

# Bridging the Care Gap: Enhancing Self-Efficacy and Practice in Early Postnatal Care through Midwifery Initiatives

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## KEYWORDS

Midwife-driven intervention, postnatal self-care, self-efficacy, postpartum minor ailments, primipara mothers.

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## ABSTRACT

Postpartum minor ailments are common yet often neglected concerns that can adversely affect new mothers' recovery and psychological well-being. Inadequate self-efficacy and lack of awareness about self-care contribute to poor health outcomes during the early postnatal period. Midwives, through structured education and support, can empower primi para mothers to manage postpartum discomforts effectively. This study examines the impact of a midwife-driven initiative on self-efficacy and self-reported practices among postnatal mothers in a tertiary care setting. A quasi-experimental, non-randomised control group design was employed. Sixty primipara mothers were selected through purposive sampling and divided equally into experimental and control groups. The experimental group received structured midwife-driven educational sessions over four weeks, focusing on perineal care, rest, backache, breast care, fatigue, and other postpartum discomforts. Standard postnatal care was given to the control group. Statistical analyses included descriptive statistics, Chi-square tests, and McNemar's test. The midwife-driven initiative markedly enhanced mothers' self-efficacy and self-reported practices regarding postpartum minor ailments. Incorporating such interventions into routine postnatal care may significantly improve maternal health and recovery.

## INTRODUCTION

The postpartum period, often referred to as the fourth trimester, is a critical phase in a mother's journey, encompassing significant physical, emotional, and psychological adjustments. During this time, mothers commonly experience minor ailments such as perineal pain, breastfeeding challenges, fatigue, and mood

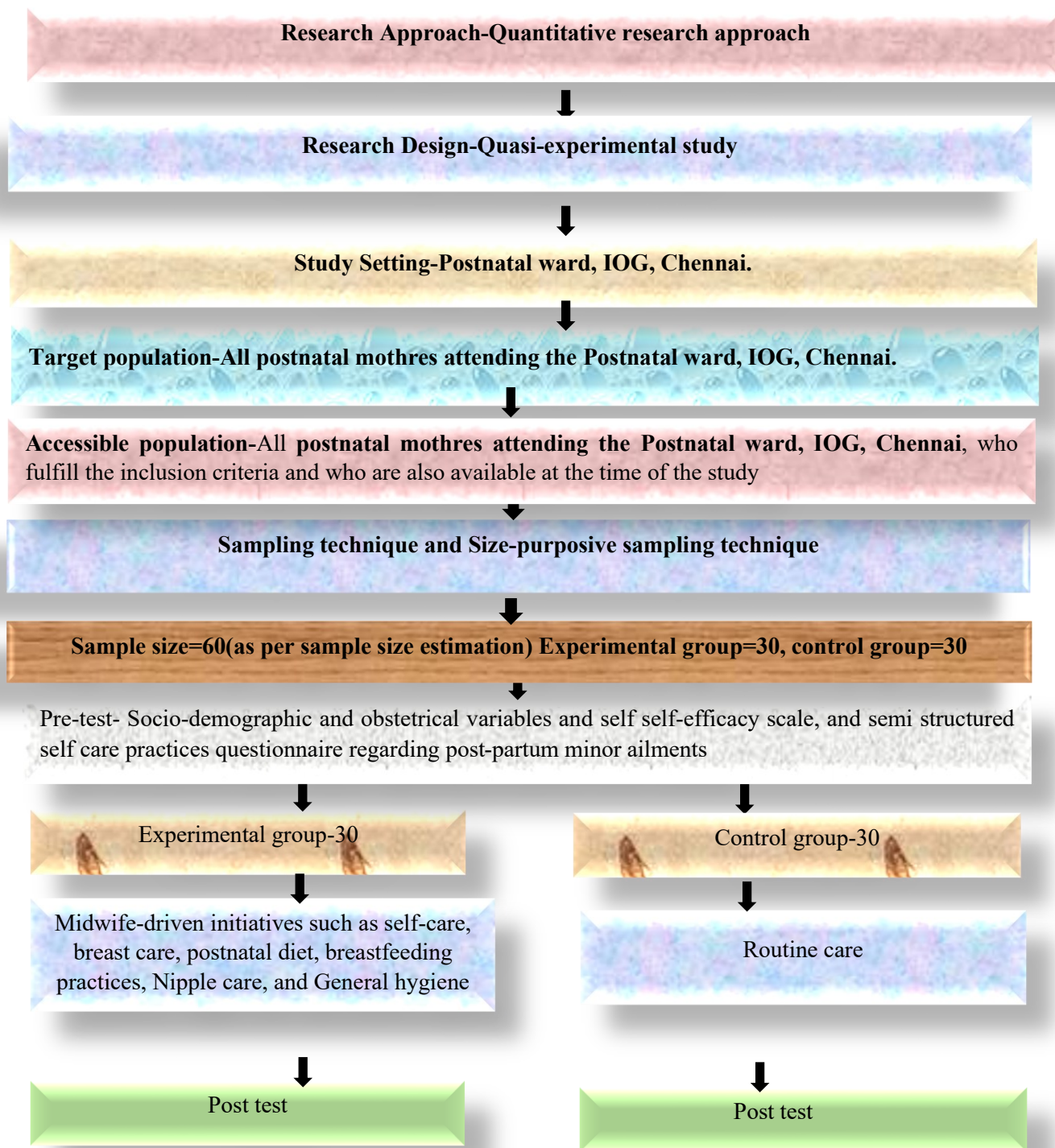
fluctuations. These issues, while often deemed minor, can considerably impact a mother's well-being and her ability to care for her newborn. Despite the prevalence of these ailments, many mothers lack the necessary knowledge and confidence to manage them effectively. This gap in knowledge and self-efficacy can lead

