Effect of Self-Care Guideline versus Counseling on Post Cesarean Section Women Practices

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Abstract

Background: Guideline and counseling is a very important item for woman during postpartum period as it improves women's knowledge, practice and their self-care to promote their longer-term physiological and emotional wellbeing. A quasii-experimental study design aimed to evaluate the effect of self-care guideline versus counseling on post cesarean section women practices. The study was conducted at antenatal clinic, postpartum cesarean section and family planning clinics at Ain Shams University Maternity Hospital. 370 women had cesarean section delivery were included in the study for purposive sample technique, those were equally divided into guideline and counseling group. Three tools of data collection were used named interviewing questionnaire to contain socio-demographic data, obstetric history, pre-test and post-test for assessing effect of self-care guideline versus counseling on post cesarean section women practices. groups and women follow up card. The main result of the current study revealed that, There was no statistically significant difference between both groups regarding total knowledge level regarding self-care after CS and before the intervention. There was no statistically significant difference between both groups regarding total practical level of studied women about self care after CS before the intervention. There was statistically significant difference between two groups regarding total knowledge level after CS in the 6th week of delivery after intervention. There was statistically significant difference between two groups regarding total practical level of studied women after CS (at the end of the 1st, 3rd, 6th week after CS after CS). There was highly statistically significant difference between pre and at the 6th week after CS regarding women knowledge in both groups. The present study concluded that self-care guideline has a positive effect to enhance self-care knowledge & practices among post cesarean section woman than counseling. The researcher recommended conduction of awareness sessions for mothers antenatal units regarding self care guideline for women during antenatal period to enhance self care knowledge and practice among pregnant woman.

Key words: self-care guideline, cesarean section, counseling.

Introduction

Guideline is a very important item for woman during postpartum period as it improves woman's knowledge, practice and her self-care that avoid postpartum complications through guideline about woman's self care . this guideline empower woman knowledge and improve woman's practice for caring with woman such as wound care, exercise ,and nutrition (Gore et al, 2014).
Counseling is an important nursing role during postpartum period. The nurse has multiple important roles such as: leader, researcher, administrator, manager, educator, care giver and counselor. The most important role is being a counselor which the nurse gives health education and counseling for the mother during postpartum for important topics like; family planning, nutrition, exercises, breast feeding, cesarean wound care, baby care, hygiene, and importance of self-care for herself and for her baby (McDonald, Han Z, Mulla S & Beyene J, 2014).

Significance of the study:

Cesarean delivery was associated with a significantly increased risk of maternal death from complications of anesthesia, puerperal infection, and venous thromboembolism. The risk of death from postpartum hemorrhage did not differ significantly between vaginal and cesarean deliveries. Cesarean delivery is associated with an increased risk of postpartum maternal death. Knowledge of the causes of death associated with this excess risk informs contemporary discussion about cesarean delivery on request and should inform preventive strategies. (Deneux-Tharaux et al, 2016).

Aim of the study:

To evaluate the effect of self-care guideline versus counseling on post cesarean section women practices.

Research hypothesis

Self-care guideline has a positive effect to enhance Self-care knowledge & practices among post cesarean section woman than counseling.

Subjects and Methods:

Study design, setting & sampling

A quasi- experimental study design was used to evaluate the effect of self-care guideline versus counseling on post cesarean section women practices. 370 women were included in the study that started from end of August 2015 till the end of January 2016 according to the following criteria.

Tools of data collection:

I. Structured questionnaire tool was used. It was divided into two parts: First part Gathering data regarding sciodemographic characteristics of mother. Second part Gathering data regarding History of current caesarean delivery.

II. Pretest and posttest

Self care knowledge tool(posttest), Self care practice tool (observation checklist)and wound healing tool(observation checklist).

Data collection technique:

The researcher attend Antenatal clinic, postpartum cesarean section wards and family planning clinics in maternity hospital at Ain Shams University from 9 am to 2pm two days per week one for each group. The purpose of the study was explained to the mothers and the oral approval was obtained. The researcher met each woman in the third trimester whose fulfill the inclusion criteria
Effect of Self-Care Guideline versus Counseling on Post Cesarean Section Women Practices

separately, the researcher conducted the first interviewing with a woman of each group separately for explaining tools of data collection and determined time for follow up. The researcher filled structured interviewing questionnaire tool (I) it took about 30 minutes. The researcher assessed the mother’s knowledge and practice regarding the self-care measure after cesarean section in the postnatal period through the pretest using tool (II) (pre and posttest).

