

A Study To Assess Effectiveness Of Maternal Educational Package On Knowledge Regarding Pre-Term Baby Care Among Mothers Of Pre Term Baby In Government SMGS Hospital Jammu

Ms. Shikha Swaroop^{1*}, Prof. (Dr.) Lovesampuranjot Kaur²

^{1*}Ph.D. Scholar (Nursing), Faculty of Nursing, Desh Bhagat University, Mandi Gobindgarh, Punjab*
Email- shikhaswaroop89@gmail.com

²Principal, Faculty of Nursing, Desh Bhagat University, Mandi Gobindgarh, Punjab.

***Corresponding Author**

Ms. Shikha Swaroop

Ph.D. Scholar (Nursing), Faculty of Nursing, Desh Bhagat University, Mandi Gobindgarh, Punjab*
Email- shikhaswaroop89@gmail.com

ABSTRACT

Background: Preterm birth is a major global health concern and is associated with increased neonatal morbidity, mortality, and long-term developmental complications. Preterm babies require specialized care because of their physiological immaturity, poor thermoregulation, feeding difficulties, increased susceptibility to infections, and need for developmentally supportive care. Mothers play a crucial role in providing appropriate care to preterm babies; however, inadequate knowledge may adversely affect their confidence and ability to provide effective care. Structured educational interventions can empower mothers with essential knowledge to handling, thermal care, feeding, infection prevention, hygiene, and Kangaroo Mother Care (KMC) with caring for a preterm baby. Hence, the present study aimed to assess effectiveness of maternal educational package on knowledge regarding pre-term baby care among mothers of pre term baby in Government SMGS hospital Jammu.

Method: A quantitative research approach with a quasi-experimental two-group pre-test post-test control group design was adopted. A total of 224 mothers of preterm babies were selected through non-probability purposive sampling and subsequently allocated equally into experimental and control groups through simple randomization, with 112 participants in each group. Knowledge was assessed using a Structured Knowledge Questionnaire (SKQ). The experimental group received a structured maternal educational package for three consecutive weeks comprising interactive lectures, video and live demonstrations, return demonstrations, printed informational pamphlets, group discussions, and reinforcement sessions focusing on preterm baby handling, thermal care, feeding, infection prevention, hygiene, and KMC. The control group received routine care. Post-test assessment was conducted after 21 days using the same instruments. Data were analyzed using descriptive and inferential statistics.

Results: The findings revealed substantial improvements in knowledge among mothers in the experimental group following the maternal educational package. Adequate knowledge increased from 3.57% during the pre-test to 90.17% during the post-test. The mean knowledge score of the experimental group increased significantly from 10.267 ± 3.162 to 29.634 ± 1.054 ($t = 23.004$, $p < 0.001$). In contrast, no statistically significant changes were observed in the control group for knowledge ($p = 0.829$). Comparison of mean gain scores between the groups further demonstrated statistically significant differences for knowledge ($t = 13.049$, $p = 0.001$) confirming the effectiveness of the maternal educational package.

Conclusion: The study concluded that the maternal educational package was an effective nursing intervention for significantly improving mothers' knowledge regarding preterm baby care.

Key words: preterm baby; maternal educational package; knowledge; mothers.

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INTRODUCTION

Preterm delivery is a significant issue for mother and newborn health and continues to be a primary factor in infant illness, death, and enduring developmental challenges.(1,2) Premature infants are more susceptible due to the incomplete development of several bodily systems at the time of delivery.(3) They could encounter challenges associated with thermoregulation, nutrition, respiration, infection control, growth, and adjustment to the external environment. Thus, the management of a preterm infant need heightened vigilance, specialized expertise, and ongoing monitoring in contrast to the care

of a healthy full-term neonate.(4,5) Mothers are pivotal in this caregiving process; hence, sufficient mother education is crucial for enhancing the health, safety, growth, and development of preterm infants.(6) Neonates subjected to premature birth encounter a range of immediate and prolonged challenges due to the underdevelopment of many organs, making it a significant global health issue. Globally, issues stemming from prematurity contribute significantly to neonatal death and lasting disabilities; more than 10% of infants are born preterm.(7–9) Preterm birth survivors have a twin challenge: immediate (disabilities and

developmental complications throughout infancy) and long-term (early newborn health concerns and mortality). In comparison to term counterparts, individuals born preterm have a higher propensity for respiratory, infectious, neurological, sensory, and growth-related ailments.(3,10,11)

