



“Effect of Information Booklet on Knowledge and Practices among Postnatal Mothers Regarding Prevention and Management of Neonatal Hypothermia in Selected Hospitals”

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KEYWORDS

Neonatal hypothermia, Information booklet, Postnatal mothers, Knowledge, Practices, Prevention, Management.

ABSTRACT:

Background:

Neonatal hypothermia is a preventable but serious condition that contributes to neonatal morbidity and mortality, particularly in low-resource settings. Lack of awareness among postnatal mothers about the importance of thermal care, early detection, and appropriate management increases the risk for newborns. Educational interventions targeting mothers can significantly reduce the incidence of hypothermia.

Need for the Study:

Despite efforts by healthcare providers, many postnatal mothers still lack adequate knowledge and proper practices regarding thermal care of neonates. This study was undertaken to evaluate whether providing an information booklet could improve their understanding and promote better practices in preventing and managing neonatal hypothermia.

Methodology:

The study adopted a pre-experimental, one-group pre-test post-test research design. A total of 60 postnatal mothers from selected hospitals were selected using purposive sampling. Structured questionnaires and checklists were used to assess knowledge and practices before and after the intervention. An information booklet was developed and distributed after the pre-test, and the post-test was conducted after 7 days. Data were analyzed using descriptive and inferential statistics.

Results:

The findings revealed a significant improvement in the knowledge and practices of mothers following the intervention. Knowledge Scores: Pre-test Mean \pm SD = 9.82 ± 3.15 , Post-test Mean \pm SD = 17.43 ± 2.89 , Mean difference = 7.61, t-value = 14.25, $p < 0.001$ (statistically significant). Practice Scores: Pre-test Mean \pm SD = 6.95 ± 2.42 , Post-test Mean \pm SD = 13.18 ± 2.51 , Mean difference = 6.23, t-value = 13.92, $p < 0.001$ (statistically significant). A significant association was found between the pre-test knowledge scores and demographic variables such as education and parity ($p < 0.05$).

Conclusion:

The study concludes that the information booklet was highly effective in enhancing the knowledge and improving the practices of postnatal mothers regarding the prevention and management of neonatal hypothermia. Such educational tools can be utilized as cost-effective methods for empowering mothers and promoting neonatal health, thereby reducing neonatal mortality and morbidity due to hypothermia.



1. Introduction:

Neonatal hypothermia, a body temperature below 36.5°C, is a major health issue for newborns, especially in low-resource settings, increasing mortality risk. It seems likely that postnatal mothers' knowledge, like recognizing heat loss from the head, and practices, such as dressing babies warmly and skin-to-skin contact, are crucial for prevention. The evidence leans toward education, like information booklets, improving mothers' ability to manage neonatal hypothermia, though effectiveness can vary by setting. Neonatal hypothermia occurs when a newborn's body temperature drops below 36.5°C, posing significant risks, particularly to low-birth-weight infants who struggle to regulate their temperature. This condition can lead to increased metabolic demands, oxygen consumption, and complications like hypoxia, hyperglycemia, hypoglycemia, and metabolic acidosis, all of which can worsen health outcomes and raise mortality risk. Given its global impact, addressing neonatal hypothermia is essential for improving newborn survival rates. The prevalence of neonatal hypothermia is alarmingly high, with studies showing up to 53% of newborns in Ethiopia and 10% in Nepal affected, and each 1°C drop in temperature linked to an 80% higher mortality risk.^{2,3} Even in the United States, research indicates 17% of infants experience mild hypothermia and over 4% moderate or severe cases upon nursery admission. These figures highlight the urgent need for effective prevention, especially in the critical early days after birth.¹

Neonatal hypothermia is a significant concern in India, with studies indicating high prevalence rates among newborns. For instance, research conducted at a tertiary care center revealed that 64.6% of low-birth-weight neonates experienced hypothermia within the first 24 hours of life. This condition is associated with increased risks of intraventricular hemorrhage, late-onset neonatal sepsis, and metabolic acidosis, leading to prolonged hospital stays and higher mortality rates. Implementing quality improvement initiatives, such as staff education and the use of thermal care practices, has been shown to reduce

the incidence of hypothermia and its associated complications in neonatal intensive care units.²

