

Effectiveness of video assisted teaching module on knowledge regarding self- care practices of perineum among mothers with episiotomy

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Abstract

The puerperium popularly known as “the diet”, is an important stage for the mother and child, and has been influenced by multiple practices and beliefs. A quasi experimental one group pre and post-test research design without control group were carried out to assess the effectiveness of video assisted teaching module on knowledge regarding self-care practices of perineum among mothers with episiotomy in government general hospital, karaikal. Structured questionnaire and video assisted module was prepared. The data were collected from 60 postnatal mothers selected through purposive sampling technique to assess the effectiveness of video assisted teaching module regarding self-care practices of perineum with episiotomy with structured questionnaire. The total mean was 9.32 ± 5.32 (Standard Deviation (SD)) which is 25% of the total mean score reveals that the postnatal mother under study had poor knowledge regarding self-care practices of perineum with episiotomy before video assisted teaching module. The overall mean was 25 ± 2.84 (SD) which is 84 % of the total mean score reveals that the postnatal mother gained more knowledge regarding self-care practices of perineum with episiotomy after video assisted teaching module, whereas in post-test the mean score was 25 ± 2.84 (SD) which is 84 of the total score depicting difference of 53 increase in mean percentage of score. There is a significant association between knowledge scores of the postnatal mothers with episiotomy in post-test when compared with education and occupation.

Keywords: Self-Care Practices; Episiotomy; Puerperium; Mother; Video assisted teaching; Perineum

1. Introduction

“Most of the time, pregnancy and child birth go the way it should: you are healthy, the baby grows normally, and the baby's birth is a happy and trouble-free event”.

The puerperium popularly known as “the diet”, is an important stage for the mother and child, and has been influenced by multiple practices and beliefs. The practices and beliefs during the puerperium concerning the care of mother and her newborn have been transmitted from generation to generation in order to maintain a good health condition. Consequently, it is important to teach the postnatal mothers regarding self-care practices of perineum with episiotomy, in order to determine which of them must be preserved, restructured, readjusted or reinforced (Edgar Castro, et al., 2005).

The postpartum period or puerperium includes the first six weeks after delivery of the placenta. This period is a very special phase in the life of women. She is going through the physiological process of uterine involution and at the same time adapting to her new role in the family. Postpartum care is the more neglected aspect of maternity care and more research is needed on issues related to postpartum maternal health. Early postpartum care is essential to diagnose and

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treat complications. There is evidence to support the postpartum visits, is to increase health needs for both mother and baby.

In order to promote healing and to prevent infections, it is important to keep this area clean by the use of good hygienic techniques including perineal care, ice pack application, sitz bath and Kegel exercise (Dr.Dana Elliott 2009). Good hygienic techniques including changing perineal pads wipe from front to back that is urethra to anus after voiding or defecating in a simple first step and wash her hand thoroughly before and after doing so. Proper and self-perineal care can make these problems more manageable and help to encourage healing (Lowder milk perry 2007).

Postpartum vaginal care is important for the new mother with episiotomy after a vaginal birth. Caring for the tender area will make it feel better, heal properly, and avoid infection. Perineal care must be important for 1 to 3 weeks. Swab down of the perineum are necessary every 4-6 hours when the woman has an episiotomy. Used vulval pads should be changed when soiled and also after toileting or bathing (Dr.Dana Elliott 2009).

The puerperium places many demands on the new mother. There may be a carryover of problems from the pregnancy, labour & after delivery, further major adaptations are necessary. Both genital and urinary tract are prone to get infection because of the nature of the labour process; defenses are breached because of loss of tissue integrity, trauma, blood loss, examination and instrumentation and the possibility of non-viable tissue remaining to provide a nidus for bacterial growth. (N A Beisher et al.)

After delivering the baby, the perineum must be kept clean. Urinating can be painful after delivery. Wash with warm water over the perineum during urination may ease the pain. After urinating gently dry the perineum with clean cloths. Cold application helps to reduce swelling and discomfort after delivery. Apply for 30 minutes at a time, up to 3 to 4 times per day. After the first two to three days, warm sitz baths will improve blood flow to the perineum. Take a bath or a shower once or twice daily. A sitz bath should be used after every bowel movement. A sitz bath involves sitting in shallow water, only deep enough to cover the hips and buttocks.

