

Discussing improving umbilical cord health health and social care essay

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This chapter deals with the treatment of the consequence of the information analysis to measure the effectivity of topical application of chest milk versus dry cord attention for bettering umbilical cord wellness position of neonates. The treatment is based on the aims of the survey and the hypothesis specified in the survey.

With several demographic features of the sample in the experimental group, bulk of neonates 16 (58. 3 %) were males and staying 14 (46. 7 %) neonates were females. Majority of female parents 17 (56. 7 %) were primiparas and staying 13 (43. 3 %) female parents were multiparas. Majority of neonates 18 (60 %) were born between 37-38 hebdomads, 10 (33. 3 %) neonates were born between 39-40 hebdomads and staying 2 (6. 7 %) neonates were born between 41-42weeks. Majority of neonates 19 (63. 3 %) had normal birth weight and staying 11 (36. 7 %) neonates had low birth weight. Majority of female parents 24 (80 %) did non had any complications and staying 6 (20 %) female parents had maternal complications like gestation induced high blood pressure and gestationaldiabetes. Majority of female parents 15 (50 %) had lower segmental cesarean subdivision, 12 (40 %) had normal vaginal bringing and staying 3 (10 %) had forceps bringing. Majority of neonates 19 (63. 3 %) had tons of eight and above and staying 11 (36. 7 %) neonates had less than eight mark.

In the control group, bulk of neonates 18 (60 %) were females and staying 12 (40 %) neonates were males. 15 (50 %) female parents were para ls and 15 (50 %) female parents were multiparas. Majority of neonates 21 (70 %) were born between 37-38 hebdomads, 6 (20 %) neonates were born
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between 39-40 hebdomads and staying 3 (10 %) neonates were born between 41-42weeks. Majority of neonates 19 (63. 3 %) had normal birth weight and staying 11 (36. 7 %) neonates had low birth weight. Majority of female parents 22 (73. 3 %) did non had any complications and staying 8 (26. 7 %) female parents had maternal complications like gestation induced high blood pressure and gestational diabetes. Majority of female parents 15 (50 %) had lower segmental cesarean subdivision, 12 (40 %) had normal vaginal bringing and staying 3 (10 %) had forceps bringing. Majority of neonates 18 (60 %) had tonss of eight and above and staying 12 (40 %) neonates had less than eight mark.

The first aim was to measure the effectivity of dry cord attention on umbilical cord wellness position among neonates of control group.

Data findings in the tabular array 3 showed the appraisal of umbilical cord wellness position of neonates in dry cord attention group by Modified REEDA graduated table.

Regard to umbilical cord wellness position by Modified REEDA Scale, On first twenty-four hours of intercession 90 % neonates had no infection, 10 % of neonates had mild infection and none of them had moderate and terrible infection and on the 7th twenty-four hours of intercession 30 % of neonates had no infection, 33. 3 % of neonates had mild infection, 26. 7 % of neonates had moderate infection and 10 % of neonates had terrible infection on umbilical cord.

Data findings in the tabular array no 4 showed the bacterial colonisation of umbilical cord on 3rd twenty-four hours of intercession.

With respect to bacterial colonisation, 10 (33. 3 %) neonates had no bacterial growing, 8 (26. 7 %) neonates had staphylococcus aureus infection, 7 (23. 3 %) neonates had proteus infection and 5 (16. 7 %) neonates had klebsiella infection in dry cord attention group neonates.

Data findings in the tabular array 5 showed the appraisal of umbilical cord wellness position based on umbilical cord falls off on.

Regard to umbilical cord falls off yearss, the average figure of cord falls off yearss in dry cord attention group was $7. 7 A \pm 1. 7$ yearss.

The above consequence was supported by Shoaib & A ; Barrawy (1990) conducted a quasi experimental survey on intoxicant or traditional methods versus natural drying for neonate 's cord attention in university infirmaries at Alexendria and Minia. In this survey 70 neonates were selected, which was divided into two groups. Group I newborns standard traditional methods or intoxicant cord attention and Group II received natural drying of the umbilical cord. Culturespecimens were obtained from umbilical cord on first and 3rd twenty-four hours of birth to observe bacterial colonisation. Rate of bacterial colonisation was significantly lower in the natural drying cord attention group than intoxicant or traditional methods groups. Average clip of cord separation was shorter in natural drying cord attention group as compared with the intoxicant or traditional methods group.

The 2nd aim was to measure the effectivity of topical application of chest milk on umbilical cord wellness position among neonates of experimental group.

Data findings in the tabular array 3 showed the appraisal of umbilical cord wellness position of neonates in topical application of chest milk cord attention group by modified REEDA graduated table.

