EFFECTIVENESS OF SELF PERINEAL CARE PRACTICES ON EPISIOTOMY WOUND AMONG THE PRIMI POSTNATAL MOTHERS AT SELECTED MATERNITY HOSPITAL

By

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A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING APRIL 2012
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ABSTRACT

A Quasi experimental study to determine the effectiveness of self perineal care practices on Episiotomy wound among the primi postnatal mothers at selected maternity hospital, Trichy during the year 2011-2012.

OBJECTIVES

1. To determine the episiotomy wound healing of primi postnatal mothers in experimental and control group
2. To assess the pain level on episiotomy wound of primi postnatal mothers in experimental and control group.
3. To assess the expressed practice on self perineal care practices of primi postnatal mothers in experimental and control group.
4. To compare the wound healing, pain level and expressed practice of primi postnatal mothers between experimental and control group.
5. To determine the association between wound healing, pain level and expressed practice of primi postnatal mothers with their demographic variable

Conceptual Frame Work: Kings Goal Attainment Model

Research Design: A Quasi Experimental Non Equivalent control group posttest only Design.

     E       X       O₁
     C       O₂

Population / Sample: Primi Postnatal mother
Sampling: Non Probability convenience sampling
Setting: Jagadha Nursing Home, Trichy
           Parkkavan Hospital, Trichy
Tool: REEDA Scale, Numerical Pain Scale, and Expressed Practice Questionnaire.
Data Collection

After delivery, self perineal care practice was given for 45 minutes to primiparous postnatal mothers who were in experimental group. But there was no self perineal care practices for control group. And then post test was conducted to assess the episiotomy wound healing by REEDA Scale, pain level by Numerical pain scale, self perineal care practices by expressed practice questionnaire.

Data Analysis

Descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (independent “t” test and chi square test) was used to test the research hypothesis.

Major Finding

In post test, the score of episiotomy wound healing majority had no infection in Experimental group, where as in control group, majority of them had mild infection.

Regarding pain level, majority of them had no pain, where as in control group majority had undergone mild and moderate pain.

Regarding Expressed practice in Experimental group, majority of them had adequate practice and moderate practice in control group.

The score for wound healing was -11.941, the pain level was -7.765, and expressed practice showed that 15.83. It showed that significant difference between experimental and control group.

Significant association was found between the background variable education, religion and place of living and post test level of pain level and expressed practice.
Conclusion

The study showed that self perineal care practices was effective in quick episiotomy wound healing, minimizing pain and providing comfort to the patient. It is cost effective and antibiotic free treatment method for comfort and wound healing. Moreover it is a suitable alternative of intervention for those with episiotomy wound.
CHAPTER-I

INTRODUCTION

Postnatal care is pre-eminently about the provision of a supportive environment in which a woman, her baby and the wider family can begin their new life together. The postnatal care should be individualized to meet the needs of each mother–infant. The guideline aims to identify the essential ‘core care’ which every woman and her baby should receive, as appropriate to their needs based upon the best evidence available. Yondel Monsters (2001)

Pregnancy and childbirth are special events in women’s life and indeed in the lives of their families. They indicate a time of great hope and joyful anticipation. It can also be a time of fear, suffering and even death. Although pregnancy is not a disease, and a normal physiological process, it is associated with certain risks to health and survival both for the women and for the fetus she bears. In developing countries where each pregnancy represents a journey into the unknown from which all too many women return due to lack of care provision. Pilliteri (2008)

As maternal health is national health, there is chance for the welfare of the world only when the condition of women improves. The pregnancy is a special event and normal physiological phenomena, which introduces new experiences in a woman’s reproductivity. This new experience can be a pleasant and memorable one only when there is a good pregnancy. Marsh, G.N (1985)

Although for most women and babies, the postnatal period is uncomplicated, core postnatal care is also about recognizing any deviation from expected recovery after birth and then about evaluating and intervening appropriately. The guideline gives advice on which additional care may be required. These recommendations have been given an appropriate status level indicating the degree of urgency in dealing with the problem. If additional care is required it should be offered so as to minimize as much as possible, any impact on the relationship between the woman and her baby. Lowdermilk, (1997)

Mother may have also had a tear or an episiotomy during childbirth. An episiotomy is an incision (cut) which may make between the vagina and the anus to
prevent tear during delivery. Perineal care will help perineum heal faster, feel better, and help prevent infection. The mother is needed to continue doing perineal care for 1 to 3 weeks after giving birth. Belizan J (2003)

Vaginal infection may be caused by a bacterium, yeast, and other microorganism. When acidity in the vagina is reduced, the number of protective bacteria, that normally live in the vagina decreases, and the number of bacteria that can cause infection, will increase. Poor hygiene that genital area is not kept clean, the number of bacteria increases, causing infection more likely. Hagen S (2003)

Rinse the perineum with warm water after urination and before put on a new sanitary-pad. After using the bathroom, flushing the genital area with warm water, may provide relief from pain. Gently dry the perineum with clean cloth and ensure that start at the front and end at the back to avoid spreading germs from the rectum to vagina. Wickham S (2001)

A sitz bath is one which bath the buttocks and hips, and possibly the lower abdomen at the same time. It is a simple, safe, cheap and probably effective treatment for the pain relief, it heals the wound faster to provide comfort. To take a sitz bath, fill the bathtub with about four to six inches of warm water. Sit for 20 minutes. This can be done two to three times a day. It keeps the genital area clean and free from infection. The way the sitz bath works by altering the blood flow to the area while immersing the area into water. Warm water helps the larger muscles of the body to relax helping ease the tone of the rectal sphincter. So that the pain will be reduced, and it encourages for faster wound healing. Roberts Rambler D (2001)

Mother will have a vaginal discharge called “lochia” after delivery. Wear perineal pads in underwear to absorb the blood and discharge from the vagina. Change the pads often to keep away from an infection. For the first 3 to 4 days after delivery, blood flow will be heavy and dark red. Some women pass a few small clots and blood. From the 4th to the 10th day, the amount of discharge slows down and becomes pink or brown. Wear thick sanitary pads. Apply the perineal pad from front to back by placing the front part of the sanitary-pad against the perineum first. Do not touch the inner surface of the sanitary pad. Keep the perineum area clean, to prevent infection. Wash the hands after perineal care. Basavanthappa, B.T (2006)
since the late nineteenth century, the average postpartum woman has been subjected to a great deal of swabbing, soaking and spraying in the name of perineal care. Many elaborate regimens have been devised to prevent infection, to promote healing and to provide comfort to the mother often based on little physiologic rationale data. All of these regimens have taken away valuable time and energy that the new mother needs for more important tasks. A perineal care can form a foundation from which to evaluate and update the management of perineal care. Mary Ann Rhode K Berger (2005)

The professional literature on the risks of episiotomy was last reviewed critically that fail to accomplish any of the other maternal or fetal benefits, the incision substantially increases maternal blood loss, the average depth of posterior perineal injury, the risk of anal sphinter damage and its attendant long term morbidity, the risk of improper perineal wound healing, and the amount of pain in the first several postpartum days. Glossop C (2001)

The most commonly reported complications of an episiotomy are, post operative pain and pain during sex. Women feel mild to moderate pain after having an episiotomy. It is unusual post operative pain to persist for longer than two to three weeks. Pain during sex is very common in the first few months after an episiotomy. Studies have found that around 9 out of 10 women who had an episiotomy reported that resuming sex after the procedure was very painful, but that the pain improves over time. Many women have reported that the pain is often related to persistent vaginal dryness, so using artificial lubrication may help. Premkumar G (2005)

In a few women, excessive, raised or itchy scar tissue forms around the place where a tear happened or where an episiotomy was performed. Constipation is when stools pass less often than usual, or when difficulty going to the toilet because stools are hard and small. Urinay incontinence, faecal incontinence, due to cannot control bladder or bowel. Inflammation is the body’s response to infection, irritation or injury, which causes redness, swelling, pain and sometimes a feeling of heat in the affected area. Avery Burket (1992)
SIGNIFICANCE AND NEED FOR THE STUDY

Pregnancy and child birth are special events in women’s lives. The mothers suffer much distress after child birth due to painful perineum. Perineal pain is most commonly associated with child birth by vaginal delivery. Pain following episiotomy appears to be universal. The mother undergoing episiotomy is characterized by greater blood loss in conjunction with delivery and there is a risk of improper wound healing and increased pain during early puerperium. Various interventions are found to aid the healing process, which include cleanliness, application of dry heat, sitz bath and perineal care.

Within midwifery practice, perineal care both during and subsequent to labour has undergone many changes during the past 20 yrs. Previously routine practices have now been researched and attempts to establish “best practice” woman-centered guidelines have been made. A woman centered approach to care in the postpartum period should assist physical and physiological recovery by being focused on the needs of women as individuals rather than fitting women into a routine care package. The context of postnatal care within the woman’s social and ethnic environment should take into account women’s individual perceptions and experiences surrounding the pregnancy and the birth events.

Each postnatal contact should be provided in accordance with the principles of individualized care. In order to deliver the core care recommended in this guideline, position services should be planned locally to achieve the most efficient and effective service for women and babies. Postnatal care is also about empowering the mother to care for her baby and herself in order to promote their longer – term physiological and emotional well being, also improve the bonding between them.

