

**COMPARE THE EFFECTIVENESS OF MEDICATED AND NON-MEDICATED
SITZ BATH ON EPISIOTOMY WOUND HEALING AMONG POSTNATAL
MOTHERS**

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ABSTRACT

Background of the study:- Episiotomy is a surgical procedure that involves cutting the perineum (skin between the vagina and the anus) during labor to enlarge the vaginal opening. Sitz bath is a simple and easy method of treating episiotomy wound. The postnatal mother can do this independently in the home settings when they get discharged from the hospitals following the delivery.

Aim :- The main aim of this study is to compare the effectiveness of the medicated sitz bath with the non-medicated sitz bath on episiotomy wound healing among postnatal mothers.

Material and Methods:-A Comparative research approach with quasi experimental-multiple time designed was used to compare the effect of Medicated and Non- Medicated Sitz Bath. The Investigators collected the data from 60 postnatal mothers. (30 from each group) by Observation Checklist using the REEDA Scale.

Results:- In the Medicated group, on Day1 the mean score of wound healing is 5 and when it reaches to Day 5 mean score is reduced to 0.64. In non-medicated group Day1 mean is 5.04 and on Day 5 mean scores reduced to 4.16.. This reveals that episiotomy wound healing is faster in medicated group than in non-medicated group. In Medicated group, data shows that there was a significant association found between Age in year in non-medicated group data shows that there was a significant association found between Activities.

Conclusion: This study concludes that there is a significant effect of medicated Sitz Bath in the healing of the Episiotomy wound in the Post natal mothers. So this finding can be clinically applied to the mothers for earlier wound healing and increased comfort level in them.

Key words: Effectiveness, Medicated Sitz Bath, Non-Medicated Sitz Bath, Postnatal Mother, Episiotomy Wound.

INTRODUCTION:-

"The care of patients with pain is that all pain is real even if its cause is unknown"

-Dryden

During pregnancy of a woman, she prepares mentally for permanent changes in life and new responsibilities after birth of infant .But in some women, these feelings intensify, leading to fear of childbirth and pregnancy related anxiety.¹ Episiotomy is a procedure which is done to prevent severe perineal tears.² Prevalence of episiotomy varies significantly between countries to countries. The rate of episiotomy varies between 9.7% , the lowest in Sweden , 100%, the highest in Taiwan in both primipara and multipara women and in India overall episiotomy rate is about 70 %.³ Perineum is a very sensitive area, in which there are muscles involved in sitting, walking, bending down, urination, squatting, any incision in this area cause pain and disorder.⁴ The care of episiotomy is an important aspect of postnatal care. Sitz bath is a simple and cost effective and easy method of treating episiotomy wound in the hospital as well as in home setting, as its takes less time. Sitz bath is not a routine practice in ward setting in spite of it being cost effective and less time consuming. During this procedure care giver can talk and communicate with the mothers which may reduce the fear and may prevent the pain and increases comfort, during the postnatal days. The postnatal mother can do this independently in the home settings when they get discharged from the hospitals following the delivery.⁵

OBJECTIVES

The main objective of present study was to compare the effectiveness of medicated and non-medicated sitz bath on episiotomy wound healing among experimental and control group and To find out the association of degree of episiotomy wound healing with their selected demographical variables among postnatal mothers.

METHODOLOGY

Research approach:- Comparative approach is adapted to determine effectiveness of medicated and Non-medicated on episiotomy wound healing in postnatal ward in selected hospital Vadodara District.

Research design:- The design used in the study is quasi-experimental multiple time series design.

Setting of the study:- Setting of this study is selected Hospitals of Vadodara district.

Population:- The population are postnatal mothers with episiotomy wound.

Sample: - In this study sample were the postnatal mother with episiotomy wound of selected hospital of Vadodara district

Sample Size: The sample size constitutes 60 postnatal mother with episiotomy wound, from selected settings hospital of Vadodara who fulfill the inclusive criteria.

Sampling Technique:- The samples of the study will be selected by using non probability convenience sampling technique according to inclusive criteria as well as availability of samples from selected hospital of Vadodara district..

DATA ANALYSIS

Table 1:- Effectiveness of Medicated sitz bath and Non-medicated sitz bath on episiotomy Wound healing :

Days	Medicated group			Non-medicated group			t value
	Mean	SD	Mean%	Mean	SD	Mean%	
Day 1	5	0.76	33.3	5.04	0.78	33.6	0.20
Day2	3.8	0.86	25.1	3.92	0.81	26.13	0.61
Day3	2	0.81	13.3	4.88	1.58	32.53	7.76*S
Day4	1.2	0.86	8	3.96	1.67	26.4	6.54*S
Day5	0.64	0.48	4.2	4.16	2.56	27.73	7.17*S

Note: S*- Significant at 5% level (i.e. P<0.05)

This table depicts that in the Medicated group on Day1 the mean is 5 and when it reaches to Day 5 mean scores reduced to 0.64. In non-medicated group Day1 mean is 5.04 and on Day 5 mean scores reduced to 4.16. There is mean percentage of Day1 in Medicated group is 33.3 and on Day5 mean percentage reduced to 4.2 and 33.6 on Day1 in non-medicated group and Day5 shows small difference as 27.73. The obtained 't' value on Day 3(7.76), Day4(6.54) and Day5(7.17) is found to be significant. This reveals that episiotomy wound healing is faster in medicated group than in non- medicated group.

DISCUSSION:-

This study reveals that Episiotomy wound healing is faster in medicated group than in non-medicated group. The same finding has been shown by George GP (2013)⁶ in his study. Also it is similar to the findings given by Kanwar R, Sharma et.al⁷ that on day 5 in experimental group I receiving medicated sitz bath I, 23(76.6%) women were having better level of episiotomy healing and 7(23.3%) women were having delayed level of episiotomy healing. In experimental group II receiving non-medicated sitz bath on day 5, only 8(13.3%) were having better level of episiotomy healing and 22(73.3%) women were having delayed level of episiotomy healing

Anitha P.(2018)⁹ in her study revealed Povidone-Iodine sitzbath and Lavender oil sitzbath was effective on episiotomy pain and wound healing The same result found by Muthumari (2014)¹⁰ in his study result significant difference between the mean post test score of betadine sitzbath and mean post test score of neem extract sitzbath on episiotomy wound healing among postnatal mothers and clearly proved that Neem Extract Sitzbath is effective more than betadine sitz bath on episiotomy wound healing.

So, the findings of the present study are consistent with the other studies and the assumptions made. The findings of the present study have been supported by other review literature. So it can concluded that there is a significant effect of medicated sitz bath in early wound healing of episiotomy wound. So this can be clinically applied in the post natal mothers for effective wound healing post-delivery.

CONFLICT OF INTEREST

There is no conflict of interest in the present study

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