For the (guideline group):

The researcher supply women with Self-care guideline booklet in 3rd trimester.

For the (counseling group):

The researcher used images and simple language found in brochure to explained knowledge and practices for caring the woman in postnatal period in form of two counseling session utilizing brochure for women during 3rd trimester.

Result

Table (1): The mean age in the study sample was (29.3 ± 4.2) and in the control group was (29.1 ± 4.2).

Table (2): shows (53.0%, 52.0%) in guideline and counseling group, respectively, had poor level of knowledge scores about the puerperium period.

Table (3): 96.2%, 95.7% of guideline and counseling group respectively had poor knowledge regarding to direction of Perineal care after CS.

Table (4): 67.6%, 67% of the studied sample had poor score of knowledge in guideline group and counseling group respectively.

Table (5): shows Comparison between women in both groups according to total practical level of studied women about self care after CS before the intervention. 98.4%, 98.9% of the studied sample in guideline and counseling group respectively had unsatisfactory level of practice.

Table (6): shows Comparison between women in two groups according to their knowledge about puerperium period. 53% in guideline had good answer regarding knowledge about puerperium but, in counseling group 52% had average answer regarding knowledge about puerperium.

Table (7): shows Comparison between women in two groups according to their knowledge about nutrition after CS at 6 week of delivery. 85.9%, 84.3% in guideline and counseling group respectively had good answer regarding knowledge about the importance of nutrition after CS.

Table (8): This table shows comparison between women in both groups according to women’s satisfactory practices after CS and before the intervention. (48.6%, 49.7%) of women in guideline and counseling group, respectively, took rest after CS. In addition, women who play exercise after CS (walking, abdominal, pelvis) represented (15.1%, 15.7%) in guideline and counseling group respectively. Moreover, women who follow general personal hygiene represented (46.5%) in guideline group and (47.0%) in counseling group. Regarding to eating balanced nutrition after CS, women represented (48.1%, 48.6%) in guideline
and counseling group respectively. Women, who did wound care, represented (17.2%, 16.7%) in guideline and counseling group, respectively. Regarding to avoid lifting heavy things or hard work during puerperium period after CS, women represented (36.2%, 35.7%) in guideline and counseling group, respectively. There was no statistically significant difference between two groups regarding women practices CS and before intervention in pre test except perineal care. Table (9): shows Comparison between women in two groups according to satisfactory practices after CS at the end of 1st week after CS. Women who takes rest after CS represents 100%, 97.8% in guideline and counseling group respectively. In addition to, the women who play exercise after CS represents 67%, 64.9% in guideline and counseling group respectively. Moreover women who follow general Personal hygiene represent 95.1% in guideline group but represent 93.5% in counseling group. (at end of 1st week). 98.4%, 96.8 in guideline and counseling group respectively achieved satisfactory Practical level.

Table (10): shows Comparison between women in two groups according to total Satisfactory Practical level of studied women after CS after intervention.

Table (1): demographic characteristics of women in both groups.

<table>
<thead>
<tr>
<th>Items</th>
<th>Guideline n=185 (guideline group)</th>
<th>Counseling n=185 (counseling group)</th>
<th>P-X2-Test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yrs):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 20 -</td>
<td>28 (15.1)</td>
<td>32 (17.3)</td>
<td>T=0.23</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• 25 -</td>
<td>84 (45.4)</td>
<td>82 (44.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 30 - 38</td>
<td>73 (39.5)</td>
<td>71 (38.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean ± SD</td>
<td>29.3 ± 4.2</td>
<td>29.1 ± 4.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residence:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Urban</td>
<td>100 (54.1)</td>
<td>96 (51.9)</td>
<td>3.4</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• Rural</td>
<td>85 (45.9)</td>
<td>89 (48.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary</td>
<td>13 (7.0)</td>
<td>20 (10.8)</td>
<td>0.41</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• Intermediate</td>
<td>89 (47.8)</td>
<td>83 (44.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High ed.</td>
<td>83 (44.6)</td>
<td>82 (44.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Working</td>
<td>90 (48.6)</td>
<td>87 (47.0)</td>
<td>3.6</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• Housewife</td>
<td>95 (51.4)</td>
<td>98 (53.0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income / month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Satisfied</td>
<td>152 (82.2)</td>
<td>148 (80.0)</td>
<td>3.5</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• Not Satisfied</td>
<td>33 (17.8)</td>
<td>37 (20.0)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Insignificant P> 0.05
Effect of Self-Care Guideline versus Counseling on Post Cesarean Section Women Practices

Table (2): Comparison between women in both groups according to their knowledge about puerperium period before the intervention and source of knowledge about self care.