In keeping with aims and ethos of these guidelines essential principles of care have been identified by the guideline development group which should characterise all services provided during the postnatal period. Women and their families should be treated with kindness, respect and dignity at all times with consideration given to privacy and where care is provided in a maternity care unit, to creating a clean, warm and
welcoming environment. The views, beliefs and values of the woman, her partner and her family in relation to her care and that of her baby should be sought and respected at all times.

Care of the woman immediately after birth includes assessment of her physical and emotional condition as well as assessment (and possible repair) of trauma sustained during birth. It is also crucially important that appropriate assessment and treatment of any complication is undertaken as failure to do so can have long-term consequences of the woman’s physical emotional and psychological wellbeing.

Ratchadawan sooklim (2007) Episiotomy is the surgical enlargement of the vaginal orifice by an incision of the perineum during the second stage of labour or just before delivery of the baby. It was common to perform an episiotomy for almost all women having their first delivery ostensibly for prevention of severe perineum tear and easier subsequent repair.

Stitches put into perineum tear or episiotomy should dissolve within three weeks. New mothers should continue careful perineal care until they have their first post-birth check-up. Lotions, sprays and powders should not be used on the perineum, and tampon or douche use should be avoided.

After the birth of child, many women worry about caring for their perineal area. While it heals, it is a very traumatic event for a woman’s body, often resulting in reduced strength in pelvic floor muscles, a torn or cut perineum, and even hemorrhoids. Another problem in the perineal area after child birth is lochia, or the bloody discharge in a woman for up to six weeks after the birth of her child. Proper perineal care can make these problems more manageable and help to encourage healing.

Mother may notice some uncomfortable swelling and pain in this area due to the stretching required to deliver the baby. Initial perineal care after the stitches have been put and the mother has been cleaned up, is focused on treating the pain and swelling associated with child birth. Apply cooling packs to the area, and offer pain relievers if they are necessary. After the swelling has gone down, heat will be applied to the area, to stimulate healing.
Sitz bath, using special tubs that is fitted to a toilet bowl, allow the woman to easily and comfortably soak in warm water. Sitz baths are very helpful for a woman after childbirth whether or not she had an episiotomy. Sit on the water for 10-20 minutes 1-3 times a day or as needed until the soreness is relieved.

Proper perineal care is necessary for healing. It is important that a woman understands how to correctly care for her perineum after child birth before leaving the hospital. One of the most important steps to perineal care is keeping the area clean. Sanitary pads must be changed regularly after using the bathroom, flush the perineal area with water, and then dry, moving from the front to the back to avoid spreading germs from the rectum to the vagina and perineal area. Wash hands well both before and after using the toilet or after changing sanitary pad.

Mother may pass small clots and lochia (a mucous discharge that is seen after birth). Small clots are normal, but if experienced heavy bleeding (soaking through a pad or more than an hour) or are passing large clots, fever, redness or swelling in the vaginal area foul smelling discharge or abdominal pain is needed to take care.

U.S. National Library of Medicine Healing was measured using a standardized and validated tool of REEDA scale. Total healing scores suggested a tendency towards better wound healing in the sutured group at days 1 and 10. At 6 weeks women in the sutured group had significantly better healing scores than those in the unsutured group. The authors conclude that, despite the small sample size for this trial the findings show significantly improved healing following perineal suturing compared with non-suturing.

Pamela D, Hill (2005), The purpose of this study was to evaluate reliability and construct validity of the REEDA, an instrument designed to measure the healing process of the perineum following an episiotomy and/or laceration during childbirth. The instrument was tested in a single postpartum hospital setting. A total of 94 subjects participated in the study. Eighty-six experienced an episiotomy/laceration, while eight subjects had an intact perineum. Results indicate there are serious limitations with the REEDA tool when used for either clinical or research purposes.
STATEMENT OF THE PROBLEM

A Quasi experimental study to determine the effectiveness of self perineal care practices on Episiotomy wound among the primi postnatal mothers at selected maternity hospital, Trichy, during the year 2011-2012.

OBJECTIVES

1. To determine the episiotomy wound healing of primi postnatal mothers in experimental and control group
2. To assess the pain level on episiotomy wound of primi postnatal mothers in experimental and control group.
3. To assess the expressed practice on self perineal care practices of primi postnatal mothers in experimental and control group.
4. To compare the wound healing, pain level and expressed practice of primi postnatal mothers between experimental and control group.
5. To determine the association between wound healing, pain level and expressed practice of primi postnatal mothers with their demographic variable.

HYPOTHESES

At p <0.05

H1: There would be significant difference in episiotomy wound healing between experimental and control group.
H2: There would be significant difference in pain level of primi postnatal mothers between experimental and control group.
H3: There would be significant difference in expressed practice on self perineal care practices between experimental and control group.
H4: There would be significant association between demographic variables such as age, education, occupation, type of family, income and location with the wound healing, pain level and expressed practices, of primi postnatal mothers.
OPERATIONAL DEFINITION

Effectiveness

Effectiveness is the result produced by agent (or) action.
In this study, it refers to producing desired (or) intended result of intervention on self perineal care practices.

Self Perineal Care Practices

Care will be attended after each urination and defecation to the area around the anus by themselves.

In this study, it refers to washing hands, perineal wash, sitz bath, checking episiotomy wound with mirror, and changing of sanitary pads. The control group had their routine episiotomy care in the hospital like cleaning the perineum only with hot water.

Here determine the following aspects.

(Wound Healing

The process of returning to health and the restoration of structure and function of injured or diseased tissues on the episiotomy wound and it is measured by REEDA scale.

Pain Level

The feeling of discomfort on episiotomy wound may be either mild, moderate or severe. It is measured by Numerical pain scale.

Expressed Practice

Self perineal care practices by the postnatal mother after delivery as measured by expressed practice questionnaire.)

Episiotomy Wound

It is an incision made in the perineum when it will not stretch well.
In this study, it refers to the surgical incision on the perineal area done during 2nd stage of labour.
Primi postnatal Mothers

It refers to the mothers who have given birth to a child.

In this study, it refers to the mothers who were pregnant for the first time between 37-40 weeks of gestation and singleton pregnancy and delivered.

ASSUMPTIONS

1. Primi Postnatal mother does not have knowledge about self perineal care.
2. Perineal care practice will help to reduce the pain and infection.
3. Perineal care practice will promote wound healing effectively.

DELIMITATIONS

The study was delimited to.

1. Postnatal mothers without any high risks.
2. 6 weeks only.
3. 60 samples only.
INTRODUCTION

Literature review is a critical summary of research in a topic of interest often prepared to put a research problem in context or as the basis for an implementation project-Polit & Hungler. The Literature Review is an essential component of the research process, as it formulating the research plan. It also helps the researcher to conduct his/ her actual study.

A Review of literature has been very helpful in focusing the widened perspectives of the study.

The literature review is arranged in the following sections:

1. Literature related to episiotomy wound healing.
2. Literature related to self perineal care and aseptic perineal care.

1. LITERATURE RELATED TO EPISIOTOMY WOUND HEALING

Vetvil- ninen – julfunen and Heinonen (2008), conducted a study on need for and consequences of episiotomy in vaginal birth. The study was to describe and explain the short term effect of lateral episiotomy and determine the factors associated with more/less common of episiotomy. The study was conducted between October and December 2008. Episiotomies were more common among primiparous than multiparous women (55% vs 12%, p<0.001). The maternity hospital was the most significant determinant of the episiotomy rate. It was concluded that episiotomy rates can be reduced without causing harm to women or new born babies.

Sooklim, Thinkamrop (2007), Conducted a study on the outcome of midline versus mediolateral episiotomy for complication such as extended perineal tears, pain, scares, wound infections and other complications. All women included had risk
pregnancies and delivered at term. The outcome measures included deep perineal tears, other complications and women’s satisfaction at 48 hrs and 6wks post partum. Deep perineal tear occurred in 14.8% which is statistically higher compared to 7% in women who underwent a mediolateral episiotomy (P<0.05). There was no difference between the group for other outcome such as blood loss, vaginal hematoma, and pain. The midline episiotomy compared to mediolateral episiotomy resulted in more deep perineal tears.

The journal of health (2007), states that an episiotomy might be needed if one of the following circumstances applies. The baby is very large, The Practioner needs extra room when using forceps to deliver the baby, The vaginal tissue looks fragile as baby’s head begins to crown.

DeFrances, Cullen and Kozak, (2007), “An episiotomy was performed during a majority of vaginal deliveries in 1980 (64 percent), but by 2005, it was performed during less than one of every five vaginal deliveries (19 percent).

Farud _Fosse (2006), conducted a study on post delivery care after episiotomy. The objective was to define the most appropriate care after an episiotomy, the best suited treatment of the pain of episiotomy, and to examine the course of repair stitches. A result was the best possible personal hygiene which is a key to healing, but no specific treatment has been accepted.

Albers, and Borders (2004), the study was conducted on the effectiveness of teaching on episiotomy and perineal care among primipara women in Karnataka using convenient sampling in 2 phases. The learning needs identified on 30 primipara women according to their knowledge and ability to perform self perineal care. In phases II, 25 subjects in the aseptic perineal care; 30 subjects in the self perineal care, the results showed that the more postnatal mother from the aseptic perineal care seemed to have got complete healing on the fifth day compared to the self perineal care.

