



ASSESS THE LEVEL OF KNOWLEDGE REGARDING MEDICAL NUTRITIONAL THERAPY AMONG ANTENATAL MOTHER WITH GDM

Mrs. N. Rajalakshmi

PhD(N) Scholar Meenakshi Academy of Higher education and research Centre, Chennai, Tamil Nadu-78

Prof. Dr. M. Kavitha

PhD(N) Meenakshi Academy of Higher education and research Centre, Chennai, Tamil Nadu-78

ABSTRACT

A study was conducted to assess the level of knowledge regarding medical nutritional therapy among GDM antenatal mothers attending antenatal OPD at GRH, Madurai. Non experimental (descriptive) research design was used with Non probability (Consecutive) sampling technique. The study concludes that among 30 samples, majority of the subjects. 12 (40%) were having below average level of knowledge, 12 (40%) were having average level of knowledge and 06 (20%) were having above average level of knowledge.

KEYWORDS : GDM, knowledge, medical nutritional therapy.

INTRODUCTION

"Giving Birth Should Be Your Greatest Achievement Not Your Greatest Fear"

---Jane Weideman

Antenatal care refers to the regular medical and nursing care recommended for women during pregnancy. Antenatal care is a form of preventive care with the aim of providing regular health check-ups and to prevent potential health problems throughout the pregnancy. suggested schedules for antenatal visits 1st visit in within 12 weeks, second visit in between 14 and 26 weeks third visit in between 28 and 34 weeks, fourth visit in between 36 weeks and term antenatal mothers' wellbeing are prenatal diagnosis and screening it consist of medical history of pregnant mothers, blood pressure of pregnant mothers, height and weight, pelvic examination, doppler fetal heart rate monitoring, blood and urine tests of mother.

Gestational Diabetes Mellitus is a metabolic disorder defined as Glucose intolerance that appears or is discovered during pregnancy. These women are more likely to have a negative maternal and fetal outcome. As a result, early detection and management are critical for better fetal and maternal outcomes. Gestational diabetes can affect more than one pregnancy in some women. Gestational diabetes usually manifests itself in the middle of a pregnancy. It is most commonly tested for between 24 and 28 weeks of pregnancy.

According to WHO report globally the number of increase individual projected to rise 366 million in the year 2030. India currently has the highest number of individuals with diabetes mellitus and it is projected to increase 79.4 million in the year 2030. Gestational diabetes mellitus is a of the major public health issues in India. The present study aimed to determine the prevalence of, and risk factors for gestational diabetic mellitus. In the United States (US), approximately 6-7% of pregnancies are affected by diabetes, 85% of which are due to gestational diabetes mellitus.

In India, a recent nationwide survey, 3% of women aged between 30 and 39 years had diabetes, with an additional 9.2% being affected by impaired glucose tolerance (Yang et al., 2010). Majority of pregnancies complicated by hyperglycaemia are attributable to gestational diabetes. found 122 cases of diabetes from a total of 14, 521 deliveries (8.4 per 1000 deliveries), 21 cases of which were pre-gestational diabetes mellitus, and 101 cases were gestational diabetes mellitus (1.45 per 1000 deliveries and 6.96 per 1000 deliveries respectively.

Major complications occurring in the new-born due to untreated gestational diabetes are congenital anomalies. Almost all systems of the new-born are affected. Most common

anomalies seen in the cardiac system are transposition of great vessels, atrial septal defect (ASD), and ventricular septal defect (VSD). 7.2% of anomalies are seen in the central nervous system; these include spina bifida, anencephaly, and hydrocephalus, with regards to the skeletal system, cleft palate and caudal regression syndrome are common. The major anomalies related to urinary system are renal agenesis, cystic kidneys.

MNT is the cornerstone of treatment of GDM and has been shown to improve glycaemic control. The primary goal of MNT is to achieve normal blood glucose levels while promoting adequate weight gain and nutritional status without ketosis. Moreover, MNT for GDM may be a starting point to induce nutritional changes toward a healthy diet that could persist after delivery, with protective effects against long-term consequences such as type 2 diabetes. Statement of the problem

A study to assess the level of knowledge regarding medical nutritional therapy among GDM antenatal mothers attending antenatal OPD at GRH, Madurai.

Objectives

1. To assess the level of knowledge regarding medical nutritional therapy among GDM antenatal mothers attending antenatal outpatient department at Government Rajaji hospital, Madurai.
2. To associate the level of knowledge regarding medical nutritional therapy among GDM antenatal mothers attending antenatal out patient department at Government Rajaji hospital, Madurai with their selected socio demographic variables and clinical variables.

Hypothesis

H1: There is statistically significant association between the level of knowledge regarding medical nutritional therapy among GDM antenatal mothers attending antenatal out patient department at Government Rajaji hospital, Madurai with their selected socio demographic variables and clinical variables.