Kegel exercises strengthen and tone pelvic muscles and lessen perineal pain. Kegel exercises are small movements of the vaginal muscles similar to the movement trying to stop urinating. Postpartum self-care provides opportunities to improve the physical and psychological wellbeing of the mother.

Naturally more women continue to enjoy good health during the puerperium, but infection or preexisting ill health may interfere with the patient's wellbeing, the infection often manifests itself by elevation of the body temperature, pain in the perineum and itching and foul smell discharge (BT Basavanthappa 2006)

Collaborative efforts to the health care team are needed to provide safe and effective care to the women and family experiencing postpartum physiologic complications including maternal death. The most effective and least expensive treatment of postpartum infection is prevention. As knowledge increased about the dangers of cross infection and the impact of the woman's social circumstances on the incidence of ill health, the high rates of mortality after childbirth became to be seen as avoidable rather than inevitable outcome of pregnancy (Acosta et al.,2006)

This is an area of high commercial interest and, with regard to practice it is important that midwives attempt to seek out the current information available so that they can give advice based on the best available evidence. Advice might also be sought by women from a variety of people and these advices might be effective. In a review of treatments for perineal pain and care in 1995, identified a number of studies aimed at providing evidence of effectiveness in self-perineal care.

Appropriate information and advice are important components in perineal care with episiotomy and should take into account women's individual experiences of their perineal care and their preference for its relief. (Myles 2009).

Several quantitative studies allow us to corroborate the prevalence of the traditional care that women receive during their puerperium stage (Acosta et al., 2006). The relevance of this study is based on the need to know about the care of perineum during the puerperium and the repercussions of these practices in the onset of complications related to this stage.

This quantitative research analyzes the knowledge of the puerperal mothers regarding self-care of the perineum the objective is to reveal the prevalence of traditional care practices in puerperal women.

2. Materials and methods

Quasi experimental one group pre and post-test research design without control group was selected to assess effectiveness of video assisted teaching module regarding self-care practices of perineum among mothers with episiotomy. The setting of this study was government general hospital, Karaikal. The population for this study was postnatal mothers with episiotomy.

The sample of this study was primi and multipara mothers with episiotomy who are all admitted in government general hospital, Karaikal. The Sample size comprised of 60 postnatal mothers with episiotomy. A purposive sampling technique was used to select the sample for the present study which will meet the purpose of the study. In that every day in postnatal ward lottery method was adopted to select the sample for study group. Prior to conduct the main study 6 sample were selected and administered to explore the effectiveness of video assisted teaching module on knowledge regarding self-care practices of perineum among mothers with episiotomy. On analyzing the result, it was found to be effective. In pre-test 100% of mothers had inadequate knowledge. In post-test 33% of mothers had moderately adequate knowledge and 67% of mothers had adequate knowledge. Data was collected from 14/2/11 to 14/3/11. During this period the investigator collected both pretest and post-test data and also implemented video assisted teaching module. The data was collected in following three stages:

Pretest were conducted among postnatal mothers admitted in government general hospital, Karaikal by using structured questionnaire and interview method to assess the knowledge regarding self-care practices of perineum with episiotomy before implementation of video assisted teaching module. Pretest was conducted among 10-12 postnatal mothers each day approximately. The procedure was explained to them in detail with video assisted teaching module. The time allotted to each postnatal mother 20-30 minutes. The allotted 6 days was used for completing the pretest. Soon after pretest video assisted teaching module regarding self-care practices of perineum with episiotomy was shown to the postnatal mothers. The time period was 25-30 minutes. Evaluation done by conducting post-test after one week of pretest by using the same tool, which was used for pretest. The collected data was planned to be organized, tabulated and analyzed based on the objectives of the study by using descriptive statistics i.e. percentage, mean, and standard deviation (SD) and inferential statistics, such as chi-square and paired 't' test was used. The paired 't' test was used to find out the difference in knowledge between pre and post-test. Chi-square test was used to test the association between demographic variables with post-test knowledge score. The data was planned to be presented in the form of tables and figures.