Noronha. Judith Angelita (2004), 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 and 30 subjects in 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, an episiotomy wound assessment scale to measure episiotomy healing (90% agreement using inter rater reliability, visual analogue numerical scale (85% agreement using integrate reliability).

2. LITERATURE RELATED TO SELF PERINEAL CARE AND ASEPTIC PERINEAL CARE

Linda Leekly (2009), A study was conducted for effectiveness of teaching on episiotomy and perineal care among primipara women of selected hospital in Karnataka. The knowledge deficit about perineal care was found. The mean percentage knowledge score was 22.50% and recommended midwives the major role in preverbal infection and also recommended essential conduction of research to prevent infection and improve healing.

Kindbergs (2008), A total of 400 healthy primiparous women with a vaginal delivery at term. Randomization was computer – controlled. Structured interviews and systematic assessment of perineal healing were performed by research midwives blinded to treatment allocation at 24 -48 hrs, 10 days and 6 months postpartum. Pain was evaluated using a visual analogue scale and the Mc Gill pain questionnaire. Wound healing was evaluated using the REEDA scale and by assessment of gaping wounds >0.5 cm. Analysis complied with the intention- to-treat principle.

Moon Datken (2007), A study was reported that the sitz bath post birth healing and comfort for new moms reported that seeking in the hot sitz bath soothes soft tissues and keep the perineal area clean and prevent infection and help in circulation and cool sitz bath treat the perineal swelling.

Altha Roberts Edgren (2007), the area of the episiotomy may be uncomfortable or even painful for several relays. And also states that use of sitz bath available at hospital (or) birth centre can ease the discomfort. This unit circulates warm water over the area.
According to total care centre (2007), 24hr answering service states that discomfort can be relieved by the application of sitz bath on episiotomy wound.

The Cleveland clinic health information center (2006), states that sitz bath is one of the techniques that can speed healing in episiotomy.

Ladewig London and Daavidson (2006), reported that the warmth of the water in the sitz bath provides comfort, decreases pain and promotes circulations to the tissues which promotes healing and reduces the incidence of infection.

Simonetti (2006), A study was reported about the comparison of hygienic sitz bath and personal hygiene. Different perineal cleansing techniques were used following bowel movement by a female. The results show particularly that the sitz bath is more effective than personal hygiene. A reduction in bacteria from this area reduces the probability of cross infection to the vaginal area with enteric pathogens.

Hill (2006), The study was reported that efforts of heat and cold on the perineum after episiotomy the redness, edema, ecchymosis, approximation tool devised to evaluate post partum healing of perineum. 90 patients were randomly aligned to one of three treatment groups. Treatment consisted of 30 subjects applying a warm perineal pack 30 applying cold perineal pack and 30 taking a warm sitz bath. Analysis of variance medicated to differences in the REEDA scale, bath are effective.

Tejirian (2005), The study was designed to determine the evidence existing to justify and support the sitz bath. The results report that 36 articles were found which high lightened the physiology, benefits, risks, complications, and techniques of sitz bath. Two articles speculated that sitz bath includes relaxation of the internal sphinter muscles. Cold sitz bath is reported that perineal edema more than warm sitz bath.

Romberger (2005), reported that portable bath (or) sitz bath is at this type of therapy, gives much relief from the discomfort and promotes a more rapid healing of the vaginal and rectal areas following in incisions at the time of child birth (or) rectal surgery.

Pamela and Hill (2005), said that the Redness, Edema, Ecchymosis, Discharge Approximation (REEDA) tool, devised to evaluate postpartum healing of the perineum
following on episiotomy/ laceration, was used to evaluate the effects of heat and cold on the perineum during the first 24 hours after delivery. Ninety patients were randomly assigned to one of three treatment groups. Treatment consisted of 30 taking a warm sitz bath. Analysis of variance indicated no difference in the REEDA score before or two hours after treatment. A pearson correlation r indicates that the REEDA score was associated with a laceration and not with infant weight. Although these findings do not support assumptions from the literature, this study provides baseline data and trends for future study.

Elia (2003), a descriptive comparative study was conducted with 3 groups.(one aseptic perineal care of 30 each) a convenience sample of 30 subjects; each were taken for self perineal care I and group II. The findings revealed that the planned treating programme was effective in increasing the knowledge (t-23 =25.62, p<0.05) and ability scores (t-23=23.34, p<0.08) of the aseptic perineal care. This confirmed that the aseptic perineal care gained significantly more than self perineal care I and II

Rambler and Roberts (2003), A sitz bath is a warm water bath taken in the sitting position that covers only the tips & buttocks. It may be used for either healing (or) hygiene purposes and used to relieve pain itching (or) muscle spasms. The bath is often recommended to sooth pain and to promote healing after hemorrhoid surgery (or) an episiotomy from child birth.

Lafoy and Geden (2003), evaluated the effectiveness of warm versus cold sitz bath to relieve edema and hematoma, as well as to reduce the sensation and distress of pain in 20 postnatal mothers. Sensation and distress were measured on visual analogue scale. Perineal edema and hematoma formation were graded on a 3 point scale ranging from 0 being extensive edema and hematoma formation. Both warm and cold baths were found comparable in relieving hematoma and edema.

According to Indira Gandhi Open University (2001), stated that application of moist (or) dry heat on episiotomy helps to promote comfort.
CONCLUSION

This chapter deals with the published and unpublished literature related to episiotomy wound healing and self perineal care practices and aseptic perineal care. This chapter consisted of 23 literatures regarding episiotomy wound healing and self perineal care practices and aseptic perineal care. It had enabled the investigator to have deep insight into the various aspects of post natal care practices towards episiotomy wound healing. It had also enlightened that self perineal care practice intervention is an effective tool.
CONCEPTUAL FRAMEWORK

The conceptual framework selected for this study which is based upon the king’s goal attainment for nursing was developed in 1981. King’s model focuses on the concept of interaction perception and communications between person and an environment.

As a dynamic interacting system, “The nursing process is a series of acts which connote action, interaction. Transaction follows when a reciprocal relationship is established by the nurse and patients” and both mutually setting the goal to be achieved.

“The major concepts in the theory of goal attainment are interaction, perception, communication, transaction, role, stress, growth and development, and time and space.”

INTERACTION

A process of perception and communication between person and environment and between person and person.

PERCEPTION

Perception was defined as “each person’s representation of reality.

COMMUNICATIONS

Communication was defined as “a process whereby information is given from one person to another either directly.

TRANSACTION

“Transaction is defined as purposeful interaction that leads to goal attainment.”

ROLE

Role was defined as a set of behaviors expected of persons occupying position in a social system.

STRESS

Stress is “a dynamic state whereby a human being interacts with the environment.”

The conceptual framework and theory of goal attainment “are based on an overall assumption that the focus of nursing is human beings interacting with their environment leading to a state of health for individuals, which is an ability to function in social roles.”
NURSING

“Nursing is an observable behavior found in the health care systems in society.” The goal of nursing “is to help individuals maintain their health so they can function in their roles.”

In this study, the interaction is between the investigator and the primi gravid postnatal mother about the perception by assessment of REEDA on episiotomy wound on the first day. So the mother is accepted to do investigation on her.

The investigator has taken decision on action regarding post assessment after intervention. Here, the mother is assessed for effectiveness of expressed practice, REEDA scale score, and level of pain. Then the effectiveness of wound healing is assessed whether it is more effective healing or less effective healing.

If less effective healing again performs the same intervention until the desired outcome, the mother feels better that is termed as perception which may be judged.
FIGURE 1: BASED ON KING’S GOAL ATTAINMENT MODEL
CHAPTER III
RESEARCH METHODOLOGY

The research methodology includes research design and setting, population, sample and sampling techniques, development and description of tools, validity and reliability of the tools, pilot study procedure for data collection and plan for data analysis.

RESEARCH DESIGN

The research design used in the study was the Quasi experimental non equivalent control group post test only design. In this design, the experimental group has got the intervention.

- E - Experimental group
- C - Control Group
- O1 - Post assessment of Experimental group
- O2 - Post assessment of Control group
- X - Intervention on self perineal care practices.

RESEARCH APPROACH

Research approach indicates the basic procedure for conducting the study. The selection of approach depends upon the purpose of the study. The present study has aimed at determining the effectiveness of self perineal care practices on episiotomy wound healing. In order to achieve the above aim, an evaluative approach was found to be appropriative.

SETTING OF THE STUDY

The study was conducted at Jagadha Nursing Home, Trichy. This is a 30 bedded Maternity Hospital with one antenatal ward, one postnatal ward, one labour room, one post operative ward, one postnatal ward and an operation theatre. The antenatal outpatient
department remains opened on all days from 8am to 1pm and from 5pm to 7pm except on Sundays. On an average, 10-20 primi mother attend the clinic per day and of 40-50 primi mother deliver normally with episiotomy per month.

For control group, study was conducted at Parkkavan Maternity Hospital, Trichy. This is a 20 bedded hospital with one antenatal ward, post natal ward, one labour room, one post operative ward, and an operation theatre. On average, 20-30 primi women attend the clinic per day and of 40-50 primi women deliver normally with episiotomy per month.