Mothers of preterm babies may not be adequately prepared for the special needs of their newborns, particularly when preterm delivery occurs unexpectedly. They may have limited knowledge regarding appropriate feeding, maintenance of body temperature, hygiene, infection prevention, positioning, handling, Kangaroo Mother Care, and recognition of the baby's needs.(12,13) Such knowledge deficits may affect a mother's confidence and ability to participate effectively in neonatal care. The study highlighted that mothers frequently experience considerable gaps in their understanding of premature infant care, emphasizing the importance of providing systematic and appropriate health education during hospitalization.(14–16)

Maternal knowledge is particularly important because many essential aspects of preterm baby care continue after discharge from the hospital. Mothers need to understand how to maintain adequate warmth, provide appropriate nutrition, maintain hygiene, prevent infection, and handle the baby safely.(17,18) Kangaroo Mother Care is also an important component of preterm baby care and requires mothers to understand its purpose and appropriate application. Similarly, knowledge regarding breastfeeding or expressed breast milk enables mothers to participate actively in meeting the nutritional needs of their babies.(19,20) Appropriate education can therefore prepare mothers to assume greater responsibility for their baby's care and support continuity of safe care after discharge.(21,22)

A Maternal Educational Package provides an organized approach for addressing these knowledge requirements. Unlike unstructured or occasional health instructions, a planned educational package enables essential information to be presented systematically and reinforced over time.(23,24) The use of multiple educational methods is particularly valuable because mothers may differ in their educational background, previous experience, and ability to understand health-related information. Interactive teaching provides opportunities to clarify concepts, while video and live demonstrations make information easier to understand and relate to actual caregiving situations.(25,26) Printed materials can reinforce the information provided during teaching sessions, whereas discussions allow mothers to clarify doubts. Repeated reinforcement can further strengthen understanding and retention. Thus, the Maternal Educational Package represents a comprehensive approach rather than relying on a single method of health education.(27)

The available evidence highlights a substantial gap in mothers' knowledge regarding the care of preterm babies. Studies have consistently reported inadequate maternal awareness regarding essential aspects of

preterm care, including feeding, maintenance of body temperature, infection prevention, hygiene, safe handling, and Kangaroo Mother Care. Inadequate knowledge may affect mothers' preparedness and ability to provide appropriate care to their vulnerable preterm babies, potentially increasing the risk of feeding difficulties, infection, poor growth, and other complications. These findings emphasize the need for structured maternal educational interventions to strengthen mothers' knowledge and prepare them for safe and effective preterm baby care; therefore, the researcher planned to undertake the present study.

Objectives: To assess the effectiveness of maternal educational package on knowledge regarding pre-term baby care among mothers of pre term baby in Government SMGS hospital Jammu.

MATERIALS AND METHODS: A quantitative research approach with a quasi-experimental two-group pre-test–post-test control group design was adopted. The study was conducted among mothers of pre-term babies at Government SMGS Hospital, Jammu. A total of 224 mothers of pre-term babies who fulfilled the predetermined eligibility criteria were selected through a non-probability purposive sampling technique. The selected participants were subsequently allocated through simple randomization into an experimental group and a control group, with 112 mothers in each group.

Data were collected using a socio-demographic profile and Structured Knowledge Questionnaire (SKQ) to assess maternal knowledge. The reliability of the instruments was established using the split-half method with Pearson's formula. Reliability coefficients were 0.84 for the SKQ, indicated that the instruments were highly reliable for the study. The experimental group received the structured Maternal Educational Package for three consecutive weeks (21 days). The intervention incorporated interactive lectures, video demonstrations, live demonstrations, return demonstrations, printed informational pamphlets, group discussions, and reinforcement sessions. Major areas addressed included appropriate handling of the preterm infant, thermal care, feeding, infection prevention, cleanliness and hygiene, and Kangaroo Mother Care. The control group received routine care without the structured educational intervention.

