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**Collage of Nursing**

# **Factors Influencing Practices of Mothers Concerning Essential care of Newborn**

A Project Submitted to the Council of the College of Nursing, University of  
Babylon in Partial Fulfillment of the Requirements for the Degree of Bachelor  
Science of Nursing

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

﴿وَيَسْأَلُونَكَ عَنِ الرُّوحِ قُلِ الرُّوحُ مِنْ أَمْرِ رَبِّي وَمَا أُوتِيتُمْ مِنَ الْعِلْمِ إِلَّا

قَلِيلًا﴾

صدق الله العلي العظيم

«سورة الاسراء: الآية ٨٥»

# الإهداء

هذه الدراسة مكرسة بإخلاص لأبائنا الأحباء الذين كانوا مصدرنا من الإلهام ومنحنا القوة عندما فكرنا في الاستسلام ، الذين يقدمون لهم باستمرار الدعم المعنوي والروحي والعاطفي والمالي.....  
لإخواننا وأخواتنا وأقاربنا الموجهين والأصدقاء وزملاء الدراسة الذين شاركوا كلماتهم بالنصائح والتشجيع لإنهاء هذه الدراسة.....

وأخيراً أتقدم بجزيل الشكر والعرفان إلى الدكتور الفاضل ( محمد طالب عبد حمادي ) الذي علمنا أنه لم يفت الأوان بعد لمطاردة شغفك ، والذي لم يدخر علماً أو جهداً وغمرنا بالنصح والارشاد وبالمعلومات القيمة والملاحظات السديدة التي لها الأثر الكبير في بلورة هذا البحث ليصل بالصورة التي هي عليها الآن، فجزاه الله خير الجزاء، وانعم عليه بالصحة والعافية.....

## **Supervisor Certification**

I certify that the research project entitled “**Factors Influencing Practices of Mothers Concerning Essential care of Newborn**” was prepared under my supervision at the Department of Maternal and newborn health nursing / College of Nursing /University of Babylon, by the students (Rafal Raed Abbas abid, Diana Ahmed Hussein and Roqia khudhyer ayred) as graduation project.

Signature:

Name: Lect .Dr. Mohammed Talib Abed

Date: ٣٠ /04 / 202٣

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**Abstract:**

Background: Postnatal care (PNC) is the care given to the mother and her newborn baby immediately after the birth and for the first six weeks of life. Basic care for all newborns care includes breastfeeding, immunization, thermal care, cord care, eye care, and recognition of dangerous signs . Objectives: to assess mothers practices concerning essential care of Newborn., identify factors influencing mothers practices concerning essential care of Newborn, determine the association between demographic characteristics of sample and practices of mothers concerning essential care of Newborn. Methods: A hospital-based cross-sectional study design was conducted., non-probability (purposive) sample on (150) mothers, study tool (questionnaire) and interview as method of data collection. Data analyzed by the Statistical package of social science (SPSS) version (25) were used in order to achieving the objectives of study. Result: most of respondents were aged ( $\leq 25$ ), higher percentage were enough to extended with their income. Study show more than half of participants were average practices regarding essential care of newborn. Conclusions: There were significant relationship between mothers practices regarding essential care of neonate and their antenatal care visit . There were significant relationship between level of education, residency, and information about essential care of neonate.



# **Chapter One**

# **Introduction**

**Chapter one  
Introduction:**

**1-1- Introduction:**

Neonatal period is from the time of birth to first 28 days of life. Newborn care has fallen in the gap between maternal and child care. As a result of various national programmers and other activities, neonatal morbidity and mortality have declined but not to the desired level. This is because India has its own cultural beliefs and practices with regards to newborn care which are centuries old (Nethra and Udgiri, 2018).

Good neonatal care practices are one of the strategies to be improved in the health of newborn babies. For all newborns, clean delivery, umbilical cord care, thermal protection, early and exclusive breastfeeding and immunization are recommended by the World Health Organization. The World Health Organization (WHO) recommends essential newborn care (ENC) interventions to secure an early diagnosis and prevent illness in newborns . A key recommendation is that healthy newborns should be placed skin to skin with their mother during the first hour of birth or wrapped and sufficiently covered if separated. Breastfeeding should be established as soon as possible after birth and within the first hour. Newborns should only undergo suction when it is clearly indicated and should be under surveillance and evaluated for danger signs . The most effective impacts of ENC practices in aversion of newborn morbidity and mortality relate to thermal care, skin-to-skin contact and breastfeeding (Stensgaard et al., 2022).

Essential newborn care is the basic care required for every baby and comprises thermal care (delayed bathing, drying, and keeping the baby warm through skin-to-skin contact), infection prevention (promoting and supporting handwashing for all caregivers and providing hygienic umbilical cord and skin care), feeding support (early and exclusive breastfeeding), and postnatal care, including monitoring of newborns for danger signs of serious infections and identifying babies requiring additional care .

Deaths in the newborn period (first 28 days) are a growing proportion of all child deaths, and essential newborn care practice is used to decrease neonatal morbidity and mortalities if given appropriately ( Sakelo et al., 2020).

However, the care needed by newborns may not be appropriately availed to them by their caregivers due to various factors including socio cultural, economic and demographic factors affecting mothers as well as other care givers. For instance, some cultural practices hinder the health and survival of the newborn. Young first-time mothers are often most likely to follow this blindly. Improvement of newborn care has been central concern at International fora. These include Millennium Development Goals, Global Strategy for women and child health and Health for all Policy among others (Kumola, 2015).