POPULATION
In this present study, the population was the primi postnatal mothers in the postnatal ward.

SAMPLE
Sample consists of primi postnatal mothers in the post natal ward in Jagadha Nursing Home, Parkkavan Maternity Hospital, Trichy.

SAMPLE SIZE
The sample size consists of 60 primi post natal mothers; 30 in Experimental group, 30 in control group.

SAMPLING TECHNIQUE
Non Probability convenience sampling technique was used for this study.

RESEARCH TECHNIQUE
In this present study, observation check list of REEDA scale, Numerical Pain Scale, and Expressed practice questionnaire, were the techniques used.
CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

The parturient women;
   Who were primi postnatal mothers.
   Who were not having any complications.
   Who were willing to participate in the study

EXCLUSION CRITERIA

Primi para mother with any high risk
Mothers who were not willing to participate
Primi para mothers who undergone vaccum extraction.
Mothers who were multi gravid
Who had I,II, and III degree tear.

RESEARCH TOOLS AND TECHNIQUES

In this present study, observation check list of REEDA scale, Numerical Pain Scale and expressed practice questionnaire were the techniques used.

DESCRIPTION OF THE TOOL

The investigator prepared the demographic data, observation check list for REEDA scale, Numerical Pain Scale and expressed practice questionnaire.
It consists of 3 sections.

SECTION:-1.

Demographic characteristics of primi postnatal mothers included age, education, occupation, income of family, type of family, religion, place of living and Haemoglobin Level.
SECTION:-2.

Episiotomy wound healing was assessed by both Observation checklist of REEDA scale and Expressed practice questionnaire.

SECTION:-3

Pain level was assessed by Numerical pain scale

SECTION:-4.

The structured Expressed practice questionnaire was to assess the Expressed practice related to hand washing, perineal wash, sitzbath, checking wound for REEDA using mirror, and changing of sanitary pads.

SCORING PROCEDURE

SECTION:-2

Regarding episiotomy wound healing score 0 for No infection, score 1 for mild infection, score 2 for moderate infection, and score 3 for severe infection.

SECTION:-3

The score 0 was given for No pain, and 1 for Mild Pain, 2 for Moderate pain, and score 3 for Severe pain respectively.

SECTION:-4

The questionnaire consists of 25 questions and each item has 3 option as always, some time and never. The marks have given as 2,1,0 respectively.

2-Always, 1-Some time, 0-Never.

The possible total scores for attitude: 50.

The Expressed practice was assessed by Expressed practice questionnaire. It consists of 6 aspects with three columns rated as Always, Sometimes and Never. If the sample performed always, a score was two marks, answer sometimes, given a score of one mark, if the answer was never, a score of zero was given.
Level of Expressed practice

Favourable Practice=75%-100%
Moderately Favourable Practice =50%-75%
Unfavourable Practice =0-50%

TESTING OF TOOL

VALIDITY

The tools was submitted to 5 experts, who were requested to give their opinion about content areas and their relevance, clarity and appropriateness of the items.

PILOT STUDY

After obtaining permission from the authority concerned ,a pilot study was carried out with 10 women who delivered first normal vaginal delivery women about 5 in experimental group and 5 in control group. The pilot study was conducted from 26.6.11 to 30.7.11. The pilot study was designed to find out the feasibility of the tool and practicability of the designed methodology.

DATA COLLECTION PROCEDURE

Before conducting the study, formal permission was obtained. The data collection period was from 26.6.2011 to 30.7.2011. The postnatal mothers who were in the postnatal ward were selected for Experimental group and control group by using non-probability convenience sampling method. Intervention on self perineal care practices was administered to those in Experimental group after delivery. The third day, episiotomy wound was assessed by REEDA scale, pain level was assessed by Numerical pain scale, and Expressed practice was assessed by questionnaire. The intervention has not been given to the control group and assessed their wound healing by REEDA scale, pain level by Numerical pain scale, and expressed practice by questionnaire.
PLAN FOR DATA ANALYSIS

The data would be analyzed using descriptive and inferential statistics based on objectives of the study. Demographic variables would be analyzed by using frequency percentage. Percentage mean, standard deviation, mean deviation would be used as well as Independent “t” test would be used to find out the comparison between post test of two groups. The Chi Square test was used to find out the relationship among wound healing, pain level and expressed practice with demographic variables of postnatal mothers.

ETHICAL CONSIDERATION

The research proposal was approved by the dissertation committee of the institution prior to pilot study permission was obtained from the Jagadha Nursing Home and Parkkavan Hospital, Trichy and the oral consent was obtained from the mother.
CHAPTER – IV
DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and the interpretation of the findings. The data was collected from primi postnatal mothers to determine their episiotomy wound healing, pain level and expressed practice. The obtained data was then classified, grouped and analyzed statistically based on the objectives of the study.

OBJECTIVES

1. To determine the episiotomy wound healing of primi postnatal mothers in experimental and control group.

2. To assess the pain level on episiotomy wound of primi postnatal mothers in experimental and control group.

3. To assess the expressed practice on self perineal care practices of primi postnatal mothers in experimental and control group.

4. To compare the wound healing, pain level and expressed practice of primi postnatal mothers between experimental and control group.

5. To determine the association between wound healing, pain level and expressed practice of postnatal mothers with their demographic variable.
ORGANISATION OF DATA

The data obtained were mainly classified into following five sections.

Section 1: Frequency and percentage distribution of demographic variables of primi postnatal mothers.

Section 2: Percentage distribution of REEDA score on episiotomy wound healing of primi postnatal mothers by REEDA scale.

Section 3: Percentage distribution of Numerical Pain score on episiotomy wound of primi postnatal mothers.

Section 4: Percentage distribution of expressed practice on self perineal care practices of primi postnatal mothers.

Section 5: Comparison of mean post test scores of REEDA scale, Numerical pain scale and Expressed practice score of primi postnatal mothers.

Section 6: Association between wound healing, pain level and Expressed Practice of primi postnatal mothers with their demographic variable.
SECTION -1

This section deals with the demographic variables of the sample.

Table 1:

Frequency and percentage distribution of demographic variables of sample in experimental and control group. N=60

<table>
<thead>
<tr>
<th>S.No</th>
<th>Demographic Variable</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>i)</td>
<td>Age (In Years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>21- 23 yrs</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>b)</td>
<td>24 -27 yrs</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>c)</td>
<td>28 -31 yrs</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>ii)</td>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>Primary school</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>b)</td>
<td>High school</td>
<td>22</td>
<td>73.3</td>
</tr>
<tr>
<td>c)</td>
<td>Higher secondary and above</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>iii)</td>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>House wife</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>b)</td>
<td>Working woman</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>iv)</td>
<td>Income of family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td>&lt;3000</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>b)</td>
<td>3000 – 7000</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>c)</td>
<td>&gt;7000</td>
<td>2</td>
<td>6.7</td>
</tr>
</tbody>
</table>
v) Type of family
a) Nuclear 24 80 24 80
b) Joint 6 20 6 20

vi) Religion
a) Hindu 19 63.3 21 70
b) Christian 5 16.7 4 13.3
c) Muslim 6 20 5 16.7

vii) Place of living
a) Rural 9 30 7 30
b) Urban 21 70 23 70

viii) Haemoglobin level
a) 8-9 Gms% 2 6.7 4 13.3
b) 9-11 Gms% 21 70 19 63.3
c) 11-12 Gms% 7 23.3 7 23.3

The above table 1 shows that frequency and percentage distribution of demographic variables of sample in Experimental and Control group.

In experimental, the majority of respondents about 70% and in control group 66.7% were in the age group of 20-23 yrs.

Regarding education 73.3% in experimental and in control 56.7% have studied upto high school. Most of the mothers were housewives about 90% in both.

Most of them were living as a nuclear 80% and belongs to Hindu religion 63.3%, majority are residing in urban about 70% and the same possess 9-11 gms% of Haemoglobin and 63.3% were in control group.
SECTION II

This section shows percentage distribution of REEDA score on episiotomy wound healing of primi postnatal mothers.

Table 2:
Percentage distribution of REEDA score on episiotomy wound healing of primi postnatal mothers.

<table>
<thead>
<tr>
<th>Group</th>
<th>No Infection</th>
<th>Mild Infection</th>
<th>Moderate Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Experimental</td>
<td>27</td>
<td>90</td>
<td>3</td>
</tr>
<tr>
<td>Control</td>
<td>3</td>
<td>10</td>
<td>24</td>
</tr>
</tbody>
</table>

The above table describes the percentage distribution of REEDA score on episiotomy wound healing of primi postnatal mothers. The mothers have had no infection about 90% in Experimental group and only 10% have had mild infection indicates that Experimental Group followed self perineal care practices as per instruction, whereas in control group 24% of them had mild infection, and 3% of them had moderate infection due to no exposure to self perineal care practices. Hence, the stated hypothesis one was accepted due to significant differences between two groups.
SECTION III

This section deals with the Percentage distribution of pain scale score of primi postnatal mothers.

Table 3:

Percentage distribution of pain scale score on episiotomy wound of primi postnatal mothers.