Regard to umbilical cord wellness position by modified REEDA Scale, On first twenty-four hours of intercession none of the neonates had infection, likewise on the 7th twenty-four hours of intercession 63. 4 neonates did non had infection, 33. 3 % of neonates had mild infection, 3. 3 % of neonates had moderate infection and no 1 had terrible infection.

Data findings in the tabular array 4 showed the bacterial colonisation of umbilical cord on 3rd twenty-four hours of intercession.

With respect to bacterial colonisation, 18 (60 %) neonates had no bacterial growing, 5 (16. 7 %) neonates had staphylococcus aureus infection, 4 (13. 3 %) neonates had proteus infection and 3 (10 %) neonates had klebsiella infection in topical application chest milk cord attention group neonates.

Data findings in the tabular array 5 showed the appraisal of umbilical cord wellness position based on umbilical cord falls off on.

Regard to umbilical cord falls off yearss, the average figure of cord falls off yearss in breast milk group was 6.3 ± 1.3 days.

The above consequence was supported by Ezmaeili & A ; Ghazvini (2006) conducted a randomised clinical test survey on effectivity of topical

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application of chest milk on bacterial colonisation in umbilical cord in Omolbanin infirmary in Mashhad. In this survey 118 samples were selected which was divided into two groups. Each group 59 neonates were assigned. Group I newborns received dry cord attention. All female parents in both groups were instructed about attention of umbilical cord within three hours of birth. Group II neonates were applied breast milk to the umbilical stump three hours after birth and continued every 12 hourly until two years after cord separation. Nothing was applied to the umbilical stump of the dry cord attention group. The research worker were obtained an umbilical swab three hours after birth and the 3rd twenty-four hours of life from the base of the cord. Rate of bacterial colonisation were recorded in both groups. They found out that most common civilized beings were *S. Epidermidis*, *S. Aureus*, *E. Coli* and *Klebsiella Pneumoniae* in the umbilical stump and there were important differences between dry cord care and human chest milk groups in colonisation rate. Topical application of breastmilk on umbilical cord leads to cut down bacterial colonisation and cord separation clip and it can be used as easy, inexpensive, non hurt methods for umbilical cord attention.

The 3rd aim was to compare the umbilical cord wellness position between the experimental and control group among neonates.

Data findings in the tabular array 6 shows the comparing of mean and standard divergence value of topical application of chest milk versus dry cord attention group by modified REEDA graduated table.

The above tabular array 6 shows that comparing of mean and standard divergence value of topical application of chest milk versus dry cord

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attention among experimental and control group. On first twenty-four hours intercession the average value was 0.0 and the standard divergence was 0.0 in the experimental group and the average value was 0.1 and the standard divergence was 0.3 in the control group. On 7th twenty-four hours of intercession the average value was 0.533 and Standard divergence 0.899 in experimental group. In control group mean value was 2.93 and standard divergence was 2.63. The deliberate 't' value was 3.247 in the experimental group and 6.011 in the control group, which shows that there was significance difference among the topical application of chest milk and dry cord attention group at $P & It ; 0.001$ degree.

Table - 7 shows that comparing of bacterial colonisation among experimental and control group on 3rd twenty-four hours of intercession.

With respect to bacterial colonisation, per centum difference of no bacterial growing was (26.7 %) , staphylococcus aureus (10 %) , Proteus (10 %) , Klebsiella it was (6.7 %) . The deliberate 't' value of no growing of bacterial colonisation was 2.151, staphylococci aureus colonisation was 0.946, proteus colonisation was 1.010 and klebsiella colonisation was 0.767, which shows that there was important difference among the experimental and control group newborns in bacterial colonisation at $P & It ; 0.05$ degree.

The above tabular array -8 shows that appraisal of cord falls off among experimental and control group.

Regard to umbilical cord falls off yearss, the average value of experimental group was 6.3 and 7.7 in control group. The standard divergence of

experimental group was 1.3 and in control group was 1.7. The difference of agencies among experimental and control group was 1.4. The deliberate 't' value was 3.522, which shows that extremely important difference among the experimental and control groups in cord falls off on yearss at P & It ; 0.001 degree.

Hence, the hypothesis (RH1) stated that there is a important difference in umbilical cord wellness position among the experimental and control group neonates. Thus the hypothesis was accepted.

The average figure of cord falls off yearss in experimental group was 6.3 ± 1.3 yearss and control group was 7.7 ± 1.7 yearss. The average difference was 1.4 yearss. It was statistically important, so hypothesis (RH1) was accepted.

The above consequence was supported by Sezer kiza (2006) conducted a instance control design on umbilical cord attention: comparing topical human milk, providone I and dry cord attention, in urban university infirmary at Turkey. In this survey 150 samples were selected and it was divided into three groups. Each group had 50 neonates. Group I received breast milk on their umbilical cord, group II received providone I and group III received dry cord attention. This survey shows that the mean cord separation clip of chest milk group was significantly shorter than dry cord attention and providone I group at P & It ; 0.001 degree.

