THE IMPACT OF INSTRUCTIONAL SELF CARE PROGRAMME FOR MOTHERS PLANNED TO BE DELIVERED BY ELECTIVE CAESAREAN SECTION AT AIN SHAMS MATERNITY UNIVERSITY HOSPITAL

A THESIS

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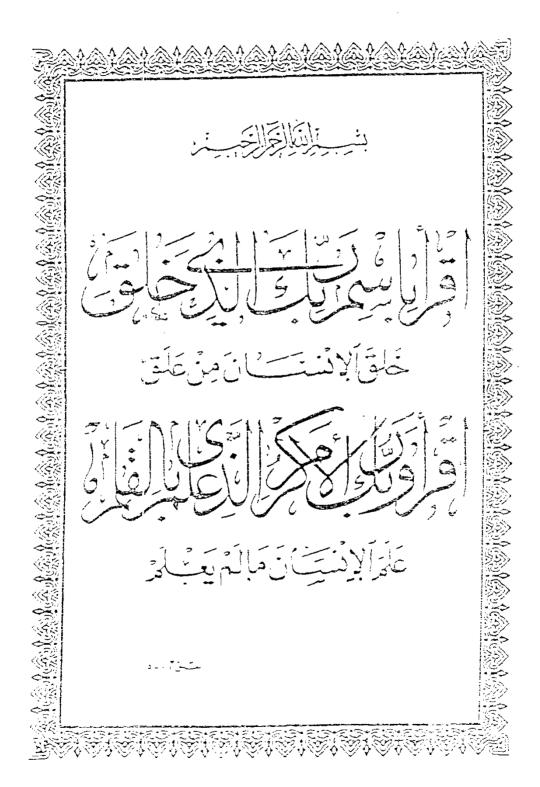
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DEDICATION

To...
My Parents
To...
My Husband and My
Children

APPROVAL SHEET

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INTRODUCTION

INTRODUCTION

Pregnancy is a normal physiological process yet it could be affected by some factors that impose some stress on both mother and fetus. (Samaha, 1984).

Women who are delivered by caesarean section will require the same kind of nursing care as any other patient who has undergone a major operation in addition to the normal postnatal care those who have had a caesarean section will be debilitated because the stress of surgery has been added to that of a difficult labour or anxiety over danger of the baby. (Bennett and Brown, 1990).

In 1970, as the number of caesarean birth began to increase, classes to prepare parents for this kind of birth has become more widely available. These classes are designed to reduce anxiety, decrease the need for medication, support the couple in choosing to be together for the birth and prepare the couple for the course of recovery following birth. (Auvenshine, 1990).

Jensen and Babak, (1985) mentioned that late stage of pregnancy classes include: preparation for child birth, and caesarean birth. Throughout the series of classes, there is a discussion of support systems that a

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woman can use during pregnancy and after birth so that she can function independently and effectively by developing her own health awareness and health maintenance behavior. During all the classes, the open expression of feelings and concerns about any aspect of pregnancy, birth and parenting is welcomed. (Danforth, 1982).

George, (1985) mentioned that self-care is the practice of activities that individuals personally initiate and perform on their own behalf to maintain life, health, and well-being.

pillitteri,(1985) emphasized that self-care assists the mother to be ambulatory shortly after delivery, those who ambulate quickly, have fewer bowel and bladder complications and fewer circulatory complications. They feel stranger and healthier by the end of their first week than those who remain in bed during that time.

Reeder et al., (1983) reported that health teaching and guidance to self-care must be given, according to the mother's readiness to learn.

Martinson and Widmer, (1989) pointed out that the goal of nursing action is to encourage continued health maintenance through self-care. Identify gaps of knowledge, and review those points, if necessary, before

discharging self-care activities. e.g. perineal care general care, breast care and stump care.

Garcia, (1979) added that the nurse is considered the most suitable person to teach mothers due to her presence and contact with them for longer period of time. So the nurse should be able to classify patients into various levels. (Feener, 1979).

PROGRAM PLANNING

Programs in patient education have primarily grown up as services for groups of patients with particular disease entities or health care problems. (Redman, 1984)

Program objectives:

Program objectives as McMahon et. al. (1980) notes may be ordered from immediate to ultimate or in current terminology from lower order to higher order objectives, such ordering of objectives is important because it helps to forge the link between program design, implementation and the assessment of program impact.

Historic phylosific and legal back ground:

Redman, (1984) identified teaching of self care and counsling on health matters as a basis for nursing operations needed to provide care. He added that, the centrality of patient teaching varies with formal philosophies of nursing.

Kinlein, (1980) reported that nursing is asssists people in self care practices with regard to their state of health. Instead of appractice focused on support of