

Assessing the Knowledge Regarding Episiotomy Care among Primigravida Mothers

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Abstract

Background: Health has been recognized as the greatest wealth from time immemorial today. In the era of consumerism; self-care is getting more emphasis because there is growing awareness about health in the population. People's health in people's hands has become the central theme of all nursing transactions. Nursing care such as perineal toileting, perineal hygiene and episiotomy care are therefore oriented towards making the patient self-sufficient. **Aim of the Study:** The present study was conducted on 60 primigravida mothers to assess the knowledge regarding Episiotomy Care among them in GGS Medical College and Hospital, Faridkot, Punjab. **Material and Methods:** A Non-experimental descriptive research approach and design was used. The pilot study was conducted on 6 (10% of total sample) primigravida mothers in Civil Hospital, Faridkot. Main study was carried out in GGS Medical College and Hospital, Faridkot on 60 primigravida mothers. Non-probability convenient sampling technique was used. The tool used for data collection consisted of 2 parts- Part 1 containing 7 socio-demographic variables and Part 2 containing 25 questions to assess the knowledge regarding episiotomy care among primigravida mothers. Data was analyzed by using descriptive and inferential statistics. **Results:** The findings of the study revealed that out of the total respondents: 58.3% had average knowledge, 38.3 % had good knowledge, and 3.33 % had poor knowledge regarding episiotomy care. There was non-significant association between knowledge regarding episiotomy care among primigravida mothers with selected demographic variables except for occupation of the respondents.

Keywords: Assess, episiotomy care, knowledge, primigravida mother

INTRODUCTION

An episiotomy is a surgical incision on the perineum made to prevent tearing of the perineum with births and to release pressure on the fetal head with birth [1]. The postnatal period is clearly important to all of those involved, yet until recently, little was known about the problems that may arise and what help is available and effective. Although, it is traditionally

regarded as a time to rest and regain health, this is often not the reality. Both professional and lay attention need to address postpartum problems [2]. Educating the mother while assisting her will encourage co-operation and ensure that necessary measures are continued upon discharge from hospital. The perineal wound is kept cleaned by sterile antiseptic swab after each of urination and

defecation. It should be more understandable to mothers before a delivery [3].

SIGNIFICANCE OF THE STUDY

A current medical study proved that 60% of women with episiotomies reported severe post-partum pain, 25% experienced infection at the site and 20% had problem during intercourse for up to 3 months after child birth. Hence, it is evident that special care must be taken to prevent infection. The delay in perineal healing leads to increasing complications such as bleeding, pain, painful intercourse and anxiety [4]. Cecilia (2008) concluded that signs and symptoms of infected episiotomy wound included redness or excessive swelling in the wound area, throbbing pain or tenderness in the wound area, red streaks in the skin around the wound or progressing away from the wound, pus or watery discharge collected beneath the skin or draining from the wound, generalized chills or fever [5].

Due to increased prevalence of episiotomy; large numbers of women need to be educated about the episiotomy care. Nurse as health care personnel can help these women to understand about care of episiotomy wound and perinatal area. Through extensive review of literature and personal experience with primigravida mothers in GGS Medical College and Hospital, the researchers pointed out that only few women had knowledge regarding episiotomy care. Even though many studies are conducted on assessing the knowledge of primigravida mothers regarding episiotomy care but the researchers felt the need to find out the level of knowledge regarding episiotomy care among the primigravida mothers in

Guru Gobind Singh Medical College and Hospital, Faridkot, and encourage them to refer various sources such as mass media, health educators, through which they could enhance their knowledge level and prevent postnatal complications.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding episiotomy care among the primigravida mothers.
2. To find out the association of knowledge regarding episiotomy care among the primigravida mothers with selected socio-demographic variables.

HYPOTHESIS

H1- There will be some knowledge regarding episiotomy care among the primigravida mothers in GGS Medical College and Hospital, Faridkot, Punjab.

H2- There will be significant association of knowledge with selected socio-demographic variables.

DELIMITATIONS

The study was limited to primigravida mothers with sample size of 60 only visiting Guru Gobind Singh Medical College and Hospital, Faridkot, Punjab.

MATERIAL AND METHODS

Research Design: In view of the nature of the problem under the present study and to accomplish the objectives, a non-experimental, descriptive research design was found to be appropriate.

Research Setting: The present study was conducted in Guru Gobind Singh Medical College and Hospital, Faridkot, Punjab.

Target Population: Target population for the present study was the primigravida

mothers who were present in Guru Gobind Singh Medical College and hospital, Faridkot, during the time of the study.