In summary, neonatal hypothermia is preventable with active maternal involvement. Through education and evidence-based practices, mothers can protect their babies, contributing to lower neonatal mortality and better global health, especially in high-risk settings.³

2. Background of the Study:

Neonatal hypothermia remains a significant challenge for newborn survival, particularly in resource-limited settings. Defined as a body temperature below 36.5°C, hypothermia can lead to severe health consequences, including increased morbidity and mortality among neonates. While it is rarely a direct cause of death, hypothermia often exacerbates other life-threatening conditions such as neonatal infections, preterm birth, and birth asphyxia. Despite the simplicity of preventive measures, hypothermia continues to pose a substantial threat, especially in developing countries where healthcare resources are limited.

The prevalence of neonatal hypothermia varies widely, ranging from 32% to 85% in hospital settings and 11% to 92% in community-based environments. This high burden is often attributed to inadequate thermal protection during delivery and postnatal care. Inappropriate clothing, lack of skin-to-skin contact, and limited access to warming devices contribute to the persistence of this issue. Additionally, a lack of standardized definitions and inconsistent temperature measurement methods further complicates the accurate assessment of hypothermia's true burden⁴.

3. Need for the study:

Neonatal hypothermia is a critical issue affecting newborns, particularly in challenging environments. It can lead to serious health problems like infections and respiratory distress, especially for preterm and low-birth-weight infants. This condition is not just a problem in hospitals but also in community settings, highlighting the need for more research to find better ways to prevent and treat it. Studying neonatal



hypothermia is essential because it helps us understand why it happens, who is most at risk, and how we can reduce its impact. For example, research shows it's more common in certain groups, like preterm babies, and can have long-term effects on their health. This knowledge can lead to better clinical practices and public health policies to protect newborns. An interesting aspect is that therapeutic hypothermia, where a baby's temperature is intentionally lowered, is used to treat conditions like hypoxic-ischemic encephalopathy, showing that hypothermia can also have a beneficial role in specific medical scenarios. Research has identified several risk factors for neonatal hypothermia, including low birth weight, prematurity, and environmental exposure, with studies showing increased risk along the weight spectrum, where every 100g decrement below 3000g increases hypothermia risk by 7.4% to 31.3%.⁵

This study is essential to bridge the existing knowledge gap by identifying local risk factors, enhancing early recognition, and evaluating the effectiveness of context-specific interventions. Strengthening community-level awareness and integrating thermal protection measures into essential newborn care programs can significantly reduce neonatal mortality rates. Furthermore, promoting simple, cost-effective interventions such as Kangaroo Mother Care (KMC), delayed bathing, and adequate newborn wrapping can ensure the maintenance of optimal body temperature. Therefore, it is crucial for developing evidence-based strategies tailored to the specific challenges of low-resource settings. It will contribute to improved neonatal care practices, reduced neonatal mortality, and progress toward achieving global child survival goals.⁶

3. Materials and Methodology:

3.1 Research Approach:

A quantitative research approach was used to assess the effect of information booklet on knowledge and practice among postnatal mothers regarding prevention and management of neonatal hyperthermia in selected hospital.

3.2 Research Design:

The study employed a pre- experimental one group pretest post test research design. which facilitated

the comparison of knowledge and practice before and after the intervention.

3.3 Setting of the Study:

The study was conducted in selected hospital of selected city.

3.4 Population:

The population of the present study is primi postnatal mothers admitted in selected hospital.

3.5 Sample and Sampling Technique:

The sample selected for the present study was 60 primi postnatal mothers and non-probability sampling technique was used by the researcher to select the postnatal mothers.

3.6 Development of Data Collection Tool:

Structured knowledge questionnaire and semi-structured practice checklist was developed following an extensive review of relevant literature. The tool was validated by subject experts to ensure content accuracy and relevance, and a pilot study was conducted to assess its clarity, feasibility, and reliability.

3.7 Data Collection Procedure:

The researcher took official permission from the respective department. Permission was obtained from selected hospital. The researcher gave introduction to the primi postnatal mothers at selected hospital and also explained the importance of the study. Written consent was obtained from the postnatal mothers. Every patient was assured that the data collected will be confidential and will be beneficial for the future.

