

# “A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF SITZ BATH IN REDUCTION OF EPISIOTOMY PAIN AMONG POSTNATAL MOTHERS IN SELECTED HOSPITALS OF DISTRICT AMRITSAR, PUNJAB”

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<b>Abstract</b>	<i>The study aims to assess the effectiveness of sitz bath on reduction of episiotomy pain among postnatal mothers in selected hospitals, Amritsar. A quasi-experimental study design was adopted to fulfill the objectives of study. 60 postnatal mothers (30 in experimental group and 30 in control group) to assess the effectiveness of sitz bath on reduction of episiotomy pain at selected hospital, Amritsar. Convenience sampling technique was used to select the samples. Prior to data collection informed consent was obtained from the participants. The tool consists of demographic data and numeric pain rating scale was used to collect the data. Pre-test level of episiotomy pain was assessed in experimental and control group. Sitz bath was given for the mothers in experimental group in first and second post-op day. Post-test pain score was obtained from the postnatal mothers in first and second post-op day in experimental and control group. The data collected is analyzed using descriptive and inferential statistics and is arranged based on the objectives of the study.</i>
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**Keywords**

## INTRODUCTION

The mother undergoing episiotomy is at risk of greater blood loss in conjunction with delivery, risk of improper wound healing and increased pain during early puerperium<sup>9</sup>. Wound healing is a complex and require safe and effective treatment modalities. There were various methods used for episiotomy care in the form of cold and heat. Cold in the form of ice packs and heat in the form of lamp, warm compress, warm sitz bath and moist pack is thought to produce vasodilatation, increase circulation, thereby alleviating pain, and promote healing.

## NEED FOR STUDY

Pain and discomfort from episiotomies can be reduced by providingtherapeutic cleansing soak, such as warm compress , warm water sitz bath to promoteblood flow to the episiotomy for rapid healing and to reduce pain and discomfort.Warm water relaxes and soothes the sore tissues, keeps the area clean and preventsinfection and help with circulation.

As all prime mothers are more prone to episiotomy. Pain and discomfort fromepisiotomy are common problem of episiotomy. An episiotomy is an incision thatdoctors make in the perineum the skin between the opening of the vagina and anus.The idea is that the incision will make delivery of a child easier and that a deliberatesurgical incision will heal more quickly and with fewer complications than tears thatoccur spontaneously, minimizing the risk of sexual problems and other complications,such as incontinence. Because the procedure has been in widespread use since the1930s, it has been subject to careful evaluation only fairly recently.

Some experts believe that an episiotomy improve the birthing process, makingit easier for the baby to be delivered. Episiotomy can be important if there is any signof distress that may harm

the mother or baby. Because tissues in this area may tear during the delivery, another reason for performing an episiotomy is that a clean incision is easier to repair than a jagged tear and may heal faster. Episiotomies are sometimes described as protecting the pelvic muscles and possibly preventing future problems with urinary incontinence.

Based on the various review and the personal experience of the investigator during her clinical posting found that in many hospitals episiotomy care involves several practices such as perineal wash, sitz bath, application of infra-red lamp, antibiotics to relieve pain and discomfort and to promote faster wound healing. Hence the investigator is interested to conduct the study on effectiveness of sitz bath in reduction of episiotomy pain.

## BACKGROUND OF THE STUDY

To become “mother” is a beautiful gift given by God to woman. Giving birth is a powerful and life changing event with a lasting impact on women and their families. Today an average Indian woman considers pregnancy and child birth as a natural process. Every woman who became pregnant has 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. To enhance easy delivery perineum has to stretch for beyond its ordinary limits as the baby is born. Most women’s body is capable of achieving this, but some are not and the skin gives a way and tears. To prove “just in case tears” an episiotomy is performed by health care provider or midwife.

Although introduced as an obstetric procedure more than 200 years earlier, in general obstetricians only come to support episiotomy at the beginning of the twentieth century. It was then thought that all primigravida should receive an episiotomy to protect the fetal head and the pelvic floor.

The World Health Organization (WHO) recommends an episiotomy rate of 10% for normal deliveries<sup>3</sup>. 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. Perineal trauma during vaginal delivery is very common occurring in about 40% of primigravidae and 20% of multiparous women.

## OBJECTIVES

1. To assess the pre intensity level of episiotomy pain among postnatal mothers in experimental and control group.
2. To assess the post intensity level of episiotomy pain among postnatal mothers in experimental and control group.
3. To compare the pre and post intensity level of episiotomy pain among postnatal mothers in experimental and control group.
4. To find out the association between the intensity of episiotomy pain in the experimental group with their selected socio-demographic variables.

## MATERIAL AND METHODS

### AIM OF STUDY

The study aims to assess the effectiveness of sitz bath on reduction of episiotomy pain among postnatal mothers in selected hospitals, Amritsar.