Studies have shown that beneficial newborn care practices at the population level can save many newborn lives. In addition, these useful neonatal care interventions are simple, cost-effective and tolerable: Skilled midwives can effectively provide many of them to the mother, newborn, and sometimes by the mother herself if she knows. As well, studies have shown low levels of knowledge of newborn care among some health professionals working - particularly midwives: a gap in promotion from beneficial newborn care practices among neonates Mothers and caregivers. In addition, disparities in equitable access to health care are likely to impede support for beneficial neonatal care practices (Esan et al., 2020).

Several factors have been identified as barriers to new-born care access, particularly in developing countries, including service availability, an insufficient number of skilled personnel, geographical inaccessibility and poor quality of care, financial constraints, no perceived need for such services, cultural practices, mothers' awareness or knowledge about new-born care, maternal health, and sociodemographic characteristics.<sup>9</sup> According to evidence from various studies conducted in Ethiopia, mothers use the ENC infrequently. This demonstrates the importance of traditional

community home care practices in new-born care (Funga and Thomas, 2022).

### **1.2.The Importance of the study:**

Globally each year, approximately 2.7 million babies die during the first 28 days of life and another three million are stillborn and eleven newborn die every minute before their fifth birth day of life. Neonatal mortality accounts for approximately two-thirds of all infant mortality and 45% of deaths of children aged less than five years (under-five mortality). Ninety-nine percent of these deaths occur in middle- and low-income countries with half of deliveries occurring at home. Although neonatal period is a brief and short period of time, neonatal death during this time contributes for the larger share of under-five mortality rate (Alebel et al., 2020).

In addition to, as mortality among children under five declined, deaths among these children are more and more concentrated in the first days of life. These makes focus on new-born care more critically than ever before . In 2018, an estimated 2.5 million children died in their first month of life, which is approximately 7000, new-borns every day, with about a third of all neonatal deaths occurring within the first day after birth, and close to three-quarters occurring within the first week of life (Abebe et al., 2021).

However , 4 million is the neonatal mortality rate every year, most of which occur in the first week of life, with about 1 million dying on the first day and close to 1 million dying within the next six days of life . Of these deaths, 66% occur during the 1st 24 hours while 34% occur after 24 hours . Worldwide ten countries with the highest neonatal mortality rate, eight of them are in sub-Saharan Africa (SSA), with 28 deaths per 1,000 live births (Berhanu et al., 2021).

The infant mortality rate in Iraq declined to 21.3 deaths per 1,000 live births in 2020. Therefore, the infant mortality rate in Iraq saw its lowest number in that year with 21.3 deaths per 1,000 live births. Notably, the infant mortality rate is continuously

decreasing over the last years. The infant mortality rate refers to the number of newborns not expected to survive past the first year of life. This is generally expressed as a value per 1,000 live births, and infant mortality also includes neonatal mortality (deaths within the first 28 days) (Neill, 2023; Leak et al., 2021).

**1.3. Problem of statement:**

Factors Influencing Practices of Mothers Concerning Essential care of Newborn

**1.4. Objectives of the study:**

1. Assess mothers practices concerning essential care of Newborn.
2. Identify factors influencing mothers practices concerning essential care of Newborn
3. Determine the association between demographic characteristics of sample and practices of mothers concerning essential care of Newborn

**1.5. Definition of term:**

**1.5.1. Factors influencing:**

**1.5.1.a. Theoretical definition:**

The influencing factors are those factors that can affect some features of a target object (IGI Global dictionary, 2022).

**1.5.1.b. operational definition:**

Different factors like age, education, occupation, neonatal factors , obstetrical can affect mothers practices about essential care of neonate.

**1.5.2. practice :**

**1.5.2.a. theoretical definition:**

the act of doing something regularly or repeatedly to improve your skill at doing it:( Cambridge dictionary, 2022)

**1.5.2.b. operational definition:**

practices refer to the care performed by the mothers to their newborns, which was measured by interview method (asking the mother subjectively to report the action). The maternal level of practices divided into 3 levels:-1- poor practices level 2- Moderate practices level 3- good practices level

1.5.3. Essential newborn care

1.5.3.a.theoretical definition:

Essential newborn care involves immediate care at the time of birth, and essential care during the entire newborn period. It is needed both in the health facility and at home (WHO, 2023).

1.5.3.b. operational definition:

the information and practice of the mother in regard to the essential of basic care of baby, that measured by interview questionnaire.

# **Chapter Two**

# **Methodology**

**2.1. Study design & setting:**

A quantitative, descriptive and cross-sectional design was used in this study in order to identify the factors influencing practices of postnatal mothers towards essential care newborns care in Al-Hilla city. This design is appropriate for describing the status of phenomena or for describing relationships among phenomena testing relationships among variables and involving the collection of data during a single period of data collection (Polit and Beck, 2012).

**2.2. Administrative Arrangements**

Prior to data collection, official administrative permissions were obtained to conduct the study

- 1- An official permit is received from the nursing department in, faculty of nursing/ University of Babylon .
- 2- The official agreement was gotten from ministry of Health/ Training and development center ( [Appendix A](#)).

**2.3. Study sample:**

Non-probability convenience sample of (120) pregnant women who attending to Al-Emam Al-Sadiq and Babylon for maternal & children, Al-Noor pediatric hospital hospitals in Al-Hilla City.

Inclusion and Exclusion Criteria

Inclusion Criteria.

- 1-All postnatal mothers delivered by vaginal delivery and cesarean section.
- 2-willing to participate in the study have been included

Exclusion Criteria.



- 1-Mothers who preterm birth or had severe neonatal problems, maternal problems.
- 2-Not willing to participate in the study have been excluded

### **2.4.Study Tool:**

Through the extensive review of relevant literatures and previous studies, a questionnaire constructed for the purpose of the study. It is composed of four parts. The first one is demographic data, second part obstetric history, the third part is demographic characteristics of newborn, the fourth part is mothers practices toward care of neonate.

