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Impact of Nurse-led Educational Intervention on Knowledge and Attitude regarding Mothercraft among Primimother

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ABSTRACT

Antenatal examination refers to the systematic monitoring of a woman throughout her pregnancy. It encompasses both general and obstetrical assessments and plays a crucial role in identifying any abnormalities early on, ensuring the health and well-being of both mother and fetus. The primary goal of antenatal check-ups is to promote optimal maternal and fetal outcomes through timely and appropriate care. Objectives: The core objective of this study was to evaluate the knowledge of primigravida mothers regarding antenatal examinations and mothercraft, and to assess the effectiveness of a Video-Assisted Teaching Program (VATP) in enhancing their understanding through post-intervention knowledge scores. Methodology: A quantitative research approach using a pre-experimental one-group pre-test and post-test design was employed. The study used total enumeration sampling and included 60 antenatal mothers attending the OPD at PMCH&RI. Results: Prior to the intervention, 50% of participants demonstrated an inadequate level of knowledge, 70% had moderate knowledge, and only 4% possessed adequate understanding. Following the implementation of the VATP, the post-test results showed a significant improvement—75% of participants had adequate knowledge, 26% showed moderate knowledge, and only 4% remained at an inadequate level. The mean pre-test score was 14.82 ± 4.369, which increased to 22.80 ± 4.295 post-intervention. This improvement was found to be statistically significant ($p \leq 0.05$). Conclusion: The findings reveal that many antenatal mothers initially lacked sufficient knowledge regarding antenatal examinations. However, the Video-Assisted Teaching Program proved to be an effective educational tool, significantly enhancing their understanding. The study highlights the importance of targeted educational interventions for primigravida mothers to support informed prenatal care and promote maternal and fetal health.

Keywords: *Nurse-led intervention, Mothercraft education, Primimothers, Antenatal care, Maternal knowledge, Attitude change, Health education in pregnancy*

1. INTRODUCTION

Focused Antenatal Care (FANC) represents a preventive, personalized approach to maternal healthcare that emphasizes the quality of care over the frequency of visits. This model aims to promote the overall well-being of both the mother and the unborn child by supporting healthy lifestyles and providing routine check-ups that enable early detection, prevention, and management of potential health complications during pregnancy [1]-[3]. In 2001, the World Health Organization (WHO) introduced the Focused Antenatal Care model as a transformative alternative to traditional antenatal care (ANC) practices. Rather than numerous routine visits, FANC recommends four strategically-timed visits for women with low-risk pregnancies—one in the first trimester and three after the point of quickening (when fetal movements are first felt). This evidence-based strategy seeks to deliver more meaningful, individualized interactions between expectant mothers and healthcare providers, ensuring that the limited number of visits are rich in content, well-structured, and aimed at achieving specific health goals [4]-[7]. The core objectives of FANC include:

1. Early detection and treatment of existing medical conditions
2. Identification and management of pregnancy-related complications
3. Promotion of healthy behaviours and disease prevention
4. Preparation for labour, delivery, and postpartum care

Midwives play a central role in delivering FANC. Positioned as both caregivers and educators, they have the unique opportunity to guide primigravida women (first-time mothers) through a healthy pregnancy journey. Their role extends beyond clinical duties, encompassing emotional support, health education, and empowerment. Pregnancy-related complications, such as gestational diabetes, anemia, hypertension, and infections, can jeopardize both maternal and fetal outcomes. Therefore, timely and accurate information provided by midwives about physiological changes, prenatal nutrition (including the importance of supplements like folic acid and iron), and lifestyle adjustments is critical to promoting safe pregnancies [8]-[11]. Regular antenatal visits also contribute to reducing maternal mortality, miscarriage rates, low birth weight, and preventable birth defects. Essential interventions such as screening for pre-eclampsia, providing tetanus toxoid immunization, intermittent preventive treatment for malaria in endemic regions, and routine testing and treatment for infections like HIV, syphilis, and sexually transmitted infections (STIs) are all integral components of FANC [12]-[15]. Importantly, maternal literacy has been identified as a significant factor influencing the effectiveness of antenatal care. Women who are informed and educated are more likely to engage with healthcare services, understand medical advice, and follow through with recommended interventions. To reach underserved populations—especially in rural areas—governments and public health systems should implement Information, Education, and Communication (IEC) programs to raise awareness about the benefits of FANC [16]-[18].