3.8 Data Analysis:

Data analysis is the systemic organization and synthesis of the research data and the testing of research hypothesis using the data. The researcher planned to analyze the data by using Inferential and descriptive statistics. Frequency and percentage was used to analyze the demographic data of postnatal mothers at selected hospital. Mean, mean percentage, Standard Deviation were used to analyze knowledge and practice. 't' test was used to calculate the difference between pre-



test post-test knowledge score. Chi-square test was used to find out association between knowledge and practice regarding prevention and

management of neonatal hypothermia among postnatal mothers with selected demographic variables.

Section A: Describing the frequency and percentage distribution of socio demographic variables of postnatal mothers.

Table No.1 Frequency and percentage distribution of socio demographic variables of postnatal mothers.

N=60

Sr. No	Demographic Variables	Category	Frequency	Percentage
1	Age in years	21-25 years.	15	25.00
		25 - 30 years.	34	56.67
		30 - 40 years.	11	18.33
2	Educational qualification	Primary.	5	8.33
		Secondary.	15	25.00
		Graduation	26	43.33
		Post-graduation	14	23.33
3	Religion	Hindu	40	66.67
		Muslim	11	18.33
		Christian	9	15.00
		Other	0	0.00
4	Monthly income	Less than Rs.10,000.	13	21.67
		Rs.11,000-15,000	11	18.33
		Rs.16,000-20,000	20	33.33
		>21 above.	16	26.67
5	Source of information	Books	27	45.00
		Tv/Radio	17	28.33
		Magazine.	4	6.67
		Newspaper.	12	20.00

The majority of participants in the study were

between 25–30 years of age (56.67%). Most of



them had completed graduation (43.33%). Regarding monthly income, the majority earned between Rs. 16,000–20,000 (33.33%). In terms of religion, most respondents were Hindus

(66.67%). Concerning the source of information, the main source reported by the majority was books (45%).

SECTION B: To assess level of knowledge and practice regarding prevention and management of neonatal hypothermia among postnatal mothers.

Table No. 2. Assess pre-test level of knowledge regarding prevention and management of neonatal hypothermia among postnatal mothers.

N=60

.Sr. No	Criterion	Range of score	No. of respondent	percentage
1	Poor Knowledge	0 to 10	20	33.33
2	Average Knowledge	11 to 20	28	46.67
3	Good Knowledge	21 to 30	12	20.00

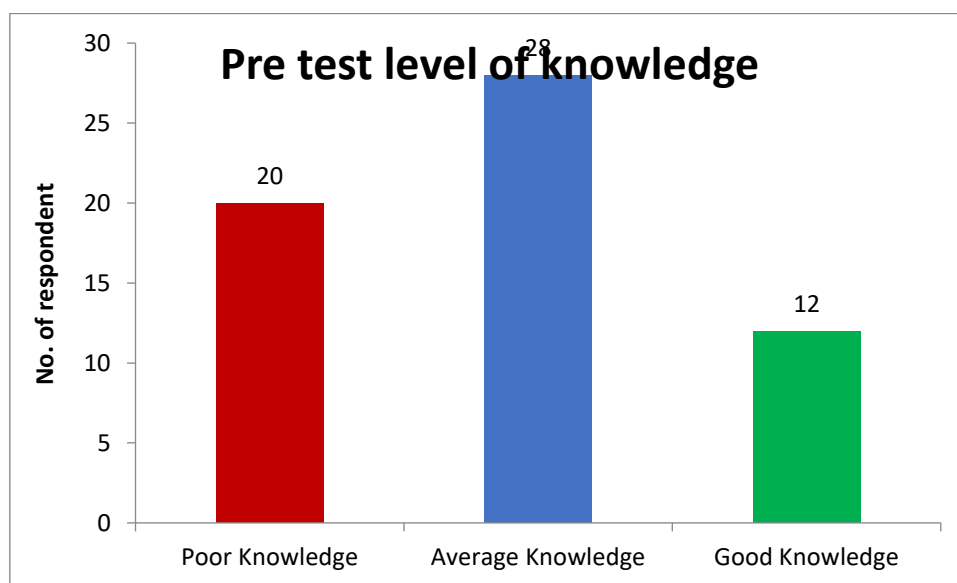


Fig. No.1. Cylindrical diagram shows pre test level of knowledge regarding prevention and management of neonatal hypothermia.