Instrument's Description:

#### **Part I: Demographical Data of pregnant mothers**

This section included pregnant women general characteristics of demographical data, such as, age, level of education, occupation, , socioeconomic status, and residency.

#### **Part II: obstetrics history**

#### **Part III: demographic characteristics of neonate: age, gender, birth weight, gestational age**

#### **Part IV: mothers practices toward essential care of neonate:**

**Consist of 35 items arranged under six domains which include:** initiation of breast feeding, immunization, umbilical cord care, eye care, Recognition of dangerous signs , and thermal care ( Appendix B)

### **2.5.Data Collection:**

The participation of study subjects was on voluntarily basis. Data attained by utilization of the study tool (questionnaire) and interview as method of data collection; each interview approximately (15\_30) minutes.

## **2.6. Statistical Analysis:**

The data of the present study was analyzed by the Statistical package of social science (SPSS) version (25). The tests which were used in this study were derived from both: descriptive and inferential statistic, all of these tests were used in order to achieving the objectives of study.

### **A. Descriptive Data Analysis Approach**

Such approach a consisted of the following:

Statistical tables (Frequencies and percent) which are used to calculate the description of demographic characteristic.

### **B. Inferential Data Analysis**

#### **Chi-Square Test**

This approach performed through the following methods:

*Chi-Square ( $\chi^2$ ) test:* was applied to determine the significant relation between the demographical characteristics of mother, neonate, obstetrical history and their practices concerning neonatal care.

# **Chapter three**

## **Results**

### Chapter three: Results

The following results according to the current study objectives.

**Table (1): Distribution of Mothers by their Demographic Characteristics**

Rating	Variables	Frequency	Percent
<b>Mother age</b>			
	<= 25	61	50.8
	26 – 30	36	30.0
	31 – 35	12	10.0
	36+	11	9.2
	Total	120	100.0
<b>Level of education</b>			
	read and write	9	7.5
	not read and write	18	15.0
	Primary	32	26.7
	Intermediate	21	17.5
	Preparatory	14	11.7
	college and above	26	21.7
	Total	120	100.0
<b>Occupation</b>			
	Employed	20	16.7
	Unemployed	100	83.3
	Total	120	100
<b>Residence</b>			
	Urban	58	48.3
	Rural	62	51.7
	Total	120	100.0
<b>Income</b>			
	enough	49	40.8
	enough to extended	46	38.3
	not enough	25	20.8
	Total	120	100.0
<b>Type of family</b>			
	Nuclear	66	55.0
	Extended	54	45.0
	Total	120	100.0
<b>Information about essential care of neonate</b>			
	Yes	108	90.0
	No	12	10.0
	Total	120	100.0
<b>Source of information</b>			
	Family /relatives	78	65.0
	Health care provider	17	14.2
	Mass media	25	20.8
	Total	120	100.0

Results, out of this table, depict that less than two-third of the sample is mothers of neonate (50.8%) their age  $\leq 25$  years. Concerning level of education, the result indicate that higher percentage of sample graduate from primary school 26.7%. Regarding the residency, (51.7%) of the participants are living in rural area . regarding occupation, 83.3% of study sample were unemployed . Relative to monthly income, (40.8%) of participants have reported sufficient income .The type of family refers to nuclear among (55%) of participants and the remaining are living with extended families. Concerning information about essential care of newborn, the results indicate that (90%) of participants have information. Finally, this table clarified that (65%) of study sample the family and relative were source of information.

Table 2: distribution of sample according obstetric history

List	Characteristics	Rating	f	%
1	Type of delivery	Home	14	11.7
		Hospital	106	88.3
		<b>Total</b>	<b>120</b>	100.0
2	Antenatal visit	regular	70	58.3
		irregular	50	41.7
		Total	120	100.0
3	Parity	$\leq 2$	68	56.7
		3 – 5	40	33.3
		6+	12	10.0
		Total	120	100.0

This table show that (88.3%) of sample their childbirth were in hospital, concernin g antenatal

visit ( 58.3%)of sample were regular visit, finally in this table, the result indicate that (56.7%) of mothers have  $\leq 2$  child.

Table

3:

of

distribution

Variable	Rating	f	%
<b>Gender</b>	<b>Male</b>	<b>62</b>	<b>51.7</b>
	<b>Female</b>	<b>58</b>	<b>48.3</b>
	<b>Total</b>	<b>120</b>	<b>100.0</b>
<b>Gestational age</b>	<= 37 weeks	72	60.0
	38 – 39 weeks	32	26.7
	40+ weeks	16	13.3
	Total	120	100.0
<b>Child weight</b>	<= 2.5	23	19.2
	2.6 - 3.8	90	75.0
	3.9+	7	5.8
	Total	120	100.0
<b>Birth order</b>	<= 2	70	58.3
	3 – 5	40	33.3

demographic characteristics of neonate

	6+	10	8.3
	Total	120	100.0

Results, out of this table, present that (51.7%) of children are male. The gestational age (60.3%) of children born at  $\leq 37$  weeks. Concerning child weight, the results show that (75%) of sample their weight between 2.6 - 3.8 k.g . The severity of autism is moderate among (53.4%) of children and only (15.3%) are seen with severe autism. The highest percentage regarding body mass index is accounted for overweight among (36.7%) of children with autism.

