Effectiveness of Teaching on Episiotomy & Perineal Care Among Primipara Women of Selected Hospitals in Karnataka

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Introduction
Episiotomy is a common surgical procedure performed during the second stage of labor. The first performance of episiotomy was done in 1742, when perineal incisions were used to facilitate deliveries (Grass, Dunn and Styes, 1986). In India the birth rate being very high (72.3 per thousand births, WHO, 1998) the incidence of episiotomy is high. Midwives have an important role in the care of perineal wounds following childbirth. Today, when the cost of medical treatment and care is soaring, economical care of patients with episiotomy can be provided if nurse and midwives realize the relevance of their care and potential impact of the advocated procedure in wound healing. The best way to provide cost effective care is to empower the clients to bring about change in behavior. Teaching self-perineal care would be cost effective as the healing occurs without local antibiotics or disinfectants.

The Objectives of the study is to identify
1. The learning needs of primipara women in knowledge and ability to practice self-perineal care.
2. Association between pretest level of knowledge and selected variables such as age groups, educational status, socio-economic status, type of family and exposure to mass media.
3. Knowledge of primipara women on episiotomy and self-perineal care before and after the planned teaching programme.
4. Their ability to perform self-perineal care along with pelvic floor exercises before and after the planned teaching programme.
5. Effectiveness of self perineal care as outcome of episiotomy healing in terms of: a) presence or absence of infection b) level of approximation of wound edges c) decrease in pain & time taken for healing.
To find the relation of episiotomy healing and other problems such as haemoglobin level, duration of second stage of labour, number of vaginal examinations during labour, type of delivery, duration of rupture of membrane, frequency of self perineal care and other sources of infection in the body such as fever, breast infection, cracked nipples and urinary tract infection.

Materials and methods
The study was based on Behavioural theory. The research approach used for the study was the evaluative approach with pre-test and post-test control group design.
The study was conducted in two phases. Convenience sampling technique was used in both phases. The learning needs were identified on 30 primipara women according to their knowledge and ability to perform self-perineal care. The phase II of the study consisted of 25 subjects in the experimental group, 30 subjects in control group I and control group II, respectively.

The data collection instruments developed for generating the necessary data were: an interview to assess the knowledge on episiotomy and self-perineal care (r=0.86), an observation checklist to determine the ability to perform self-perineal care and pelvic floor exercise (r=0.99), an episiotomy wound assessment scale to measure episiotomy healing (90% agreement using intraclass reliability, visual analogue scale) (85% agreement using integrate reliability).

The planned teaching programme on 'episiotomy and self perineal care' prepared for the purpose of the study was validated by experts.

Results
The data obtained were analyzed in terms of tooth descriptive and inferential statistics.

Phase I: Knowledge deficit was found in 30 primipara women. The mean percentage knowledge score was 22.50% and mean percentage ability score was 21.5%.

Phase II: The programme was effective in increasing the knowledge (t=24.34, p<0.05) and ability (t=24.34, p<0.05) of the experimental group.

There was no significant difference between the pretest knowledge of the three groups (F=1.0546, P=0.05).

The mean gain computed by ANOVA shows significant.
difference in knowledge scores ($F_{(2,49)} = 188.14, P<0.05$) and ability scores ($F_{(2,49)} = 103.64, P<0.05$). Further analysis with ‘t’ test shows a significant difference between experiment group and control group I (‘t’$_{(49)} = 15.39, p<0.05$) and group II (‘t’$_{(49)} = 16.71, P<0.05$). Mean gain between control group I and control group II was not significant II (‘t’$_{(49)} = 16.71, p<0.05$). The data showed a significant association between level of knowledge and education, type of family and exposure to mass media.

In experimental group healing was associated with duration of rupture of membranes (‘X’$^{(0)} = 4.57$, P<0.05). In control groups I healing was associated with haemoglobin level (‘X’$^{(0)} = 9.02$, P<0.05). But no association between healing and other selected variables.

Further the data shows that more subjects from the experimental group seemed to have got complete healing on 5th day compared to control group I and II.

Implications

Nurses and midwives have a major role in identifying and providing necessary supportive - educative care to clients who have undergone episiotomy.

Literature gives a lot of controversial issues regarding episiotomy and its care. Many elaborate regimens have been devised to prevent infection, promote healing and provide comfort to the mother. Save valuable time and energy that the new mother needs for more important tasks. Hence, it is essential to conduct research on more activities, teaching modalities to enable the clients to participate in their own care or needs.

References:

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