Pre-test assessments of knowledge were performed in both groups before administration of the intervention. The Maternal Educational Package was subsequently administered only to the experimental group. Post-test assessment using the same instruments was conducted after the completion of the 21-day intervention period. Prior to data collection, ethical approval was obtained from the Institutional Ethics Committee, followed by administrative authorization from the concerned hospital authorities. Participants were informed about the study, written informed consent was obtained, and confidentiality was maintained throughout the research

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process. The collected data were organized and analyzed using SPSS version 23.

RESULTS AND DISCUSSION: Obtained information were analyzed and grouped as per objectives of the Table-1 Frequency and Percentage Distribution of Socio-Demographic Variables:

N-224

Socio-demographic Profile		Experimental group (N=112)		Control group (N=112)		Chi-square	p-value
		F	%	F	%		
Age in years	< 23 years	25	22.32	29	25.89	2.184	0.859
	24-28 years	63	56.25	58	51.78		
	29-33 years	16	14.28	18	16.07		
	>33 years	08	7.14	07	6.25		
Religion	Hindu	52	46.42	61	54.46	3.843	0.597
	Sikh	33	29.46	29	25.89		
	Muslim	09	8.03	07	6.25		
	Christian	18	16.07	15	13.39		
Type of family	Joint family	49	43.75	53	47.32	1.958	0.472
	Nuclear family	63	56.25	59	52.67		
Place of residence	Urban	67	59.82	78	69.64	3.049	0.268
	Rural	45	40.17	34	30.35		
Educational	No formal education	18	16.07	13	11.6	4.927	0.283

study. The result reflected in tabular and graphics form. Table-1 communicated the frequency of socio-demographic variables of study participants.

status of mother	Primary education	31	27.67	29	25.89		
	Secondary education	52	46.42	61	54.46		
	Graduation or above	11	9.82	9	8.03		
Educational status of husband	No formal education	2	1.78	9	8.03	6.192	0.792
	Primary education	23	20.53	15	13.39		
	Secondary education	58	51.78	67	59.82		
	Graduation or above	29	25.89	21	18.75		
Occupational status of mother	Housewife	73	65.17	69	61.6	4.591	0.527
	Private job	24	21.42	32	28.57		
	Self-employed	6	5.35	3	2.67		
	Government	9	8.03	8	7.14		
	Private job	72	64.28	83	74.1	4.928	0.759

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Occupational status of husband	Self-employed	24	21.42	19	16.96		
	Government	16	14.28	10	8.92		
	< 20,000	2	1.78	8	7.14	5.109	0.871

Table 1 represented the occurrence level of socio-demographic variable and found that the majority of mothers belonged to the 24–28 years age group (56.25% and 51.78%, respectively), were Hindu (46.42% and 54.46%), belonged to nuclear families (56.25% and 52.67%), and resided in urban areas (59.82% and 69.64%). Most mothers had secondary education (46.42% and 54.46%) and were housewives (65.17% and 61.60%).

Table:2 Comparison of distribution of Knowledge level among participants before and after maternal educational package among both groups:

N=224

Knowledge Level	Experimental group (N=112)				Control group (N=112)			
	Pre-test		Post-test		Pre-test		Post-test	
	F	%	F	%	F	%	F	%
Inadequate	99	88.39	65	53.5	103	91.96	99	88.39

The findings revealed that at pre-test, the majority of mothers in both the experimental and control groups had inadequate knowledge (88.39% and 91.96%, respectively). Following the Maternal Educational Package, 90.17% of mothers in the experimental group achieved adequate knowledge, while only 5.35% remained with inadequate knowledge. In contrast, the control group showed minimal change, with 88.39% continuing to have inadequate knowledge and only 4.46% attaining adequate knowledge at post-test. These findings demonstrate a marked improvement in knowledge in the experimental group following the intervention.

Groups	Experimental group		Control group	
	Pre-test	Post-test	Pre-test	Post-test

Table 3 mentioned that the mean knowledge score in the experimental group increased markedly from 10.267 ± 3.162 in the pre-test to 29.634 ± 1.054 in the post-test,

Family's monthly income	20,001 to 30,000	9	8.03	19	16.96		
	30,001 to 40,000	57	50.89	61	54.46		
	> 40,001	44	39.28	24	21.42		

while most husbands had secondary education (51.78% and 59.82%) and were employed in private jobs (64.28% and 74.10%). The highest proportion of families had a monthly income of ₹30,001–₹40,000 (50.89% and 54.46%). All obtained p-values were greater than 0.05, indicating that the experimental and control groups were homogeneous and comparable at baseline.