to increased discomfort, prolonged recovery, and a negative postpartum experience.

Following the birth of the baby and expulsion the placenta, the mother enters a period of physical and psychological recuperation. From a medical and physiological view point this period is called the puerperium, starts immediately after the delivery of the placenta and membranes and continues for 6 weeks. However recent research into the morbidity experienced by the women in the weeks after child birth suggests that some women continue to experience problems related to childbirth that extend well beyond the 6week period defined as the puerperium complications. Postpartum does not occur as an isolated period and is significantly influenced by the process that have proceeded it. Changes in the body image and assumption of new roles often influence the outcome and ultimate adaptation to childbearing. The quality of the mother's care at this time is important to ensure her immediate and future health.

#### MATERIAL AND METHODS

A **quantitative research approach** was used for this study. This method enables objective measurement and statistical analysis of the effectiveness of midwife-driven initiatives among primiparas, ensuring the reliability and generalizability of the results. The design adopted was a **quasi-experimental non-randomised control group design**. This design was chosen due to the feasibility and ethical considerations in clinical settings, allowing for the comparison between an experimental group receiving the midwife-driven initiative and a control group receiving standard care. The study was conducted in the **Postnatal Ward of the Institute of Obstetrics and Gynaecology (IOG), Egmore, Chennai-03**, a tertiary care centre catering to postnatal mothers. The sample comprised **60 primiparous postnatal mothers**, selected based on inclusion criteria. **Experimental Group: 30 mothers** **Control Group: 30 mothers**. **Non-probability purposive sampling technique** was employed to select participants who met the inclusion criteria.



Data analysis and interpretation by descriptive and inferential statistics

Discussion

Findings, Summary and Conclusion

**FIG.3.1. SCHEMATIC PRESENTATION OF REASERCH STUDY**  
**COMPARE THE PRETEST AND POSTTEST LEVELS OF MOTHERS' SELF-EFFICACY AND SELF-REPORTED PRACTICE REGARDING POSTPARTUM MINOR AILMENTS.**  
**PRE-TEST AND POST-TEST LEVELS OF SELF-EFFICACY SCORE**