**Table 4: Overall assessment of mothers practices related to essential care of newborn**

Overall practices	Rating	N= 120	%	S.d.	M.s.	Evaluation
	Poor practice	6	5.0	.19620	2.0164	Moderate practice
	Average practice	64	53.3			
	Good practice	50	41.7			
	Total	120	100.0			

"N= Number, %= Percentage, M.s.= Mean of score " Cut off point (0.66), Poor (mean of score 1-1.66), Moderate (mean of score 1.67-2.33), Good (mean of score 2.34 and more)", S.d= Stander deviation".

This table depicts that more than half of participants were average practices regarding essential care of newborn.





**Table 5: Statistical Relationship between mothers practices their obstetric history**

Variables	Rating	Practice			Total	d.f	Sig.	
		Poor	Moderate	Good				
Type of delivery	Home	0	6	8	14	2	$\chi^2$ obs.= 2.030 $\chi^2$ crit.= 5.991 P-value=0.408	NS
	Hospital	6	58	42	106			
	Total	6	64	50	120			
Antenatal visit	Regular	6	34	30	70	2	$\chi^2$ obs.= 6.915 $\chi^2$ crit.= 5.991 P-value=0.032	S
	Irregular	0	30	20	50			
	Total	6	64	50	120			
Parity	<= 2	2	38	28	68	4	$\chi^2$ obs.= 5.077 $\chi^2$ crit.= 9.488 P-value=0.279	NS
	3 - 5	2	22	16	40			
	6+	2	4	6	12			
	Total	6	64	50	120			

" $\chi^2$  obs. = Chi-square observer,  $\chi^2$  crit. = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non-significant, S= significant, HS= high significant".

This table revealed that there was non-significant relationship between mothers practices regarding essential care of neonate and their obstetric history except antenatal visit.

Table (6): Statistical Relationship between mothers practices and their demographic characteristics of neonate

Variables	Rating	Practice			Total	d.f	Sig.	
		Poor	Moderate	Good				
Gender	Male	4	27	31	62	2	$\chi^2_{obs.} = 4.981$ $\chi^2_{crit.} = 5.991$ P-value=0.083	NS
	Female	2	37	19	58			
	Total	6	64	50	120			
Child weight	<= 2.5	1	9	13	23	4	$\chi^2_{obs.} = 4.177$ $\chi^2_{crit.} = 9.488$ P-value=0.383	NS
	2.6 - 3.8	4	52	34	90			
	3.9+	1	3	3	7			
	Total	6	64	50	120			
Gestational age	<= 37	6	40	26	72	4	$\chi^2_{obs.} = 5.901$ $\chi^2_{crit.} = 9.488$ P-value=0.207	NS
	38 - 39	0	17	15	32			
	40+	0	7	9	16			
	Total	6	64	50	120			
Birth order	<= 2	2	39	29	70	4	$\chi^2_{obs.} = 6.453$ $\chi^2_{crit.} = 9.488$ P-value=0.168	NS
	3 - 5	2	22	16	40			
	6+	2	3	5	10			
	Total	6	64	50	120			

" $\chi^2_{obs.}$  = Chi-square observer,  $\chi^2_{crit.}$  = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non significant, S= significant, HS= high significant".

This table revealed that there was non-significant relationship between mothers practices regarding essential care of neonate and their demographic characteristics of neonate

Table (7) : Statistical Relationship between mothers practices their demographic characteristics

Variables	Rating	Practice			Total	d.f	Sig.	
		Poor	Moderate	Good				
Mother age	<= 25	2	32	27	61	6	$\chi^2_{obs.} = 4.469$ $\chi^2_{crit.} = 12.592$ P-value=0.548	NS
	26 – 30	3	22	11	36			
	31 – 35	0	6	6	12			
	36+	1	4	6	11			
	Total	6	64	50	120			
Level of education	read and write	0	4	5	9	10	$\chi^2_{obs.} = 21.611$ $\chi^2_{crit.} = 18.307$ P-value=0.017	S
	not read and write	2	10	6	18			
	primary	2	20	10	32			
	intermediate	2	12	7	21			
	preparatory	0	7	7	14			
	college and above	0	11	15	26			
	Total	6	64	50	120			
Employment	Employed	0	7	13	20	2	$\chi^2_{obs.} = 5.849$ $\chi^2_{crit.} = 5.991$ P-value=0.054	NS
	unemployed	6	57	37	100			
	Total	6	64	50	120			
Residency	urban	2	30	26	58	2	$\chi^2_{obs.} = 6.130$ $\chi^2_{crit.} = 5.991$ P-value=0.047	S
	rural	4	34	24	62			
		6	64	50	120			
	Total	6	64	50	120			
Income	Enough	0	24	25	49	4	$\chi^2_{obs.} = 8.223$ $\chi^2_{crit.} = 9.488$ P-value=.084	NS
	Enough to extended	5	24	17	46			
	Not enough	1	16	8	25			

	Total	6	64	50	120			
Type of family	Nuclear	2	35	29	66	2	$\chi^2_{obs.} = 1.322$ $\chi^2_{crit.} = 5.991$ P-value= 0.625	NS
	Extended	4	29	21	54			
	Total	6	64	50	120			
Information about ECN	Yes	6	59	43	108	2	$\chi^2_{obs.} = 6.849$ $\chi^2_{crit.} = 5.991$ P-value= 0.033	S
	No	0	5	7	12			
	Total	6	64	50	120			
Source of information	Family /relatives	6	38	34	78	4	$\chi^2_{obs.} = 4.435$ $\chi^2_{crit.} = 9.488$ P-value= .350	
	health care provider	0	10	7	17			
	mass media	0	16	9	25			
	Total	6	64	50	120			

$\chi^2_{obs.}$  = Chi-square observer,  $\chi^2_{crit.}$  = Chi-square critical, Df= Degree of freedom, P-value= Probability value, S= significant, NS= non-significant, S= significant, HS= high significant'".

