



## Nursing

## STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELF EPISIOTOMY CARE AMONG POSTNATAL MOTHERS IN SELECTED HOSPITALS OF JABALPUR CITY

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**ABSTRACT** **BACKGROUND OF THE STUDY:-** Motherhood is a beautiful process whereby the mother safely delivery a child, it is the magic of creation. Care must be given to ensure safe childbirth. The mother has a right to proper medical care and treatment. Safe motherhood can only be reached if complete care is given to young mothers. Safe motherhood initiative announced in 1987 had set targets to reduce maternal mortality by 50% in one decade where the safe motherhood aim is to enhance the quality of life. An episiotomy is a surgical incision made in the area between the vagina and anus (perineum). This is done during the second stages of labor and delivery to expand the opening of the vagina to prevent tearing during the delivery of the baby. The origin of episiotomy is difficult to determine, but one of the first to describe it was a midwife, Sir Fielding Ould. In 1742, in his Treatise of Midwifery in Three Parts, he recommended the procedure for those cases in which the external vaginal opening is so tight that labor is dangerously prolonged.

**NEED FOR STUDY:-** In India, an episiotomy is a fairly routine part of labour for women who are giving birth for the first time vaginally. But in many countries it is no longer a standard procedure. The episiotomy rate was very high when delivery was conducted in private medical college hospitals to the extent of 91.8% followed by government medical college hospitals, private hospitals, district hospitals, taluk hospitals, primary health centers and health sub centers. When classified as primary, secondary and tertiary health care settings the episiotomy rate was highest in tertiary care setting. In terms of public and private sectors the episiotomy rate was much higher for private sector. Investigator feels that if mothers had adequate knowledge related to self episiotomy care then infection can be prevented. It is said that for prevention of infection after episiotomy in women, nurses are the first trained staff to inform, advice or reinforce health education about self episiotomy care and other methods for prevention of infection at this postnatal period. During my clinical experience in postnatal wards, I assessed that mothers were not having enough knowledge regarding self episiotomy care and did not know what are the measures like cleaning the perineum, sitz bath and heat therapy. I felt the need of this research and it will be useful for mothers who are undergone episiotomy and home care is an important part to prevent further complication. During my clinical posting in postnatal wards.

**KEYWORDS :****OBJECTIVES:-**

- Assess the pre-test level of knowledge regarding self episiotomy care among postnatal mothers.
- Assess the post - test knowledge regarding self episiotomy care among postnatal mothers.
- Assess the effectiveness of video teaching programme regarding self episiotomy care among postnatal mothers.
- Associate pre-test knowledge score with selected demographic variables.

**ASSUMPTIONS:-**

- The postnatal mothers will not have adequate knowledge regarding self episiotomy care.
- Video teaching programme will enhance the knowledge of postnatal mothers regarding self episiotomy care.

**DELIMITATIONS OF THE STUDY:-**

- The study is delimited to the postnatal mother admitted in the postnatal ward who are present on the data collection day.
- The duration of the study is delimited for 4 weeks only.

- Sample size is delimited to 60.

**RESEARCH DESIGN**

The research design is the back bone or the structure of the study. It provides a frame work that supports the study and holds it together. (Polit and Hungler, 1995) stated that a research design incorporate the most important methodological decision that a researcher makes in conducting a research study.

In the present study, the investigator selected. pre experimental one group pre- test –post design. To observe the effectiveness of video teaching programme among postnatal mothers regarding self episiotomy care.

O1 \_\_\_\_\_ x \_\_\_\_\_ O2

O<sub>1</sub>:- Pre test knowledge score

X:- Video assisted teaching programme regarding self episiotomy care.

O<sub>2</sub>:- post test knowledge score.

