

## Research



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## Postnatal mothers' knowledge, attitudes, and practices about newborn care at Debre Tabor Hospital, Ethiopia, 2019

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## Abstract

**Introduction:** every year, four million children die in their first four weeks of life around the world. And there are still four million babies being born every year. The majority of newborn deaths (99%) occur in low- and middle-income nations, with half of all deaths taking place at home. There has been no research yet. The goal of this study in the field of research was to assess postpartum mothers' knowledge, attitudes, and practices of newborn care at Debre Tabor General Hospital, South Gondar Area, Amhara Region, Ethiopia, in 2019. **Methods:** the investigation was done using an institution-based cross-sectional study design. A systematic random sampling procedure was used to pick study participants. SPSS version 20 was used to enter and evaluate the data.

**Results:** a total of 186 postpartum mothers were questioned, with a 100% response rate. Eighty-one point two percent have good knowledge, 87.6% have a positive attitude, and 89.8% have good newborn care practices, according to the survey.

**Conclusion:** this study indicated that nearly half and above respondents had good knowledge, a positive attitude, and good practice of newborn care. The awareness and knowledge among mothers regarding newborn care need to enhance to achieve better targets in neonatal and under-five mortality and morbidity.

## Introduction

Neonatal care is critical to the health and wellbeing of newborns, and even though it is a critical component in lowering infant mortality, it receives far less attention than it deserves. There are agreements that confirm the world's commitment to the promotion of infant health [1]. Widespread assessments confirm that committing to progress in infant health requires significant socio-economic commitments. In total, each year about 4 million people collapse with 4 weeks of life expectancy. Some comparisons of stillborn infants. Most infant deaths (99%) occur in middle-income and working countries, and about half of all deaths occur nationally. It's awful to think that millions of newborns die each year due to circumstances that may have been avoided. It is believed that roughly 75% of baby mortality could be averted if medications for pneumonia and sepsis were accessible, as well as clean blades to cut the cord. To keep babies warm, wear a woven cap and look after kangaroos [2,3]. Each year in Africa 30 million women become pregnant and 18 million give birth at home without skilled care. Every day, 3,100 babies collapse, and another 2,400 still die. Too many 9,600 children die after the first month of life and as recently as their fifth birthday every day [4]. The Millennium Development Goals (MDGs) have gotten a lot of attention, but progress in Africa has been slow. There has been no significant improvement in lowering infant mortality at the primary level,

despite a political commitment to child survival initiatives being unaffected by the lives of more experienced children territory. They were a month old when 41 out of a thousand newborns born in Africa fell into the river. It may be like it was in England more than a century ago [5]. The decline in maternal, infant, and youngster death rates has increased rapidly during the MDG period, especially since 2000, especially the under-5 mortality rate. Tanzania achieved MDG 4 with a significant decrease in infant mortality between 2000 and 2012 (annual normal ARR reduction of 8.5%). In all cases, neonatal mortality was halved (ARR 4.3% [6].

Despite these gains, MDG 4 has yet to be achieved internationally and in many countries, particularly in the Caucasus and Central Asia, Oceania, South Asia, and sub-Saharan Africa. Between 1990 and 2015, the global under-5 mortality rate dropped by more than half, from 90 to 434,004 deaths per 1,000 live births. The newborn mortality rate decreased from 36 deaths per 1,000 live births in 1990 to 19 deaths per 1,000 live births in 2015, while the number of neonatal fatalities decreased from 5.1 million to 2.7 million. However, between 1990 and 2015, infant mortality fell at a slower rate than infant mortality after birth: 47 percent against 58 percent overall [2,3]. Over the same time period, under-five mortality in Ethiopia has decreased by 47%, from 166 deaths per 1,000 live births to 88 deaths per 1,000 live births. Neonates receive postnatal treatment at a rate of less than 8.5 percent every year [7]. In any event, newborn mortality has dropped by half (ARR 4.3 percent). Studies have shown that many newborn lives can be saved by the use of interventions that require simple technology [8]. Most of these interventions can be performed by a single talented midwife caring for the mother and newborn. Care for all newborns includes quick and thorough drying, the baby's skin-to-skin contact with the mother, tightening and trimming of the contour after the first few minutes after birth, early initiation of breastfeeding, and breastfeeding [9]. In general,