This table & cylindrical diagram shows that the maximum of respondents (28) had average knowledge, 20 respondents had poor knowledge,

12 respondents were had good knowledge regarding prevention and management of neonatal hypothermia in pre test.



Table No. 3. Assess post-test level of knowledge regarding prevention and management of neonatal hypothermia among postnatal mothers .

N=60

Sr. No	Criterion	Range of score	No. of respondent	percentage
1	Poor Knowledge	0 to 10	0	0.00
2	Average Knowledge	11 to 20	23	38.33
3	Good Knowledge	21 to 30	37	61.67

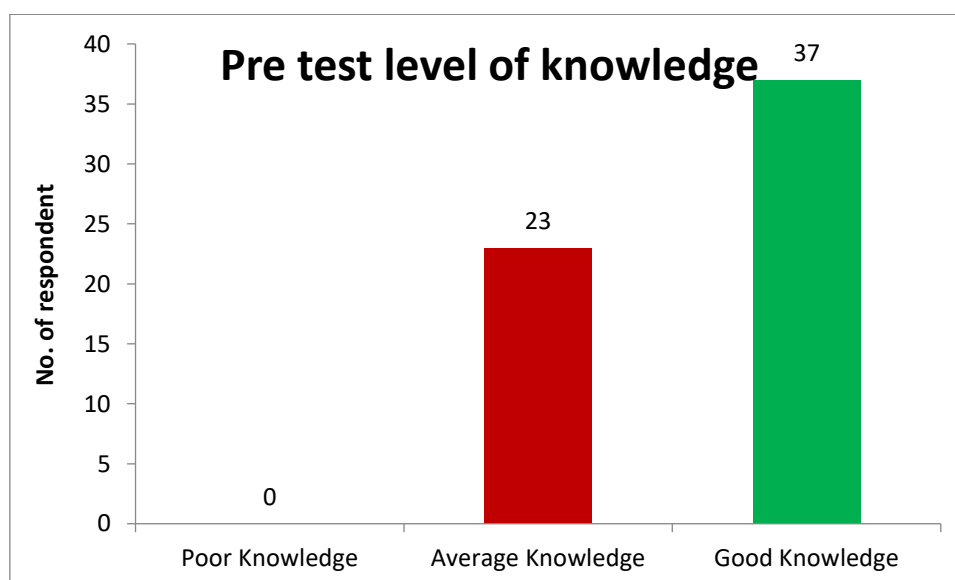


Fig. No. 2. Column diagram shows post-test level of knowledge regarding prevention and management of neonatal hypothermia.

This Table & Colum diagram shows that the majority of respondents (37) were had good knowledge, 23 respondents were had average

knowledge & none postnatal mothers were had poor knowledge regarding prevention and management of neonatal hypothermia in post-test.

Table No. 4. Assess pre-test level of practice regarding prevention and management of neonatal hypothermia among postnatal mothers .

N=60

Sr. No	Criterion	Range of score	No. of respondent	percentage
1	Poor practice	0 to 7	13	2.17



