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RESEARCH ARTICLE

COMPARATIVE STUDY TO ASSESS THE EFFECTIVENESS OF MEDICATED NON MEDICATED SITZ BATH ON EPISIOTOMY WOUND HEALTH AMONG THE POSTNATAL MOTHERS

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ABSTRACT

A quantitative research approach with quasi experimental design was adopted by the investigator to compare the effectiveness of medicat4d and non-medicated sitz bath on episiotomy wound healing among the postnatal mothers in selected hospitals at pudycherry. Sixty postnatal mothers were selected by simple random sampling technique. They were divided in two groups, 30 in Interventional group I with Medicated sitz bath (Butadiene 10%) and 30 in Intervention Group II with non-medicated sitz bath (105 F) were planned. The data was collected using REEDA Scale for status of episiotomy wound healing and pain was assessed by visual Analog scale. One way ANOVA computed to find out the effectiveness between the Medicated sitz bath with Non Medicated sitz bath. Findings revealed that medicated sitz bath was effective than non medicated sitz bath in reducing the pain and improving the wound healing . So the stated hypothesis were accepted by the investigator

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INTRODUCTION

Every woman who became pregnant has to undergo the process of delivery. Most of the times it becomes normal rarely forceps, vacuum and caesarean section is carried out. More than ninety percent of the normal deliveries were supported with episiotomy which is always performed by health care provider or midwife to avoid complication of postnatal period. Occurrence of infection during this period is common also the women have to undergo tremendous adjustment physically and psychologically. Attendance of a midwife upon the woman and baby is required, for not less than 10 days and some time for longer period if the midwife considers it necessary. It's an arbitrary time frame that divides the period into the immediate postpartum (first 24 hours), early postpartum (first week) and late postpartum (second to sixth weeks). The main goal of postpartum care is to assist and support the woman's for fast recovery to the pre-pregnant state and educate the mother about herself.

Literature survey: A sitz bath is a special bath used in the early postpartum period to ease the pain, promote healing, good hygiene and to improve blood circulation to the perinea. This is particularly helpful after an episiotomy or tear during birth. New mothers are supposed to dip their perineum in a basin or tub filled with warm water to soothe their vagina after delivery (Moon Darkn, (2007). Stanley and Swierzewski (2001), conducted a study on effectiveness of warm sitz bath on episiotomy wound healing. Sitz bath is one of the easiest and most effective ways to ease the discomfort associated with pain in the pelvic area. Here the investigator allowed the mother to sit in the hot water with temperature 105-110 degree F, around 15- 20 minutes duration. And this procedure was repeated three times a day. The result revealed that mother felt comfort and soothing effect at the same time the wound healing was better rated than the warm sitz bath. Sheoran poonam ms. chand sulakshana, et al (2014) conducted a study to compare the effectiveness of infra-red light therapy vs. sitz bath on episiotomy in terms of episiotomy wound healing among postnatal mothers conducted in Chandigarh. A sample of 60 was selected using purposive sampling; of these 60 postnatal mothers, 30 were treated with infra-red light and remaining thirty postnatal mothers were treated with sitz bath. Data was collected using REEDA Scale. The mean value of infra-red is 0.09 ± 0.26 and for sitz bath is 0.34 ± 0.48 .No significant association was found between episiotomy wound

healing of the postnatal mothers treated with infra-red light therapy and sitz bath and selected variables(p=0.001).

Statement of the problem: Comparative Study To Assess The Effectiveness Of Medicated With Non Medicated Sitz Bath On Episiotomy Wound Healing Among Postnatal Mothers in Selected Hospital at Pondicherry.

Objectives of the study

- Assess the status of the episiotomy wound before and after administration of Medicated and Non-Medicated sitz bath.
- Assess the level of pain before and after administration of Medicated and Non Medicated Sitz bath.
- Compare the effectiveness between Medicated and Non- medicated Sitz bath in episiotomy wound healing.
- Associate the pre level of pain and status of episiotomy wound healing in Medicated Sitz bath with selected demographic variables.

Hypotheses

- **H1**: There is significant difference between Medicated and Non- Medicated sitz bath in episiotomy wound healing.
- **H2**: There is significant difference between Medicated than Non -Medicated sitz bath in level of pain.
- **H3**: There is significant association between the episiotomy wound healing with selected demographic variables such as age, education, occupation, family income per month and parity.

MATERIALS AND METHODS

Design: Quantitative approach with quasi experimental design.

Sample size: Sixty postnatal mothers with episiotomy wound

SAMPLING TECHINIQUE simple random technique and they were randomly allocated 30samples for each group.

Tool: parta: Demographic variables**,**

Part B: REEDA Scale to assess the episiotomy wound healing process with five main area of assessment such as redness, edema, and ecchymosis of the perineal area, discharge from wound and approximation of the edges.

