

# Effectiveness of Hot Application On Episiotomy Wound Among The Postnatal Mothers At Selected Hospitals, Indore

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## Introduction

An episiotomy is an incision made on the perineum during a vaginal delivery to facilitate and prevent perineal tear. Although its use in childbirth has steadily declined in recent decades, literature indicates that in developed countries such as the United States and the United Kingdom, episiotomy rates have decreased to 8% to 10%, but actual use remains common in many hospital settings. As a tertiary care hospital in Indore, the incidence of episiotomies per month is approximately 40% - 70%, while the rate of restrictive groups is 27.6 percent. In India, the overall rate of episiotomy was 40.6 percent, with midwives performing episiotomies at a lower rate (21.4 percent), faculty (33.3 percent), and private care providers performing episiotomies at a higher rate (33.3 percent). The requirement for a Sitz bath during episiotomy is represented by a decrease in mean score from 4.1 to 0.15. To reduce pain and heal the wound, episiotomy wound care begins immediately after suturing the wound. Cold and ice packs applied to the perineum for the first 24 hours are some general treatments for perineal care. Nurses teach Kegal exercises to help strengthen the pelvic floor muscles and speed up wound healing. Aside from all of the important significant therapy, hot application [sitz bath with potassium permanganate 1 gramme] is widely used in many different hospital settings and has proven effective in managing episiotomy wound pain and healing, as well as minimising secondary complications.

The investigator discovered that hot application of potassium permanganate is used in a variety of hospital settings to treat episiotomy wounds. However, generally accepted therapeutic protocols are lacking because each institution working with hot application with potassium permanganate has its own protocol or has adopted protocols from various other institutions that have not been adequately verified.

Despite the lack of standard protocols, the literature supports the use of potassium permanganate as an effective treatment for episiotomy wound healing. As a result, the investigator strongly believes that hot applications of potassium permanganate should be used in our institution to treat episiotomies in order to provide comfort, prevent infection, reduce pain, and promote wound healing, ultimately reducing patients' hospital stays. Furthermore, this research will aid in the development of a standard protocol for our hospital and will benefit the nurses on the maternity unit. At a time when the cost of medical treatment and care is skyrocketing. Economical care for episiotomy patients is possible if nurses and midwives recognise the importance of their care and the potential impact of the advocated procedure on wound healing.

## Methodology

The research was a true experiment (post test only design). The issue was determining the efficacy of hot application on episiotomy wounds in postnatal mothers at selected hospitals in Indore. The study included 60 students, 30 of whom were assigned to the experimental group and 30 to the control group. The hospitals and samples were chosen at random (lottery and table method). The study was carried out among postnatal mothers at various hospitals in Indore. The samples were chosen through a lottery system. To assess wound healing and pain among postnatal mothers, a post-test was conducted using REEDA and a numerical pain rating scale. Hot application (sitz bath with potassium permanganate mixed with 4 litres of warm water heated to 110 degrees Fahrenheit). It is administered three times per day, with a 15-minute break every four hours (7am, 11am and 3pm).

## Results

The analysis revealed that the mean value of 5.6 with standard deviation 1.71 of the post test of wound healing was significantly higher than the mean value of 3.88 with standard deviation 1.44 of the post test of pain, and

the t value was 14.08 and TV = 2.01 (CV > TV). In the control group, the mean value was 6 with a standard deviation of 3.83, while in the pain group, the mean value was 4.65 with a standard deviation of 2.14, and the t value was 15.99 with a TV value of 2.01 (CV > TV). Both were statistically significant at the 0.05 level. As a result, the hot application was effective.

The correlation  $r = 0.77$  in the experimental group. It discovered a positive and highly significant relationship between wound healing and pain. The correlation  $r = 0.36$  in the control group revealed a positive moderately significant correlation between wound healing and pain.

There is no significant relationship between age, educational status, place of residence, types of episiotomy, occupation, family type, and body built for wound healing in the experimental group. In contrast, there is no significant relationship between age, parity, educational status, episiotomy type, and body type in pain.

There is no significant association between age, parity, place of residence, history of current medical illness, birth weight of the baby, occupation, family type, and body build in the control group.

In contrast, there is no significant relationship between age, parity, educational status, place of residence, history of current medical illness, types of episiotomy, occupation, family type, and body type in pain.

### Conclusion

The primary goal of the study was to determine the efficacy of hot application on episiotomy wound healing and pain in postnatal mothers at various hospitals in Indore. The statistical analysis revealed a significant difference between the experimental group's post-test levels of wound healing and pain scores, indicating that the given hot application was effective.

### Reference

1. Ajesh. Effectiveness of moist heat and dry heat application on healing of episiotomy wound. *Asian Journal of Multidisciplinary Studies*, 2(7) July, 2014 234
2. American B22. Episiotomy vs. Tearing. Health publication; 1998.  
Available from [http://en.wikipedia.org/wiki/Systems\\_theory](http://en.wikipedia.org/wiki/Systems_theory)
3. Bagchi K, et al. BNSL-103 Maternal Health Nursing. New Delhi, Published by Indira Gandhi National Open University; 2003. P. 6
4. Bartscht K, DeLancey J. Episiotomy. *Global library women's medicine*; 2008.  
PMJ]; Available from  
[http://www.glowm.com/index.html?p=glowm.cml/section\\_view&articleid=128#sectionView](http://www.glowm.com/index.html?p=glowm.cml/section_view&articleid=128#sectionView)
5. Basavantappa BT. Textbook of midwifery and reproductive health Nursing. 1st edition. New Delhi, Jaypee brother's publications; 2006. P.402.
6. Bhowal R. Effect of cold pack versus infrared radiation on episiotomy wound. Chennai, Dr. M. G. R. University; 2000.
7. Biswas C. A comparative study to assess the effectiveness of infrared radiation on episiotomy wound healing of. Setting standards for safe child birth: Empowering women, enabling midwives. IX ICM Regional Asia Pacific Midwives' Conference, Hyderabad; India. 2009. P.79
8. Black JM, Jane HH. Medical Surgical Nursing. 7th edition. Published by Elsevier India private Ltd; New Delhi. 2005. P.397.
9. Carroli G, Belizan J. Episiotomy for vaginal birth. *Cochrane Database of Systematic Reviews*, Published by John Wiley & Sons, Ltd. 26 July 1999. (3)