GROUPS	LEVEL OF SELF-EFFICACY	PRE-TEST		POST-TEST		McNemar's test
		N	%	N	%	
Experimental	High	0	0.00%	20	66.67%	$\chi^2=25.25$ $P=0.001^{***}$ (S)
	Moderate	8	26.67%	10	33.33%	
	Low	22	73.33%	0	0.00%	
	Total	30	100%	30	100%	
Control	High	0	0.00%	7	23.33%	$\chi^2=14.16$ $P=0.001^{***}$ (S)
	Moderate	9	30.00%	23	76.67%	
	Low	21	70.00%	0	0.00%	
	Total	30	100%	30	100%	

- ❖ Comparison of pre-test and post-test levels of self-efficacy among experimental and control groups.
- ❖ In the experimental group, none of the participants had high self-efficacy in the pre-test, whereas 66.67% achieved high self-efficacy in the post-test. Moderate self-efficacy improved from 26.67% to 33.33%, and low self-efficacy decreased drastically from 73.33% in the pre-test to 0% in the post-test.
- ❖ In the control group, high self-efficacy increased from 0% in the pre-test to 23.33% in the post-test. Moderate self-

efficacy rose from 30.00% to 76.67%, while low self-efficacy dropped from 70.00% to 0%.

- ❖ McNemar's test revealed a highly statistically significant improvement in the level of self-efficacy from pre-test to post-test in both groups.

**PERCENTAGE DISTRIBUTION OF PRE-TEST AND POST-TEST LEVELS OF SELF-EFFICACY AMONG EXPERIMENTAL AND CONTROL GROUPS.**

Test	Group	High (%)	Moderate (%)	Low (%)
Pre-test	Experimental	0.00%	26.67%	73.33%
	Control	0.00%	30.00%	70.00%
Post-test	Experimental	66.67%	33.33%	0.00%
	Control	23.33%	76.67%	0.00%

The table presents the percentage distribution of self-efficacy levels (High, Moderate, Low) among participants in both the experimental and control groups during the pre-test and post-test.

In the **pre-test**, none of the participants in either group reported a high level of self-efficacy (0%). In the **experimental group**, 26.67% of participants exhibited a moderate level of self-efficacy, while the majority (73.33%) had a low level. Similarly, in the

control group, 30.00% had moderate self-efficacy, and 70.00% fell into the low category.

After the intervention, in the **post-test**, a significant improvement was observed in the **experimental group**, where 66.67% of participants reported high self-efficacy and 33.33% showed moderate self-efficacy, with none remaining in the low category. In the **control group**, although there was some improvement, only 23.33% reached the high self-efficacy level, while the majority (76.67%) remained at the moderate level, and none were in the low category.

## DISCUSSION

**FINDINGS BASED ON OBJECTIVE 1: Assess the pretest level of mothers' self-efficacy and self-reported practice in managing postpartum minor ailments among the experimental and control groups of postnatal mothers.**

The pre-test level of self-efficacy among primiparas. In the experimental group, 86.67% of participants had low self-efficacy and 13.33% had moderate self-efficacy, with no participants in the high self-efficacy category. In the control group, 90% of participants had low self-efficacy and 10% had moderate self-efficacy, with none achieving high self-efficacy. The Chi-square test was used to assess the statistical significance.

The pre-test level of self-reported practices among primiparas. In the experimental group, 40% of participants demonstrated good self-reported practice and 60% demonstrated moderate or average practice, with no participants falling into the excellent or poor practice categories. In the control group, 46.67% demonstrated good practice and 53.33% demonstrated moderate or average practice, with no participants in the excellent or poor practice categories. The Chi-square test was used to assess the statistical significance.

**OBJECTIVE 2: Effectiveness of midwife-driven initiatives on mothers' self-efficacy and self-reported practices regarding postpartum minor ailments among the experimental and control groups of postnatal mothers.**

The post-test level of self-efficacy among primiparas. In the experimental group, 66.67% of participants achieved high self-efficacy and 33.33% had moderate self-efficacy, with no participants in the low self-efficacy category. In the control group, 23.33% of participants demonstrated high self-efficacy, 76.67% showed moderate self-efficacy, and none had low self-efficacy. The chi-square test was used to assess the significance.