Part C: Visual Analog Scale used to assess the episiotomy pain for postnatal mothers. It consists of 5 criteria such as no pain, mild pain, moderate pain, severe pain and worst pain.

Etical consideration: Formal written permission was obtained from the hospital and individual consent obtained from the client.

Data collection: After allotment, pain and status of wound for both groups assessed before intervention. Group I was administered with Medicated sitz bath (Betadine 10%) given for 3 times per day for one week. Group II used non- medicated (warm water) sitz bath (105 degree F) 3 times per day one week. Post- test carried out using the same scales.

RESULTS AND DISCUSSION

The study findings shows that Intervention Group (I) , the pre test out of 30 postnatal mothers 18 (60%) were belongs to moderate status, 12 (40%) had severe in status of episiotomy wound healing. In post test out of 30 postnatal mothers, 10 (33.3%) with good status of episiotomy wound healing, 20 (66.67%) were in mild status of episiotomy wound healing. In Intervention Group II, the pre test out of 30 postnatal mothers, 17 (56.67%) had moderate wound healing process, 13 (43.33%) were in severe. In post test out of 30 postnatal mothers 1 (3.3%) had to good episiotomy wound healing process, 11 (36.67%) were in to mild episitomy wound healing process, 18(60%) indicate that moderately episitomy wound healing process. Similar study conducted to assess the effectiveness of medicated sitz bath on episiotomy wound healing among postnatal mothers in experimental group to shows that highest mean score (6.4±2.1) was obtained on day 1 whereas the lowest mean score (0.4±0.6) was obtained on day 3 after providing medicated sitz bath. Hence the differences in episiotomy wound healing among postnatal mothers were highly significant in experimental group.

In Intervention group I, In pre test out of 30 postnatal mothers 2 (6.6%) were in No pain, 1 (3.3%) had in Mild pain and 4 (13.3%) were belongs to Moderate pain, 11(36.6%) were in severe pain,12 (40%) were belongs to worst imaginable pain. In post test out of 30 postnatal mothers 19 (63.33%) had in No pain, 9 (30%) were belongs to Mild pain and 2 (6.67%) were in Moderate pain. In Intervention Group II, In pre test out of 30 postnatal mothers 18 (60%) were belongs to severe pain, 12 (40%) had in worst Imaginable pain. In post test out of 30 postnatal mothers 13 (43.3%) had mild pain, 17 (56.6%) were in moderate pain and for none of them sever and worst imaginable pain. The study findings showed that, the paired 't' tests results on medicated resulted in Mean score 0.933and Standard Deviation 0.827, with p value (<0.05) and non medicated results in Mean score was 10.03and Standard Deviation was 1.473with p value (>0.05) the REEDA Scale value is significant. This result shows that, medicated sitz bath was effective than non medicated sitz bath. So that the investigator accepted ststed the hpothesis. This findings were in agreement with *Yashashri Subhash Pore* (2014), conducted a study on Effectiveness of moist heat and dry heat application on healing of episiotomy wound **.**The study conclude that The application of moist heat showed greater effect on Edema and Redness whereas it was less effective for Ecchymosis, Discharge and Approximation the REEDA scale score was higher before treatment but after treatment REEDA scale score was decreased. The comparative difference between moist heat and dry heat showed statistically significant however dry heat proved to be more effective than moist heat.

DISCUSSION

Giving birth is a painful but joyous movement in every woman's life also it is life changing event with a lasting impact on women and their families. Every pregnant woman who undergoes the process of delivery may face either normal or instrumental.

The first objective was to assess the episiotomy status before administration of Medicated with Non Medicated sitz bath among postnatal mothers

S.no	Reeda scale	Medicated sitz bath				Non – medicated sitz bath			
		Pre test		Post test		Pre test		Post test	
		Frequency	Percentage %	Frequency	Percentage %	Frequency	Percentage	Frequency	Percentage
1	Good(0)	0	0	10	33.33	0	0	1	3.3
2	Mild (1-5)	0	0	20	66.67	0	0	11	36.67
3	Moderate(6-10)	18	60	0	0	17	56.67	18	60
4	Severe (11-15)	12	40	0	0	13	43.33	0	0
	Total	30	100	30	100	30	100	30	100

The second objective was to assess the pain before and after administration of Medicated and Non Medicated sitz bath

S. No	Visual analong scale	Medicated sitz bath				Non – medicated sitz bath			
		Pre test		Post test		Pre test		Post test	
		Frequency	Percentage %	Frequency	Percentage %	Frequency	Percentage	Frequency	Percentage
1	No pain(0)	2	6.6	19	63.33	0	0	0	0
2	Mild pain (1-3)	1	3.3	9	30	0	0	13	43.3
3	Moderate pain(4-6)	4	13.3	2	6.67	0	0	17	56.6
4	Severe pain (7-9)	11	36.6	0	0	18	60	0	0
5	Worst imaginable pain(10)	12	40	0	0	12	40	0	0
Total		30	100	30	100	30	100	30	100

The third objective was to compare the effectiveness between Medicated and Non Medicated sitz bath in episiotomy wound healing.