This table revealed that there was non-significant relationship between mothers practices regarding essential care of neonate and their demographic characteristics except level of education, income, and Information about ECN .

# **Chapter Four**

# **Discussion**

## Chapter four

### discussion

#### Part 4 :Discussion of Distribution of Mothers by their Demographic Characteristics

Results, out of this table, depict that less than two-third of the sample is mothers of neonate (50.8%) their age  $\leq 25$  years. Concerning level of education, the result indicate that higher percentage of sample graduate from primary school 26.7%. Regarding the residency, (51.7%) of the participants are living in rural area . regarding occupation, 83.3% of study sample were unemployed . Relative to monthly income, (40.8%) of participants have reported sufficient income .The type of family refers to nuclear among (55%) of participants and the remaining are living with extended families. Concerning information about essential care of new-born, the results indicate that (90%) of participants have information. Finally, this table clarified that (65%) of study sample the family and relative were source of information.

Mother age :concerning the age the result show depict that less than two-third of the sample is mothers of neonate (50.8%) their age  $\leq 25$  years this result supported by (Abebe et al., 2021 )who found that most of women age between 25\_34year . Level of Education : Concerning level of education, the result indicate that higher percentage of sample graduate from primary school 26.7%, and this result is similar to (Bekele et al., 2022), Who clarified that most of sample are graduated from primary school . Occupational: regarding occupation, 83.3% of study sample were unemployed . And this finding in similarity with the finding of (Mohamed El-Naggar et al., 2023) who reported that the most of women were housewives . Residence : Regarding the residency, (51.7%) of the participants are living in rural area and this study is consistent with (Bekele et al., 2022) who reported that most of sample living in rural area but, incongruent with the finding of (Al-Nafeesah et al., 2022)that show the more than a half of it were in urban.

Information about essential care of neonate: concerning the information about essential care of neonate this result is congruent with the result of (Yitna, 2017) who their findings indicated that majority of the women had information about new-born care.

Source of information: concerning the source of information this result is came in line with the result of (Jouda, 2020) While incongruent in another study that carried out by (Meseka, 2016).

### **Part two: discussion of distribution of sample according obstetric history:**

Type of delivery: concerning the type of delivery show that (88.3%) of sample their childbirth were in hospital this result is congruent with the result of (Yitna, 2017) who found that higher percentage of sample delivered in hospital. This findings in the line with (Sakelo et al., 2020) who found that most of sample their delivery were in health facility. So, the current results indicate that more than half of sample were regular antenatal care visit .

Antenatal visit: concerning antenatal visit ( 58.3%)of sample were regular visit, this result is congruent with the result of (Al-Nafeesah et al., 2022) .

Parity: concerning the parity the current study indicate that (56.7%) of mothers have  $\leq$  2 child . this results congruent with the findings of study that conducted by (YITNA, 2017) .

### **Part three : discussion of distribution of demographic characteristics of neonate**

Results, out of this table, present that (51.7%) of children are male. The gestational age (60.3%) of children born at  $\leq$  37 weeks. Concerning child weight, the results show that (75%) of sample their weight between 2.6 - 3.8 k.g . finally in this table, (58.3) of children within  $\leq$  2 birth order in the family .the current results in the line with (Khatun et al., 2021) who their findings indicated that the mean score of gestational age was 37.38 weeks (SD = 1.7), birth weight was 2.94 (SD= 0.40).

Gender: concerning the gender show that (62%)of sample is male this result is harmonizing with the result of (Kumola, 2015) who reported that the most of children were male.

#### **Part four: Overall assessment of mothers practices related to essential care of newborn**

This table depicts that more than half of participants were average practices regarding essential care of newborn.

The findings of current study in the same line with (Upashe, 2014) who reported that indicates that 62% had moderate practice level, 28% of them had good practice level and 10% had poor practice level. This difference may be due to multi-cultural variation among regions and the good status of mothers on pre-lacteal feeding.

#### **Part five: discussions of Statistical Relationship between mothers practices their obstetric history**

This table revealed that there was non-significant relationship between mothers practices regarding essential care of neonate and their obstetric history except antenatal visit.

This findings in line with (Alemu and Eshete, 2020) who found that Multivariable logistic regression analysis revealed that good new-born care practice was significantly associated with antenatal care visits.

#### **Part six: Statistical Relationship between mothers practices and their demographic characteristics of neonate**

This table revealed that there was non-significant relationship between mothers practices regarding essential care of neonate and their demographic characteristics of neonate The results of current study corresponding with (Memon et al., 2019) who clarified that The significant difference in practice mean score was not detected to sex of the child .



## **Part seven: Statistical Relationship between mothers practices their demographic characteristics**

This table revealed that there was non-significant relationship between mothers practices regarding essential care of neonate and their demographic characteristics except level of education, income, and Information about ECN .

The findings of present study consistent with (Memon et al., 2019) who carried out a study about Knowledge, attitude, and practice among mothers about newborn care in Sindh, Pakistan , and their results indicated that the multivariate analysis, among socio-demographic and other related factors such as maternal education had significant associations with Practice score of mothers. A possible explanation for this finding might be that a highly educated mother could have a better understanding or awareness about the importance of newborn care. Thus, giving these mothers confidence to take the right decisions to take care of their newborns, resulting accurate practices.

In the same context, (Berhea et al., 2018) who carried out a study entitled Knowledge and practice of Essential Newborn Care among postnatal mothers in Mekelle City, North Ethiopia: A population-based survey, and reported that Getting information on essential neonatal basic care (ENBC) during ANC visit was found to have a positive association with ENBC practice.