Research Methodology

The study is to assess the level of knowledge regarding medical nutritional therapy among GDM antenatal mothers attending antenatal OPD at GRH, Madurai. Therefore Quantitative evaluative approach and Non-experimental (descriptive) research design was used. Target Population was Antenatal mothers with gestational diabetes mellitus and Accessible Populaton was Gestational diabetes mellitus mothers attending antenatal OPD at Government Rajaji Hospital, Madurai and the sample was Gestational diabetes

mellitus mothers attending antenatal OPD at Government Rajaji Hospital, Madurai and who met the inclusion criteria with the Sample Size 30 selected by using Non probability (consecutive) sampling technique.

Description Of The Tool:

Section I: Socio demographic variables consists of age, religion, place of domicile, type of family, educational qualification, occupation, monthly family income, source of information regarding medical nutritional therapy, gravid, parity.

Section II: Structured knowledge questionnaire about medical nutritional therapy

Scoring Is Calculated As Follows

1 mark is awarded for each correct answer and 0 for wrong answers.

SCORE INTERPRETATION	LEVEL OF KNOWLEDGE
0-7	Below average
8 - 14	Average
14- 21	Above average

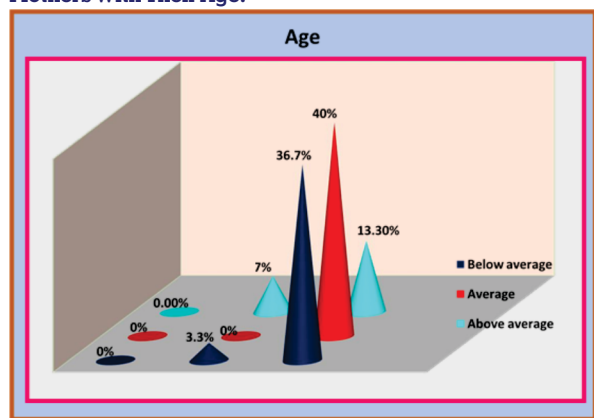
Frequency And Percentage Distribution Of Antenatal Mothers According To The Level Of Knowledge Regarding Medical Nutritional Therapy. (n=30)

Level of knowledge regarding medical nutritional therapy	(f)	(%)
Below average	12	40
Average	12	40
Above average	06	20

The above table 2 depicts the frequency percentage distribution of antenatal mothers according to the level of knowledge regarding medical nutritional therapy.

Majority of the subjects, 12 (40%) were having below average level of knowledge, 12 (40%) were having average level of knowledge and 06 (20%) were having above average level of knowledge.

Association Between The Level Of Knowledge Regarding Medical Nutritional Therapy Among GDM Antenatal Mothers With Their Age.



The above clustered cone diagram revealed that, there is statistically significant association between the level of knowledge regarding medical nutritional therapy among GDM antenatal mothers with their age (i.e >25 years) ($\chi^2=16.9, p=0.002$).

CONCLUSION

The study findings revealed that the majority of the subjects, 12 (40%) were having below average level of knowledge, 12 (40%) were having average level of knowledge and 06 (20%) were having above average level of knowledge and there was statistically significant association between the level of knowledge regarding medical nutritional therapy among GDM antenatal mothers with their age, religion, gravid, parity.

REFERENCES

1. Adele Pillitre. (1981). Child Health Nursing. (2nd Ed) Canada: Little Brown Company.
2. Dutta. D.C. (1998). Textbook of obstetrics. (5thEd). Calcutta: New central book agency (p)Ltd.
3. Ghai, OP, Paul Vinod, K., BaggaArvind. (2010). Essential Pediatrics. (7thed.) Missouri: CBS Publishers & Distributors.
4. Lowder milk, Perry, (2010), "Maternity Nursing", (8thed) United States of America: Mosby Elsevier publication.
5. Marlow Dorrothy, R., Redding Barbara, A. (2006). Textbook of obstetrics Nursing. (6thed.). States of America: Elsevier publications.
6. Merylyn J. HockenberryWongs. (2005). Essential of obstetrics Nursing. (7th Ed). Missouri: Mosby Publication.
7. Myles (2009), "Textbook for Midwives", (15thed) United kingdom:Elsevier publication.
8. Parul Dutta. (2009). obstetrics Nursing. (2ndEd). New Delhi: Jaypee Publication,
9. Parthasarathy, A., Menon, P.S.N., Piyush Gupta, Nair MKC. (2010). IAP Textbook of obstetrics. 1(4thed). Jaypee publications.
10. Parthas. (2007). Fundamentals of obstetrics (1stEd). India: Jaypee Publishers.
11. Sudhasalhan, (2007), "Textbook of Obstetrics", (1sted), New Delhi: Jaypee Medical Publishers.