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A Comparative Study to Assess the Effectiveness of Medicated and Non-Medicated Sitz Bath on Episiotomy Wound Healing among Postnatal Mothers in Selected Hospital Bhopal (M.P.)

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[doi10.33472/AFJBS.6.Si3.2024.2553-2560](https://doi.org/10.33472/AFJBS.6.Si3.2024.2553-2560)**ABSTRACT:**

Giving birth is a powerful and life changing event with a lasting impact on women and their families. Every woman who became pregnant have to undergo the process of delivery. Sometimes it may be normal or forceps, vacuum and caesarean section. In normal process of delivery, the baby is delivered per vagina, an episiotomy is performed by health care provider or midwife. Post-partum period lasts from delivery to six weeks afterward, it is also known as fourth trimester. The post-natal mothers experience various physiological and psychological changes when she makes the transition from the pregnant woman to a mother.

Methodology: This research employed an evaluative and comparative method, as well as aTwo group pre-test and post-test design. The research was carried out among 150 Postnatal mother's admission JK Hospital Bhopal chosenby using a Purposive sampling technique selection approach. The information was gathered using a program that included demographic characteristics and Self Structured knowledge questionnaire. Data were acquired using a reliable technique that included demographic information and knowledge surveys. SPSS 20 was used to do data analysis.

Result: Mean score of wound healing after medicated sitz bath is 42.213 (SD=5.420) and mean score of wound healing after non-medicated sitz bath is 33.666 (SD=6.901) respectively. The Independent 't' value obtained for wound healing score is 2.537. This is significant at $P < 0.05$ level. the association between the post -test level of wound healing in medicated with their selected demographic variable. the association between the post-test level of wound healing in non-medicated with their selected demographic variable of age, educational status, Occupation, Income, type of family.

Conclusion: The study concluded that medicated sitz bath and Non-medicated sitz bath has significant in reducing episiotomy pain and promoting wound healing thereby improving their physical well-being among postnatal mothers who undergone vaginal delivery compared to medicated sitz bath and Non-medicated sitz bath.

Keywords: Medicated Sitz Bath, Non-Medicated Sitz Bath, Episiotomy, Wound Healing, Postnatal Mothers.

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1. Introduction

The first performance of episiotomy was done in 1974, when perineal incision was used to facilitate deliveries. Episiotomy is the surgical incision made to enlarge the vaginal opening

for delivery of baby's head. Depending on the client preference, situation and provider preference and judgement, some women experience delivery with an episiotomy. This is an incision through the perineal tissues that is designed to enlarge the vaginal outlet during the delivery. The rationale for its use depends largely on the need to minimize the risk of severe, spontaneous, maternal trauma and to expedite the birth when there is evidence of foetal compromise. Episiotomy infection can be observed by persistent redness and swelling, separation of wound edges, purulent discharge and persistent pain. The immediate complications related to episiotomy are extension of the incision, vulval haematoma, infection, wound dehiscence, injury to the anal muscles and necrotizing fasciitis. The remote complications related to episiotomy are dyspareunia, chance of perineal lacerations and scar endometriosis. The World Health Organization (WHO) recommends an episiotomy rate of 10% for normal deliveries.³ Although the frequency of performing an episiotomy is decreasing, 30% to 50% of women may still receive episiotomy. The rate of episiotomy varies between 8% in Netherlands and 99% in Eastern Europe. Asian women are likely to require episiotomy compared with non-Asian women as Asian skin tends not to stretch as well as Caucasians.⁵ Perineal trauma during vaginal delivery is very common occurring in about 40% of primi gravidae and 20% of multiparous women.