Knowledge							
Moderate Knowledge	9	8.03	5	4.46	6	5.35	7.14
Adequate Knowledge	4	3.57	101	90.17	3	2.67	4.46

control group showed minimal change, with 88.39% continuing to have inadequate knowledge and only 4.46% attaining adequate knowledge at post-test. These findings demonstrate a marked improvement in knowledge in the experimental group following the intervention.

Mean	10.267	29.634	09.351	10.238
Standard Deviation	3.162	1.054	3.419	2.019
t-test	23.004		12.304	
P value	<0.001		0.829	

showing a statistically significant improvement ($t = 23.004$, $p < 0.001$). In contrast, the control group showed only a slight increase from 9.351 ± 3.419 to $10.238 \pm$

2.019, which was statistically non-significant ($p = 0.829$). These findings demonstrate the effectiveness of Table:4 Effectiveness of maternal educational package on Knowledge among mothers of pre-term baby by comparing between the groups:

Groups	Mean Gain score	SD	Mean difference	t-value	p-value
Experimental group	19.367	2.108			
Control group	0.887	1.400			
			18.48	13.049	0.001

Table 4 mentioned that the experimental group demonstrated a substantially higher mean knowledge gain score (19.367 ± 2.108) compared with the control group (0.887 ± 1.400), with a mean difference of 18.48. The difference between the groups was statistically significant ($t = 13.049$, $p = 0.001$), confirming the effectiveness of the Maternal Educational Package in improving mothers' knowledge regarding pre-term baby care.

DISCUSSION:

The study findings clearly indicated that at the post-intervention level, knowledge regarding pre-term baby care increased markedly among mothers in the experimental group, while the control group, which received no structured intervention, remained largely unchanged. An investigation by J. Hemamalini et al (2026) has supported the existing findings are divulged that maximum mothers were having inadequate level of knowledge among mothers for pre-term babies care which found moderate to adequate level of knowledge in post-intervention phase at experimental group, whereas there were no change observed in mothers at control group.(28) A study by Joon Mallika and Sinha Roshni (2025) supporting the existing findings as they found that the experimental group who received intervention has improved knowledge level for caring pre-term babies.(29) Another investigation by Rikhari Suman et al (2024) has supported the present study findings by mentioning that most of mother presented good level of knowledge after the educational intervention only and before that they were poor in these categories.(30) A study by El-Hadary Mohamed et al (2020) presented their findings in support of present study and revealed that mothers knowledge of pre-term care was improved after the educational intervention.(31)

Limitations of the study

- The quasi-experimental design limited complete control over all extraneous variables.
- Conducting the study in a single tertiary care hospital limited the generalizability of the findings.
- The use of purposive sampling may have introduced selection bias and limited sample representativeness.
- The short follow-up period prevented assessment of the long-term effects of the intervention.

the Maternal Educational Package in improving mothers' knowledge regarding pre-term baby care.

Experimental group	19.367	± 2.108			
Control group	0.887	± 1.400			
			18.48	13.049	0.001

- The study did not assess long-term neonatal outcomes such as growth, infection, readmission, breastfeeding success, and development.
- The study did not assess the influence of family support, fathers' involvement, socioeconomic factors, and cultural beliefs on preterm baby care.

CONCLUSION:

The findings of the present study revealed that the majority of mothers had inadequate knowledge regarding pre-term baby care before the intervention. Following the Maternal Educational Package, a marked improvement in knowledge was observed among mothers in the experimental group, while the control group showed minimal change. The significantly higher post-test knowledge scores and mean gain scores in the experimental group demonstrated the effectiveness of the Maternal Educational Package in enhancing mothers' knowledge regarding pre-term baby care. Overall, the study concludes that a structured Maternal Educational Package is an effective educational strategy for improving mothers' knowledge, thereby enhancing their preparedness and ability to provide appropriate care to their preterm babies.

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