<table>
<thead>
<tr>
<th>Group</th>
<th>No Pain</th>
<th>Mild Pain</th>
<th>Moderate Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Experimental</td>
<td>25</td>
<td>83.3</td>
<td>5</td>
</tr>
<tr>
<td>Control</td>
<td>4</td>
<td>13.3</td>
<td>14</td>
</tr>
</tbody>
</table>

The above table shows Percentage distribution of pain scale score on episiotomy wound of postnatal mothers. Here 83.3% of mothers, had no pain in Experimental group. Where as in control group majority of about 46.7% have got mild pain and 40% have got moderate pain due to lack of proper perineal care practices.
SECTION IV

The section dealt with the Expressed Practice on self perineal care practices of primi postnatal mothers.

Table 4:

percentage distribution of Expressed practice on self perineal care practices of primi postnatal mothers.

<table>
<thead>
<tr>
<th>Group</th>
<th>Favourable Practice</th>
<th>Moderately Favourable Practice</th>
<th>Unfavourable Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Experimental</td>
<td>25</td>
<td>83.3</td>
<td>5</td>
</tr>
<tr>
<td>Control</td>
<td>15</td>
<td>50</td>
<td>15</td>
</tr>
</tbody>
</table>

The above table shows Percentage distribution of Expressed Practice on self perineal care practices of primi postnatal mother. Here, 83.3% had favourable practice in experimental group, due to effective self perineal care practices, where as in control group had favourable moderately adequate and unfavourable practice about 50% indicates, the no exposure to self perineal care practices.
Figure 2 shows the Comparison of post test scores of REEDA scale, Numerical pain scale and Expressed practice score of primi postnatal mothers.

Here in experimental group, 90% of them had no infection, 10% of them had mild infection. In control group, 10% only had no infection, only had no infection, and 80% of them had mild infection. Regarding pain level, 83.30% of them had no pain and only 16.7% had mild pain in experimental group. In control group, 13.30% had no pain, 46.70% had mild pain. In experimental group, 83% of them had favourable practice, where as in control group, 50% had moderately favourable practice.
SECTION V

This section deals with the Comparison of mean post test scores of REEDA scale, Numerical pain scale and expressed practice score of primi postnatal mothers.

Table 5:

Comparison of mean post test scores of REEDA scale, Numerical pain scale and expressed practice score of primi postnatal mothers.

<table>
<thead>
<tr>
<th>Components</th>
<th>Experimental</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>---------------------</td>
<td>------</td>
<td>-----</td>
</tr>
<tr>
<td>REEDA Scale</td>
<td>11.11</td>
<td>15.98</td>
</tr>
<tr>
<td>Pain Level</td>
<td>1.67</td>
<td>3.790</td>
</tr>
<tr>
<td>Score</td>
<td>85.07</td>
<td>9.36</td>
</tr>
</tbody>
</table>

** p <0.05 level

The above table shows that Comparison of mean post test scores of REEDA scale, Numerical pain scale and expressed practice score of primi postnatal mothers. There was a significant difference between post REEDA, pain level and expressed practice score of primi postnatal mother in Experimental and control group. The obtained “t” was significant at 0.05 levels. So, hence the stated hypothesis four was accepted.
SECTION VI

This section deals with the association between demographic variables and REEDA Assessment, Numerical pain scale, and expressed practice score of primi postnatal mothers in Experimental Group.

Table 6:
Association between demographic variables and REEDA Assessment, Numerical pain scale, and expressed practice score of primi postnatal mothers in Experimental Group.

<table>
<thead>
<tr>
<th>Demographic Variables</th>
<th>Reeda Score</th>
<th>Numerical Pain Scale</th>
<th>Expressed Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Infection</td>
<td>Mild Infection</td>
<td>No Pain</td>
</tr>
<tr>
<td>1 20-23 Yrs</td>
<td>20</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>24-27 Yrs</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>28-31 Yrs</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2 Primary School</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>High School</td>
<td>19</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Higher Sec School</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Chi-Square values:
- 4.603
- 2.571
- 1.212
- 16.909**
<table>
<thead>
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<td>0</td>
<td>0</td>
<td>6</td>
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<td>Urban</td>
<td>18</td>
<td>3</td>
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<td>20</td>
<td>1</td>
<td>20</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>8-9 gms %</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
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<tr>
<td></td>
<td>9-11gms %</td>
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<td>4.339</td>
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</tr>
<tr>
<td></td>
<td>11-12gms %</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td></td>
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</tr>
</tbody>
</table>

** p <0.01, *** p <0.001

The above table shows the association between REEDA assessment, Numerical pain scale and Expressed practice score of primi postnatal mothers with their demographic variable. The calculated chi-square values were less than the table value at 0.001 as well as less than the 0.01 level. Which implies that there was high association between the Demographic variable and Reeda score on episiotomy wound healing, pain level score and expressed practice in experimental group.
CHAPTER V
DISCUSSION

This chapter deals with the findings of the study. The study was done to assess the effectiveness of self perineal care practices on episiotomy wound among the primigravida postnatal mothers. A non equivalent control group post test only design was used to conduct the study. REEDA scale for wound healing, Numerical pain scale to assess the pain level, expressed practice questionnaire to assess the expressed practices on self perineal care practices.

Non probability convenience sampling technique was used to select the sample. The study consisted of 60 samples (30 experimental group and 30 control group). Using the above tool, data were collected and analysed. The study findings revealed the following

The aim of the study was to analyze demographic variables that majority were in the age group of 21-23 years, were educated upto high school with income between Rs.3000/- to 7000/-, living in Nuclear family at Urban area, belonging to Hindu religion, and having Haemoglobin range between 9-11gms%.

As Jagadha Nursing Home is a well care health facility in Trichy, offering advanced maternity and child health care services, many people opt to go there. It is user friendly, with so experienced medical personnel, thus attracting people, irrespective of religion, caste, creed, education and wealth.

The First objective was to determine the episiotomy wound healing of primi postnatal mothers

Majority of the primi postnatal mothers had no infection, in Experimental group. In control group, majority of them had mild infection. The effectiveness in experimental group due to regular self perineal care practices, initiate faster wound healing. The findings were supported by Noronha. Judith Angelita (2004).

The Second objective was to assess the pain level on episiotomy wound of primi postnatal mothers.
The effectiveness of pain level assessed by Numerical pain scale. Majority were showed no pain in experimental group, where as in control group the majority revealed that moderate pain. The effectiveness in experimental group due to follow up of proper self perineal care practices as been taught. The findings were supported by the Dewan G.

The Third objective of the present study was to assess the expressed practice on self perineal care practices of primi postnatal mothers.

The investigator found out that effectiveness of intervention as assessed by expressed practice questionnaire, scored favourable expressed practice in experimental group, and unfavourable in control group. The reason found that the effectiveness in the experimental group was due to their compliance to self perineal care practices as been taught. The findings were supported by Linda Leekley (2010)

The Fourth objective was to compare the wound healing, pain level and expressed practice of primi postnatal mothers.

In experimental group, mean score of wound healing was 11.11, where as in control group the mean score was 67.78, showed that many possessed with poor healing. Pain level was graded in experimental group, there was no pain, in control group, there was mild and moderate pain. Regarding expressed practice, the experimental group mean score was 85.07, where as the control group mean score was 48.33. It shows significant difference between the two groups. After intervention the experimental group followed all perineal care practices daily as per instruction. But the control group could not done all due to poor exposure. The findings were supported by (Bick D and Mary Ann Rhode and Mary K Barger April 2005)

The Fifth objective was to determine the association between wound healing, pain level and expressed practice of primi postnatal mothers with their demographic variable.

Hence, the null hypothesis stated that there was significant association between wound healing, pain level and expressed practice with demographic variables of postnatal mothers and it was accepted. The findings were supported by (Bick D and Mary Ann Rhode and Mary K Barger April 2005).
CHAPTER VI
SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATIONS

This chapter deals with the summary of the study, conclusion, and implication, for different areas like Nursing practice, Nursing education, Nursing administration, and Nursing research and the recommendations for further study.

SUMMARY OF THE STUDY

The purpose of the study was to assess the effectiveness of self perineal care practices on episiotomy wound among the postnatal mothers. The following objectives were set for the study

1. To determine the episiotomy wound healing of primi postnatal mothers in experimental and control group
2. To assess the pain level on episiotomy wound of primi postnatal mothers in experimental and control group.
3. To assess the expressed practice on self perineal care practices of primi postnatal mothers in experimental and control group.
4. To compare the wound healing, pain level and expressed practice of primi postnatal mothers between experimental and control group.
5. To determine the association between wound healing, pain level and expressed practice of primi postnatal mothers with their demographic variable.

The conceptual framework of the study was adopted from KING’S GOAL ATTAINMENT Model. After collecting the demographic data, pre test was conducted using REEDA scale. The instrument consisted of two parts.

Demographic data consisted of age, education, occupation, income, type of family, religion, place of living and Haemoglobin level.

After the delivery, the self perineal care practices on episiotomy wound healing was conducted among only Experimental group using charts, demo, and return demo.
After two days, post test was conducted using the REEDA scale, numerical pain scale, and expressed practice questionnaire by observation method and interview method.