Need of the Study

In worldwide there is considerable international variation in the rate of episiotomy. The rate is of 15% in England, 13% in Scotland, 10% in Wales and 22% in Northern Ireland, it is 8% in Holland, 14% in England, 50% in the USA and 99% in Eastern Europe. In United States, percentage of episiotomies performed out of all vaginal deliveries is 19.4%. Episiotomy rates were higher among white women (32.1%) than African American women (11.2). In Ireland the rate of episiotomy for operational deliveries was 37.5 %. Over all episiotomy rate at Denmark was 19.8% in 2000. In Australia episiotomy rate is currently around 35%. In Taiwan, it is accepted practice to do an episiotomy on all first time mothers, here the rates are close to 90%. China, Spain, South Africa and Turkey also report extremely high episiotomy rates ranging from 60% to almost 90%. The rate of episiotomy in Sweden is 9.7%. In Canada, There was an overall episiotomy incidence of 48%; obstetricians performed episiotomy in 54% and family physicians in 33% women. In Russia, episiotomy rates varied from 9–80%. An Asian survey done by the WHO in 2017-2018 compared the percentage of episiotomies performed out of all vaginal deliveries rate among nine Asian countries. The highest numbers were seen in china with a episiotomy rate of 46% and the lowest rates were found in Cambodia and in India where the rates ranged from 15%-18%. In Europe the episiotomy rates ranged from 14%, in Netherlands to 38% in Italy. In India the overall rate of episiotomy is 40.6%. Among that midwives performed episiotomy was lower rate 21.4% than faculty 33.3% and private providers 55.6%.

Aim of the Study

Compare the effectiveness of medicated and non-medicated sitz baths for promoting episiotomy wound healing in postnatal mothers at a chosen hospital in Bhopal, Madhya Pradesh.

2. Methodology

The current research was designed to assess the effectiveness of medicated and non-medicated sitz bath on episiotomy wound healing among postnatal mothers in selected Hospital Bhopal (M.P.). This research employed an evaluative and comparative method, as well as a Two group pre-test and post-test design. The research was carried out among 150

Postnatal mother's admission JK Hospital Bhopal chosen by using a Purposive sampling technique selection approach. The information was gathered using a program that included demographic characteristics and Self Structured knowledge questionnaire. Data were acquired using a reliable technique that included demographic information and knowledge surveys. Data collection is the process of recruiting participants and gathering information for a research. Administrative approval was acquired in writing. To ensure a truthful answer, the chosen participants were informed about the objective and use of the research and ensured of the anonymity of their replies. Each participant in the research provided written informed permission. SPSS Version 20 was used to analyze the data.

3. Results

Distribution of Demographic Variables between the adolescents of the experimental and control group. Regarding age in medicated, majority (40.00%) of postnatal mother belonged to the age group of 28-33 years, (26.66%) belonged to age group of 18-22 year and above 32 years and (6.66%) belonged to age group of 23-27 years. In non-medicated majority of mothers (41.33%) belonged to the age group of 18-22 years and (22.66%) belonged to the age group of above 32 years, (20.00%) belonged to the age group 23-27 years and (16.00%) belonged to the age group 28-33 years. With regard to education in medicated, majority of the mothers (46.66%) had primary education, (26.66%) had high school and graduate. In non-medicated majority of the mothers (48%) had primary education, (29.33%) had graduate and (22.66%) had high school education.

Regarding occupation in medicated, majority of the mothers (44.00%) were self-employee, (40.00%) were house wife and (16.00%) were private job. In non-medicated majority of the mothers (42.66%) were private job, (33.33.00%) were house wife and (24.00%) were self-employee. In regard to income, in medicated majority of mothers (48.00%) had income Rs 8001-12000, (42.66%) had income Rs 5000-8000 and (36.00%) had income above 12000. In non-medicated majority of mothers (56.00%) had income Rs 5000 -8000, (22.66%) had income 8001-12000 and (21.33%) had above 12000. Regarding type of family, in medicated majority of the postnatal mother (57.33%) were from joint family and (42.66%) were from nuclear family. In non-medicated majority of the postnatal mother (64.00%) were from nuclear family and (36.00%) were from joint family. Majority of the postnatal mothers are (53.33%) living in urban area and (46.66%) postnatal mothers were living in rural. where as in non-medicated, (66.66%) postnatal mothers were living in urban and (33.33%) postnatal mothers were living in rural area. Most of the postnatal mothers (60.00%) were primi gravida and (40.00%) postnatal mothers are second gravida. where as in non-medicated, (53.33%) post-natal mothers are belongs to primi gravida and (46.66%) postnatal mothers are belongs to second gravida. Most of the postnatal mothers (50.66%) were vegetarian and (49.33%) postnatal mothers are non-vegetarian. where as in non-medicated, (69.33%) post-natal mothers are belonging to vegetarian and (3.66%) postnatal mothers are belongs to non-vegetarian. Regarding previous delivery, in medicated majority of the postnatal mother (52.00%) were from previous episiotomy and (48.00%) were from none. In non-medicated majority of the postnatal mother (57.33%) were from none and (42.66%) were from previous episiotomy. Regarding haemoglobin level in medicated, majority of the mothers (56.00%) were less than 10gm/dl and (44.00%) were 10.1-15gm/dl. In non-medicated majority of the mothers (62.66%) were 10.1-15gm/dl and (37.33%) were less than 10gm/dl. Regarding BMI in medicated, majority of the mothers (42.66%) belong to >30, (34.66%) were belong to 25-29.9 and (22.66%) were belong 18-24.9. In non-medicated majority of the mothers (72.00%) were belong 18-24.9, (26.66%) were belong to 25-29.9 and (1.33%) belong to >30.

