Effectiveness of Video Teaching Programme in prevention of Gestational Diabetic Mellitus among Antenatal Mothers

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ABSTRACT

Gestational Diabetic Mellitus is the type of diabetes in pregnancy. It normally shows up in the second 1/2 of pregnancy and numerous impacts fetal development rate and causes moderate foundational improvement. The goal of prevention in pregnancy to change dietary patterns, maintain balanced glucose level and replace them with a healthy lifestyle for mother. The main purpose of this study to assess the effectiveness of video teaching programme in prevention of gestational diabetic Mellitus among antenatal mothers. Quantitative experimental approach and pre-experimental one group pre-test and post-test design used in this study. The sample size was 60 antenatal mothers. A pre-test was conducted to assess the knowledge on antenatal mothers followed by administration of video teaching programme. After one hour conducted post-test using the same questionnaire. The study finding revealed that after the administration of video teaching programme among antenatal mothers post-test mean score of knowledge was 27.10 with Standard Deviation 2.60 was higher than the pre-test mean score of knowledge was 9.02 with Standard Deviation 2.69. Hence there was a statistically significant difference between pre-test and post-test knowledge scores and the hypothesis was accepted. The calculated paired ‘t’ test value of t=33.64 was found to be statistically highly significant at (P<0.001) association between post-test knowledge scores and socio-demographic variables. This clearly infers there is a significant improvement in the post-test level of knowledge regarding gestational diabetic Mellitus among antenatal mothers.

INTRODUCTION

Gestational diabetes mellitus is one of the most frequent metabolic diseases during pregnancy and approximately affects 7% of all pregnancies. GDM is hyperglycaemia or glucose intolerance and it diagnosed second or third trimester during pregnancy. A fasting glucose level >126mg/dl or an irregular plasma glucose >200 mg/dl meets limit for analysis of gestational diabetic Mellitus (Parimalam and A, 2018). The fundamental reason for gestational diabetes, whose predominance is quickly expanding around the world, is hereditary variables with gained factors like absence of activity, weight brought about by high-fat eating routine, stress, maturing hindering insulin activity, prompting the beginning of diabetes (Olagbui et al., 2015). The number of ladies with diminished sugar resistance who create gestational diabetes (Lynch et al., 2015).
The predominance of diabetes goes from 4.6% to 14% in metropolitan territories and 1.7% to 13.5% in provincial regions. In India, it is assessed that 62 million individuals are experiencing type 2 DM, which is relied upon to increment 79.4 million by 2025 and homes second biggest number internationally. India assessed that around 4 million are influenced by GDM and across India, the predominance of gestational diabetes goes from 3.8% to 41% (Shaw and Chisholm, 2003). Symptomatic measures depended on a 3-h 100g oral glucose resistance test (OGTT) and were picked to distinguish ladies at high danger for the advancement of diabetes after pregnancy. It suggested the accompanying OGTT glycemic limit: fasting esteem >5.1 mmol/L; 1-h esteem >10.0 mmol/L and 2-h esteem >8.5 mmol/L (Agarwal et al., 2009).

In particular, the administration of gestational diabetes involves calorie, insulin treatment and supplement limitations and standardize blood glucose levels (Moreno-Castilla et al., 2016). Teach about keeping up ordinary BMI to help and development are needed to help the ladies in making way of life changes fundamental to fruitful sustenance treatment. Pregnant ladies with gestational diabetes practice and pharmacotherapy with insulin is recommended (Lapolla et al., 2009). Typically, if standard wholesome treatment neglects to constantly hold fasting plasma glucose under 105 or blood glucose two hours after a feast under 140, insulin treatment is suggested. America Diabetes Association suggests insulin treatment when wholesome treatment neglects to continue fasting glucose at the level of 105 milligrams for each decilitre or less (Simmons, 2015).

The confusion threatening the mother incorporate the danger of toxemia and eclampsia, birth trench wounds caused colossal baby, low blood glucose polyhydramnios and higher rate of bacterial disease. Fetal difficulties incorporate low blood calcium and undeveloped jaundice, if untreated, just as the expanded danger of significant distortions in newborn children and the expanded commonness of maternal mortality (Muche et al., 2020).

The purpose of this study [1] To evaluate the effectiveness of a video-assisted teaching program regarding the self-administration of insulin among antenatal mothers with gestational diabetic Mellitus. [2] To associate the pre-test and post-test regarding self-administration of insulin among antenatal mothers with gestational diabetic Mellitus. [3] To determine the association between the video-assisted regarding self-administration of insulin among selected variables.

**RESULTS AND DISCUSSION**

The above graph shows that in the pre-test, 59(98.33%) had inadequate knowledge and 1(1.67%) had moderately adequate knowledge. Whereas in the post-test, 56(93.33%) had moderately adequate knowledge, and 4(6.67%) had moderately adequate knowledge regarding administration of insulin among antenatal mothers with gestational diabetes mellitus (Figure 1).

**Figure 1: Percentage distribution of level of knowledge regarding self-administration of insulin among antenatal mothers with gestational diabetes mellitus**

Table 1 depicts that the pre-test means a score of knowledge was 9.02 with standard deviation 2.69 and the post-test mean score of knowledge
Table 1: Comparison of pre-test and post-test level of knowledge regarding self-administration of insulin among antenatal mothers with gestational diabetes mellitus. N = 60

| Knowledge     | Mean  | SD   | Paired 't' test value  |
|---------------|-------|------|------------------------|
| Pre-test      | 9.02  | 2.69 | t=33.646               |
| Post-test     | 27.10 | 2.60 | p=0.0001               |

***p<0.001, S – Significant

was 27.10 with a standard deviation of 2.60. The calculated paired 't' test value of t = 33.646 was found to be statistically highly significant at p<0.001 level. This clearly infers that there was significant improvement was observed in the post-test level of knowledge regarding self-administration of insulin among antenatal mothers with gestational diabetic mellitus (Sweeting et al., 2016). Gestational diabetes mellitus is viewed as an ordinary state of glucose prejudice in which a ladies to be a normal code during the third trimester of pregnancy. A background marked by GDM can be considered of glucose with diabetes displays significant levels of blood glucose to be one of the sturdiest danger factors concerning the advancement of type 2 diabetes among ladies who have a background marked by GDM, the danger of creating old-style type 2 diabetes typically goes from 20 to half.

CONCLUSIONS

Gestational Diabetic Mellitus is the type of diabetes in pregnancy. It normally shows up in the second 1/2 of pregnancy and numerous impacts fetal development rate and causes moderate foundational improvement. The goal of prevention in pregnancy to change dietary patterns, maintain balanced glucose level and to replace them with a healthy lifestyle for mother. The study revealed that the video teaching programme was highly effective in improving knowledge of antenatal mothers on gestational diabetic mellitus.

Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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