	4
23	2	2	2	5	1	1	3	3	19	4	3	4	11	1	2	1	2	1	7	1	1	1	1	1	4
24	2	2	2	4	2	1	3	3	19	4	4	4	12	1	1	1	2	2	7	2	2	1	2	2	4
25	1	2	2	4	2	1	3	3	18	4	4	4	12	1	1	1	2	1	6	1	1	1	1	1	4
26	1	2	2	4	2	1	4	3	19	4	4	4	12	1	1	1	2	2	7	2	2	2	2	2	4
27	1	2	2	5	2	1	4	4	21	4	4	4	12	1	1	1	2	1	6	2	1	2	1	2	4
28	1	1	2	5	2	1	4	4	20	3	4	3	10	1	1	1	2	2	7	2	2	1	2	1	4
29	1	1	2	5	2	1	4	4	20	3	4	3	10	1	1	2	2	1	7	1	2	1	2	1	3
30	2	1	2	5	1	2	4	4	21	3	4	3	10	1	1	2	1	2	7	1	2	1	2	1	3
31	2	1	1	5	1	2	4	4	20	3	4	3	10	1	1	2	1	1	6	1	2	1	2	1	3
32	2	1	1	5	1	1	4	4	19	3	4	4	11	2	1	2	1	2	8	1	2	1	2	1	3
33	2	1	1	5	1	2	4	4	20	3	4	4	11	1	1	2	1	2	7	1	2	1	2	2	3
34	2	1	1	5	1	2	4	3	19	3	4	4	11	1	1	2	1	2	7	1	2	1	2	2	4
35	1	2	1	5	1	2	4	3	19	3	4	4	11	1	1	1	1	2	6	2	1	1	2	2	3
36	1	2	1	4	1	2	4	3	18	3	4	4	11	1	2	1	1	2	7	2	1	1	1	2	4
37	1	2	1	4	1	2	4	3	18	3	4	4	11	1	2	1	1	2	7	2	1	2	1	2	3
38	1	2	2	4	1	2	3	3	18	4	4	4	12	1	2	1	2	2	8	2	1	2	1	2	4
39	1	2	2	4	1	2	3	4	19	4	3	4	11	1	2	1	2	1	7	2	1	2	1	2	3
40	2	2	2	4	2	1	3	4	20	4	3	4	11	1	2	1	2	1	7	2	1	2	1	2	3
41	2	2	2	5	2	1	3	4	21	4	3	4	11	1	2	1	2	1	7	2	1	2	1	2	4
42	2	2	2	5	2	1	4	4	22	4	3	4	11	1	2	1	2	1	7	1	1	2	1	2	3
43	2	1	2	5	2	1	4	4	21	4	3	4	11	1	1	1	2	2	7	1	1	2	1	2	3
44	2	1	2	4	1	1	4	4	19	4	3	4	11	1	1	1	2	2	7	1	1	2	1	1	4
45	2	1	2	4	1	1	4	4	19	4	3	4	11	1	1	2	1	2	7	1	2	2	1	1	3
46	2	1	2	4	1	2	4	4	20	4	4	3	11	1	1	2	1	2	7	1	2	1	1	1	3
47	2	1	2	4	1	2	4	4	20	4	4	3	11	1	1	2	1	1	6	1	2	1	2	1	3
48	2	1	2	4	1	2	4	4	20	4	4	3	11	2	1	2	1	1	7	1	2	1	2	1	4
49	2	2	2	4	2	2	4	4	22	3	4	3	10	1	1	2	1	1	6	1	2	1	2	1	4
50	2	2	1	4	2	1	4	4	20	3	4	3	10	1	1	2	1	1	6	1	2	1	2	1	4

Breast Feeding Self Efficacy Scale (14-70 score)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	4	4	5	5	4	4	5	5	5	5	5	5	4	4
2	4	5	5	5	4	5	4	4	5	5	5	5	4	4
3	4	5	5	5	4	5	4	4	5	5	5	5	4	4
4	5	5	5	4	4	5	4	4	5	5	5	5	4	4
5	5	5	5	4	4	4	4	4	5	5	5	5	4	4
6	5	4	5	4	5	4	4	4	4	5	4	4	4	5
7	4	4	5	5	5	4	5	4	4	4	5	4	5	5
8	4	4	5	5	5	4	5	4	4	4	4	4	5	5
9	4	4	5	5	4	4	5	4	5	4	4	4	5	5
10	4	4	5	5	4	4	5	4	5	4	5	4	5	5
11	4	4	4	4	4	4	5	5	5	4	4	4	4	4
12	4	4	4	5	5	5	5	4	5	5	5	4	4	4