In the Indian context, ANC coverage has shown promising progress, with over 62% of pregnant women reportedly having at least one antenatal check-up. However, simply accessing care is not enough. To unlock the full life-saving potential of antenatal services, there is a growing need to adopt a targeted antenatal care package—one that not only ensures coverage but also delivers evidence-based clinical interventions and immunization assessments tailored to individual needs. This need was acknowledged by India's Ministry of Health and Family Welfare, emphasizing the importance of shifting from a quantity-based to a quality-driven maternal healthcare model [19]-[23]. Thus the Focused Antenatal Care marks a critical evolution in prenatal healthcare, aligning global health recommendations with personalized maternal support. By concentrating on fewer, more impactful visits and equipping healthcare providers with the tools to educate and empower mothers, FANC contributes significantly to achieving better maternal and newborn health outcomes, especially in resource-limited settings [24]-[25].

During the prenatal period, expectant mothers receive comprehensive education covering various aspects of pregnancy and newborn care. Key topics include fetal growth and development, physiological changes in the mother, prevention of threatened miscarriage, gestational diabetes management, appropriate exercises, stress reduction, proper nutrition, safe medication use, childbirth education, feeding options (breastfeeding or bottle-feeding), daily fetal movement tracking, and preparation for delivery. Additionally, guidance is provided on nipple assessment, regular antenatal check-ups, emotional well-being, perinatal care, safe sexual practices, immunizations, and newborn care. These sessions are designed to empower mothers with the knowledge and skills needed to care for themselves and their babies throughout pregnancy and the postpartum period [26]-[30]. All antenatal women attending the mother craft clinic will be able to:

1. Understand the importance of antenatal care and follow up during pregnancy.
2. Comprehend the normal signs and symptoms of pregnancy.
3. Identify the minor disorders of pregnancy
4. Perform antenatal exercises appropriate for the gestational age of the pregnancy
5. Modify their daily diet plan based on their (physiological demand) nutritional requirements.
6. Recognise the signs of labour
7. Perform appropriate breathing technique during normal labour
8. Choose appropriate breast-feeding technique to her child
9. Apply concepts of postnatal care
10. Relate the essential concepts of newborn care while taking care of her baby
11. Choose appropriate conceptive methods for their family planning
12. Utilise the maternity scheme applicable for herself.

This mother craft aims in creating awareness on the following topics of education to the expectant women and their spouse or caregivers (Immediate family members):

1. Introduction to antenatal period
2. Antenatal diet
3. Antenatal exercise
4. Minor disorder of pregnancy
5. Anemia during pregnancy
6. Signs of labour
7. Birth preparedness
8. Postnatal care/contraception
9. Breast feeding techniques
10. Newborn care
11. Maternity scheme
12. Postnatal exercises

NEED FOR THE STUDY

Antenatal care serves as a crucial component of preventive healthcare, primarily aimed at ensuring the well-being of both the expectant mother and her unborn child. Its core purpose is to provide consistent medical check-ups throughout pregnancy, enabling healthcare providers to detect, manage, and prevent potential health complications at an early stage. Beyond clinical assessments, antenatal care encourages the adoption of healthy lifestyle practices, thereby promoting optimal maternal and fetal health. The widespread availability of routine prenatal services, including screenings and diagnostic evaluations, has significantly contributed to the reduction in maternal mortality, miscarriage rates, congenital anomalies, low birth weight, neonatal infections, and other avoidable pregnancy-related conditions. Research suggests that nearly 74% of maternal deaths could be prevented if women had access to timely and effective interventions, especially emergency obstetric care. Alarmingly, most maternal fatalities are avoidable with proper care. In regions where maternal mortality remains high, there is an urgent need to enhance the accessibility and quality of antenatal and obstetric services. Strengthening healthcare infrastructure, increasing awareness, and ensuring skilled care during pregnancy and childbirth are critical steps toward achieving better maternal and neonatal outcomes.

OBJECTIVES

1. To evaluate the baseline knowledge levels about Mothercraft among primigravida mothers before the intervention.
2. To evaluate the knowledge levels about Mothercraft among primigravida mothers after the intervention.
3. To determine the effectiveness of a Video-Assisted Teaching program in enhancing knowledge about Mothercraft among primigravida mothers.

2. MATERIALS AND METHODS

A pre-experimental, one-group pre-test and post-test research design was adopted to evaluate the effectiveness of a Video-Assisted Teaching (VAT) intervention on Focused Antenatal Care among primigravida mothers attending the Antenatal Outpatient Department (OPD) at PMCH & RI, Chennai. The study sample consisted of 60 primigravida mothers who met the inclusion criteria and were attending the antenatal OPD at PMCH & RI. A non-probability convenience sampling technique was employed, wherein participants were selected based on their availability and willingness to participate. Data collection involved a structured questionnaire capturing demographic details and assessing knowledge related to focus antenatal care. Following the pre-test, the Video-Assisted Teaching program was administered to educate the participants. The collected data were analysed using both descriptive and inferential statistics with the help of SPSS software.