3. Results

The study examined a sample of 60 postnatal mothers with episiotomy who are all admitted in government general hospital, Karaikal. The demographic analysis revealed that Highest percentage (62%) of mothers were in age group between 17-21 years, whereas lowest percentage (1%) of mothers were in the age group of 32-36 years. Highest percentage (37%) of mothers had primary education, further lowest percentage (10%) of mothers were graduate. Highest percentage (48%) of mothers were house wife whereas lowest percentage (5%) of mothers were employed. Monthly income shows that highest percentage (67%) of mothers earn 1000-3000. whereas lowest percentage (3%) of mothers earn 6001-9000. Highest percentage (92%) of mothers were Hindus, whereas lowest percentage (3%) of mothers were Christians. 50% of mothers belongs to joint family and 50% of mothers belongs to nuclear family, which might be related to this study. Highest percentage (92%) of mothers were from rural and 8% of mothers were from urban area, which might be related to the setting of the study. Highest percentage (60%) of mothers were multi gravida and lowest percentage (40%) of mothers were primi gravida. Highest percentage (60%) of mothers were multi para and lowest percentage (40%) of mothers were primi para.

Table 1 Area wise distribution of mean, SD and mean percentage of pre-test knowledge score regarding self-care practices of perineum among mothers with episiotomy

Area	Max obtainable Score	Pre-test score		
		Mean	SD	Mean (%)
Perineal care	18	8.07	4.01	45
Pelvic floor exercise	2	0.05	0.28	3
Sitz bath	7	0.53	1.26	8
Ice pack	3	0.67	0.72	22
Overall	30	9.32	5.32	25

Further, the overall mean was 9.32 ± 5.32 which is 25% of the total mean score reveals that the postnatal mothers under study had poor knowledge regarding self care practices of perineum with episiotomy before video assisted teaching module

Table 2 Area wise distribution of mean, SD and mean percentage of post-test knowledge score regarding self-care practices of perineum among mothers with episiotomy

Area	Max obtainable Score	Post-test score		
		Mean	SD	Mean(%)
Perineal care	18	15.88	1.77	88
Pelvic floor exercise	2	1.9	0.39	95
Sitz bath	7	5.3	1.05	76
Ice pack	3	2.1	0.7	70
Overall	30	25	2.84	84

Further, the overall mean was 25 ± 2.84 which is 84 % of the total mean score reveals that the postnatal mothers gained more knowledge regarding self-care practices of perineum with episiotomy after video assisted teaching module

Table 3 Comparison of pre-test and post-test level of knowledge regarding self-care practices of perineum among mothers with episiotomy.

SI.No	Level of knowledge	Pre-test		Post-test	
		No	%	No	%
1.	Inadequate	53	88.3	54	-
2.	Moderately adequate	6	10	6	10
3.	Adequate	1	1.7	0	90

From the above table shows that during pre-test 88.3% of mothers had inadequate knowledge, 10% of mothers had moderately adequate knowledge and 1.7 of mothers had adequate knowledge. Whereas during post-test 10% of mothers had moderately adequate knowledge and 90% of mothers had adequate knowledge.