genuine progress in reducing neonatal baby deaths in a country with high mortality, such as our own, necessitates the development of the next range of ideal neonatal administrations with a special focus on the poorest segment of the population and at the time of the greatest risk, which is at birth and within the first few days of life. The practices of caring for newborn babies must be improved to reduce neonatal mortality and morbidity. This can be done by updating the knowledge and skills of individuals who care for babies at the time of birth and in the early postpartum period [10]. Despite a large number of deaths from various causes such as the mother's inability to seek qualified care during transport, unsanitary childbirth practices leading to neonatal infection, washing infants immediately after birth, improper rope care, postponing early mother-infant contact due to the belief that newborns are dirty and in need of cleaning recent births, and the fact that most neonatal deaths are preventable, the right of the newborn has been denied [7].

Newborn mortality accounts for 63 percent of all neonatal deaths and 42 percent of all deaths in children under the age of five, making it a critical goal. Nearly 120,000 babies die each year within 4 weeks of birth. The risk of death is most noticeable within 24 hours of birth when more than half of all deaths occur and about three-quarters of all infant deaths occur within the first week of life. The settlements with the most notable impact on infant mortality depend less on modernization and products than on those with competence [11]. Neonatal death is becoming increasingly serious, not because of an increase in the proportion of children under 5 who die in infancy, but above all because of the medical interventions needed to treat the underlying causes. The main cause of neonatal mortality is largely in contrast to the need to address other under-5 deaths and is closely related to those necessary to protect maternal health [3]. Even though there has been emotional progress towards child survival, the burden of dying within one month of life has remained largely unchanged. Newborns are a

helpless group and therefore need more care and attention. It is well established that the happiness and future of a child depend entirely on the care and consideration given to him recently and after birth [12]. Even though infant care is an important means of reducing neonatal mortality, a study conducted in Debre Birhan, Biso woreda, found that the most frequently cited grouping of infant care practices detailed by moms with domestic conveyances was to tie the cord, shower right away, dehydrate the infant, practice 'Lanka mandate (local traditional practice on newborns), provide pre-lacteal nourishing, and provide pre-lacteal nourishing [13].

In another study conducted in Ethiopia, infant care practices detailed by recent times women (RDWs) in four districts revealed practices contrary to WHO recommendations, including washing during the first 24 hours of life (74.7 percent), applying butter and other substances to the line (19.9%), and discarding colostrum milk (44.5 percent) [14]. To build on gains gained in reducing child mortality, the Ethiopian government, with financing from UNICEF and ELMA Philanthropies, is promoting the establishment of community-based maternal and baby care, including the administration of infant contaminations by healthcare personnel. Given the high proportion of office visits in Missouri, community-based promotion of preventive infant care practices, which has proven successful in other settings, is a critical strategy. Infant care is extremely important for a child's proper development and healthy existence [15]. Regardless of education, status, or social class differences, mothers have always been the primary caregivers for their children. Parents have a critical responsibility to meet their children's physical, emotional, social, spiritual, and moral requirements. The mother, without a doubt, plays a significant role in this regard. It is critical to measure the expertise of mothers who are capable of being cautious around newborns. Because the majority of a baby's guardians are their moms, and an infant's lifetime is shaped by knowledge and practice [12]. Circumstances do

not differ within the scope under consideration. So, to ensure the survival of the newborn, one must know how the newborn is cared for in the family. Therefore, the program's research includes the exploration of mothers' information and behaviors related to newborn care, to explore mothers' practices related to infant care. Born at Debre Tabor Hospital.