<table>
<thead>
<tr>
<th>Items</th>
<th>Guideline n=185 (guideline group)</th>
<th>Counseling G. n=185 (counseling group)</th>
<th>X2-Test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of anesthia (spinal):</td>
<td>No 100 54.1</td>
<td>No 97 52.4</td>
<td>3.21</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>Causes of anesthia:</td>
<td>No 100 54.1</td>
<td>No 103 55.7</td>
<td>3.23</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>Incitation of body movement after delivery:</td>
<td>No 84 45.4</td>
<td>No 87 47.7</td>
<td>3.73</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>Initiation of breast feeding after delivery:</td>
<td>No 81 43.8</td>
<td>No 79 42.7</td>
<td>2.31</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>P-Value</td>
<td>Insignificant P&gt; 0.05</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table (3): Comparison between women in both groups according to their Knowledge about personal hygiene before the intervention (pretest, n= 185).

<table>
<thead>
<tr>
<th>Items</th>
<th>Guideline n=185 (guideline group)</th>
<th>Counseling G. n=185 (counseling group)</th>
<th>T-Test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge about personal hygiene:</td>
<td>No 178 96.2</td>
<td>No 177 95.7</td>
<td></td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>- Direction of Perineal care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Poor</td>
<td>178 96.2</td>
<td>177 95.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average</td>
<td>7 3.8</td>
<td>8 4.3</td>
<td>1.23</td>
<td></td>
</tr>
<tr>
<td>• Good</td>
<td>- -</td>
<td>- -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Timing of Perineal care</td>
<td></td>
<td></td>
<td></td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• Poor</td>
<td>133 71.9</td>
<td>132 71.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average</td>
<td>- -</td>
<td>- -</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Good</td>
<td>52 28.1</td>
<td>53 28.6</td>
<td>1.21</td>
<td></td>
</tr>
<tr>
<td>- Wound care after CS:</td>
<td></td>
<td></td>
<td></td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• Poor</td>
<td>148 80</td>
<td>144 77.8</td>
<td>2.24</td>
<td></td>
</tr>
<tr>
<td>• Average</td>
<td>0 0.0</td>
<td>5 2.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Good</td>
<td>37 20</td>
<td>36 19.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Importance of shower after delivery:</td>
<td></td>
<td></td>
<td></td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• Poor</td>
<td>89 48.1</td>
<td>88 47.6</td>
<td>2.26</td>
<td></td>
</tr>
<tr>
<td>• Average</td>
<td>73 39.5</td>
<td>72 38.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Good</td>
<td>23 12.4</td>
<td>25 13.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Shower Time after delivery:</td>
<td></td>
<td></td>
<td></td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• Poor</td>
<td>172 93.0</td>
<td>160 86.5</td>
<td>2.43</td>
<td></td>
</tr>
<tr>
<td>• Average</td>
<td>0 0.0</td>
<td>11 5.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Good</td>
<td>13 7.0</td>
<td>14 7.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-Value</td>
<td>Insignificant P&gt; 0.05</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table (4): Comparison between women in both groups according to their total knowledge level regarding self-care after CS before the intervention (pretest, n= 185).

<table>
<thead>
<tr>
<th>Items</th>
<th>Guideline n=185 (guideline group)</th>
<th>Counseling G. n=185 (counseling group)</th>
<th>T-Test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Total knowledge level :</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Poor</td>
<td>125 No 67.6%</td>
<td>124 No 67.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average</td>
<td>55 No 29.7%</td>
<td>58 No 31.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Good</td>
<td>5 No 2.7%</td>
<td>3 No 1.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X± SD</td>
<td>43.7± 13.3</td>
<td>43.5± 12.8</td>
<td>T=0.24</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>- Insignificant</td>
<td>P&gt; 0.05</td>
<td>* Significant P&lt;0.05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table (5): Comparison between both groups according to total Practical score of studied women about self care after CS before the intervention (pretest, n= 185).

<table>
<thead>
<tr>
<th>Items</th>
<th>Guideline group</th>
<th>Counseling group</th>
<th>T</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Practical level :</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Satisfactory (&gt; 60-100%)</td>
<td>3 No 1.6%</td>
<td>2 No 1.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unsatisfactory (&lt; 60%)</td>
<td>182 No 98.4%</td>
<td>183 No 98.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X± SD</td>
<td>45.6± 4.4</td>
<td>45.4± 3.6</td>
<td>T=0.27</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>- Insignificant</td>
<td>P&gt; 0.05</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table (6): Comparison between women in two groups according to their knowledge about puerperium period (at the end of 6th weeks after CS) (posttest, n= 185).