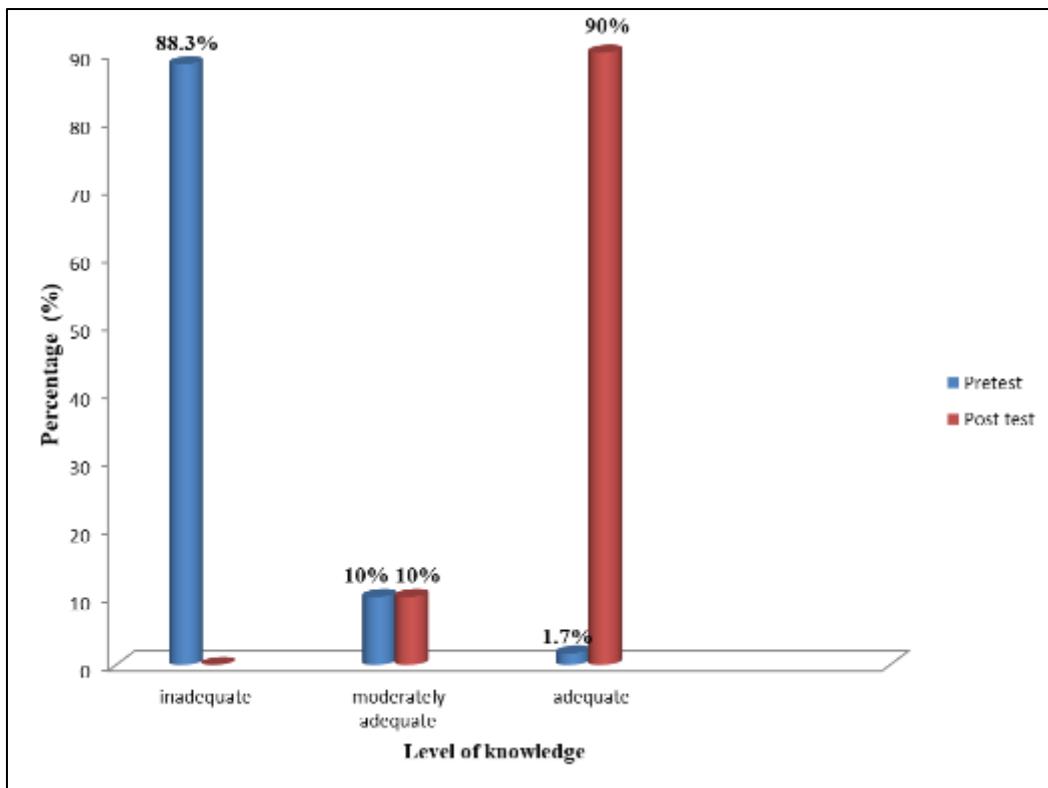


Figure 1 Bar diagram showing pretest and post-test level of knowledge regarding self-care practices of perineum among mothers with episiotomy

4. Discussion

According to this study, the total mean was 9.32 ± 5.32 which is 25% of the total mean score reveals that the postnatal mother under study had poor knowledge regarding self-care practices of perineum with episiotomy before video assisted teaching module

The overall mean was 25 ± 2.84 which is 84 % of the total mean score reveals that the postnatal mother gained more knowledge regarding self-care practices of perineum with episiotomy after video assisted teaching module

Whereas in post-test the mean score was 25 ± 2.84 which is 84 of the total score depicting difference of 53 increase in mean percentage of score. It reveals that the video assisted teaching module was effective among postnatal mothers on various areas of self-care interventions of perineum with episiotomy

Highly significant difference between the area wise score value of pre-test and post-test.

There is a significant association between knowledge score of the postnatal mothers with episiotomy in post-test when compared with education, and occupation.

Highly significant difference between the area wise score value of pre-test and post-test. Hence, the stated null hypothesis is rejected and statistical hypothesis was accepted ($p < 0.001$).

There is a significant association between knowledge score of the postnatal mothers with episiotomy in post-test when compared with education, and occupation. There was no significant association between knowledge score of the postnatal mothers with episiotomy in post-test when compared with age, income, place of living, type of family, gravida and para

5. Conclusion

From the findings of the present study, it can be concluded that video assisted teaching module regarding self-care practices of perineum among mothers with episiotomy was effective to improve the knowledge of postnatal mothers. Prior to implementation of video assisted teaching module the postnatal mothers had mean percentage is 25% of the total mean score reveals that the postnatal mothers under study had poor knowledge, whereas after video assisted teaching module the postnatal mothers had mean percentage 84 % of the total mean score reveals that the postnatal mothers gained more knowledge.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

Informed oral consent was obtained from postnatal mothers.

Statement of Ethical approval

Written permission was obtained from the medical director of the hospital.

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