13	5	4	5	5	4	5	4	4	4	4	4	4	5	5
14	5	4	4	5	4	5	4	4	4	4	4	4	5	2
15	4	4	5	5	4	5	4	4	4	4	4	4	5	5
16	4	4	5	5	4	5	3	4	4	4	4	4	5	5
17	4	4	5	5	4	4	5	5	5	4	4	4	5	5
18	4	4	5	5	4	4	3	5	2	4	3	4	5	5
19	4	4	5	5	4	4	5	5	5	4	5	4	5	4
20	5	4	4	5	3	4	5	5	5	4	5	4	5	3
21	5	4	4	5	3	5	5	5	5	5	5	4	5	4
22	5	4	4	5	4	4	5	5	5	5	5	4	4	4
23	5	4	4	5	4	4	5	5	5	3	5	4	4	4
24	5	4	4	5	4	5	4	5	4	3	5	5	4	4
25	5	4	4	5	4	5	3	4	4	3	5	5	4	4
26	5	4	4	5	2	5	5	5	5	3	4	5	4	4
27	5	4	5	5	4	4	4	4	5	3	4	5	4	5
28	5	4	5	4	4	4	4	4	5	5	4	4	4	5
29	5	5	5	4	2	4	4	4	1	5	4	4	4	5
30	5	5	5	4	5	4	4	4	4	5	4	4	4	5
31	5	5	5	4	4	4	4	3	3	5	4	4	4	5
32	5	5	4	4	4	4	3	3	3	5	4	4	5	5
33	5	5	4	4	4	4	3	3	4	5	5	4	5	5
34	5	5	4	4	3	4	5	4	4	4	5	4	5	5
35	5	5	4	4	3	2	5	4	4	4	5	4	5	5
36	4	5	4	5	5	3	5	4	4	4	2	4	5	5
37	4	5	4	5	4	5	5	4	4	5	1	4	5	3
38	4	5	4	5	4	2	5	4	4	5	3	4	5	3
39	4	4	4	5	4	4	5	3	5	5	4	4	5	4
40	4	4	4	4	4	3	5	3	5	5	4	4	4	4
41	4	4	4	4	4	5	5	4	5	4	4	4	4	5
42	4	4	4	5	4	4	4	4	5	4	4	4	4	5
43	4	4	5	5	5	3	4	4	3	4	4	4	4	5
44	4	4	5	5	5	5	4	3	3	4	5	4	4	3
45	4	5	5	5	5	5	4	4	3	4	2	4	4	3
46	4	5	5	5	4	5	4	4	5	4	5	4	4	4
47	4	5	5	5	4	4	4	4	5	5	5	4	4	4
48	4	5	4	5	4	4	5	5	5	5	5	4	4	4
49	4	5	4	5	4	4	5	5	5	5	5	2	5	5
50	4	5	4	5	4	4	5	5	5	5	5	2	5	5

Breast Feeding Self Efficacy Scale (14-70 score)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	2	2	1	1	3	2	1	1	1	1	1	1	2	2
2	2	3	4	4	4	4	4	4	4	4	4	4	4	4
3	4	4	4	4	4	4	4	4	4	4	4	4	4	4
4	3	3	3	3	3	3	3	3	3	3	1	4	2	4
5	1	1	1	2	2	2	2	2	1	1	1	1	2	1
6	4	4	4	4	5	4	5	4	5	4	5	4	4	4
7	2	2	1	1	3	2	3	2	2	2	1	1	1	1
8	2	2	1	1	1	2	1	2	2	2	2	2	1	1
9	2	3	4	1	2	2	1	2	1	2	1	2	1	1
10	4	1	4	1	2	2	4	1	4	2	4	4	4	4
11	4	4	4	4	4	4	4	4	4	4	4	1	4	4
12	4	4	4	4	4	4	4	4	4	4	4	4	4	4
13	2	2	2	2	3	3	2	2	2	2	2	2	1	1
14	2	2	3	2	2	2	3	1	1	1	1	1	1	1
15	4	4	4	4	4	4	4	4	4	4	4	4	4	4
16	3	3	3	3	3	4	3	3	3	4	4	4	4	4
17	4	4	4	4	3	3	3	3	4	4	4	4	4	4
18	3	4	4	4	3	4	4	4	4	4	4	2	4	3
19	4	3	4	3	4	3	4	4	4	3	3	3	4	4
20	4	4	4	4	4	5	5	5	4	4	4	4	4	4
21	1	1	1	1	1	1	1	1	1	2	2	2	1	1
22	4	5	5	5	5	5	5	5	5	5	5	5	5	5
23	5	5	5	5	5	5	5	5	5	5	5	5	5	5