# **Conclusion & Recommendations**

**Conclusion:**

The study concluded that practices of mothers increase with advance level of education. Also practices of mothers increased with mothers that have information about essential care of neonate , and with mothers who have enough socio-economic status. Highest proportion of mothers with moderate practices toward essential care of neonate.

**Recommendations:**

1. Instructional guidelines regarding neonatal care should be applied for newly mothers during antenatal period.
2. Replication of this study with a larger sample of different areas with longitudinal follow-up is recommended, so that the results could be generalized.
3. Further studies should be conducted on different aspects regarding mothers' care practices for their newborn babies
4. Essential newborn care information should be provided to mother during both antenatal care and postnatal period.
5. More emphasis is needed in maternal education during antenatal care towards cord care, eye care thermoregulation and immunization.
6. A qualitative study is recommended to elaborate more on newborn care knowledge and practices among mothers in Babylon province .

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# **List of Appendices**



## Appendix A

جمهورية العراق

Ministry Of Health Babylon Health Directorat Email : babyltraining@gmail.com لأول مرار الخطير يستفاد من هذا الكتاب المنظمة القومية والمحافظة على صحة من التوثيق		وزارة الصحة دارة صحة محافظة بابل المدير العام مركز التدريب والتنمية البشرية وحدة إدارة البحوث العدد: ١٣٥ التاريخ: ٢٠٢٢/١١/٢١
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إلى / مستشفى الأمام الصادق (ع)  
مستشفى بابل التعليمي للنسائية والأطفال  
مستشفى النور للأطفال  
/ تسهيل مهمة

تحية طيبة ...  
أشارة إلى كتاب جامعة بابل / كلية التمريض ذي العدد ٤١٨٢ في ٢٠٢٢/١١/٢١  
تسجيل مهمة الطلبة المدرجة أسمائهم أدناه من الجامعة أنفا لإجراء بحث التخرج الموسوم  
والخاص بالتخرج بعنوان :-  
(factor influencing practices of mother concerning essential car of newborn)

للتفضل بالاطلاع وتسهيل مهمة الموما إليهم وحسب الضوابط والإمكانيات على أن لا تتحمل  
مؤسساتكم أية تبعات مادية وقانونية....  
... من الاحترام /

الأسماء :-  
١- رفل راند عباس  
٢- ديانا احمد حسين  
٣- رقية خضير عود

محمد عبد الله عجرش  
كدير مركز التدريب والتنمية البشرية  
٢٠٢٢ / /

نسخة منه الي :-  
مركز التدريب والتنمية البشرية / وحدة إدارة البحوث .... مع الأوليات .

دارة صحة محافظة بابل / مركز التدريب والتنمية البشرية // ايميل المركز babyltraining@gmail.com

## Appendix B

## Questionnaire

Part one: Mothers socio-demographic characteristics:

1-Age

2-level of education

- a) Read and write ( )
- b) Not read and write ( )
- c) Primary ( )
- d) Intermediate ( )
- e) Preparatory ( )
- f) College and above ( )

3- Employment status

- a) Employed ( )
- b) Unemployed ( )

4- Residence

- a. Urban ( )
- b. Rural ( )

5-income

- a. Enough ( )
- b. enough to extend ( )
- c. not enough ( )

6- Type of family

- a. Joint ( )
- b. Extended ( )
- c. nuclear ( )

7. Receive any information about ENBC

- a. Yes ( )
- b. No ( )

if yes what the source of information

- a. Family/relatives ( )
- b. Health care provider ( )
- c. Mass media ( )
- d. Book and magazines ( )

e. TV/Radio ( )

Part two: obstetric and gynecological history

1-Place of delivery

a. Home ( )

b. Hospital ( )

2. Ante natal care visit

a. Regular ( )

b. Irregular ( )

3-Parity ( )

Part three: demographic characteristics of newborn

1- Birth order ( )

2- Gender a. Male ( ) b. Female ( )

3- weight of child ( )

4. gestational age ( )

Part four: Assessing mothers' practices concerning essential care of newborn

No.	Items	Always	Sometimes	Never
<b>(A) Assessing the practice on initiation of breast feeding.</b>				
1	clean your breast before feeding your newborn			
2	support your breast with your fingers below and the thumb above while feeding			
3	start breast feeding during 1 hour after delivery			
4	Do you noticed signs of good attachment with your newborn as smiling for you during breast feeding process?			
5	give your newborn other feeds fluids apart from breast milk?			
6	When you get a cold or the flu, do you stop breastfeeding of your newborn?			
7	give your newborn the first breast feeding liquid (colostrum)			
8	Do you breastfeed your newborn every 2-3 hours?			
<b>(B)- Immunization</b>				
1	give an attention to fully immunized your newborn			
2	Do you measure the temperature of your newborn after he/she immunized?			
3	In the case of increase temperature of your newborn after vaccinations, do you apply a cold compress for her/him?			
4	In the case of increase temperature of your newborn after vaccinations, do you give her/him antipyretic drug as paracetamol?			
5	When your newborn gets feverish, you don't immunize your newborn			
<b>(C) Thermal Care</b>				
1	measure the temperature by thermometer if your newborn feels feverish			
2	keep the window open frequently in the presence of your newborn in the room			
3	cover your newborn well to prevent heat loss			
4	leave your newborn near in direct heat as sunlight/ warmer			
5	provide warmth to your newborn with appropriate clothing according to season			