Statistical analysis was done using descriptive statistical methods like numbers, percentage, mean, standard deviation and inferential statistical methods such as chi-square and independent “t” test.

The post test data analysis showed that the wound healing has improved after self perineal care practices in Experimental group. In control group, the wound healing was very poor.

MAJOR FINDINGS OF THE STUDY

In post test, the score of episiotomy wound healing, majority of about 90% had no infection in Experimental group and 10% of them had only in control group. Regarding pain level, 83.3% of them had no pain, where as in control group 13.3% of them only had no pain, rest of them have undergone mild pain and moderate pain. Regarding Expressed practice in Experimental group majority of them had favourable practice about 83.3%, but in control group 50% of them had moderately favourable practice. Because of proper self perineal care practices, the experimental group had more benefit and significant effectiveness that no infection, no pain and faster wound healing.

The comparison of wound healing, pain level and expressed practice, between Experimental and control group was analyzed by Independent “t” test. The score for wound healing was -11.941, the pain level was -7.765, and expressed practice showed that 15.83. This stated that there was significant difference between experimental and control group and showed that, in experimental group majority had adequate expressed practice, no infection, and no pain due to effective self perineal care practices. But in control group majority had inadequate practice, mild and moderate infection on episiotomy wound.

IMPLICATION FOR NURSING PRACTICE

The nurses working in the hospital, community, clinical setting should practices the health teaching about the self perineal care practice as an integral part of nursing profession.
The teaching tool developed by the investigator may be used by the health care providers in the community and in the hospital to educate primigravida postnatal mother which would help her to follow the taught instruction on her own and prevent it thereby contributing to the achievements of the targets. Nurses should place health in the hands of the people especially for the postnatal primigravida mother who are in need of care.

This study will imply the need for integrated services, and follow up in collaborative approach of hospital. The shift from cure to care concept, which implies the need for change that haste is introduced from within the women’s behavior rather than the organic system.

**IMPLICATION FOR NURSING EDUCATION**

The nursing curriculum from material health students needs to be strengthened to enable them to identify the health care practices which helps to reduce pain, and improve wound healing and to provide supportive educative care for the self-care in preventing complications.

The nurse educator should provide ample opportunity for the students to educate themselves about the handling of high risk women and provide care in both community and clinical setting.

The study calls for the strengthening of the patient education in the present system of nursing education. The study findings suggest that the course content of the curriculum should include the newer views on self perineal care practices and its advantages.

The study stresses the significance of the short-term courses, in-service education to provide nurses with advanced knowledge on care of postnatal mothers, the facilities available and the latest development in the field obstetrics.

**IMPLICATION TO NURSING ADMINISTRATION**

Nursing leaders are challenged to take care of the most vulnerable society by effective organization and management. The nurse administrators should take active participation in the health policy making, developing protocol, procedures, and standing orders related to women’s health.
They should concentrate on the proper selection, placement and effective utilization of the nurses in all areas giving room for their creativity, interest and ability in educating the women patients.

The educative role of the nurses can be well established by an ongoing educational programme. Good supervision of nursing care services would motivate the nurses to carry out this role in a very effective manner.

IMPLICATION FOR THE NURSING RESEARCH

The essence of research is to build up a body of knowledge in nursing, as it is an evolving profession. The effectiveness of the studies in research field is verified by its utility by the nurses in the practical field. The findings of the study also help the professional nurses and students to develop inquiry by providing a base. The generalization of the study result can be made by further replication of the study. This study helps the researchers to develop insight into the development of teaching module and material for various postnatal care towards promotion of child survival and safe motherhood.

IMPLICATION FOR THE COMMUNITY MIDWIFERY

The public health nurse holds the major responsibility with these postnatal mothers. She can be a resource person for postnatal mothers and she can also educate the primary health workers at gross root level in imparting knowledge to the public.

RECOMMENDATIONS

1. A Quasi experimental study can be done to evaluate the effectiveness of knowledge and expressed practice of hand out on episiotomy wound healing among the postnatal mothers.

2. A pre experimental study can be done to determine the effectiveness of structured teaching programme on self perineal care practices and expressed practices among the postnatal mothers.
3. A comparative study can be done to determine the effectiveness of knowledge and expressed practice on episiotomy wound healing in subcentre hospital and maternity hospital.

4. A comparative study can be done to evaluate the effectiveness of medicated sitz bath and plain water sitz bath among the postnatal mothers.

5. Long term study can be done to identify the impact of self perineal care practices in reducing the later complication.

LIMITATION

1. The sample size was small which restricts generalization.
2. There was control on certain extraneous variables like REEDA Scale and Numerical Pain Scale.
3. The mothers were selected as convenience sampling method. Randomization could not done due to population.
4. Primi postnatal mothers were only preferred. Because in multi gravida could not find out the effectiveness.
5. Expressed practice only assessed on the postnatal mother due to intervention study which mainly concentrate on expressed practice.

CONCLUSION

The study indicates that the self perineal care practice is a very effective method. Moreover it is cost effectiveness and antibiotic free treatment to faster healing of episiotomy wound. It reduces episiotomy wound infection, pain and enhances wound healing in postnatal mothers. It is a suitable alternative of intervention for those with episiotomy wound.
REFERENCES


Albers L., Garcia J., Renfrew M. *Distribution of genital tract trauma in childbirth and related postnatal pain.*


Cronk M(1990)midwives: A practitioner’s view from within the NHS, Midwives health
vist commun nurse.

Textbook of Obstetrics and Neonatalogy” 10th Edition Published by Sreemoti
Arati dawn, Calcutta.


Dutta DC (2004). Text Book of Obstetrics including Perinatology and Contraception (6
edn). Kolkata: New Central-Book Agency


Fleming V., Hagen S., Niven C (2003) Does perineal suturing make a difference? The

Garcia J., Redshaw M., Fitzsimons B . First -class Delivery: a national survey of

cataloging- in-publication data


Bick (eds) Perineal care: an international issue. Quay Books Division, MA
Healthcare Ltd, Salisbury.

Graham I, Episiotomy: challenging obstetric interventions. Blackwell Scientific
Publications, Oxford.

Green J., Coupland V ., Kitzinger J Great Expectations: a prospective study of women’s

Greenshields W., Hulme H, The perineum in childbirth: a survey of women’s

Brothers.


Larsson P., Platz-Christensen J., Bergman B. Advantage or disadvantage of episiotomy compared with spontaneous perineal laceration. Gynecol Obstet Invest.


McGuiness M., Norr K., Nacion K, Comparison between different perineal outcomes on tissue healing. J Nurse Midwifery.


Renfrew M., Hannah W., Albers L, practices that minimize trauma to the genital tract in childbirth: a systematic review of the literature.

Rhode M., Barger M Perineal care: then and now. J Nurse Midwifery.


Sleep J., Grant A. Relief of perineal pain following childbirth: a survey of midwifery practice. Midwifery.


APPENDIX - A

LETTER REQUESTING FOR VALIDATION

From,
R. Louis Shanthi
IInd Year M.Sc Nursing,
Dr.G.Sakunthala College of Nursing,
Thiruvanaikovil,
Trichy-620 005

To,

Through
The principal
Dr.G.Sakunthala College of Nursing,
Thiruvanaikovil,
Trichy-620 005

Respected Madam,

Sub: Letter requesting opinion and suggestion from experts for establishing content validity of the tool.

I am a M.Sc Nursing student of Dr.G.Sakunthala College of Nursing, Trichy. As a part of my course, I am doing a study on the topic mentioned below.

A Quasi experimental study to determine the effectiveness of self perineal care practices on episiotomy wound among primi postnatal mothers at selected maternity hospital, Trichy 2011-2012.

I request you to go through and validate the content of the tool regarding self perineal care practices of primi postnatal mothers. Please give your valuable suggestion for modifying the tools.

Thanking you in anticipation,

Yours Sincerely,
R. Louis Shanthi
II Year M.Sc (N) Student
APPENDIX - B

LIST OF EXPERTS CONSULTED FOR THE CONTENT VALIDITY OF RESEARCH TOOL

Prof. Mrs. Rosaline Rachael Premila, M.Sc.,(N)
The Principal,
Indira College of Nursing,
Pandur,
Thiruvallur.-631203.

Mrs. Poornima, M.Sc.,(N)
Karnataka College of Nursing,
Hedge Nagar Main Road,
Elhanka, Bangalore North,
Bangalore – 560064.