2	Average practice	8 to 16	37	6.17
3	Good practice	17 to 22	10	1.67

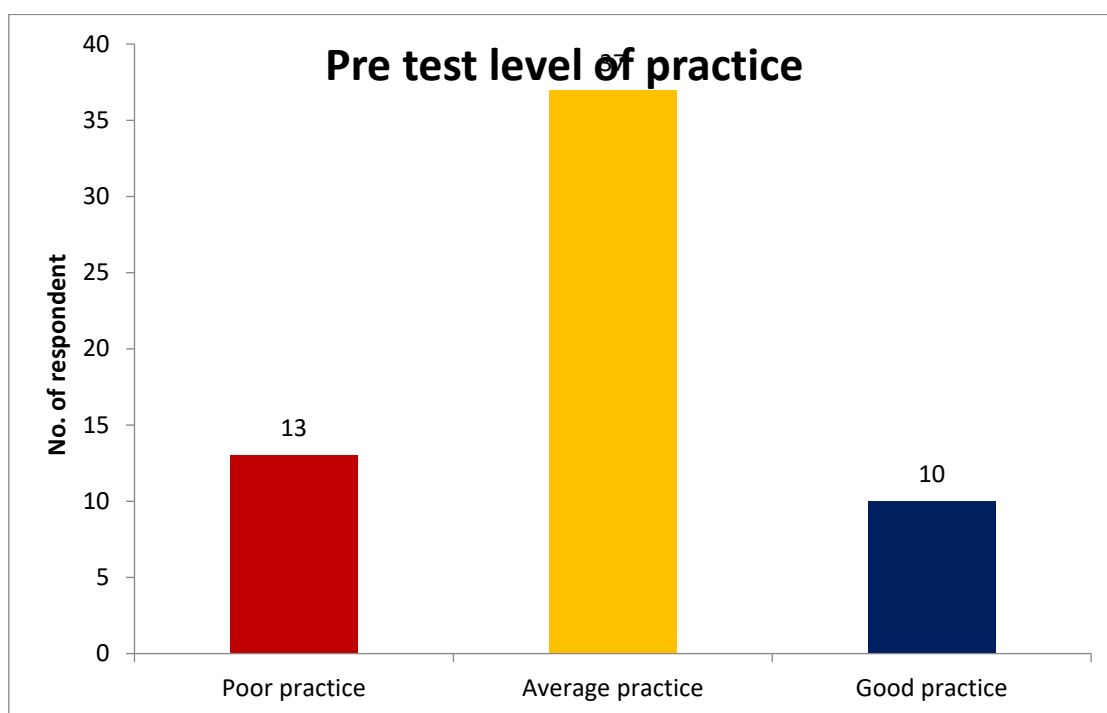


Fig. No.3. Cylindrical diagram shows pre-test level of practice regarding prevention and management of neonatal hypothermia.

This Table & cylindrical diagram shows that the maximum of respondents (37) were had average practice, 13 postnatal mothers were had

poor practice & 10 postnatal mothers were good practice regarding prevention and management of neonatal hypothermia in pre-test.

Table No.5. Assess post test level of practice regarding prevention and management of neonatal hypothermia among postnatal mothers .

N=60

Sr. No	Criterion	Range of score	No. of respondent	percentage
1	Poor practice	0 to 7	0	0.00
2	Average practice	8 to 16	32	26.67
3	Good practice	17 to 22	28	23.33

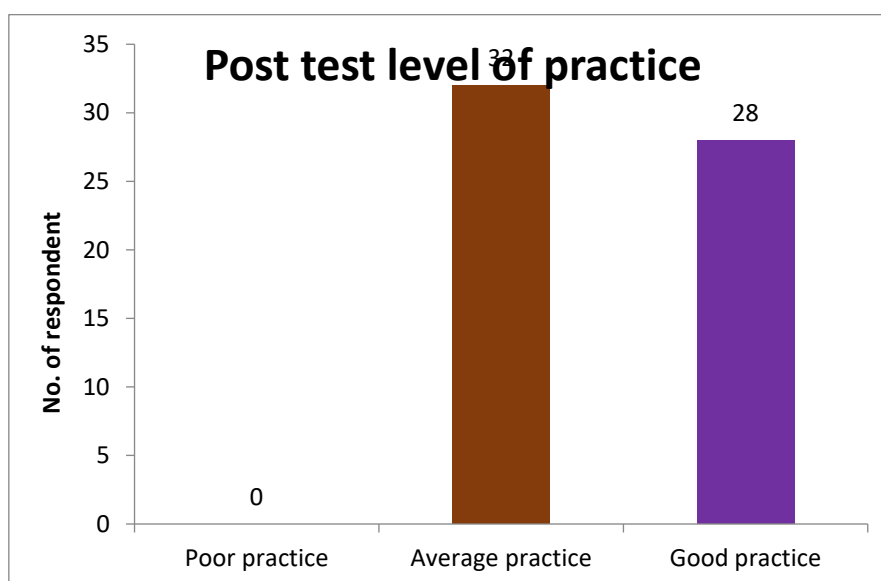


Fig. No.4. Column diagram shows post-test level of practice regarding prevention and management of neonatal hypothermia.

This Table & Colum diagram shows that the majority of respondents (32) were had average practice 28 postnatal mothers were had average

practice and none of postnatal mothers were had poor practice regarding prevention and management of neonatal hypothermia in post-test.