Sample, Sample Size, and Sampling Technique: The sample for present study was primigravida women visiting GGS

Sampling Criteria

Inclusion Criteria

- Primigravida mothers.
- Present in GGS Medical College and Hospital, Faridkot.
- Willing to participate in study.
- Women able to understand and answer.

Exclusion Criteria

- Multipara mothers.
- Not present in GGS Medical College and Hospital, during the time of study.

Tool Used For the Study: The tool consists of two parts: Part-1: Socio-demographic variables: age, qualification, residence, occupation, monthly family income, dietary pattern, and, Source of information. Part-2: Questions on episiotomy care. It consisted of structured self-administered questionnaire regarding episiotomy care-

- Total questions = 25.
- Each question had 4 options and out of 4 one was a correct answer.
- Each correct answer carried one mark and for every wrong answer zero mark was given.
- The maximum marks for knowledge questionnaire was 25.
- The minimum marks for knowledge questionnaire was zero.

Pilot Study: Investigators conducted pilot study in the month of May in Civil

Medical College and Hospital, Faridkot. The sample size of present study comprises of 60 primigravida women in GGS Hospital, Faridkot. In the present study, non-probability convenience sampling technique was used.

Hospital, Faridkot after obtaining the approval from Senior Medical Officer, Civil Hospital, Faridkot. It was conducted on 6 primigravida women to assess the knowledge regarding episiotomy care. Data was collected through structured self-administered Questionnaire. Since no difficulty was encountered to carry out the pilot study, therefore the study was considered as feasible in terms of all aspects and tool was considered reliable with $r=1$.

Procedure for Data Collection: The researchers collected the data in the month of May 2018 in Guru Gobind Singh Medical College and Hospital, Faridkot. The investigators took a prior written permission from Medical Superintendent of GGS Medical College and Hospital, Faridkot. The investigators personally met every primigravida mother and explained about purpose and nature of the study. The tool was self-administered to assess the knowledge regarding episiotomy care among the primigravida mothers. Analysis of data was done in accordance with the objectives of the study. The descriptive and inferential statistics were used to analyze data like frequency, percentage, mean, standard deviation and chi square.

RESULTS

The data collected was organized and presented under three major sections:

DESCRIPTION OF SOCIO-DEMOGRAPHIC VARIABLES OF PRIMIGRAVIDA MOTHERS.

Table 1: Frequency and percentage distribution of primigravida mothers according to socio demographic variables. (N=60)

Sr.No.	Demographic Variables	Respondent	
		Number	Percentage (%)
1.	Age in years		
	a) 18-20	8	13.3 %
	b) 21-23	18	30.3 %
	c) 24-26	20	33.3 %
	d) 27- Above	14	23.3 %
2.	Qualification		
	a) No Formal Education	4	6.7 %
	b) Primary Education	15	25 %
	c) Secondary Education or Above	41	33.3 %
3.	Residence		
	a) Rural	43	71.7 %
	b) Urban	17	28.3 %
4.	Occupation		
	a) Household Work	39	65 %
	b) Paid Work	21	35 %
5.	Monthly Family Income		
	a) 5000 or Below	18	30 %
	b) 5001-10000	15	25 %
	c) 10001-20000	17	28.3 %
	d) 20001 or Above	10	16.7 %
6.	Diet Pattern		
	a) Vegetarian	39	65 %
	b) Non-Vegetarian	21	35 %
7.	Sources Of Information		
	a) TV, Newspaper	15	25 %
	b) Internet	24	40 %
	c) Relatives and Friends	10	16.7 %
	d) Health Workers	11	18.3 %

Table 2: Frequency and Percentage distribution of knowledge regarding Episiotomy care among primigravida mothers. (N=60)

S.No	Knowledge level	Category	Respondent	
			Number	Percentage
1.	Poor	1-9	2	3.33 %
2.	Average	10-17	35	58.3 %
3.	Good	18-25	23	38.3 %

Table 4: Association of knowledge regarding episiotomy care among primigravida mothers with selected socio-demographic variables such as age, qualification, residence, occupation, monthly family income, dietary pattern, source of information. (N=60) NS=Non-significant, S=Significant.