Table no 1 Comparison of Mean, Standard deviation, Mean difference and Paired "t" value between pretest and posttest score on wound healing in medicated.

(N=75)

Group	Level of infection	Mean	SD	Mean difference	Paired t	T able value
I	Pre-test	28.026	6.555	14.18	32.045	2.06
	Post Test	42.213	5.420			

The table 1 indicates that the pretest mean score is 28.026 (SD=6.666) and post test mean score is 42.213 (SD=5.420) and the Paired " t " value is 32.045 which is significant at P<0.05 level. From the mean scores it is clear that the patients in medicated have a lower level of wound healing score in post test score than the pretest score and this indicates that there is an improvement of wound healing after non medicated sitz bath.

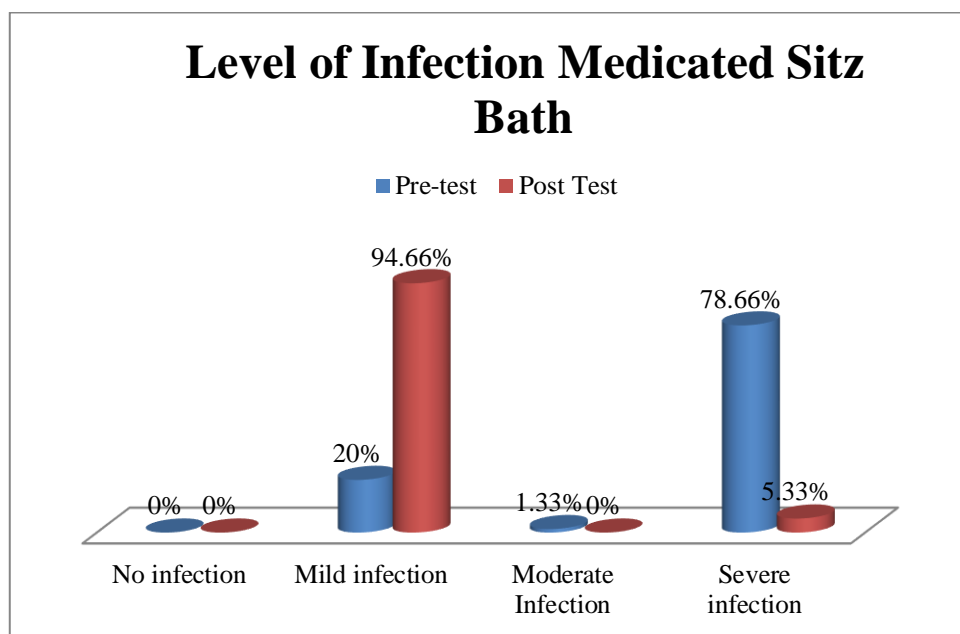


Fig. 1. Level of infection Medicated Sitz Bath

Table-2 Comparison of Mean, Standard deviation, Mean difference and Paired "t" value between pre-test and post-test score on wound healing in medicated.

(N=75)

Group	Level of infection	Mean	SD	Mean difference	Paired t	T able value
I	Pre-test	23.64	7.210	10.026	53.926	2.06
	Post Test	33.666	6.901			

Table 2 indicates that the pertest mean score is 23.64 (SD=7.21) and post-test mean score is 33.666 (SD=6.901) and the Paired " t " value is 53.926, which is significant at P<0.05 level. From the mean scores it is clear that the mothers in medicated sitz bath have a lower level of wound healing score in post test score than the pre-test score and this indicates that there is an improvement of wound healing after non-medicated sitz bath.