## Methods

**Study area and period:** the study took place at Debre Tabor General Hospital from December 1 to December 30, 2019. It is the only general hospital in the South Gondar Zone, Amhara Regional, state of Northwest Ethiopia, and it is specifically located in Debre Tabor town, which is the capital city of the South Gondar zone and is located 97 kilometers from Bahir Dar, the capital city of the Amhara Regional state, and 666 kilometers from Addis Ababa, Ethiopia's capital city. This hospital offers more than 30 services, including a mother and child health (MCH) unit, a psychiatric clinic, a laboratory unit, a pharmacy unit, an emergency care unit, an ophthalmic service unit, a minor operation unit, a labor ward, an internal medicine ward, a Neonatal Intensive Care Unit (NICU), an Outpatient Department (OPD), a dentist unit, and a surgical unit.

**Design of the study:** the investigation was done using an institution-based cross-sectional study design.

**Population:** all postnatal mothers attending Debre Tabor general hospital, Ethiopia during the data collection period.

**Choosing a sample size:** a total of 186 mothers were required for the study, which was determined using a technique for predicting a single population percentage with a confidence interval of 95%, 5% marginal error, and a 5% none response rate. In Addis Ababa University, 60.1 percent of postnatal mothers follow good infant care practices [16]. When the data was collected from each mother in the sample, it became

$177+9=186$  when a 5% non-response rate was taken into account.

**Sampling technique:** given that the average client who came to the hospital for post-natal care (PNC) service per day was seventeen women, and that there are 20 working days in a month, the total number of post-natal mothers who attended post-natal care service within a month is  $17 \times 20 = 340$ , the total number of women attending PNC in DTGH was 340, and 186 study participants were chosen to use a systematic random sampling method.

### Operational definitions

**newborn care:** this refers to the care given to a newborn after birth, such as giving warmth and preventing heat loss, starting nursing, protecting against infections, safely tying and cutting the umbilical cord, and delaying bathing for 24 hours.

**Knowledge:** facts about neonatal care that the respondents are aware of.

**Good knowledge:** those who correctly answer more than 60% of all knowledge-related questions.

**Poor knowledge:** these individuals answer less than 60% of total knowledge-related questions. Respondents' feelings and opinions about newborn care are referred to as attitude.

**Positive attitude:** those who answer yes to more than 60% of attitude-related questions. People with a negative attitude are those who respond positively to less than 60% of attitude-related questions.

**Practice:** the respondents' expected actions to care for the newborn infant, which they did or do.

**Procedure for data collection:** based on the independent variable and components identified during the literature study, a structured questionnaire was created. Before data was collected, questionnaires were pre-tested to

ensure that the questions were clear and understandable to the study participants, and 5% of post-natal women were asked to complete the survey. Four data collectors were taught on the purpose, data collection methods, and other related topics before being assigned to the PNC ward. One data collector who works in the study region was recruited in consultation with their immediate superiors based on their experience and solid client relationship for better data collection management.

**Control of data quality:** the data collection tool was translated into the local language (Amharic) to make the questions more understandable, and then it was retranslated into English to check for consistency. During the data collecting period, all of the data collectors were experienced and trained and were not working in the delivery and postnatal wards. The data collectors received one-day training that focused on the questionnaire content to assure data consistency, gaining consent, preserving neutrality, privacy issues, personal relationships, and research ethics. To eliminate probable inaccuracies, completed questionnaires were verified daily for completeness and uniformity of responses.

**Processing, analyzing, and presenting data:** the collected data were double-checked for accuracy. The data was then input into Excel and analyzed using SPSS version 20. Accordingly, descriptive statistics such as frequency, proportions, mean, and standard deviation were calculated. Tables and narration were used to describe the outcome.

**Ethical approval and consent to participate:** Debre Tabor University's college of health science, provided ethical clearance and approval. After thoroughly outlining the study's objectives, all study participants were asked to give their informed verbal consent (the postnatal mothers). Personal identifiers were not used, and all participants were assured of their confidentiality. After receiving informed consent from each participant, the data collectors continued their work while respecting the norms, values, beliefs,

and culture of the participants and protecting the data's confidentiality.