SECTION C: To evaluate effectiveness of information booklet on knowledge and practice regarding prevention and management of neonatal hypothermia among postnatal mothers.

Table No.6- Evaluate effectiveness of information booklet on knowledge regarding prevention and management of neonatal hypothermia among postnatal mothers.

Sr. No	Group	Mean	Standard deviation	Mean %	paired t test	Table value
1	Pre test	15.10	5.30	50.33	9.771	0.000
2	Post test	22.38	4.10	74.61		

N==60

***Significance level of 0.05.**

This table shows that effectiveness of Information booklet on Knowledge Regarding prevention and management of neonatal hypothermia among postnatal mothers. In Pre Test, the mean score is 15.1 with a standard deviation of 5.3, resulting in a mean percentage of 50.33%. while Post Test The mean score is 22.38 with a standard deviation of 4.1, resulting in a

mean percentage of 74.61%. The calculated paired t-test value is 9.771, with p value of 0.000. This indicates a significant improvement from the pre-test to the post-test, as evidenced by the paired t-test result (0.000), which is less than the typical significance level of 0.05. Hence stated hypothesis Ho1 rejected and H1 accepted.



Table No.7 Evaluate effectiveness of information booklet on practice regarding prevention and management of neonatal hypothermia among postnatal mothers.

N=60

Sr. No	Group	Mean	Standard deviation	Mean %	paired t test	Table value
1	Pre test	12.10	4.12	55.00	6.879	0.000
2	Post test	15.65	2.97	71.14		

* Significance level of 0.05.

This table shows that effectiveness of Information booklet on practice Regarding prevention and management of neonatal hypothermia among Postnatal mothers. In Pre-test, the mean score is 12.1 with a standard deviation of 4.12, resulting in a mean percentage of 55%. while Post Test The mean score is 15.65 with a standard deviation of 2.97, resulting in a

mean percentage of 71.14%. The calculated paired t-test value is 6.879 with p value of 0.000. This indicates a significant improvement from the pre-test to the post-test, as evidenced by the paired t-test result (0.000), which is less than the typical significance level of 0.05. Hence stated hypothesis Ho2 rejected and H2 accepted.

SECTION D: To find out association between pre test level of knowledge and practice regarding prevention and management of neonatal hypothermia with their selected demographic variables of postnatal mothers.

Table No. 8. Find out association between pre test level of knowledge regarding prevention and management of neonatal hypothermia with socio demographic variables of postnatal mothers.

N = 60

Sr. No	Socio demographic variables	Category	Pre test levels of knowledge						Total	Chi square value	p value
			Poor		Average		Good				
			f	%	f	%	f	%			
1	Age in years	21-25 years.	6	40.00	7	46.67	2	13.33	15	1.088	0.896
		25 - 30 years.	11	32.35	15	44.12	8	23.53	34		
		30 - 40 years.	3	27.27	6	54.55	2	18.18	11		
2	Educational qualification	Primary.	1	20.00	4	80.00	0	0.00	5	5.852	0.440
		Secondary.	6	40.00	5	33.33	4	26.67	15		



						3					
		Graduation	8	30.77	11	42.31	7	26.92	26		
		Post-graduation	5	35.71	8	57.14	1	7.14	14		
3	Religion	Hindu	13	32.50	21	52.50	6	15.00	40	4.693	0.320
		Muslim	4	36.36	5	45.45	2	18.18	11		
		Christian	3	33.33	2	22.22	4	44.44	9		
		Other	0	0	0	0	0	0	0		
4	Monthly income	Less than Rs.10,000.	7	53.85	4	30.77	2	15.38	13	10.411	0.108
		Rs.11,000-15,000	1	9.09	5	45.45	5	45.45	11		
		Rs.16,000-20,000	7	35.00	9	45.00	4	20.00	20		
		>21 above.	5	31.25	10	62.50	1	6.25	16		
5	Source of information	Books	9	33.33	14	51.85	4	14.81	27	12.492	0.052
		Tv/Radio	2	11.76	10	58.82	5	29.41	17		
		Magazine.	1	25.00	1	25.00	2	50.00	4		
		Newspaper.	8	66.67	3	25.00	1	8.33	12		

* Significant at the level of p 0.05.