Groups	Medicated sitz bath			Non- medicated sitz bath			Df	t-value	p- value
	mean	SD	variance	mean	SD	variance			
Episiotomy wound status	0.933	0.827	0.685	10.03	1.473	2.171	29	33.369	* <0.05 (S)
Level of pain	0.7	1.149	1.32	9	0.909	0.827	29	31.016	* <0.05 (S)

*Significant at p value <0.05

Comparison between medicated and non-medicatedsitz bath in episiotomy wound status & level of pain

GROUPS	Medicated sitz bath		Non- medicated sitz bath		F- value	P-value
	mean	Variance	mean	variance		
Reeda Scale	0.933	0.685	10.03	2.171	869.75	*<0.01 (S)
Visual Analog Scale	0.7	1.32	9	0.827	962.02	*<0.01 (S)

Significant at *<0.01

One way anova repeated on episiotomy wound healing and pain in episiotomy on in intervention group i and intervention group II.

	Intervention Group I		Intervention Group II		'F' value	'p' value
	Mean	Variance	Mean	Variance		
REEDA Scale	0.933	0.685	10.03	2.171	869.75	* <0.01 (S)
Visual Analog Scale	0.7	1.32	9	0.827	962.02	* <0.01 (S)

(S – Significant at <0.01)

In most of the situation for normal delivery, episiotomy is performed by health care provider or midwifes which is a precautionary measure to avoid further comp Findings revealed that medicated sitz bath was effective than non medicated sitz bath in reducing the pain and improving the wound healing .lication like A-Z tear. Pain and wound healing interferes the normal life of mothers. Findings of the present study revealed that medicated sitz bath was effective than non medicated sitz bath in reducing the pain and improving the wound healing also were in agreement with quasi-experimental study conducted by Amandeep, Nidhi Sagar, et al. (2015), assessment on the effectiveness of sitz bath in reduction of episiotomy pain and improving the wound healing among postnatal mothers admitted in postnatal units of DMC Hospital and Deep Hospital, Model town, Ludhiana, Punjab. The sample was 60 postnatal mothers with episiotomy (30 in each experimental group and 30 in control group). Experimental group received sitz bath and control group received routine care. The result revealed that application of sitz bath was effective in relieving episiotomy pain and improving wound healing (p=0.001).12 Similarly there is another study finding also in agreement with the present study by JyotiKapoor Rita (2018)., conducted a comparative study to assess the effectiveness of medicated and non-medicated sitz bath on episiotomy wound healing among postnatal mothers at govt. SMGS maternity hospital, Jammu (J&K), India. The results revealed that both medicated and non-medicated sitz bath are equally effective in episiotomy wound healing among postnatal mothers. Thus, sitz bath either medicated or non-medicated should be encouraged among postnatal mothers so as fasten the episiotomy wound healing and easy recovery of postnatal mother. Finding of an another study conducted by Kanwar Ritika, sharmashivan, Shanthalakshmi V.,(2018) also gives the same impression that medicated sitz bathe helps in early wound healing than the non-medicated.

Conclusion

Generally postpartum women experience relatively little discomfort and pain they are most concerned with rest, relieving perineal discomfort and learning about the new born care (Collins, 2000). Perineal pain is most commonly associated with vaginal delivery with episiotomy it causes stress and hampers the women's ability to give care to their infant. Finding of this study highlighted the importance of perineal care with Medicated sitzbath for better wound healing and preventing infection. Nurses have to encourage the women's to undertake strict perineal hygiene in order to and enhance wound healing.

Nursing implications: Based on these findings institutional protocols may be modified, in turn it may help the new nurses to implement care as needed as their daily routine. Since they are in position to provide optimal care for the mothers during ante, intra, and post natal period. Nursing curriculum is already inbuilt with the importance of sitz bath in postnatal mothers care so the nursing educators needs to prepare their student nurses to practice sitz bath effectively during their learning wards to promote episiotomy wound healing for maximum comfort which may reduce the hospitalization of mothers. The Nurse administrator can develop protocol for methods of episiotomy wound healing among postnatal mothers they can organize periodical in service education on hands on training session for the nurses. Nurse researchers can be encouraged to take up clinical oriented research studies and implement the findings in their daily nursing care activities as evidence base practices.

Recommendations: Similar study may be undertaken on a large group of sample in various settings to strengthen the practice.

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