24	4	4	4	4	4	4	4	4	4	4	4	4	4	4
25	2	1	2	1	2	1	2	2	1	1	1	2	2	2
26	4	4	4	4	4	4	4	4	4	4	4	4	4	4
27	1	1	1	2	2	2	2	2	2	2	2	1	1	1
28	1	1	1	1	2	2	2	2	1	1	1	1	2	2
29	2	1	1	1	2	2	1	1	2	2	2	1	1	1
30	1	1	1	1	2	2	2	2	1	1	1	1	2	2
31	5	5	5	5	3	4	4	4	4	4	5	5	5	5
32	4	4	5	5	5	5	4	4	4	4	4	4	4	4
33	3	1	1	1	2	1	2	3	1	1	1	1	2	3
34	5	5	4	4	4	4	4	4	4	4	5	5	5	5
35	5	5	5	5	5	5	5	5	4	4	4	4	4	4
36	4	4	4	5	5	5	5	5	5	4	4	4	4	4
37	2	2	1	1	3	2	3	2	2	2	1	1	1	1
38	4	3	5	5	5	5	5	4	4	4	4	4	4	4
39	5	5	5	5	5	5	5	5	5	5	5	5	5	5
40	5	4	4	4	4	4	4	4	4	4	4	4	4	5
41	4	4	4	4	4	4	4	4	4	4	4	4	4	4
42	5	5	5	5	5	5	5	5	5	5	5	5	4	4
43	5	5	5	5	5	4	4	4	5	5	5	5	5	5
44	2	2	3	2	2	2	3	1	1	1	1	1	1	1
45	5	5	5	5	5	4	4	4	4	4	4	4	4	4
46	5	5	5	4	4	4	4	5	5	5	4	4	4	5
47	4	4	54	5	5	5	5	4	4	4	4	4	4	5
48	1	1	1	1	2	2	2	2	2	2	2	2	2	2
49	1	2	1	2	1	1	1	2	1	1	1	2	2	2
50	1	1	1	1	1	1	2	2	2	2	2	2	1	1

POSTNATAL 3rd DAY

		Labour Outcome					Maternal Outcome				Neonatal Outcome					
	1	2	5 (Duration)			3	4	6	7	8	9	10	11	12	13	14
			1 Stage(Hour)	2 Stage(Hour)	3 Stage(Minutes)											
1	2	21-04-21	12	2	10	1	1	1	1	6	6	3	12	2.4	5	6
2	2	12-03-21	11	2	15	1	1	1	1	6	6	7	11	2.5	5	6
3	2	25-06-21	12	1	15	1	1	1	1	6	6	7	12	2.5	5	6
4	2	23-05-21	11	2	0	4	1	1	1	6	6	4	12	2.5	5	6
5	2	01-05-21	13	2	20	1	1	1	1	6	6	7	12	2.6	5	6
6	2	10-05-21	10	3	15	1	2	2	2	4	6	4	13	2	5	6
7	2	13-05-21	12	2	10	1	1	1	1	6	6	7	13	2.6	5	6
8	1	03-03-21	13	2	20	2	1	1	1	4	6	7	13	3	5	6
9	2	06-05-21	12	2	20	1	1	1	1	6	6	7	11	2.5	5	6
10	2	09-05-21	13	2	10	1	1	1	1	6	6	3	12	2.7	5	6
11	3	19-04-21	14	2	15	1	1	1	1	6	6	7	12	3.1	5	6
12	2	21-04-21	12	2	10	1	1	1	1	6	6	7	12	2.6	5	6
13	2	22-05-21	13	1	0	4	1	1	1	6	4	4	12	2.5	5	6
14	1	22-05-21	10	1	12	1	1	2	1	4	6	7	11	2.1	1	6
15	2	28-06-21	13	2	15	1	1	1	1	6	6	3	13	2.6	5	6
16	2	20-06-21	12	2	15	1	1	1	1	6	6	7	12	2.8	5	6
17	2	02-06-21	13	2	0	4	1	1	1	6	6	4	12	3.1	5	6
18	2	01-05-21	12	2	10	1	1	1	1	6	6	3	12	2.4	5	6
19	1	19-05-21	12	1	10	2	1	2	1	4	6	7	13	2	1	6
20	2	02-05-21	13	1	10	1	1	1	1	6	6	7	13	2.7	5	6
21	2	30-06-21	12	2	13	1	1	1	1	6	6	3	12	3.2	5	6