Table No.8 Shows that association between pre-test level of knowledge regarding prevention and management of neonatal hypothermia with Age in years, Educational qualification, Religion, Monthly

income, Source of information, the chi square p value found to be 0.896, 0.440, 0.320, 0.108, and 0.052 respectively, it is no significant the level of 0.05. Ho3 accepted and H3 rejected.



Table No.9. Find out association between pretest level of practice regarding prevention and management of neonatal hypothermia with socio demographic variables of postnatal mothers.

Sr. No	Socio demographic variables	Category	Pre test levels of practice						Total	Chi square value	p value
			Poor		Average		Good				
			f	%	f	%	f	%			
1	Age in years	21-25 years.	2	13.33	12	80.00	1	6.67	15	6.857	0.144
		25 - 30 years.	10	29.41	19	55.88	5	14.71	34		
		30 - 40 years.	1	9.09	6	54.55	4	36.36	11		
2	Educational qualification	Primary.	0	0.00	5	100.00	0	0.00	5	7.653	0.265
		Secondary.	4	26.67	9	60.00	2	13.33	15		
		Graduation	4	15.38	15	57.69	7	26.92	26		
		Post-graduation	5	35.71	8	57.14	1	7.14	14		
3	Religion	Hindu	10	25.00	26	65.00	4	10.00	40	5.020	0.285
		Muslim	1	9.09	6	54.55	4	36.36	11		
		Christian	2	22.22	5	55.56	2	22.22	9		
		Other	0	0	0	0	0	0	0		
4	Monthly income	Less than Rs.10,000.	2	15.38	9	69.23	2	15.38	13	11.575	0.072
		Rs.11,000-15,000	1	9.09	7	63.64	3	27.27	11		
		Rs.16,000-20,000	9	45.00	10	50.00	1	5.00	20		
		>21 above.	1	6.25	11	68.75	4	25.00	16		
5	Source of information	Books	7	25.93	15	55.56	5	18.52	27	2.638	0.853
		Tv/Radio	4	23.53	10	58.82	3	17.65	17		
		Magazine.	1	25.00	3	75.00	0	0.00	4		
		Newspaper.	1	8.33	9	75.00	2	16.67	12		

* Significant at the level of p 0.05.

Table No.9 Shows that association between pre-test level of practice regarding prevention and management of neonatal

hypothermia with Age in years, Educational qualification, Religion, Monthly income, Source of information, the chi



square p value found to be 0.144, 0.265, 0.285, 0.072, and 0.853 respectively, it is no significant the level of 0.05. Ho₄ accepted and H₄ rejected.

4. Discussion:

The results of the study have been organized according to the objectives of the study.

To assess the knowledge among postnatal mothers regarding prevention and management of neonatal hypothermia.

The pre-test results showed that most postnatal mothers had average knowledge (28) regarding the prevention and management of neonatal hypothermia, followed by poor knowledge (20), and only 12 had good knowledge.

In the post-test, the majority of mothers (37) demonstrated good knowledge, 23 had average knowledge, and none had poor knowledge, indicating a clear improvement after the intervention.

Qazi, Mahvish & Saqib, et al (2019). A similar study was conducted to assess knowledge regarding prevention of neonatal hypothermia among 108 postnatal mothers of low-birth-weight babies in Government Medical College, Jammu. Most mothers were below 25 years (51%), from rural areas (60%), and living in nuclear families (62%). While 95% delivered in hospitals and 85% initiated breastfeeding, only 45% knew about immediate drying to keep the baby warm and just 3% were aware of Kangaroo Mother Care (KMC). The study concluded that improving community awareness, promoting skin-to-skin care, and educating families—especially those missing antenatal visits—are essential to prevent neonatal hypothermia and improve newborn survival⁷.

To assess the practices among postnatal mothers regarding prevention and management of neonatal hypothermia.

The pre-test results showed that maximum of respondents (37) were had average practice, 13 postnatal mothers were had poor practice & 10 postnatal mothers were good practice regarding prevention and management of neonatal hypothermia. While in post-test the majority of respondents (32) were had average practice 28 postnatal mothers were had average practice and none of postnatal mothers were had poor practice regarding prevention and management of neonatal hypothermia.