The post-test level of Self-Reported Practices among primiparas. In the experimental group, 73.33% of participants achieved excellent self-reported practice scores, and 26.67% achieved good practice scores, with none in the moderate or poor practice categories. In the control group, 20.00% of participants achieved excellent practice scores, while 80.00% had good practice scores, with no participants in the moderate or poor practice categories. The Chi-square test was used to assess the significance.

**OBJECTIVE 3: Compare the pretest and post-test levels of mothers' self-efficacy and self-reported practice regarding postpartum minor ailments among the experimental and control groups of postnatal mothers.**

Comparison of pre-test and post-test levels of self-efficacy among experimental and control groups. In the experimental group, none of the participants had high self-efficacy in the pre-test, whereas 66.67% achieved high self-efficacy in the post-test. Moderate self-efficacy improved from 26.67% to 33.33%, and low self-efficacy decreased drastically from 73.33% in the pre-test to 0% in the post-test. In the control group, high self-efficacy increased from 0% in the pre-test to 23.33% in the post-test. Moderate self-efficacy rose from 30.00% to 76.67%, while low self-efficacy dropped from 70.00% to 0%. McNemar's test revealed a highly statistically significant improvement in the level of self-efficacy from pre-test to post-test in both groups.

Comparison of pre-test and post-test levels of self-reported practice among experimental and control groups. In the experimental group, none of the participants reported excellent practice in the pre-test, whereas 73.33% achieved excellent practice in the post-test; good practice declined from 40.00% pre-test to 26.67% post-test, and moderate/average practice fell from 60.00% to 0.00%. In the control group, excellent practice increased from 0.00% pre-test to 20.00% post-test; good practice rose from

46.67% to 80.00%, while moderate/average practice dropped from 53.33% to 0.00%. McNemar's test for the experimental group showed a highly significant improvement in self-reported practice from pre- to post-test.

**OBJECTIVE 4: Associate the post-test level of self-efficacy and self-reported practice with selected demographic variables in the experimental group of postnatal mothers.**

The association between the post-test level of self-efficacy and the demographic variables among the experimental group of postnatal mothers. The finding revealed that educational status was significantly associated with post-test self-efficacy, suggesting that mothers with higher levels of education tended to demonstrate greater self-efficacy after the intervention. Among the obstetrical variables, "Breastfeeding started at" ( $\chi^2=6.12$ ,  $p=0.047$ ) and "Should postnatal exercise be started?" ( $\chi^2=4.80$ ,  $p=0.028$ ) showed statistically significant associations with post-test self-efficacy levels. This indicates that mothers who initiated breastfeeding earlier and those who believed postnatal exercises should begin on the first day of delivery were more likely to exhibit higher self-efficacy. The significance was assessed by a Chi-square test. The Chi-square test results indicate no statistically significant association between any of the demographic or obstetric variables and the post-test level of self-efficacy in the control group.

The Chi-square analysis of the experimental group shows that place of residence and family income had a statistically significant association with post-test levels of self-reported practices among postnatal mothers, with p-values of 0.028 and 0.042, respectively. This suggests that mothers living in urban areas and those with lower income (₹5,000-10,000) were more likely to exhibit excellent postnatal self-reported practices after the intervention. The Chi-square analysis of obstetrical variables in the experimental group revealed that episiotomy ( $\chi^2 = 5.41$ ,  $p = 0.02$ ) and frequency of perineal pad change ( $\chi^2 = 7.13$ ,  $p = 0.028$ ) were significantly associated with the post-test level of self-care practices. Mothers who had undergone episiotomy and those who changed their perineal pads within 4 hours were more likely to demonstrate excellent self-care practices postnatally. The Chi-square test results indicate no statistically significant association between demographic or obstetric variables and the post-test level of self-reported practices in the control group.

## CONCLUSION

The present study concluded that midwife-led interventions significantly enhance the self-efficacy and self-care practices of primipara mothers in managing minor postpartum ailments during the early postnatal period. The structured education provided by midwives empowered mothers with essential knowledge and confidence to identify, prevent, and manage common discomforts associated with the postnatal phase. These improvements not only reflect better maternal health outcomes but also indicate a positive shift toward autonomy and informed decision-making among new mothers.

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