22	2	29-06-21	12	2	12	1	1	1	1	6	6	3	12	3	5	6
23	2	19-05-21	12	2	12	2	1	1	2	6	6	7	12	3.3	5	6
24	3	20-05-21	8	1	0	4	1	1	1	4	4	4	12	3.1	5	6
25	1	19-04-21	12	2	10		1	2	1	4	6	3	11	2.2	1	6
26	2	20-05-21	13	2	12		1	1	1	6	6	7	11	3.2	5	6
27	2	21-06-21	14	1	0	4	2	1	1	4	4	4	12	2.1	5	6
28	2	29-05-21	13	1	12		1	1	1	6	3	7	12	3	5	6
29	3	18-06-21	14	2	0	4	2	3	1	6	6	4	11	2.1	5	6
30	2	09-06-21	13	2	15		1	1	1	6	3	7	12	3.3	5	6
31	2	10-06-21	14	2	13		1	1	1	6	6	3	11	3.2	5	6
32	1	18-06-21	12	2	13		1	2	1	4	6	7	12	3.1	5	6
33	2	20-05-21	10	1	0	4	1	1	1	6	6	4	12	2	5	6
34	2	22-05-21	12	2	12		1	1	1	6	6	7	11	3.1	5	6
35	2	26-06-21	13	1	12		1	1	1	6	6	3	12	3.3	5	6
36	2	19-06-21	13	1	12		1	1	1	6	6	7	12	3	5	6
37	2	18-05-21	13	1	13		1	1	1	6	3	3	12	3.2	5	6
38	1	22-06-21	12	1	0	4	1	1	2	4	6	4	11	2.2	5	6
39	2	21-06-21	13	2	14		1	1	1	6	6	7	12	3.2	5	6
40	2	20-06-21	14	2	12		1	1	1	6	6	7	11	3.1	5	6
41	1	23-05-21	13	2	10		1	1	1	6	3	3	11	3.3	5	6
42	2	24-05-21	14	2	0	4	1	1	1	4	6	4	12	2.5	5	6
43	2	26-06-21	15	1	10		1	1	1	6	6	7	12	2.5	5	6
44	1	25-05-21	15	1	12		1	1	1	6	3	3	11	2.7	5	6
45	2	24-06-21	14	2	10		1	1	1	6	6	7	11	2.4	5	6
46	2	23-05-21	12	2	12		1	1	1	6	6	7	12	2.1	5	6
47	2	21-05-21	13	2	10		1	1	1	6	6	7	12	2.2	5	6
48	3	22-06-21	12	2	0	4	1	3	1	4	6	4	12	2	5	6
49	2	23-06-21	14	2	0	4	1	1	1	6	6	4	11	2.4	5	6
50	2	18-05-21	12	2	12		1	1	1	6	6	7	12	2.5	5	6

POSTNATAL 3rd DAY

		Section A- Labour Outcome										Section B				
	1	2	5(Duration)			3	4	6	7	8	9	10	11	12	13	14
			1	2	3											
1	2	28-09-20	13	2	10	1	1	1	1	6	6	7	12	2.8	5	6
2	2	01-11-20	11	2	20	1	1	1	1	2	6	7	11	3	5	6
3	3	06-11-20	12	1	0	4	2	2	2	4	6	4	11	2.2	5	6
4	1	12-10-20	12	2	20	1	1	1	1	6	6	3	12	2.9	5	6
5	2	12-10-20	13	2	20	1	1	1	1	6	6	3	12	2.6	5	6
6	3	12-10-20	12	3	0	4	1	1	1	2	6	4	12	3	5	6
7	3	12-10-20	12	2	10	1	1	1	1	6	6	7	11	2.7	5	6
8	2	22-10-20	13	2	20	1	1	1	1	6	6	3	13	2.5	5	6
9	1	22-10-20	12	2	15	1	1	1	1	2	6	7	11	2.5	5	6
10	2	24-10-20	14	2	0	4	1	2	1	4	6	4	12	2	5	6
11	1	19-05-21	12	1	12	1	2	2	1	6	4	3	12	2.2	5	6
12	2	22-05-21	12	2	10	1	1	1	1	6	6	3	11	3.2	5	6