## Results

A total of 186 postnatal moms were interviewed, with a 100% response rate. Eighteen and 39 years old are the minimum and maximum ages, respectively. The majority of the study participants (95.1%) were between the ages of 25 and 29, while the least (4.15%) were between the ages of 35 and 39. The majority of respondents (153/82.7%) were married, 160 (86.7%) were orthodox, 186 (100%) were Amhara, 46 (24.1%) had secondary (9-12) education, 84 (45.2%) were government employees, and 78 (41.9%) had a monthly family income ranging between 1401-2350 ET, birr (Table 1). One hundred and eighty-four (184 (98.9%)) of the postnatal mothers interviewed had gone to an antenatal clinic, and 150 (80.6%) of those who had gone to an ANC clinic started their first visit at 3-6 months of pregnancy. One hundred and thirty-six moms (136 (73.1%)) had four ANC visits during their pregnancy. Multiparous moms accounted for 125 (67.2%) of those interviewed, whereas prim parous mothers accounted for 61 (32.8%). The majority of responders (72.6%) planned where they would deliver their baby, and 176 (94.6%) of neonates had a birth weight of 2.5-4 kilos. Male neonates made up 82 percent of the total, while females made up 104 percent (55.9 percent).

**Information on newborn care:** of the total number of postnatal women examined, 168 (90.3%) had received various information about infant care, while the remaining 18 (9.7%) had not received any. Ninety point three percent of individuals who had gotten information/education on infant care mentioned a provider of information on newborn care, 168 (90.3 percent) were nurses, and respondents mentioned relatives 78 times (41.9 percent). In terms of the type of information, 82.7 percent of respondents stated nursing, followed by 178 (96.2 percent) who mentioned thermoregulation and 89.8 percent

who said immunization (Table 2). The majority of respondents (151/81.2%) were aware of the necessity to keep newborn babies warm during birth, and the means of keeping the baby warm mentioned by these moms are listed in Table 3. The majority of respondents (66.1%) indicated the newborn's first bathing occurs within one day of delivery, while 53 (28.5%) said newborn newborns are bathed right away. One hundred and twenty-one (121 (65%) of the research participants correctly responded that the stump should be uncovered, kept clean, and dry, while the majority of 180 (96.8%) of moms knew that the chord is cut with a new blade following delivery. Clean water should be used to clean the dirty umbilical stump, according to 164 (88.2%) of the moms polled. The bulk of the respondents (81.2 percent) had good knowledge, while the remainder 35 (18.8%) had low knowledge, according to the overall knowledge score of the survey participants. The majority of the survey participants agreed that babies lose body heat more quickly, that skin-to-skin contact keeps the baby warm, and that a dirty umbilical cord can cause infection in the baby (40.9 percent, 87.6%, and 95.7 percent, respectively). Also, the majority of respondents disagreed on whether a newborn baby can be bathed right after birth 113 (60.8 percent), whether a previously used razor blade can be washed and used to cut the baby's The majority of the study participants had a good attitude, with 163 (87.6%) having a positive attitude and 23 (12.4%) having a negative attitude, according to the overall attitude score (Table 4). Before the placenta was discharged, mothers said the infant was put on the mother's abdomen and a clean surface was used in 156 (83.9 percent) and 30 (16.1 percent) of the cases, respectively. In 186 (100%) deliveries, the umbilical cord was cut with a new or boiling blade. As nothing was applied to the umbilical stump, everyone (100%) responded. When it came to keeping their newborn warm, 75 (40.3%) of respondents employed skin-to-skin contact and 80 (43%) covered their baby in a dry-clean cloth. The majority of the study participants had good practice, with 167 (89.8%) having good

practice and 19 (10.2%) having bad practice, according to the overall practice score (Table 5).