### RESEARCH HYPOTHESIS

H1 – There will be significant difference between experimental and control group about intensity score of episiotomy pain in postnatal mothers who had sitz bath.

H2 – There will be significant association between reduction of episiotomy pain with their selected socio demographic variables.

### **RESEARCH APPROACH**

For the present study, quantitative approach was adopted to assess the effectiveness of sitz bath on reduction of episiotomy pain among postnatal mothers at selected hospital, Amritsar

### **RESEARCH DESIGN**

For the present study, Quasi-experimental study design is utilized to achieve the objectives of the study.

### **TARGET POPULATION**

For the present study, population was postnatal mothers who had undergone episiotomy.

### **SAMPLE SIZE**

The sample and sample size of present study was 60 postnatal mothers (30 in experimental group and 30 in control group).

### **SAMPLING TECHNIQUE**

In the present study convenience sampling technique was used to select the postnatal mothers.

### **RESULTS**

The level of episiotomy pain among postnatal mothers in experimental group, in pre-test 11(36.7%) had moderate pain and 19(63.3%) had severe pain with an average mean and SD was  $6.96 \pm 1.45$ . In control group, in pre-test 10(33.3%) had moderate pain and 20(66.7%) had severe pain with an average mean and SD was  $7.03 \pm 1.10$ .

The level of episiotomy pain in experimental group, in post-test on 1<sup>st</sup> post-op day, 11(36.7%) had mild pain and 19(63.3%) had moderate pain with an average mean and SD was  $4.03 \pm 1.03$ . In post-test on 2<sup>nd</sup> post-op day 18(60%) had mild pain and 12(40%) had moderate pain with an average mean and SD was  $6.56 \pm 1.01$ .

The level of episiotomy pain in control group, in post-test on 1<sup>st</sup> post-op day, 15(50%) had moderate pain and 15(50%) had severe pain with an average mean and SD was  $6.57 \pm 1.00$ . In post-test on 2<sup>nd</sup> post-op day 17(56.7%) had moderate pain and 13(43.3%) had severe pain with an average mean and SD was  $6.57 \pm 1.01$ .

The comparison of pre-test level of episiotomy pain in experimental and control group, in which the pre-test mean and SD in experimental group was  $6.97 \pm 1.45$  and in control group mean and SD was  $7.03 \pm 1.10$ . The pre-test score between experimental and control group was tested by using unpaired t test ( $t=0.20$  and  $p=0.842$ ) indicates that there is no significant difference of pre-test mean score in experimental and control group.

The comparison of pre-test and post-test level of episiotomy pain in experimental group, in which the pre-test mean and SD was  $6.97 \pm 1.45$ , post-test mean and SD on post-op day 1 was  $4.03 \pm 1.03$  and post-test mean and SD on post-op day 2 was  $3.37 \pm 1.00$ . The pre-test and post-test level of pain was compared by using ANOVA test which reveals that (F value 84.82 and p value 0.000) indicates that sitz bath was effective in reducing the episiotomy pain among postnatal mothers.

The comparison of pre-test and post-test level of episiotomy pain in control group, in which the pre-test mean and SD was  $7.03 \pm 1.10$ , post-test mean and SD on post-op day 1 was  $6.57 \pm 1.00$  and

post-test mean and SD on post-op day 2 was  $6.37 \pm 1.40$ . The pre-test and post-test level of pain was compared by using ANOVA test which reveals that (F value 2.60 and p value 0.089) indicates that there was no much difference in the mean score between pre-test and post-test level of episiotomy among postnatal mothers.

## DISCUSSION

The study aims to assess the effectiveness of sitz bath on reduction of episiotomy pain among postnatal mothers in selected hospitals, Amritsar. A quasi-experimental study design was adopted to fulfill the objectives of study. 60 postnatal mothers (30 in experimental group and 30 in control group) to assess the effectiveness of sitz bath on reduction of episiotomy pain at selected hospital, Amritsar. Convenience sampling technique was used to select the samples. Prior to data collection informed consent was obtained from the participants. The tool consists of demographic data and numeric pain rating scale was used to collect the data. Pre-test level of episiotomy pain was assessed in experimental and control group. Sitz bath was given for the mothers in experimental group in first and second post-op day. Post-test pain score was obtained from the postnatal mothers in first and second post-op day in experimental and control group. The data collected is analyzed using descriptive and inferential statistics and is arranged based on the objectives of the study.

The results of the study are discussed according to the objectives of study as follows.