<table>
<thead>
<tr>
<th>Items</th>
<th>Guideline n=185 (guideline group)</th>
<th>Counseling G. n=185 (counseling group)</th>
<th>X2-Test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regarding puerperium period</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Poor</td>
<td>35 No 19%</td>
<td>58 No 31.3%</td>
<td>4.1*</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>• Average</td>
<td>52 No 28.1%</td>
<td>96 No 52.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Good</td>
<td>98 No 53.0%</td>
<td>31 No 16.7%</td>
<td></td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>- Insignificant</td>
<td>P&gt; 0.05</td>
<td>&lt;0.05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table (7): Comparison between women in two groups according to their Knowledge about nutrition after CS at 6 weeks of delivery, post test (n= 185).

<table>
<thead>
<tr>
<th>Items</th>
<th>at 6 weeks of delivery</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge about nutrition after CS</td>
<td>(guideline group)</td>
<td>(counseling group)</td>
<td>X2-Test</td>
<td>P-Value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance of nutrition during puerperium</td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>after CS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Poor</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>0.5</td>
<td>3.8*</td>
<td>&gt; 0.05</td>
<td></td>
</tr>
<tr>
<td>• Average</td>
<td>26</td>
<td>14.1</td>
<td>28</td>
<td>15.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Good</td>
<td>159</td>
<td>85.9</td>
<td>156</td>
<td>84.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food types that receive during puerperium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>after CS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Poor</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>1.0</td>
<td>3.9*</td>
<td>&gt; 0.05</td>
<td></td>
</tr>
<tr>
<td>• Average</td>
<td>69</td>
<td>37.2</td>
<td>73</td>
<td>39.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Good</td>
<td>116</td>
<td>62.7</td>
<td>110</td>
<td>59.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Insignificant P> 0.05

Table (8): Comparison between both groups according to women satisfactory practices after CSand before the intervention (pretest, n= 185).

<table>
<thead>
<tr>
<th>women practices</th>
<th>Pre satisfactory practices</th>
<th>X2-1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guideline (n=185)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(guideline group)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>1. Rest after CS:</td>
<td>90</td>
<td>48.6</td>
</tr>
<tr>
<td>2. Exercise (walking, abdominal, pelvis,</td>
<td>28</td>
<td>15.1</td>
</tr>
<tr>
<td>Breathing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Personal Hygiene (General)</td>
<td>86</td>
<td>46.5</td>
</tr>
<tr>
<td>4. perineal care</td>
<td>51</td>
<td>99.5</td>
</tr>
<tr>
<td>5. Care for Breast, and Breast Feeding</td>
<td>57</td>
<td>98.4</td>
</tr>
<tr>
<td>6. eating balanced nutrition after CS</td>
<td>89</td>
<td>48.1</td>
</tr>
<tr>
<td>7. Wound Care</td>
<td>32</td>
<td>17.2</td>
</tr>
<tr>
<td>8. Avoid Lifting heavy things or hard</td>
<td>67</td>
<td>36.2</td>
</tr>
<tr>
<td>work during puerperium period after CS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Ways to overcome feeling of pain:</td>
<td>54</td>
<td>29.2</td>
</tr>
<tr>
<td>10. Follow taking of drugs (dose, rout,</td>
<td>23</td>
<td>12.4</td>
</tr>
<tr>
<td>Time---)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Recreation Practice:</td>
<td>57</td>
<td>30.8</td>
</tr>
</tbody>
</table>

X2- between two groups in Pre-Test

- Insignificant P > 0.05  * Significant P<0.05  ** Highly significant P <0.05
Table (9): Comparison between two groups according to women satisfactory practices after CS at the end of 1st week after CS. (n= 185).