3. RESULTS

Table 1: Pre-Test Level of Knowledge among Primi mothers regarding Mother Craft

Knowledge level	Category	Frequency	Percentage
Inadequate	<50%(Low)	28	47
Moderately adequate	50-70%(Medium)	32	53
Adequate	>75%(High)	0	-

Total		60	100

Table 1 indicates that, in the pre-test assessment of knowledge on mother craft, 28 primigravida mothers (47%) demonstrated moderately adequate knowledge, while 32 mothers (53%) showed inadequate knowledge. Notably, none of the participants exhibited adequate knowledge regarding focused antenatal care.

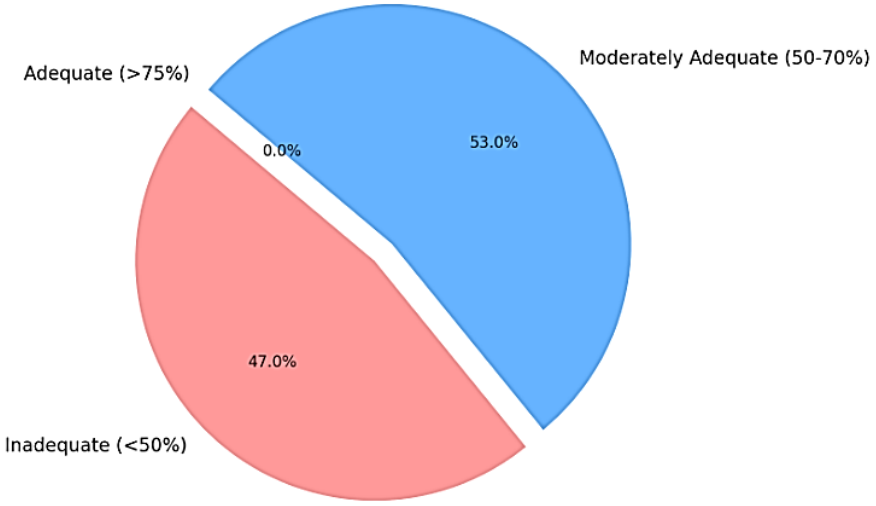

Fig 1. Depicts the Pre-Test Level of Knowledge among Primi mothers regarding Mother craft

Table 2 shows Post-Test Level of Knowledge among Primi mothers regarding Mother craft

Knowledge level	Category	Frequency	Percentage
Inadequate	<50%(Low)	-	-
Moderately adequate	50-70%(Medium)	18	30
Adequate	>75%(High)	42	70
Total		60	100

Table 2 displays the post-test knowledge scores on focused antenatal care among primi mothers. It shows that 70% (42 mothers) had adequate knowledge, while 30% (18 mothers) demonstrated moderately adequate knowledge. Notably, none of the participants were found to have inadequate knowledge following the intervention.

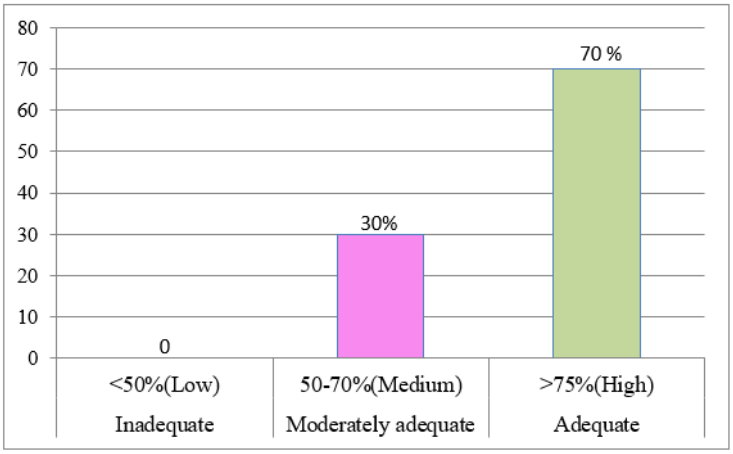

Fig. 2 depicts the Post-Test Level of Knowledge among Primi mothers regarding Mother Craft