Sis. Nelli Pais M.Sc.,(N)
Child Jesus College of Nursing,
Cantonment,
Trichy

Mrs. Theraze, M.Sc.,(N)
Keerai Tamilselvan College of Nursing,
K.T.S.Nagar, Sathyamangalam Post,
Pudukottai

Dr. Kanthamani M.D., D.G.O, F.I.C.M.C.H.,
Professor in Obstetrics & Gynaecology,
GVN Hospital,
Trichy
# APPENDIX – C

## PART- I

EPISIOTOMY WOUND HEALING BY REEDA SCALE

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<th>No Of Observations</th>
<th>Redness</th>
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<th>Ecchymosis</th>
<th>Discharge</th>
<th>Approximation</th>
<th>Total</th>
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<tr>
<td></td>
<td>With</td>
<td>With</td>
<td>With</td>
<td>With</td>
<td>With</td>
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</tr>
<tr>
<td></td>
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<tr>
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<td>2nd Day</td>
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<td>3rd Day</td>
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</tr>
</tbody>
</table>

0 = No Infection  
1-5 = Mild Infection  
6-10 = Moderate Infection  
11-15 = Severe Infection
REEDA SCALE FOR ASSESSMENT OF PERINEAL WOUND AREA

1) Redness of the perineal area
   
   0 = None
   1 = With in .25 cm of incision bilaterally
   2 = With in .5 cm of incision bilaterally
   3 = Beyond 0.5 cm of incision bilaterally

Score…………

2) Edema of the perineal area
   
   0 = None
   1 = Less than 1 cm from incision
   2 = Perineal and / or vulvar between 1 to 2 cm from incision
   3 = Perineal and / or vulvar between greater than 2 cm from incision

Score…………

3) Ecchymosis of the perineal area
   
   0 = None
   1 = With in .25 cm bilateral or 0.5 cm unilaterally
   2 = Between 0.25 to 1 cm bilateral or between 0.5 to 2 cm unilaterally
   3 = Greater than 1 cm bilateral or 2 cm unilaterally

Score………..

4) Discharge from the wound
   
   0 = None
   1 = Serum
   2 = Serosanguinuous
   3 = Bloody, purulent

Score………..
5) Approximation of skin edges
   0 = Closed
   1 = Skin separation 3mm (or) less
   2 = Skin and subcutaneous fat separation
   3 = Skin and subcutaneous fat, facial layer separation

Score...........

Total REEDA Scores:-15
Total.........

SCORING:-

0  = No Infection
1-5  = Mild Infection
6-10  = Moderate Infection
11-15 = Severe Infection
PART- II

0-10 NUMERICAL PAIN RATING SCALE

0 = No Pain
1-3 = Mild Pain
4-6 = Moderate Pain
7-10 = Severe Pain

None Mild Moderate Severe
RESEARCH INSTRUMENT

Introduction

Good morning, I am R. Louis Shanthi, II year, M.Sc., Nursing student of Dr. G. Sakunthala college of Nursing, Trichy. I will ask you a few questions regarding self perineal care practices which I been taught. This is only for educational purpose. The confidentiality will be strictly maintained. Interview schedule to assess the expressed practice of mothers regarding self perineal care practices after intervention.

PART- III

DEMOGRAPHIC VARIABLE

1) Age
   a) 20-23 yrs
   b) 24-27 yrs
   c) 28-31 yrs

2) Education
   a) Primary school
   b) High school
   c) Higher secondary and above

3) Occupation
   a) House wife
   b) Working woman

4) Income of family
   a) <3000
   b) 3000-7000
   c) >7000
5) Type of family
   a) Nuclear
   b) Joint

5) Religion
   a) Hindu
   b) Christian
   c) Muslim

6) Place of living
   a) Rural
   b) Urban

8) Haemoglobin Level
   a) 8-9 gms%
   b) 9-11 gms%
   c) 11-12 gm
PART IV

EXPRESSED PRACTICE QUESTIONNAIRE

Always       Sometimes       Never

a) Questions regarding Hand hygiene and Reproductive organ cleanliness:

1) Did you wash your hands before and after the procedure

2) Have you used the soap to wash your hands

3) Did you use warm water to wash

4) Did you wash the perineum after every voiding

5) Do you clean the perineum from front to back

b) Questions regarding REEDA scale assessment:

6) Could you assess your episiotomy wound on yourself by mirror

7) Could you find out colour, amount and consistency of the discharge

8) Have you seen that no edema on the episiotomy site
9) Have you seen clearly the wound edges healthy and no gap

10) Are you feel that wound is healing

c) Questions regarding Sitz Bath:

11) Have you taken sitz bath two times a day about 15-20 mts

12) Did you feel comfort after the procedure

13) Are you feel that pain is reducing gradually

d) Questions regarding New Born care:

14) Could you able to sit comfortably on the bed and feed the baby after the procedure

15) Could you able to look after your baby on other essential care

e) Questions regarding daily living activities:

16) Have you done postnatal exercises and self care activities

17) Do you void urine freely
18) Do you defecate freely

19) Do you have appetite and take food normally

20) Have you slept well at night

21) Do you change the sanitary pads periodically

22) Do you maintain your personal hygiene

23) Have you feel no abnormal bad smell from Episiotomy wound

24) Did you follow self perineal care practices since 3 days

25) Will you follow the same at home


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οί, έκ. Ὠλν ἶξ%οF ᾧΑο ίξι, ίξι. Τ. ήοοοίδε ρδΜΛο~ ἐTM ὉΚJTM δ®, Ὁ ἕξι Τ. Ὠλν Ἰροο' Ὠλο Ὠλο Ιοόϊάς οδλελκόλην Ὠλο Ὠλο μί-ι cfεεε ἐ-ιΗ® ίεκ~ ἐ+£ ἔμε-ι Ὠλο \Μ'/4; Α<οι. ΥϊδεTM ἄφεν+ ήοοί ΥΝΕΜTM δφ~ ἐTM ἔδε, ᾽αὁεΑ<οι. ἄφεν-ιο ίδεTM ἔεε ήδεκόλε ν-δ~ δφ~ ἐεεα+δδ< αυά ἈΦοΟ,Α<οι.

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Ü) ι∙®ΤΜ Β¼Σδδ~ ()
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Ü) 3000, °C
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Ý) 10 o†™ 11 AÖľ, ° «ň™
Þ) 11 o†™ 12 AÖľ, ° «ň™
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APPENDIX- D

INTERVENTION ON SELF PERINEAL CARE PRACTICES

Name Of the Topic : Self Perineal Care Practices
Name Of The Teaching Method : Lecture Cum Discussion and Demonstration
A. V. Aids : Chart, Demo and Return Demo
Venue : Jagadha Nursing Home, Trichy.
Duration : 50 minutes
Name of the Participants : Primi Postnatal Mothers
Name of the Investigator : R.Louis Shanthi, M.Sc.Nursing II Year.
Name Of The Guide : Prof.Irene Light.C, M.Sc.(N.), P.hD(N)

General Objective

The primi postnatal mothers will acquire knowledge regarding self perineal care practices on episiotomy wound healing and gain needed skills and able to practice in hospital as well as at home.
Specific Objectives

At the end of the demonstration the postnatal mothers will able to:

- Introduction about hand washing
- List out the situations of hand washing
- Explain about the procedure, on hand washing
- Describe about perineal care
- Explain the procedure about perineal care (or) wash
- Explain the procedure about check wound for REEDA Using mirror
- Describe about sitz bath
- List out the purposes of sitz bath
- Explain the procedure about sitz bath

Introduction

Good Morning, I am R. Louis Shanthi doing my M.Sc.Nsg in the Dr. G. Sakunthala College of Nursing, Trichy. As you all know that pregnancy, delivery and the period after delivery is a special experience in a woman’s experience. During postnatal period, very important to prevent infection, quick episiotomy wound healing with no pain. These can be succeed by self perineal care practices which we all going to discuss. This is a cost effectiveness method as well as anti biotic free treatment. To make you understand well, I will explain with various audio visual aids and show by demo. If you have any doubts or clarification, you can clarify it at the end of the session.
<table>
<thead>
<tr>
<th>SPECIFIC OBJECTIVES</th>
<th>TIME</th>
<th>SUBJECT CONTENT</th>
<th>TEACHER’S ACTIVITY</th>
<th>LEARNER’S ACTIVITY</th>
<th>EVALUATION</th>
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<tr>
<td>introduction about hand washing</td>
<td>5 mts</td>
<td>It is the most effective way to help prevent the spread of organisms. Precautions used to prevent transmission of infectious agents among patients, health care personnel and visitors.</td>
<td>Show it by demonstration</td>
<td>Watching</td>
<td>Ask them for return demo.</td>
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<td>list out the situations of hand washing</td>
<td>3 mts</td>
<td>To encourage hand washing in the following situations</td>
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<td>• Before performing procedures</td>
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<td>• After handling contaminated articles</td>
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<td>• Before handling and feeding the baby</td>
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<td>• After urinating and changing the sanitary pads before having food</td>
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<td>Procedure</td>
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<td>5 mts</td>
<td>Make sure that nails are cut short.</td>
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<td>Remove watch and other jewellery.</td>
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<td>Stand away from wash basin</td>
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<td>Turn on tap using elbow and regulates the flow of water.</td>
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<td>Wet hands and lower arms under running water.</td>
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<td>Avoid splashing water against clothes.</td>
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<td>Apply soap to hands</td>
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<td>Scrub hands, areas between fingers and wrist in rotatory movements.</td>
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<td>Rinse hands and wrists, forearm, elbows in running water.</td>
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<td>Ensure that hand and forearms are lower than elbows during washing.</td>
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<td>Close tap with elbow</td>
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<td>Dry hands from fingers to wrist, forearms, hold arms above elbow.</td>
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<td>Time</td>
<td>Purpose</td>
<td>Procedure</td>
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<td>2 mts</td>
<td>To prevent genito-urinary tract infection.</td>
<td>PERINEAL CARE OR WASH: Cleansing of vulva and perineal area with disinfectant using clean technique.</td>
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<td>3 mts</td>
<td>To provide comfort</td>
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<td>3 mts</td>
<td>To enhance aesthetic sense</td>
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<td>5 mts</td>
<td>To evaluate the characteristics of lochia</td>
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<td>5 mts</td>
<td>To assess the epistomy wound.</td>
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<td>- Explain procedures to the patient</td>
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<td>- Collect equipment</td>
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<td>- Provide privacy and wash hands</td>
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<td>- Open perineal pack</td>
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<td>- Take squatting position and void urine</td>
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<td>- Perineal wash with warm water from front to back by herself.</td>
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<td>- Perineal suture line should be covered</td>
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<td>- Fix pad from front to back</td>
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<td>Lecture cum discussion</td>
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<td>Listening</td>
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<td>Ask them to repeat the procedure</td>
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<td>Procedure</td>
<td>Duration</td>
<td>Description</td>
<td>Method of Instruction</td>
<td>Activity</td>
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</table>
| Checking wound for REEDA by mirror | 7mts | - Lie down in a half lying position well supported with pillows, knees bent and feet flat on the bed.  
- Mirror is kept at the foot end. So that the mother is able to see the wound for REEDA.  
- Mother is asked to stand in the bathroom with mirror, and advice to check the wound for REEDA by mirror by herself after perineal wash.  
- Mother is advised to assess the Redness of the wound, Edema around the wound, Ecchymosis, Discharge colour, and Approximation of wound edges.  
- Then replace the sanitary pad on the perineum. | Lecture cum discussion. | Ask them to repeat the procedure |
### SITZ BATH