<table>
<thead>
<tr>
<th>Women practices</th>
<th>at the end of 1st week after CS</th>
<th>X2</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Guideline group</td>
<td>Counseling group</td>
<td></td>
</tr>
<tr>
<td>1. Rest after CS:</td>
<td>No</td>
<td>%</td>
<td>No</td>
</tr>
<tr>
<td>2. Exercise (walking, abdominal, pelvis, Breathing)</td>
<td>185</td>
<td>100.0</td>
<td>181</td>
</tr>
<tr>
<td>3. Personal Hygiene (General)</td>
<td>176</td>
<td>95.1</td>
<td>173</td>
</tr>
<tr>
<td>4. perineal care</td>
<td>184</td>
<td>99.5</td>
<td>173</td>
</tr>
<tr>
<td>5. Care for Breast, Breast Feeding</td>
<td>182</td>
<td>98.4</td>
<td>176</td>
</tr>
<tr>
<td>6. eating balanced nutrition after CS</td>
<td>185</td>
<td>100.0</td>
<td>183</td>
</tr>
<tr>
<td>7. Wound Care</td>
<td>183</td>
<td>99</td>
<td>178</td>
</tr>
<tr>
<td>8. Avoid Lifting heavy things or hard work during purperium period after CS:</td>
<td>185</td>
<td>100.0</td>
<td>181</td>
</tr>
<tr>
<td>9. Ways to overcome feeling of pain:</td>
<td>185</td>
<td>100.0</td>
<td>181</td>
</tr>
<tr>
<td>10. Follow taking of drugs (dose, rout, Time---)</td>
<td>179</td>
<td>96.8</td>
<td>173</td>
</tr>
<tr>
<td>11. Recreation Practice:</td>
<td>173</td>
<td>93.5</td>
<td>168</td>
</tr>
</tbody>
</table>

- Insignificant P> 0.05 * Significant P<0.05

Table (10): Comparison between two groups according to total Satisfactory Practical level of studied women after CS at the end of 1st week after CS (n= 185).

<table>
<thead>
<tr>
<th>Items</th>
<th>guideline group</th>
<th>counseling group</th>
<th>T-Test</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Practical level:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Satisfactory(&gt;60%-100%)</td>
<td>182</td>
<td>98.4</td>
<td>179</td>
<td>96.8</td>
</tr>
<tr>
<td>• Unsatisfactory (&lt; 60%)</td>
<td>3</td>
<td>1.6</td>
<td>6</td>
<td>3.2</td>
</tr>
<tr>
<td>X± SD</td>
<td>79.3± 5.1</td>
<td>78.4± 6.2</td>
<td></td>
<td>T=2.3</td>
</tr>
</tbody>
</table>

Discussion:

Concerning demographic data of the current study sample clarified that the mean women’s age of both groups was (29.3 ± 4.2) & (29.1 ± 4.2) for study & control group respectively, regarding to the residence it was found that half of the sample was from urban area in both groups which assisted in acceptance of the idea of guideline among the study sample. Half of the sample was house wife. The majority of both groups had intermediate educational level.

In present study regarding women Knowledge about nutrition after CS before intervention, about nearly almost of women had average answer regarding importance of nutrition and types of food needed in perperium after cs. In current
study. Considering to knowledge of women regarding importance of breast care after delivery the result represents that about half of the sample in both groups had poor level of knowledge. This may be due to the mother were primipara, and she haven’t any knowledge regarding breast care.

The present study findings showed that women knowledge about puerperium period (at the end of 6\textsuperscript{th} weeks after CS) after the intervention. About more than half of the sample in guideline had good answer regarding knowledge about puerperium but, in counseling group about less than one third of the sample had good answer regarding knowledge about puerperium. This may be due to the clinical guideline always with the women and she can revise it at any time in the home to know the suitable information for her but the counseling (once) the women may be forgetting many knowledge due to the multiple roles.

The current study findings supported with (Barbara L et al, 2012) who study the implementation of an evidence-based, streamlined, education process (comprehensive education booklet, individualized education plan, and integration of education into the clinical pathway) and nurse education to improve the quality and efficiency of postpartum education during hospitalization and after discharge. Measure the quality of discharge teaching for new mothers and efficiency of the education process for registered nurses before and after implementation of an intervention. Results indicated that a comprehensive educational booklet and enhanced documentation can improve efficiency in the patient education process for nurses.

The present study findings supported by Afnan A. et al, (2014), who study the beliefs, effects and practices that permeate women’s self-care during puerperium. This study shows the importance of professionals being aware of the quarantine period, as it is a cultural heritage that remains effective today. Common knowledge is highly valued by these women, and despite the need for scientific evidence supporting such knowledge it was not a trigger for problems in either the mothers or infants in this study.

Moreover, the current study finding supported by Beghella et al, (2015), who study three home visits were made on the 2nd, 15th and 42nd postpartum days after discharge of the CS women in the intervention group. Care and training was given to the women during these visits. There was no intervention for women in the control group. The research indicated that nurses’ planned home visits to women discharged early from hospital following birth by cesarean delivery affected mother’s health positively.