Table 3: Comparison of pre-test and post-test of knowledge scores on mother craft among Primi mothers (Analysis of effectiveness of video assisted teaching on mother craft)

Aspects of Knowledge	Pre test		Post test		t-value	df	p-value
	Mean	SD	Mean	SD			
Antenatal diet	3.46	0.802	4.66	0.745	15.8	59	p<0.05*
Antenatal exercise	3.86	0.670	5.08	0.633	18.5	59	p<0.05*
Birth preparedness	3.48	0.471	5.18	0.388	21.0	59	p<0.05*
Post natal care	2.56	0.787	3.06	0.818	5.4	59	p<0.05*
Breast feeding techniques	3.70	0.543	5.06	0.549	17.0	59	p<0.05*
Post natal exercise	4.80	0.989	7.28	0.809	15.0	59	p<0.05*
	21.860	1.27791	30.320	1.43484	43.094	59	p<0.05*

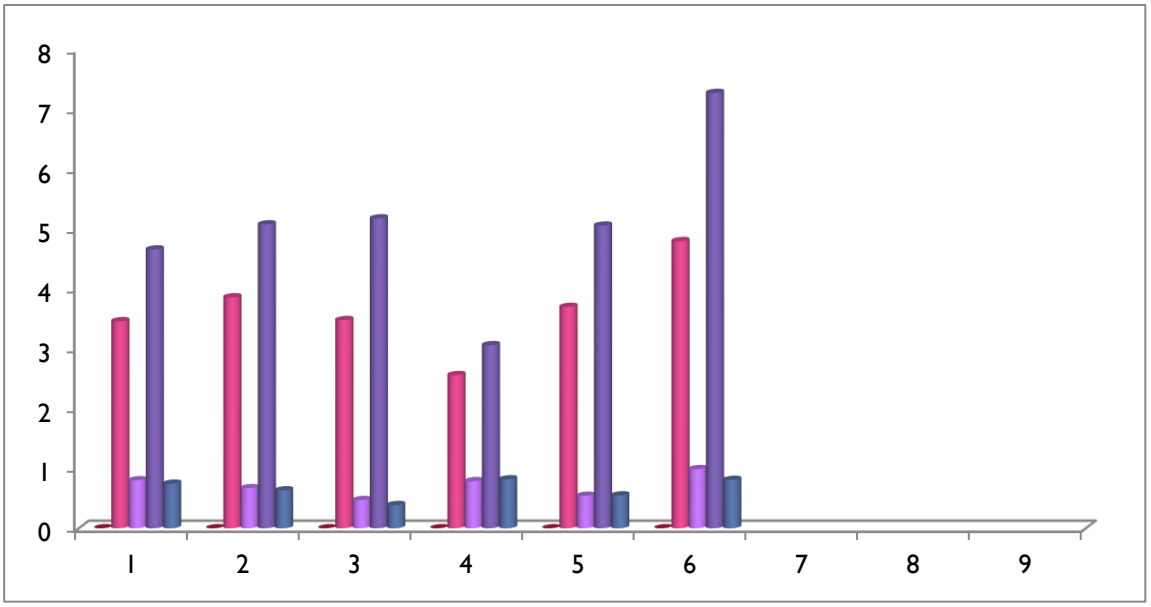

Fig : 3 it shows that pre and post-test level of knowledge among primi mother regarding Mother craft

The findings from the analysis clearly demonstrate that the calculated t-values for various knowledge components—such as history taking, physical examination, screening and diagnostic tests, treatment strategies, preventive measures, and anticipated health outcomes—were all greater than the corresponding critical value at the $p < 0.05$ level of significance. This statistical evidence confirms that there was a meaningful improvement in the participants' knowledge following the intervention. Specifically, the difference in pre-test and post-test scores was notably significant across multiple key areas of Mother Craft, including antenatal nutrition, appropriate antenatal exercises, birth preparedness strategies, postnatal care practices, breastfeeding techniques, and postpartum exercises.

These results strongly suggest that the video-assisted teaching program on focused Mother Craft, developed and implemented by the researcher, was effective in enhancing the understanding and awareness of these vital topics among primi mothers. By delivering structured and visually engaging content, the intervention successfully addressed knowledge gaps and empowered expectant mothers with the necessary information to support a healthier pregnancy and postnatal period. This outcome highlights the value of incorporating educational technologies such as video-assisted modules in maternal health programs to improve the quality of antenatal education and ultimately contribute to better maternal and newborn outcomes.