Table 3 Comparison of mean, SD, Mean difference and Independent “t” value medicated and non-medicated sitz on wound healing score in medicated and non-medicated sitz bath.

(N=75)

Group	Wound healing score	Mean	SD	Mean difference	T value	T able value
	Medicated sitz bath	42.21 3	5.42 0	8.547	2.537	2.001
	Non medicated sitz bath	33.66 6	6.90 1			

This table 3 indicates that mean score of wound healing after medicated sitz bath is 42.213 (SD=5.420) and mean score of wound healing after non-medicated sitz bath is 33.666 (SD=6.901) respectively. The Independent ‘t’ value obtained for wound healing score is 2.537. This is significant at $P < 0.05$ level. From the mean scores it is clear that the mothers in non-medicated have a lower level of wound healing score than medicated.

Association between Post Test Score Level of Wound Healing Score among Mothers in Medicated With Their Selected Demographic Variables. (Medicated Sitz Bath)

The association between the post-test levels of wound healing in medicated with their selected demographic variable of age, educational status, Occupation, Income, type of family. The findings revealed that there was no significant association between the level of wound healing and their selected demographic variables in medicated.

Association between Post-Test E Levels of Wound Healing Score among Mothers in Non-Medicated With Their Selected Demographic Variables. (Non-Medicated Sitz Bath)

The association between the post-test level of wound healing in non-medicated with their selected demographic variable of age, educational status, Occupation, Income, type of family. The findings revealed that there was no significant association between the level of wound healing and their selected demographic variables in non-medicated.

4. Discussion

Comparison of the post-test level of wound healing scores among primi postnatal mothers between medicated and non-medicated Indicates that mean score of wound healing after medicated sitz bath is 42.213 (SD=5.420) and mean score of wound healing after non-medicated sitz bath is 33.666 (SD=6.901) respectively. The Independent ‘t’ value obtained for wound healing score is 2.537. This is significant at $P < 0.05$ level. From the mean scores it is clear that the mothers in non-medicated have a lower level of wound healing score than medicated.

The study findings were consistent with the findings of Seena.M., (2008) performed to investigate the effectiveness of Medicated sitz bath & Non-medicated sitz bath in wound healing in postnatal mothers. After intervention, 10% of them from medicated developed mild infection and none of participants from non-medicated had infection in observation. The result shows that there is a significant wound healing after Non-medicated sitz bath in non-medicated than after medicated sitz bath in medicated that the mean post test score is 7.10 (SD±1.768). The calculated Independent ‘t’ value (2.647) was greater than the expected value of ‘t’(2.0). Hence the hypothesis H3: There is a significant difference between the mean post test score of medicated sitz bath and mean post test score of non-medicated sitz bath on episiotomy wound healing among postnatal mothers in medicated & II was accepted

5. Conclusion

The main objective of the study was to determine the effectiveness of medicated sitz bath and Non-medicated sitz bath on episiotomy pain and wound healing among postnatal mothers. The study concluded that medicated sitz bath and Non-medicated sitz bath has significant in reducing episiotomy pain and promoting wound healing thereby improving their physical well-being among postnatal mothers who undergone vaginal delivery compared to medicated sitz bath and Non-medicated sitz bath. The selected postnatal mothers became familiar and found themselves comfortable and also expressed satisfaction. The present study was done to assess the effectiveness of medicated sitz bath and Non-medicated sitz bath among primi postnatal mothers with episiotomy wound healing during postnatal.

Indicates that the pretest mean score is 23.64 (SD=7.21) and post-test mean score is 33.666 (SD=6.901) and the Paired " t " value is 53.926, which is significant at $P < 0.05$ level. From the mean scores it is clear that the mothers in medicated sitz bath have a lower level of wound healing score in post test score than the pre-test score and this indicates that there is an improvement of wound healing after non-medicated sitz bath.

Indicates that mean score of wound healing after medicated sitz bath is 42.213 (SD=5.420) and mean score of wound healing after non-medicated sitz bath is 33.666 (SD=6.901) respectively. The Independent 't' value obtained for wound healing score is 2.537. This is significant at $P < 0.05$ level. From the mean scores it is clear that the mothers in non-medicated have a lower level of wound healing score than medicated.

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All persons entitled to authorship are listed as authors

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