## Discussion

In this survey, 151 (81.2%) of the total respondents had good knowledge of infant care and 163 (87.6%) of the respondents had a positive attitude toward newborn care. This estimate is slightly greater than one made in Addis Ababa. 55.3 percent of the population [16]. Madurai, Tamil Nadu, India, has a good demeanor with 61 percent of respondents [17]. This gap could be related to the fact that there is a sociocultural distinction, the smallest measure, plan study, and period study. Furthermore, according to the overall practice score of the considered members, 167 (89.8%) of the respondents had good practice, which is greater than the finding of a study conducted in Addis Ababa. Sixty point three percent of them were from the Mandura Locale in Northwest Ethiopia, where 40.6 percent of them had extensive baby care experience [18]. This distinction could be attributable to a more comprehensive health-care system and exceptional intervention focused on children's health. When asked about the importance of keeping the infant warm, 151 (81.2%) of respondents said it was necessary. When it came to washing time, this survey revealed that 53 (28.5 percent) of them responded that the best time to start showering an infant is after one day of birth, 121 (65.1 percent) of them correctly stated that the stump should be exposed, kept clean, and dry, and 180 (96.6 percent) of moms correctly stated that a new edge is used to cut the line after delivery. This figure is remarkably identical to that of research conducted in northern Cameroon, in which 307 (88.5%) mothers reported using sterile cloth to cut umbilical cords [19]. In 262 (63.3 percent) deliveries, the umbilical line was severed with a fresh bubble edge.

In terms of maintaining a warm chain for the infant, nearly all of the respondents employed skin-to-skin contact or wrapped their infant in a

dry-clean cloth to keep their child warm, which differed from a study conducted in Southern Tanzania. After delivery, skin-to-skin contact between mother and infant was once in a while practiced [6]. This could be related to research on the put and period contrast. The majority of respondents (123 (66.1%) claimed they cleaned their infant after one day after delivery, while 53 (28.5%) reported infants showered soon. This result is lower than that of research conducted in Garoua, northern Cameroon, where 244 (70.3 percent) moms showered their children after a six-hour delay [19]. The disparity could be explained by taking into account period differences and an increase in mediations by various organizations concerned with children's well-being. Newborns were beginning breastfeeding an hour after delivery in 137 (73.6 percent) of the cases. This figure is lower than that of research conducted in Southern Tanzania, which found that 83 percent of women nursed their babies within 24 hours of delivery. This disparity could be attributed to the fact that the time, test estimate, and range are all taken into account differently [6].

**Strength of study:** recall bias was minimized since the respondents were postnatal mothers.

**Study limitations:** a qualitative method to support the quantitative findings was not used. Therefore, there was a risk that mothers may report what was expected of them but their actual practices may be different. The study design was cross-sectional, so the cause and effect relationship of variables was difficult to know which one comes first and which came last.

## Conclusion

This study indicated that nearly half and above respondents had good knowledge, a positive attitude, and good practice of newborn care. The awareness and knowledge among mothers regarding newborn care need to enhance to

achieve better targets in neonatal and under-five mortality and morbidity.

### *What is known about this topic*

- Neonatal mortality, more prevalent in developing countries;
- To diminish neonatal mortality, optimal practice knowledge and a good attitude are expected.

### *What this study adds*

- The exact level of good knowledge, attitude, and practice is now known in that;
- Eighty-one point two percent of moms had good knowledge, 87.6% had a positive attitude, and 89.8% had good infant care practice;
- Knowledge attitude and practice of mothers towards newborn care is good but to make it perfect more is expected to be done.

## Competing interests

The authors declare no competing interests.

## Authors' contributions

HY conceptualized the research question and participated in data management, the design and implementation of the study, the statistical analysis, and the draft of the manuscript. AE assisted in the final approval of the version to be published by performing a critical revision of the manuscript for essential intellectual content. All the authors have read and agreed to the final manuscript.