4. DISCUSSION

In the pre-test assessment of knowledge on mother craft, it was observed that 28 primi mothers (56%) demonstrated moderately adequate knowledge, while 22 mothers (44%) exhibited inadequate knowledge. Notably, none of the participants displayed adequate knowledge prior to the intervention. These findings suggest that while a portion of antenatal mothers had some foundational understanding of mother craft, their knowledge was likely acquired informally—through discussions with fellow expectant mothers, advice from friends and relatives, or guidance from elders regarding antenatal practices. These results are consistent with findings from previous studies. For example, a study titled "New Approach to Improving Knowledge of Antenatal Care among Pregnant Women in Indonesia" revealed that approximately 50% of antenatal mothers had moderate knowledge regarding antenatal care. Similarly, another study on the development and pretesting of an Information, Education, and Communication (IEC) tool on Focused Antenatal Care found that 51.1% of mothers exhibited moderate awareness of focused antenatal practices.

Following the intervention, the post-test results showed a significant improvement: 38 primi mothers (76%) attained adequate knowledge, and the remaining 12 mothers (24%) had moderately adequate knowledge. Importantly, none of the mothers fell into the inadequate category after receiving the video-assisted teaching intervention. These findings clearly indicate that the majority of primi mothers significantly enhanced their understanding of focused antenatal care after the educational session. The improvement in knowledge can be attributed to a growing awareness among mothers about the importance of adopting correct antenatal routines and practices to ensure safe pregnancy, delivery, and postpartum care, ultimately contributing to the birth of a healthy baby. Supporting evidence can also be found in a study conducted in Pondicherry, which assessed the effectiveness of a video-assisted teaching module on antenatal care knowledge and attitudes among couples. This study reported a significant increase in knowledge scores post-intervention, with 76% achieving higher levels of awareness after the session.

In terms of statistical significance, the comparison of pre-test and post-test scores in the current study revealed a t-value of 43.09, which far exceeded the critical value of $p = 1.96$, indicating a highly significant difference. This strongly supports the effectiveness of video-assisted teaching in improving focused antenatal care knowledge among primi mothers. These findings are further corroborated by a related study on the development and pretesting of an IEC tool on antenatal care, which reported a 36% improvement in knowledge following video-assisted counselling sessions. Collectively, these results underscore the critical role of structured, visual educational interventions in enhancing maternal knowledge and promoting safe motherhood practices.

5. CONCLUSION

In the pre-test assessment, it was observed that Primi mothers had significant gaps in their knowledge of mothercraft across various key areas. The mean difference between the pre-test and post-test knowledge scores highlighted the effectiveness of the video-assisted teaching program in significantly enhancing the mothers' understanding. The Primi women expressed high appreciation for the video demonstration, which played a crucial role in improving their knowledge of focused prenatal care. The video-based educational approach effectively enhanced the mothers' grasp of the essential medical care required during pregnancy and the care of the newborn. This method of instruction not only helped mothers understand critical aspects of maternal and child health but also ensured they could retain the information when it was most needed—during the early postpartum period and the infancy phase, where this knowledge is vital for reducing morbidity and mortality. The approach proved especially beneficial for mothers with limited formal education, offering them a simple and accessible way to learn. The short, focused prenatal course emerged as an effective and sustainable strategy to improve mothers' awareness of the essential link between a healthy mother and a healthy baby. We believe that initiatives like this have the potential to significantly reduce maternal and neonatal morbidity and mortality when implemented more broadly, contributing to better health outcomes for both mothers and their infants..

Future research in the area of video-assisted teaching for focused prenatal care can explore several promising directions. First, expanding the sample size and diverse demographics would help assess the effectiveness of this educational approach across various populations, including rural areas, different socio-economic backgrounds, and varying educational levels. Further studies could evaluate the long-term retention of knowledge gained through video-assisted teaching, focusing on how well mothers apply this information during their postpartum period and subsequent pregnancies. Additionally, future research could investigate the impact of interactive elements, such as quizzes or real-time feedback, within video-assisted programs to enhance engagement and knowledge retention. Comparative studies that analyse video-assisted teaching against other educational methods, such as traditional face-to-face counselling or text-based materials, would also be valuable in determining the most effective strategies for improving prenatal care. Furthermore, research could explore the cost-effectiveness of implementing video-assisted teaching on a larger scale in various healthcare settings, particularly in resource-limited areas, to evaluate its feasibility and potential for widespread adoption. Lastly, investigating how these educational interventions influence maternal and neonatal health outcomes, including morbidity and mortality rates, would provide critical data on the broader public health impact of such initiatives.

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