S. No.	Variables	Demographic variables	Sample	Poor		Average		Good		χ^2	P value
				N	%	N	%	N	%		
1.	Age in years	a) 18-20	8	1	12.5	3	37.5	4	50	8.3 df=6	0.2 NS
		b) 21-23	18	0	0	8	44.4	10	55.6		
		c) 24-26	20	1	5	14	70	5	25		
		d) 27- Above	14	0	0	10	71.4	4	28.6		
2.	Qualification	a) No Formal Education	4	0	0	3	75	1	25	1.4 df=4	0.9 NS
		b) Primary Education	15	1	6.6	9	60	5	33.4		
		c) Secondary Education or Above	41	1	2.41	23	56	17	41.5		
3.	Residence	a) Rural	41	2	4.9	26	63.5	13	31.6	2.98 df=2	0.2 NS
		b) Urban	19	0	0	9	47.4	10	52.6		
4.	Occupation	a) Household-work	39	0	0	28	71.8	11	28.2	10.2 df=2	0.01 S
		b) Paid work	21	2	9.5	7	33.3	12	57.1		
5.	Monthly family income	a) 5000-Below	18	1	5.6	13	72.2	4	22.2	6.03 df=6	0.4 NS
		b) 5001-10000	15	0	0	10	66.7	5	33.3		
		c) 10001-20000	17	1	5.88	8	47.1	8	47.1		
		d) 20001-Above	10	0	0	4	40	6	60		
6.	Dietary pattern	a) Vegetarian	39	2	5.1	24	61.5	31	79.5	1.5 df=2	0.5 NS
		b) Non-Vegetarian	21	0	0	12	57.1	9	42.9		
7.	Source of information	a) TV, Newspaper	14	0	0	11	78.5	3	21.5	8.2 df=6	0.2 NS
		b) Internet	24	1	4.2	10	41.650	13	54.2		
		c) Relatives and friends	10	1	10	5	75	4	40		
		d) Health workers	12	0	0	9		3	25		

DISCUSSION

The first objective was to assess the level of knowledge regarding episiotomy care among the primigravida mothers. The overall level of knowledge regarding episiotomy care among primigravida mothers was analyzed; it revealed that majority of the respondents - 35 (58.3 %) had average knowledge, 23 (38.3 %) had good knowledge, and 2 (3.33 %) had poor knowledge regarding episiotomy care. The study findings were supported by

Devika perumal, Divya selvaraju (2017), reviewed that with use of rapidly absorbing polyglactin 910, there was significant reduction ($p=0.000$) in short term pain, 19 compared to 80 in control group. With regard to wound dehiscence and need for resuturing, there was statistically significant difference in control group (15%) compared to study

group (0%). There was no statistical significance between two groups in terms of dyspareunia (12.4% v/s 10.7%). [6].

Manjula P, Ranjani, Anitha C.Rao (2017), conducted a study of factors influencing episiotomy wound healing. In this study purposive sampling technique was used to obtain the data from postnatal mothers. The study concluded that the episiotomy wound healing is influenced by parity, frequency of self perineal care, length of episiotomy wound and number of episiotomy sutures present [7].

Shalini Singh, Tushita Thakur, Nomita Chandhiok, Balwan Singh Dhillon (2016), concluded that among 1, 20, 243 vaginal deliveries, episiotomy was performed in 63.4% ($n=76,305$) cases. Nulliparous women were 8.8 times more likely to

undergo episiotomy than multiparous women. Various genital tract injuries reported were first degree perineal tear (n=4805, 3.9%), second degree perineal tear (n=1082, 0.9%), third and fourth degree perineal tear (n=186, 0.2%), anterior vaginal trauma requiring suturing (n=490, 0.4%), vulval hematoma (n=70, 0.06%) and cervical tear (n=108, 0.08%). The combination of third and fourth degree perineal tears was observed to be significantly lower ($p < 0.001$) among nullipara who received episiotomy (0.13%) compared to those who delivered without episiotomy (0.62%) [8].

Shlomi Sagi MD, Lena Sagi-Dain (2015), conducted a cross-sectional survey on episiotomy knowledge, practice and attitudes and reported that overall, 32 midwives and 84 obstetricians completed the questionnaires. Significantly, more obstetricians considered episiotomy beneficial in the prevention of obstetric and anal sphincter injuries (29.1% versus 9.4%, $p = 0.028$ and 19% versus 3.1%, $p = 0.036$ respectively), while more midwives believed that national guidelines provide precise definitions regarding episiotomy use (46.9% versus 15%, $p = 0.001$) [9].

Monika, Kaur Bhupinder, Kaur Harpreet (2014), conducted a study to evaluate the effectiveness of Lavender Oil versus Hospital routine care on healing of episiotomy wound among postnatal mothers of selected hospitals, Faridkot, Punjab. The sample size for this study was 30 and purposive sampling technique was used. Lavender Oil was more effective in healing episiotomy wound from day 1 to day 3 in experimental group as compared to hospital routine care in control group. This mean difference was highly

significant at p value < 0.05 . But on day 5, both lavender oil and hospital routine care were equally effective [10].

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