To evaluate the effect of information booklet on the knowledge and practices among postnatal mothers

regarding prevention and management of neonatal hypothermia.

The study findings revealed that the information booklet significantly improved knowledge regarding prevention and management of neonatal hypothermia among postnatal mothers. The mean knowledge score increased from 15.1 (50.33%) in the pre-test to 22.38 (74.61%) in the post-test. The paired t-test value ($t = 9.771$, $p = 0.000$) indicated a statistically significant improvement ($p < 0.05$). Therefore, Ho₁ was rejected and H₁ was accepted.

The results showed that the information booklet significantly improved the practice of postnatal mothers regarding prevention and management of neonatal hypothermia. The mean practice score increased from 12.1 (55%) in the pre-test to 15.65 (71.14%) in the post-test. The paired t-test value ($t = 6.879$, $p = 0.000$) indicated a statistically significant improvement ($p < 0.05$). Therefore, Ho₂ was rejected and H₂ was accepted.

Amin, Noorul & Wani, (2022). A similar Pre-Experimental Study was conducted to evaluated the effectiveness of a nursing intervention on knowledge regarding prevention of neonatal hypothermia among 50 pregnant mothers at Sub-District Hospital Magam. Before the intervention, 52% had inadequate knowledge and none had adequate knowledge. After the planned teaching programme, 98% achieved adequate knowledge. The mean score increased from 8.92 ± 2.99 to 18.68 ± 1.25 , with a statistically significant paired t-value ($t = 21.002$, $p < 0.001$). The study concluded that the nursing intervention was highly effective in improving mothers' knowledge regarding prevention of neonatal hypothermia⁸.

To find out the association between the pretest knowledge scores with selected socio-demographic variables.

Association between pre-test level of knowledge regarding prevention and management of neonatal hypothermia with Age in years, educational qualification, Religion, Monthly income, Source of information, the chi square p value found to be 0.896, 0.440, 0.320, 0.108, and 0.052 respectively, it is no significant the level of 0.05. Ho₃ accepted and H₃ rejected. And association between pre-test level of practice regarding prevention and management of neonatal hypothermia with Age in years, educational qualification, Religion, Monthly income, Source of information, the chi square p value found to be 0.144, 0.265, 0.285, 0.072, and 0.853 respectively, it is no significant the level of 0.05. Ho₄ accepted and H₄ rejected.



5. Conflict of interest:

The author declares that there are no conflicts of interest related to this study. No financial, professional, or personal relationships have influenced the design, conduct, analysis, or reporting of this research.

6. Implications:

The findings of the study can be discussed in four areas, mainly, nursing practice, nursing education and nursing research. Several implications can be drawn from the present study for nursing practice.

Nursing Education

- Postnatal mothers should be made aware prevention and management of neonatal hypothermia.
- Nurse educator should educate to Postnatal mothers for prevention and management of neonatal hypothermia.
- Nurse educator should adapt different teaching methodology to educate the Postnatal mothers about prevention and management of neonatal hypothermia.

Nursing Administration: -

- The nurse administrator should take interest in providing information on prevention and management of neonatal hypothermia.
- Organization of such programmes requires efficient team work, planning for man power, money, material, methods and minutes to conduct successful information booklet regarding prevention and management of neonatal hypothermia for all postnatal mothers.

Nursing Research: -

- There is a need of extensive and intensive research in this area, so that a strategy for providing prevention and management of neonatal hypothermia for Postnatal mothers.
- In service education and continuing education should be organized to update the knowledge on prevention and management of neonatal hypothermia.

7. Recommendations

Based on the study finding the following recommendations have made for the further study

1. Similar study may be replicated on large samples for wider generalization.

2. Similar study can be conducted in different areas with different interventions.

3. Similar study can be conducted through experimental research approach

4. Use new innovative strategies for better live with happy and healthy.

8. Funding:

This study was not funded by any organization.

9. Conclusion:-

The findings of the present study indicated Effectiveness of information booklet on practice Regarding prevention and management of neonatal hypothermia among Postnatal mothers. This notable increase is supported by the paired t-test result of 9.771 and 6.879 with a p-value of 0.000, indicating that the difference between the pre-test and post-test scores is statistically significant. Thus, the results suggest a marked improvement in both knowledge and practice after the intervention.

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