A procedure whereby a patient perineal area and buttocks are submerged in warm water, using aseptic technique.

- To clean the wound
- To relieve pain and discomfort
- To increase blood circulation and thus promoting healing
- To provide soothing effect
- To stimulate voiding
- To promote aesthetic sense

### Articles Required for Sitz Bath

- Silver basin
- Jug with warm water
- Betadine solution
- Stool
- Towel

### Instructions

- **Describe about the Sitz bath**: 5 mts
  - SITZ BATH
  - Explain it by chart.
- **Enumerate the purposes of Sitz bath**: 2 mts
  - Listening
  - Ask them to repeat the procedure
- **List out the articles required for sitz bath**: 3 mts
  - Listening
**explain about the procedure**

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<th>10 mts</th>
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<tbody>
<tr>
<td>• Explain procedure to the patient</td>
<td>• Demonstrate on the mother</td>
<td>• Followed all the steps</td>
<td>• Ask them for return demo.</td>
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<td>• Provide privacy</td>
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<td>• Assemble equipment</td>
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<td>• Check temperature of warm water by their hand. So that it is tolerable.</td>
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<td>• Pour it to basin</td>
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<td>• Ask the patient to sit in basin that it kept on the stool.</td>
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<td>• Position the patient comfortably</td>
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<td>• Provide a small stool to support the feet</td>
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<td>• Ask the patient to ensure the half of the buttocks are submerged in warm water.</td>
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<td>• Be continue for 15-20 minutes.</td>
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<td>• Stand up and fix the fresh sanitary pad on the panties from front to back and wear the panties.</td>
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<td>• Sit comfortably on the bed.</td>
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CONCLUSION

I hope you all would have understood regarding self perineal care practices and would take necessary care at home in the prevention of infection, and increase comfort, faster wound healing. I would like you all to follow up in the hospital and at home. If you have doubts, you can clarify now follow up as I been taught.

THANK YOU FOR YOUR CO-OPERATION
## SCORING SHEET

### ITEMS TO ASSESS EXPRESSED PRACTICE ON SELF PERINEAL CARE PRACTICES

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</table>
LETTER SEEKING PERMISSION TO CONDUCT THE RESEARCH STUDY

From
R. Louis Shanthi
Dr.G.Sakunthala College of Nursing,
61, Sannathi Street,
Thiruvanai Kovil,
Trichy

To
The Principal,
Dr.G.Sakunthala College of Nursing,
61, Sannathi Street,
Thiruvanai Kovil,
Trichy

Sub: Letter seeking permission to conduct the research study.

Respected Madam,

I am M.Sc Nursing II year student of Dr.G.Sakunthala College of Nursing. I would like to conduct a study as a part of partial fulfilment for the Degree of Master in Nursing. The statement of problem is” A Quasi experimental study to determine the effectiveness of self perineal care practices on episiotomy wound among primi postnatal mothers at selected maternity hospital, Trichy 2011-2012”. Kindly grant me permission to conduct the study.

Thanking you,

Yours Sincerely,

R. Louis Shanthi
M.Sc (N) II Year.
LETTER SEEKING PERMISSION TO CONDUCT THE RESEARCH STUDY

From
R. Louis Shanthi
Dr.G.Sakunthala College of Nursing,
61, Sannathi Street,
Thiruvanai Kovil,
Trichy

To
The Director,
Jagadha Nursing Home,
Trichy

Through
The principal
Dr.G.Sakunthala College of Nursing,
Thiruvanaikovil,

Sub: Letter seeking permission to conduct the research study.

Respected Madam,

I am M.Sc Nursing II year student of Dr.G.Sakunthala College of Nursing. I would like to conduct a study as a part of partial fulfilment for the Degree of Master in Nursing. The statement of problem is” A Quasi experimental study to determine the effectiveness of self perineal care practices on episiotomy wound among primi postnatal mothers at selected maternity hospital, Trichy 2011-2012”.Kindly grant me permission to conduct the study.

Thanking you,

Yours Sincerely,
R. Louis Shanthi
M.Sc (N) II Year.
LETTER GRANTING PERMISSION TO CONDUCT THE RESEARCH STUDY

From
The Director,
Jagadha Nursing Home,
Trichy

To
The Principal,
Dr.G.Sakunthala College of Nursing,
61, Sannathi Street,
Thiruvanai Kovil,
Trichy

Sub: Permission to conduct the research study in Jagadha Nursing Home

R. Louis Shanthi, M.Sc Nursing II year student of Dr.G.Sakunthala College of Nursing, Trichy, is granted permission to do her project “A Quasi experimental study to determine the effectiveness of self perineal care practices on episiotomy wound among primi postnatal mothers at selected maternity hospital, Trichy 2011-2012”.

Thanking you,

With Regards,

Date : 
Place :
THE DIRECTOR
Jagadha Nursing Home,
Trichy
LETTER SEEKING PERMISSION TO CONDUCT THE RESEARCH STUDY

From
R. Louis Shanthi
Dr.G.Sakunthala College of Nursing,
61, Sannathi Street,
Thiruvanai Kovil,
Trichy

To
The Director,
Parkkavan Hospital,
Tollgate,
Trichy.

Through
The principal
Dr.G.Sakunthala College of Nursing,
Thiruvanaikovil,

Sub: Letter seeking permission to conduct the research study.

Respected Madam.

I am M.Sc Nursing II year student of Dr.G.Sakunthala College of Nursing. I would like to conduct a study as a part of partial fulfilment for the Degree of Master in Nursing. The statement of problem is” A Quasi experimental study to determine the effectiveness of self perineal care practices on episiotomy wound among primi postnatal mothers at selected maternity hospital, Trichy 2011-2012”. Kindly grant me permission to conduct the study.

Thanking you,

Yours Sincerely,

R. Louis Shanthi
M.Sc (N) II Year.
LETTER GRANTING PERMISSION TO CONDUCT THE RESEARCH STUDY

From
The Director,
Parkkavan Hospital,
Tollgate,
Trichy

To
The Principal,
Dr.G.Sakunthala College of Nursing,
61, Sannathi Street,
Thiruvanai Kovil,
Trichy

Sub: Permission to conduct the research study in Parkkavan Hospital.

R. Louis Shanthi , M.Sc Nursing II year student of Dr.G.Sakunthala College of Nursing, Trichy, is granted permission to do her project” A Quasi experimental study to determine the effectiveness of self perineal care practices on episiotomy wound among primi postnatal mothers at selected maternity hospital,Trichy 2011-2012”.

Thanking you,

With Regards,

Date :
Place :

THE DIRECTOR
Parkkavan Hospital,
Trichy
REQUESITION LETTER TO MEDICAL GUIDE

From
R. Louis Shanthi
Dr.G.Sakunthala College of Nursing,
61, Sannathi Street,
Thiruvanai Kovil,
Trichy

To
Dr. Kanthamani.M.D.,D.G.O,F.I.C.M.C.H.,
Professor in Obstetrics & Gynaecology,
GVN Hospital,
Trichy

Sub: Requesting permission for the guidance to conduct the study.

Respected Madam,

I am M.Sc Nursing II year student of Dr.G.Sakunthala College of Nursing. I would like to conduct a study as a part of partial fulfilment for the Degree of Master in Nursing. The statement of problem is “A Quasi experimental study to determine the effectiveness of self perineal care practices on episiotomy wound among primi postnatal mothers at selected maternity hospital, Trichy 2011-2012”. I humbly request you to guide me and kindly give suggestion for conducting the study. I will be thankful.

Thanking you,

Yours Sincerely,

R. Louis Shanthi
M.Sc (N) II Year.