In addition, the current study supported by Jerzy Kuzma, (2016), who describe the knowledge, attitude, and actual practices of mothers in a rural area in Egypt regarding breastfeeding. The majority of the mothers had good knowledge about the advantages of breastfeeding for child. Most of the mothers agreed that breastfeeding protect child from infection, about thirty quarters of mothers fed colostrum. Exclusive breast-feeding was found to be associated with mother’s education but not with mother’s age at birth, mother’s occupation, or place of birth. There is a need for public health education campaigns to promote optimal BF practices, especially for less educated women.

The current study supported by Daniele Ferreira, (2016) who study knowledge, attitude and practice related to infant feeding among women in rural
Papua New Guinea, This study showed a lack of understanding of the importance of exclusive breastfeeding for the first six months postpartum among rural mothers. As exclusive breastfeeding promotion has been proved to be one of the most effective ways to improve infant survival, more attention should be given to it, especially targeting the large proportion of women who missed formal education on infant feeding in school.

The current studysupported by Emmanuel M, Andrea S, John E, (2016), who study family planning methods after CS by understanding why people do not use family planning is critical to address unmet needs and to increase contraceptive use.

The present study findings supported by Tizta T, (2014), who randomized control study to evaluate the effectiveness of self instructional module on knowledge of post operativeself care among caesarean mothers. This revealed that, there was significant difference found between the mean pre-test knowledge score and mean post- test knowledge score, ('t' calculated value of pretest and post test knowledge scores=18.000, p <0.001) which showed that self instructional module was effective in improving the knowledge of mothers on post operativeself care after caesarean section.

In present study regarding to the women satisfactory practice among Cs women after delivery (before intervention) about more than one third of women in guideline and counseling group takes rest after CS. In addition to, women who play exercise after CS represent less than one quarter in guideline and counseling group. Moreover, more than one third in guideline group and counseling group follow general Personal hygiene.

In current study , There was highly statistically significant difference between two groups regarding women self care practices after CS post intervention in 1st and 2nd measurement point (1st week , 3rd week and 6th week after intervention) . The improvement more regarding the group adopted guideline method this may be due to the majority of sample was housewife and their age were adult that improved their practices constructing than old age and worker which had too more duties and occupied.

From the researcher point of view, the researcher recommended that awareness program is required to improve maternal knowledge on postnatal care. Most of the respondents had average level of knowledge on postnatal care. Highest knowledge was in the area of danger sign of mothers and newborn and the lowest in the areas of family planning.

Conclusion & recommendations:

Based on the results of the present study, it is concluded that self-care guideline has a positive effect to enhance Self-care knowledge & practices among post cesarean section woman than counseling. The researchers recommended: Conduction of awareness secessions for mothers in antenatal units regarding self-care guideline for women during antenatal period to enhance Self- care knowledge & practices among pregnant woman.
Limitations of the study: The mother follow up was somewhat difficult, because Delayed answer call throughout telephone for follow up of women in three times (in the end of 1st week, 3rd week & and 6th week after cesarean section postpartum).

References:

Aaron B. Caughey, MD, PhD; Alison G. Cahill, MD, MSCI; Jeanne-Marie Guise, MD, MPH; and Dwight J. Rouse, MD, MSPH. the American College of Obstetricians and Gynecologists, Number 1, March 2014

Academic Achievement Varies With Gestational Age Among Children Born at Term, 2012. "High infant mortality rate seen with elective c-section"


American College of Obstetricians and Gynecologists (2013). ACOG committee opinion no. 559: Cesarean delivery on maternal request.


Safe Prevention of the Primary Cesarean Delivery". American Congress of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine. March


Shadia Saady Mohamed, Shadia Hamido, Amal Talaat and Rania Farrag

2016 Fall; 21(4): 238–247. Emmanuel Monjok1, Andrea Smesny1, John E Ekabua2, E James 2016, Institute of Community Health, University of Houston, Texas, USA; 2Department of Obstetrics and Gynecology, University of Calabar, Nigeria Contraceptive Practices in Nigeria: Literature Review and Recommendation for Future Policy Decisions


Sahbanathul Missiriya, Knowledge and Practice of Postnatal Mothers Regarding Personal Hygiene and Newborn Care, Indian journal of maternity health Res., 40(1), September – October 2016: Article No. 18, Pages: 89-93