Population	Sample and sampling technique	variables	Tools and techniques	Plan for data analysis
The population in this study consists of postnatal mothers who have undergone episiotomy in selected hospitals of Jabalpur city	In this study, the samples include 60 postnatal mothers in the selected hospitals of Jabalpur city. Non Probability Purposive sampling technique will be used.	Dependent variables:-In the study the dependent variable is knowledge of self episiotomy care among postnatal mothers. Independent Variables:- In this study the independent variable is video teaching program.	Tool 1- socio demographic data Tool 2 – REEDA status scale Tool 3- structured knowledge questionnaire	<ul style="list-style-type: none"> <li>• Socio demographic data would be analyzed using the descriptive statistics i.e. frequency and percentage.</li> <li>• REEDA status scale data would be analyzed using the descriptive statistics i.e. frequency and percentage.</li> <li>• Computing 't' value to find out the significance of difference between the mean of pre test and post test knowledge score.</li> <li>• Association between pre test knowledge score with demographic variable was calculated by chi-square test.</li> </ul>

**Association Of Pretest Knowledge Of Mother With Selected Demographic Variables (n =60)**

S.No	Variables	Poor	Average	Good	Total	DF	Chi-value	P-value	Inference
1	Age								
	<20 Yrs	10	1	0	11				
	20-25 Yrs	35	4	0	39	6	180	0	MS
	26-30 Yrs	5	4	0	9				
	> 30 Yrs	0	1	0	1				
2	Education								
	Never been	0	2	0	2				
	Primary	14	3	0	17				
	Middle	24	3	0	27	10	20.15	0.06	NS
	H.S.S	11	2	0	13				
	Graduate	1	0	0	1				
	PG	0	0	0	0				
3	Family type								
	Nuclear	12	5	0	17				
	Joint	38	5	0	43	2	3.19	0.36	NS***
4	Socioeconomic status								
	< 2000	9	2	0	11				
	2001-4000	17	1	0	18				
	4001-8000	21	1	0	22				
	8001-10000	5	2	0	7	8	14.49	0.27	NS***
	>10000	0	2	0	2				
5	Parity of mother								
	Primipara	34	5	0	39				
	Second para	15	5	0	20	4	70.19	0	MS**
	Grand para	1	0	0	1				
6	Source of prior information								
	Health care pers	14	4	0	18				
	Family	13	3	0	16				
	Friend	0	2	0	2	12	24.96	0.12	NS***
	Media	0	1	0	1				

	Advt.	1	0	0	1				
	Prev experience	13	0	0	13				
	other source	9	0	0	9				
7	Episiotomy in previous pregnancy								
	Yes	19	4	0	23	2	14.37	0.002	S*
	No	31	6	0	37				
8	No. of suture								
	1	2	1	0	3				
	2	13	3	0	16				
	3	16	2	0	18	8	14.62	0.26	NS***
	4	15	3	0	18				
	>4	4	1	0	5				

Result significant at 0.05% level of significance)

Abbreviation

\*\*MS = Most significant

\*S = significant

\*\*\*NS = not significant

**Description:-** Table No14 reveals that the association between knowledge of postnatal mother regarding self episiotomy care with selected demographic variables is statistically tested by applying chi-square test all the variables age and parity of mother was found most significant. The variable prior information of episiotomy was found significant. Other variables were not found significant. Hence objective no. 4 associate mean pre-test knowledge score with selected demographic variables is fulfilled, H2 significant association between mean pre- test knowledge score with selected demographic variables. is accepted.

**MAJOR FINDINGS:-**

**Findings related to demographic variable**

**Out of 60 samples:**

1. Most of the sample were in the between age of 20-25 n=11
2. For most of them education of postnatal mothers midile school educated n= 27
3. Majority of them are from joint family. n=43
4. Majority of the family income are between 4001-800 n= 22
5. Most of them had prior information from health care personal regarding self episiotomy care . n= 18
6. Majority of the mothers were primipara n= 39
7. Majority of the mother were not had episiotomy in previous pregnancy. n= 37

8. Majority of the mother had three suture and four suture n=18

**Findings related to REEDA status scale:**

**Out of 60 samples**

1. Out of 60 sample the REEDA status scale were found good status n= 16 (16.67%)
2. Out of 60 sample the REEDA status scale were found moderate status n= 26 (43.33%)
3. Out of 60 sample the REEDA status scale were found mild status n=14 (23.33%)
4. Out of 60 sample the REEDA status scale were found poor status n=4 (6.67%) poor status

**FINDINGS RELATED TO LEVEL OF KNOWLEDGE**

**1. Pre – test knowledge score**

There were 60 samples included in the study for assessment of pre test knowledge score, out of which 0 (0%) had good knowledge score, 10 (16.67%) had average knowledge score and 50 (83.33%) had poor knowledge score regarding self episiotomy care. The mean pre test knowledge score was 7.75 and SD was 3.160.