<b>(D) Umbilical Cord Care</b>				
1	put oil / powder to your newborn's umbilical stump			
2	disinfect the stump of your newborn with normal saline /alcohol			
3	keep the umbilical stump of your newborn dry			
4	go to hospital/ PHC in case of bleeding from your newborn's umbilical stump			
5	go to hospital/PHC in case of finding signs of infection at the stamp of your newborn			
<b>(E ) Eye Care</b>				
1	Have you applied a substance apart from those prescribe by doctor to your newborn's eye on case of noticing discharge reddening or swelling?			
2	put a kajal in the eyes of your newborn from time to time			
3	clean your newborn's eyes gently from the inside corner to the outside corner			
4	use a clean, moist gauze for cleaning your newborn's eyes			
5	use a different gauze for each eye to avoid potential cross-infection			
<b>( F ) - Recognition of dangerous signs</b>				
1	Have you wash your hands with soap and water before breast feeding?			
2	remove your newborn's wet nappy immediately			
3	follow up of your newborn if he/she stop feeding well			
4	follow up of your newborn if your newborn has fast breathing			
5	follow up of your newborn if he/she become feverish ( $> 37.5^{\circ}\text{C}$ )			
6	Put your newborn on side in the crib after feeding him/her			
7	follow up of your newborn if he/she has low body temperature ( $< 35.5^{\circ}\text{C}$ )			

الجزء الأول: الخصائص الاجتماعية والديموغرافية للأم:

١- العمر ( ) بالسنوات

٢-مستوى التعليم

- أ. القراءة ( )  
ب. لا يقرأ ولا يكتب ( )  
ت. ابتدائية ( )  
ث. متوسطة ( )  
ج. اعدادية ( )  
ح. كلية فأعلى ( )  
٣- المهنة

- أ. يعمل ( )  
ب. لا يعمل ( )  
٤-الاقامة

- أ. الحضر ( )  
ب. الريف ( )  
٦-الدخل

- أ. يكفي ( ) ب. يكفي الى حد ما ( ) ت. لا يكفي ( )  
٧-نوع الأسرة

- أ. ممتدة ( ) مع اهل الزوج  
ب. نووية ( ) مستقلة

٨- هل تلقيت أي معلومات حول العناية الضرورية للأطفال حديثي الولادة

- أ. نعم ( )  
ب. لا ( )

إذا كانت الإجابة بنعم ما هو مصدر المعلومات

- أ. الأسرة / الأقارب ( )  
ب. مقدم الرعاية الصحية ( )  
ت. وسائل الإعلام ( )  
ث. كتب ومجلات ( )

الجزء الثاني: تاريخ أمراض النساء والتوليد

١-مكان الولادة

- أ. البيت ( )  
ب. المستشفى ( )  
٢- الزيارات للرعاية ما قبل الولادة

- أ. منتظم ( )  
ب. غير منتظم ( )

٣- عدد الولادات الحية ( )

الجزء الثالث: الخصائص الديموغرافية لحديثي الولادة

١- ترتيب الطفل بالعائلة ( )

٢- النوع ( ) رجل ( ) انثى ( )

٣- وزن الطفل ( )

٤- مدة الحمل ( )

الجزء الثالث: تقييم ممارسات الأمهات فيما يتعلق بالرعاية الأساسية لحديثي الولادة

ت	الفقرات	دائماً	بعض الاحيان	ابداً
<b>(أ) تقييم ممارسة بدء الرضاعة الطبيعية.</b>				
١.	تقومين بتنظيف الثدي قبل ارضاع الطفل			
٢.	تسندين ثدييك بأصابعك اثناء الرضاعة بوضع السبابة والابهام			
٣.	البدء بالرضاعة الطبيعية خلال ساعة واحدة بعد الولادة			
٤.	ملاحظة علامات على الارتباط الجيد بمولودك حديث الولادة كالتبسم لك اثناء عملية الرضاعة			
٥.	إعطاء طفلك حديث الولادة سوائل أخرى غير حليب الأم			
٦.	عندما تصابين بالبرد أو الأنفلونزا ، تتوقفين عن إرضاع طفلك مولود حديث الولادة			
٧.	تعطين طفلك حديث الولادة أول سائل يرضع من الثدي (اللبأ).			
٨.	ترضعين مولودك حديث الولادة كل 2-3 ساعات			
<b>(ب) التحصين واللقاحات</b>				
١.	تهتمين بتحصين طفلك حديث الولادة بشكل كامل			
٢.	تقومي بقياس درجة حرارة المولود حديث الولادة بعد تحصيله			
٣.	في حالة ارتفاع درجة حرارة طفلك حديث الولادة بعد التطعيم ، تقومين بوضع كمادة باردة له/			
٤.	في حالة ارتفاع درجة حرارة طفلك حديث الولادة بعد التطعيم ، تعطيه دواء خافض للحرارة مثل الباراسيتامول			
٥.	عندما يصاب طفلك حديث الولادة تقومين بالحمى ، لا تقومين بتحصيله			
<b>(ت) العناية بالحرارة</b>				
١.	تقومي بقياس درجة الحرارة بواسطة مقياس الحرارة إذا كان طفلك حديث الولادة يشعر بالحمى			
٢.	تتركي النافذة مفتوحة باستمرار في وجود طفلك حديث الولادة في الغرفة			
٣.	تقومي بتغطية طفلك حديث الولادة جيداً لمنع فقدان الحرارة			
٤.	تتركي مولودك قريباً من الحرارة المباشرة مثل ضوء الشمس / أكثر دفئاً			
٥.	توفرين الدفء لطفلك حديث الولادة بالملابس المناسبة حسب الموسم			
<b>(ث) العناية بالحبل السري</b>				
١.	تضعين الزيت / المسحوق على حبل طفلك السري			
٢.	تطهين حبل السري طفلك حديث الولادة بمحلول ملحي / كحول عادي			
٣.	تحافظي على الحبل السري لطفلك حديث الولادة جافاً			
٤.	تذهبين إلى المستشفى / الرعاية الصحية الأولية في حالة النزيف من الحبل السري لطفلك حديث الولادة			
٥.	تذهبين إلى المستشفى / الرعاية الصحية الأولية في حالة العثور على علامات العدوى على الحبل السري لطفلك			