### **The first objective of the study was to assess the pre intensity level of episiotomy pain among postnatal mothers in experimental and control group.**

The level of episiotomy pain among postnatal mothers in experimental group, in pre-test 11(36.7%) had moderate pain and 19(63.3%) had severe pain with an average mean and SD was  $6.96 \pm 1.45$ . In control group, in pre-test 10(33.3%) had moderate pain and 20(66.7%) had severe pain with an average mean and SD was  $7.03 \pm 1.10$ .

### **The second objective of the study was to assess the post intensity level of episiotomy pain among postnatal mothers in experimental and control group.**

The level of episiotomy pain in experimental group, in post-test on 1<sup>st</sup> post-op day, 11(36.7%) had mild pain and 19(63.3%) had moderate pain with an average mean and SD was  $4.03 \pm 1.03$ . In post-test on 2<sup>nd</sup> post-op day 18(60%) had mild pain and 12(40%) had moderate pain with an average mean and SD was  $6.56 \pm 1.01$ .

The level of episiotomy pain in control group, in post-test on 1<sup>st</sup> post-op day, 15(50%) had moderate pain and 15(50%) had severe pain with an average mean and SD was  $6.57 \pm 1.00$ . In post-test on 2<sup>nd</sup> post-op day 17(56.7%) had moderate pain and 13(43.3%) had severe pain with an average mean and SD was  $6.57 \pm 1.01$ .

### **The third objective of the study was to compare the pre and post intensity level of episiotomy pain among postnatal mothers in experimental and control group.**

The comparison of pre-test level of episiotomy pain in experimental and control group, in which the pre-test mean and SD in experimental group was  $6.97 \pm 1.45$  and in control group mean and SD was  $7.03 \pm 1.10$ . The pre-test score between experimental and control group was tested by using unpaired t test ( $t=0.20$  and  $p=0.842$ ) indicates that there is no significant difference of pre-test mean score in experimental and control group.

The comparison of pre-test and post-test level of episiotomy pain in experimental group, in which the pre-test mean and SD was  $6.97 \pm 1.45$ , post-test mean and SD on post-op day 1 was  $4.03 \pm 1.03$  and post-test mean and SD on post-op day 2 was  $3.37 \pm 1.00$ . The pre-test and post-test level of pain was compared by using ANOVA test which reveals that (F value 84.82 and p value 0.000) indicates that sitz bath was effective in reducing the episiotomy pain among postnatal mothers.

The comparison of pre-test and post-test level of episiotomy pain in control group, in which the

pre-test mean and SD was  $7.03 \pm 1.10$ , post-test mean and SD on post-op day 1 was  $6.57 \pm 1.00$  and post-test mean and SD on post-op day 2 was  $6.37 \pm 1.40$ . The pre-test and post-test level of pain was compared by using ANOVA test which reveals that (F value 2.60 and p value 0.089) indicates that there was no much difference in the mean score between pre-test and post-test level of episiotomy among postnatal mothers.

The Comparison of post-test level of pain in Experimental and control group. The result reveals that in experimental group mean and SD was  $3.37 \pm 1.00$  and in control group  $6.37 \pm 1.402$ . the pre-test and post-test level of pain was tested by using unpaired t test, (t value 9.545 and p value 0.001) indicated that sitz bath was effective in reducing the episiotomy in experimental group as compared to control group.

**The forth objective of the study was find out the association between the intensity of episiotomy pain in the experimental group with their selected socio-demographic variables.**

The association between pre-test level of episiotomy pain and selected demographic variables of postnatal mothers which was tested by using chi-square test. The result reveals that demographic variable such as age, education of mother, education of husband, monthly family income, religion, area of habitat, parity, type of episiotomy and source of information was not found any significant association with pre-test level of episiotomy pain among postnatal mothers.

The association between post-test level of episiotomy pain on post-op day 2 and selected demographic variables of postnatal mothers which was tested by using chi-square test. The result reveals that demographic variable such as age, education of mother, education of husband, monthly family income, religion, area of habitat, parity, type of episiotomy and source of information was not found any significant association with post-test level of episiotomy pain on post-op day 2 among postnatal mothers. Only one variable that is occupational status of mother was having significant association with post-test level of episiotomy pain on post-op day 2 among postnatal mothers at the p value  $< 0.05$  level of significance.

## CONCLUSION

The findings of the study shows that in experimental group mean and SD was  $3.37 \pm 1.00$  and in control group  $6.37 \pm 1.01$ . the pre-test and post-test level of pain was tested by using unpaired t test, (t value 9.55 and p value 0.000) indicated that sitz bath was effective in reducing the episiotomy in experimental group as compared to control group. The study suggests that sitz bath can be implemented as a effective measure to reduce the episiotomy pain among postnatal mothers. The study concludes that postnatal mothers to be educated about the importance about sitz bath on episiotomy pain reduction and also to promote episiotomy wound healing.

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