Hence, the research hypothesis (RH1) stated that there is a important difference on umbilical cord wellness position between the experimental and

control group. This shows that topical application of chest milk on umbilical cord has an effectual than dry cord attention. Thus the hypothesis is accepted

The 4th aim was to tie in the umbilical cord wellness position of neonates between experimental and control group with their demographic variables.

Table 9a shows the chi-square value for the association between the cord wellness position with their sex was (0. 325) , para (0. 597) , gestational age (1. 239) , birth weight (0. 627) , maternal complications during gestation (4. 342) , type of bringing (3. 095) and Apgar mark (1. 556) .

So these survey findings shows that there was no association between experimental group with their demographic variables include sex, para gestational age, birth weight, maternal complications during gestation, type of bringing, apgar mark at P & It ; 0. 05 degree.

Table 9b shows the chi-square value for the association between the cord wellness position with their sex was (6. 400) , para (0. 844) , gestational age (12. 738) , birth weight (3. 026) , maternal complications during gestation (2. 784) , type of bringing (3. 701) and Apgar mark (2. 928) .

So these survey findings shows that there was no association between experimental group with their demographic variables include sex, para gestational age, birth weight, maternal complications during gestation, type of bringing, apgar mark at P & It ; 0. 05 degree.

Table 10 (a) shows the Chi-square value for the association between bacterial colonisation among experimental group with their sex was (2. 299) ,

para (6. 606) , gestational age (4. 456) , birth weight (1. 507) , maternal complications during gestation (2. 708) , type of bringing (9. 361) and Apgar mark (0. 311) .

So these survey findings shows that there was no association between experimental group with their demographic variables include sex, para gestational age, birth weight, maternal complications during gestation, type of bringing, apgar mark at P & It ; 0. 05 degree.

Table 10 (B) shows the Chi-square value for the association between bacterial colonisation among control group with their sex was (3. 274) , para (7. 586) , gestational age (3. 480) , birth weight (1. 948) , maternal complications during gestation (2. 752) , type of bringing (4. 341) and Apgar mark (5. 714) .

So these survey findings shows that there was no association between experimental group with their demographic variables include sex, para gestational age, birth weight, maternal complications during gestation, type of bringing, apgar mark at P & It ; 0. 05 degree.

Table 11 (a) shows the Chi-square value for the association between umbilical cord falls off among experimental group with their sex was (3. 519) , para (4. 455) , gestational age (0. 795) , birth weight (0. 895) ,

maternal complications during gestation (0. 170) , type of bringing (2. 813) and Apgar mark (0. 003) .

So these survey findings shows that there was association among para and umbilical cord falls off. No association between experimental group with other demographic variables include sex, gestational age, birth weight, maternal complications during gestation, type of bringing, apgar mark at P & It ; 0. 05 degree

Table 11 (B) shows the Chi-square value for the association between umbilical cord falls off among control group with their sex was (0. 089) , para (0. 4641) , gestational age (3. 597) , birth weight (0. 741) , maternal complications during gestation (1. 099) , type of bringing (3. 817) and Apgar mark (1. 094) .

So these survey findings shows that there was no association between experimental group with their demographic variables include sex, para, gestational age, birth weight, maternal complications during gestation, type of bringing, apgar mark at P & It ; 0. 05 degree

The demographic variables (Sex, Parity, gestational age, birth weight, maternal complications during gestation, type of bringing, apgar mark) of both groups were non holding any association and therefore they were non confounded with the umbilical cord attention.

Hence, the research hypothesis (RH2) stated that there is a important association between umbilical cord wellness position between the experimental and control group with their demographic variables (Sex,

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Parity, gestational age, birth weight, maternal complications during gestation, type of bringing, apgar mark) . Tables 9 (a, B) , 9 (B) , 10 (a, B) , 11 (a, B) , shows that there was no important association between that umbilical cord wellness position between experimental and control group with the selected demographic variables. Table 9a, showed that there was important association between para and umbilical cord falls off years in experimental group. Newborns of para I female parents had lengthier years of cord falls off than the neonates of multipara female parents. But, in regard to dry cord attention group there was no association between the cord falls off twenty-four hours with para.

From the above analysis and readings, the hypothesis (H1) `` There is a important difference in cord wellness position between the experimental and control group neonates " was accepted.

The above credence of (H1) were attributed to the effectivity of topical application chest milk for bettering umbilical cord wellness position of neonates.

The hypothesis (H2) `` There is a important association in cord wellness position between the experimental and control group with the demographic variables " . In this survey there will be no important association between experimental and control group except para.