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## Tables

**Table 1:** shows the socio-demographic characteristics of mothers in the Debre Tabor General Hospital in the south Gondar zone of Ethiopia in 2019

**Table 2:** type and source of information on infant care obtained by post-natal women at Debre Tabor General Hospital in 2019

**Table 3:** postnatal moms' awareness of infant care at Debre Tabor General Hospital in 2019

**Table 4:** attitudes of postnatal mothers toward newborn care, Debera Tabor General Hospital, 2019

**Table 5:** respondent distribution by neonatal care practice among postnatal mothers at Debre Tabor General Hospital in 2019

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**Table 1:** shows the socio-demographic characteristics of mothers in the Debre Tabor General Hospital in the south Gondar zone of Ethiopia in 2019

Mother's level of education	Frequency	Percentage
unable to read and write	20	10.8%
Read & write	21	11.3 %
Primary (1-4)	24	12.9%
Primary (5-8)	30	16.9 %
Secondary (9-12)	46	24.7 %
Tertiary(>12)	45	24.2 %
<b>Mother's occupation</b>		
Housewife	59	31.7%
Government employee	84	45.2%
Merchant	35	18.8%
Student	8	4.3%
<b>Family monthly income</b>		
151-650	5	2.6%
651-1400	35	18.8%
1401-2350	78	41.9%
2351-3550	18	9.6%
3551-5000	22	11.8%
>5000	28	15.1%

**Table 2:** type and source of information on infant care obtained by post-natal women at Debre Tabor General Hospital in 2019

Variable	Response	Frequency	Percent
Type of information received	Breastfeeding	154	82.7%
	Cord care	115	61.8%
	Eyecare	78	41.9%
	Thermoregulation	178	96.2%
	Immunization	167	89.8%
Provider of information on newborn care	Doctor nurses	8 168	4.3% 90.3%
	Family	78	41.9%
	Media (e.g. pamphlets, brochures, magazines)	35	18.8%
	Peers/friends	5	2.7%

**Table 3:** postnatal moms' awareness of infant care at Debre Tabor General Hospital in 2019

Variable	Frequency (N=186)	Percent %
<b>Thermoregulation</b>		
Baby should be kept warm after birth		
Yes	151	81.2%
No	35	18.8%
The method used to keep warm a newborn skin to skin contact		
Wrap the baby using clean cloth immediately	43	23.1%
Both 1&2	46	24.7
First bath after delivery		
Immediately	53	28.5%
After six hour	2	1.1%
After one day	123	66.1%
Don't know	8	4.3%
<b>Cleanliness and cord care</b>		
An instrument used to cut the cord after delivery new blade		
	180	96.8%
Don't know	6	3.2%
After the cord is cut, umbilical stump cover with a cloth		
Uncover, keep dry and clean	121	65.1%
Don't know	37	19.9%
Soiled umbilical stump can be cleaned with clean with water		
Apply alcohol	164	88.2%
Other ( using dry cloth, tissue paper)	8	4.3%
14	7.5%	
Any substances can be applied on the umbilical stump Yes		
	12	6.5%
No	174	93.5%
<b>Breastfeeding</b>		
Time of breastfeeding initiation		
<30 minutes	102	54.8%
30 minutes-1 hour	35	18.8%
After 1 hour	40	21.5%
Don't know	9	4.8%

**Table 4:** attitudes of postnatal mothers toward newborn care, Debera Tabor General Hospital, 2019

Variable	Dis agree		Neutral		Agree	
	N	%	N	%	N	%
New born babies lose their body heat fast	98	52.3	12	6.5	76	40.9
Skin-to-skin contact between the mother and the newborn keeps the baby warm	18	9.7	5	2.7	163	87.6
A newborn baby can be bathed as soon as he or she is born.	113	60.8	23	12.4	50	26.9
A previously used razor blade can be cleaned and used to sever the baby's umbilical cord.	176	94.6	6	3.2	4	2.2
An infected newborn might be caused by a filthy umbilical cord	5	2.7	3	1.6	178	95.7

**Table 5:** respondent distribution by neonatal care practice among postnatal mothers at Debre Tabor General Hospital in 2019

Variables	Frequency (N =186)	Percent (%)
Baby placed when delivered on the mother's abdomen	156	83.9
On clean surface	30	16.1
Instrument used to cut the umbilical cord new or boiled blade	186	100
Substance applied on the stump		
No	186	100
<b>The method used to keep baby warm</b>		
Skin to skin contact	75	40.3
Wrapped the baby in a cloth immediately	80	43
Both	31	16.7