ت) العناية بالعيون			
			١. تضعين مادة غير تلك التي يصفها الطبيب على عين المولود الجديد في حالة ملاحظة وجود احمرار أو تورم في الإفرازات
			٢. تضعي الكحل في عيون طفلك حديث الولادة من وقت لآخر
			٣. تنظفي عيون طفلك بلطف من الزاوية الداخلية إلى الزاوية الخارجية
			٤. تستخدمين شاشًا نظيفًا ورطبًا لتنظيف عيون طفلك حديث الولادة
			٥. تستخدمين شاشًا مختلفًا لكل عين لتجنب العدوى المحتملة
ث) التعرف على العلامات الخطيرة			
			١. تغسلين يديك بالماء والصابون قبل الرضاعة الطبيعية
			٢. تقومي بإزالة حفاض طفلك الرطب على الفور
			٣. متابعة طفلك إذا توقف عن الرضاعة بشكل جيد
			٤. متابعة طفلك إذا كان طفلك حديث الولادة يتنفس بسرعة
			٥. متابعة طفلك إذا أصيب بالحمى أكثر من ٣٧,٥ درجة مئوية
			٦. تضعي طفلك حديث الولادة على جانبه في السرير بعد إطعامه
			٧. متابعة طفلك حديثي الولادة إذا كانت درجة حرارة جسمه منخفضة (أقل من ٣٥,٥ درجة مئوية)

## Appendix C

قائمة بأسماء خبراء الاستبانة:

ت	اسم الخبير	اللقب العلمي	الاختصاص	مكان العمل
1	ا.د. سلمى كاظم جهاد	أستاذ	تمريض صحة مجتمع	جامعة بابل / كلية التمريض
2	ا.د. ندى خزعل كاظم هندي	أستاذ	احياء مجهرية	جامعة بابل / كلية التمريض
3	أ.د. شذى سعدي محمد	استاذ	تمريض بالغين	جامعة بابل / كلية التمريض
4	ا.م.د. وفاء احمد امين	أستاذ مساعد	تمريض الام والوليد	جامعة بابل / كلية التمريض
	ا.م.د. امير جاسم محمد	أستاذ مساعد	كيمياء حياتيه سريره	جامعة بابل / كلية التمريض
5	م.د. علي احمد الحطاب	مدرس	تمريض الصحة النفسيه والعقلية	جامعة بابل / كلية التمريض
6	م.د. مريم عبد الكريم	مدرس	تمريض الام والوليد	جامعة بابل / كلية التمريض
7	م.م. امير صلاح الدين	مدرس مساعد	تمريض الصحة النفسية و العقلية	جامعة بابل / كلية التمريض
8	م.م. علي فاضل عبيد	مدرس مساعد	تمريض الاطفال	كلية التمريض/جامعة بابل
9	م.م. زينب عبد الأمير	مدرس مساعد	تمريض الام والوليد	كلية التمريض/جامعة بابل

الخلاصة:

رعاية ما بعد الولادة (PNC) هي الرعاية المقدمة للأم وطفلها حديث الولادة مباشرة بعد الولادة وخلال الأسابيع الستة الأولى من الحياة. تشمل الرعاية الأساسية لجميع الأطفال حديثي الولادة الرضاعة الطبيعية والتطعيم والرعاية الحرارية والعناية بالحبل السري والعناية بالعيون والتعرف على العلامات الخطرة. الأهداف: تقييم ممارسات الأمهات فيما يتعلق بالرعاية الأساسية للأطفال حديثي الولادة ، وتحديد العوامل التي تؤثر على ممارسات الأمهات فيما يتعلق بالرعاية الأساسية للأطفال حديثي الولادة ، وتحديد العلاقة بين الخصائص الديموغرافية للعينة وممارسات الأمهات فيما يتعلق بالرعاية الأساسية لحديثي الولادة. المنهجية: تم تصميم الدراسة المقطعية المستعرضة على مستوى المستشفى ، وعينة غير احتمالية (هادفة) عددها (١٥٠) أم ، وأداة دراسة (استبيان) ، ومقابلات كوسيلة لجمع البيانات. تم استخدام البيانات التي تم تحليلها بواسطة الحزمة الإحصائية للعلوم الاجتماعية (SPSS) الإصدار (٢٥) لتحقيق أهداف الدراسة. النتائج: كان معظم المستجيبين اعمارهم (25 <=) ، وكانت النسبة الأعلى للذين لديهم دخل كاف. اظهرت الدراسة أن أكثر من نصف المشاركين كانت ممارساتهم متوسطة فيما يتعلق بالرعاية الأساسية لحديثي الولادة. الاستنتاجات: هناك علاقة ذات دلالة إحصائية بين ممارسات الأمهات فيما يتعلق بالرعاية الأساسية لحديثي الولادة وزيارتهم للرعاية السابقة للولادة. كانت هناك علاقة ذات دلالة إحصائية بين مستوى التعليم والسكن والمعلومات حول الرعاية الأساسية لحديثي الولادة.



وزارة التعليم العالي و البحث العلمي  
جامعة بابل / كلية التمريض

# العوامل المؤثرة في ممارسات الأمهات فيما يتعلق بالرعاية الضرورية للأطفال حديثي الولادة

مشروع مقدم الى مجلس كلية التمريض جامعة بابل لاستيفاء جزء من متطلبات نيل  
درجة البكالوريوس علوم في التمريض

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