

SUMMARY

The postnatal period is significant for the mother, baby and family for two important reasons. First, it is a time of physiological adjustment for both mother and baby. Second, it is a period of important social and emotional adjustment for all players (*Scottricci, 2007*). The postnatal period, starts about an hour after the delivery of the placenta and it includes the following six weeks. However, the postnatal period is often neglected by maternity care in both developing and developed countries. In addition, women's needs during this period have been all too often eclipsed by the attention given to pregnancy and birth. The lack of postnatal care ignores the fact that the majority of maternal deaths and disabilities occur during the postpartum period and that early neonatal mortality remains high (*Bao et al., 2010*).

Anticipatory guidance during postnatal period can save both the mother and the newborn from potential difficulties and mortality and any problems if they do occur, will also likely be of shorter duration with the chance of recurrence being decreased (*Lauwer & Swisher, 2010*).

Guidelines for routine postnatal care propose that postnatal care is pre-eminently about the provision of a supportive environment in which a woman, her baby and the wider family can begin their new life together (*Sarah, 2010*).

Postnatal care should be a continuation of the care the woman has received through her pregnancy, labour and the birth of her baby. It therefore aims to provide consistency advice and support for recovery from pregnancy and the birth, early identification and appropriate management of physical, psychological, emotional, social health needs,

and facilitate the start of family life (*The National Collaborating Centre for Primary Care, 2006*).

Self-care is personal health maintenance. It is any activity of an individual, family or community, with the intention of improving or restoring health, or treating or preventing disease. Self-care includes all health decisions to get and stay physically and mentally fit. Self-care is exercising to maintain physical fitness and good mental health. It is also eating well, self-medicating, practicing good hygiene and avoiding health hazards such as smoking and drinking to prevent ill health. Self care is also taking care of minor ailments, long term conditions, or one's own health after discharge from secondary and tertiary health care (*Johnson, 2011*).

The present study aimed to evaluate guideline to enhance mother's self-care during post natal period to promote mothers /neonatal health.

The design of this study was an intervention study, it was conducted at postnatal unit and out patient clinics at Benha University Hospital. The data collections cover a period of nine months starting from April 2010 to the end of December 2010. The sample type was consecutive sampling through simple random sample technique, the size was two hundred parturient mothers admitted to postnatal unit with the following criteria: the parturient mothers with age 20-35, different educational levels and normal labor during immediate postnatal period and free from medical – obstetric with living normal neonate and primipara mothers.

Ethical consideration:

Each subject was informed that:

- Informed about the nature, process and expected outcomes of the study.
- All subject's rights was secured.
- Reassured that the study guideline was harmless.
- All data were confidential and were used only for research purpose.
- Each subject was free to withdraw from the study at any time.

Tools of data collection:-

1. Interviewing questionnaires for mothers' knowledge including: general characteristics of the study sample, and mothers' knowledge regarding self-care during postnatal period.
2. Checklist to assess mothers' performance on model about mother self care during postnatal period.
3. Supportive self-care guideline during the postnatal period.
4. Likert scale to assess mothers' satisfaction towards self-care guidelines during postnatal period.
5. Follow up card was given to each mother in the study. It was used to remind the woman about the follow up schedule.

A pilot study was conducted on 20 postpartum mothers. It was done to test the reliability and content validity of the tool. According to the results of the pilot necessary adjustments and modifications of the tools were done in the form of rephrasing, and omission of certain items.

The sample of the postpartum mother included in the pilot study was excluded from the study sample.

The results of the present study showed that, the mean age of the study subjects was (24.7 ± 3.7). As regards level of education, the results reveals that more than one third (38.0%) of mothers were read and write and (31.0%) had secondary school education and less one third (28.0%) of mothers had university education. Moreover (64.5%) of them were housewives. In addition, two thirds (67.0%) of the mother were from rural area.

In relation to obstetric history, the findings of the present study subjects revealed that, about one-half (45.5%) of them were complained backache.

As regard mothers' acceptance for utilizing of family planning methods during postpartum period, the present study revealed that, there was highly significant improvement post intervention.

The study results revealed high significant improvement of mothers knowledge about hazards of female circumcision post intervention ($p < 0.001$). However, (61.7%) of the mothers showed persistent agreement of future continues of female circumcision post intervention.

The present study illustrated that, the main sources of mothers' information about self-care during postnatal period were doctors (35.5%), mass media (34.5%), and nurses (19.0%).

Concerning mothers' total knowledge and performance scores regarding self-care during postnatal period, the present study revealed

that, the majority (86.5%) of the mothers had correct knowledge and performance post intervention.

Findings also revealed that, mothers lived in rural areas with lower educational background had poor knowledge and performance compared to urban resident mothers.

Conclusion

On the light of current study findings, it be concluded that, there was a significant improvement in the mothers' knowledge and performance regarding self-care measures during postnatal period post intervention comparing to pre intervention.

In this study, there was highly statistically significant association between mothers' knowledge, performance, level of education, occupation, and residence, with insignificant difference between knowledge and performance and age of mothers.

Also the study results revealed that, the majority of mothers were satisfied about self care guidelines, while few mothers who were uncertain and dissatisfied.

The hypothesis of the study was achieved through Self care guideline which enhanced positively mothers and promoted their knowledge and performance regarding self care during postnatal period

Based on the results of this study, the following recommendations are suggested

- Parenthood preparation program must be started early during pregnancy to inform couple and families about self-care during pregnancy, labor and postnatal period to support and motivate mothers to utilize
- Disseminate information about self-care guideline during postnatal period and distribute it to all maternity department and MCH center to promote mothers and neonatal health.

Further research in this field :

- Investigate the effect of self-care educational program on the quality of life of postpartum mother and neonatal health.
- Integrate self care concept into the curriculum third years student maternal and newborn health nursing.