13	1	19-04-21	13	2	10	1	1	2	1	6	6	3	11	2.2	5	6
14	2	21-04-21	12	2	15	1	1	1	1	6	6	7	12	3	5	6
15	1	22-05-21	13	2	0	4	2	2	2	2	4	4	12	2	5	6
16	2	22-05-21	12	1	12	1	1	1	1	6	6	7	12	2.7	5	6
17	3	28-06-21	13	2	0	4	1	3	2	6	6	3	11	3.8	5	6
18	2	20-06-21	14	2	10	1	2	1	1	2	6	7	13	2.5	5	6
19	1	02-06-21	14	1	10	1	1	2	1	6	4	7	11	2.3	5	6
20	2	01-05-21	12	2	0	4	2	1	1	6	6	4	12	2.7	5	6
21	2	19-05-21	12	2	10	1	1	1	1	4	6	7	12	2.5	5	6
22	1	02-05-21	13	2	10	1	1	2	1	6	6	7	12	2.1	5	6
23	2	30-06-21	12	2	10	1	1	1	1	6	4	7	12	2.8	5	6
24	3	29-06-21	12	2	0	4	2	3	2	4	6	4	12	3.9	5	6
25	2	19-05-21	12	1	12	1	1	1	1	6	6	7	11	2.8	5	6
26	2	20-05-21	13	1	10	1	2	1	1	6	6	7	11	2.6	5	6
27	1	19-04-21	13	1	0	4	1	1	2	4	4	4	12	2.5	5	6
28	2	20-05-21	14	2	12	1	1	2	1	6	6	7	12	2.1	5	6
29	1	21-06-21	14	1	0	4	1	1	2	4	6	4	12	2.7	5	6
30	2	29-05-21	14	2	10	1	2	1	1	6	6	7	13	3.2	5	6
31	2	18-06-21	12	2	12	1	1	1	1	4	4	7	12	3.3	5	6
32	1	09-06-21	12	2	0	4	1	1	1	4	6	4	11	3.4	5	6
33	3	10-06-21	11	2	0	4	1	1	2	6	6	4	13	3.4	5	6
34	1	18-06-21	10	2	0	4	1	1	1	6	6	4	11	3.3	5	6
35	2	20-05-21	11	2	13	1	2	1	1	4	6	7	12	3.2	5	6
36	1	22-05-21	12	1	12	1	1	2	1	6	4	7	12	2.3	5	6
37	2	26-06-21	12	1	10	1	2	1	1	6	6	7	11	2.6	5	6
38	1	19-06-21	12	1	0	4	1	2	2	4	6	4	13	2.2	5	6
39	3	18-05-21	12	1	12	1	1	3	1	6	6	7	13	3.8	5	6
40	2	22-06-21	13	1	13	1	2	2	1	6	4	7	12	2.1	5	6
41	1	21-06-21	13	1	0	4	1	2	1	4	6	4	11	2.4	5	6
42	3	20-06-21	14	1	12	1	1	1	1	6	4	7	13	3	5	6
43	1	23-05-21	12	2	0	4	2	2	2	4	6	4	12	2.1	5	6
44	2	24-05-21	12	1	11	1	1	1	1	6	4	3	12	2.7	5	6
45	1	26-06-21	12	1	0	4	1	2	2	4	6	4	13	2.1	5	6
46	3	25-05-21	13	1	12	1	1	1	1	6	6	7	13	2.6	5	6
47	2	24-06-21	12	1	12	1	2	1	1	6	6	3	12	2.7	5	6
48	1	23-05-21	14	1	0	4	1	2	1	4	4	4	12	2.1	5	6
49	3	21-05-21	13	1	10	1	1	1	1	6	6	7	12	2.8	5	6
50	2	22-06-21	12	2	10	1	2	1	1	6	6	3	11	2.9	5	6
51	1	23-06-21	12	2	0	4	1	2	1	4	4	4	12	2.3	5	6
52	1	18-05-21	13	1	12	1	1	2	1	6	6	3	11	2.4	5	6
53	2	25-06-21	14	1	10	1	1	1	1	4	6	3	12	3.1	5	6
54	1	06-07-21	12	1	0	4	2	1	1	4	6	4	12	3.1	5	6
55	2	23-06-21	12	1	10	1	1	1	1	2	4	3	11	3.4	5	6