**Thus data full fills the objective (1).**

**2. Post-test knowledge score**

In the post test it was found out that, out of 60 samples, 34 (56.67%)

had gained good knowledge score and 25 (41.67%) had gained average knowledge score, whereas 1(1.66%) was found to have poor knowledge score. The mean post test knowledge score were 21.16 and SD was 3.110.

**Thus, it fulfils objective no. 2.**

#### **FINDINGS RELATAED TO THE COMPARISON BETWEEN PRE AND POST – TEST KNOWLEDGE SCORE**

The comparison between pre and post test knowledge is made by t-test. The pre test and post test knowledge was statistically tested by applying t- test method at the level of 0.05%. in this case the calculated value of 't' is less than table vale (2.00).

The hypothesis H1 is accepted.

Thus fulfill the objective no-3 and hypothesis H1 there will be significant difference in the mean pre-test and post-test knowledge score regarding self episiotomy care among postnatal mothers. Is accepted.

#### **ASSOCIATION OF EACH VARIABLES WITH LEVEL OF KNOWLEDGE SCORE**

On the pre intervention, it was found that the socio demographic variable like age, (chi square value 180,  $p < 0.05$ ), parity of mother chi value 70.19  $< 0.05$ , found most significant, episiotomy in previous pregnancy chi value 14.37  $< 0.05$  found significant. Were other variable like education, socioeconomic status was not found significant. Thus fulfil the objective number four and hence the hypothesis H2 there will be significant association between pre-test knowledge score with selected demographic variables.

#### **SUMMARY**

Summary includes objectives, hypothesis, tools used for the study and the findings of the study.

Most of postnatal mother have no knowledge about self episiotomy care. All health care professionals are responsible for providing a comprehensive and holistic care and knowledge to postnatal mothers to reduce the chance of puerperal infection after episiotomy and reduce the risk of mortality and morbidity of postnatal cases.

Although for most women, the postnatal period is uncomplicated, core self episiotomy care is also about recognizing any deviation from expected recovery after episiotomy and the evaluating and interviewing appropriately. The guidelines give advice on when additional care may be required. These recommendations have been given an appropriate status level indicating the degree of urgency in dealing with the problem. Self episiotomy care for women has traditionally focused on routine observation and examination of redness, edema, ecchymosis, vaginal discharge, with limited guidance for health care professionals on postnatal practice

#### **IMPLICATIONS**

All human life in the planet is born of women. Women are an important person for her children and her family. She nourishes her fetus and gives birth to the child. Mother's mental, physical and psychological health affects the health of children and all other members of family. Healthy mother have healthy baby, which break a cycle of ill health and deprivation. The present study findings have implications for nursing practice, nursing education, nursing administration.

#### **NURSING EDUCATION**

- The findings of the study can help the student nurses to understand the importance of self episiotomy care In hospitals and rural and urban settings.
- Now a days, much importance is given to awareness and promotion of health than the curative aspects. As the needs of society are continuously changing, newer components must be incorporated in the nursing curriculum. Nursing education must emphasize on preventive and rehabilitative aspects.

#### **NURSING ADMINISTRATION**

- As a part of administration, the nurse administrator plays a vital role in educating clients and students nurses.
- In the event of changing community trends and health focus, nursing administration has a responsibility to provide nurses with continuing education. This enables them in updating their knowledge and acquiring new skills.

#### **RECOMMENDATIONS**

- A similar study can be done on larger samples in rural area, where there is urgent need of knowledge about self episiotomy care.
- A similar study can be done in rural setting and primary health centers.
- Similar study can be done to know the knowledge and practice of nurses regarding self episiotomy care in city hospitals and district hospitals.
- A study can be done in B. sc nursing fourth year students because in the study period they will do work do work in maternity wards and different settings.
- A comparative study can be done between rural and urban mothers regarding their knowledge and practice about self episiotomy care.

#### **CONCLUSION**

After detailed analysis, the study detailed following conclusion. The mean pre test knowledge score was 7.75 and post test score was 21.16, the mean difference was 13.41 which  $< 0.05$ ,  $t = 1.82$ . Hence, on the basis of above findings, it could be concluded undoubtedly that the video teaching programme was effective to increase the knowledge of postnatal mothers regarding self episiotomy care.

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