



A TRUE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF LAVENDER OIL SITZBATH VERSUS COLD GEL PACK APPLICATION ON LEVEL OF EPISIOTOMY WOUND HEALING AMONG POSTNATAL MOTHERS UNDERGONE NORMAL VAGINAL DELIVERY IN SELECTED HOSPITALS AT KRISHNAGIRI DISTRICT

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ABSTRACT

A true experimental study was performed to assess the effectiveness of lavender oil Sitzbath versus cold gel pack application on level of episiotomy wound healing among postnatal mothers undergone normal vaginal delivery in selected hospital. 90 samples was selected using non probability simple purposive sampling technique Experimental group I (Lavender Oil Sitzbath) Experimental group II (cold gel pack application) and control group of postnatal mothers undergone normal vaginal delivery. Data were collected using a demographic proforma. Observational checklist to assess the effectiveness of lavender oil sitzbath versus cold gel pack application on level of episiotomy wound healing among postnatal mothers Pre test was conducted to experimental I, II and control group of samples and the researcher shows sitz bath to experimental group I receive lavender oil sitz bath, experimental group II receive cold gel pack application and control group received routine care. Post test was conducted 5 th days after the intervention. twice a day morning and evening after perineal care.

KEYWORDS:- Assess, Effectiveness, Sitz Bath, Episiotomy, Wound Healing, Undergone Normal Vaginal Delivery.

INTRODUCTION

“Sometimes the strength of motherhood is greater than natural laws”

“Temporary, but excruciating, pain is the price of healing”
- Vironika Tugaleva.

It is the most wondrous time in people's lives, when they bring a new family member in to the home to settle their family's hearts and household. The moment of birth is both joyous and beautiful. Birth is a unique dynamic process, fetal and maternal physiologies interact symbiotically. The physiological transition from pregnancy to motherhood heralds an enormous change in each woman physically and psychologically. Pregnancy is a creative and productive period in the life of women and the process of delivery is purely depends on mother and fetus, where the mother plays a major role in delivering the fetus. In order to deliver a baby safely the birth canal plays a vital role. The structure of birth canal varies from individual to individual, some may have thick vaginal tissues which may not dilate even after the application of fetal axis pressure. Hence, the incision is made in perineum to create a passage sufficiently during second stage of labour, so that the baby can be more easily delivered. This process is called Episiotomy.

Postpartum is a very special period for a women and her family. It is usually joyful when a pregnant mother gives birth to a baby whom she has expected. Despite the pain and discomfort, birth is a long awaited grand ending of a pregnancy and a start of a new life. Mother is the beginning of a new chapter of human life. The process of

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labor not only generates new life but also it creates new species in the world thereby make the special and labor is precious. WHO recommends episiotomy rate of 10% for normal deliveries. In India the incidence of episiotomy is also being very high (72.3%) per thousand births (2010). Pain following episiotomy appears to be universal. The mother who is undergoing episiotomy is characterized by greater blood loss in conjugation with delivery, and there is a risk of improper wound healing and increased pain during early puerperium.

Episiotomy can be associated with extension or tear into the muscle of the rectum or even the rectum itself and may also lead to infection, bleeding, swelling, defects in wound closure, local pain and a short term possibility of sexual dysfunction. Various intervention are found to reduce episiotomy pain and enhance healing process, which includes administration of analgesics, applying ice pack, topical application by dry heat (infra-perineal care. A Sitzbath promotes wound healing by cleaning the perineum and anus, increasing circulation and reducing inflammation, helps to relax local muscles. It is vital that health professionals who care for the puerperant mother knows how to evaluate and treat perineal pain. Considering the high rates of perineal trauma after normal deliveries that still exist in our population, it is necessary to offer these mothers alternative treatments for perineal pain and wound healing based on scientific evidences.

Sitz bath is the form of water bath and it is also called a 'hip bath', which is coming back into popularity as a low risk. Sitz bath-term comes from the German verb "sitzen" meaning 'to sit'. The sitz bath is a European tradition in which only the pelvis and abdominal area are placed in the water .It helps for women after child birth whether or not had an episiotomy. The lavender oil sitz bath helps for better pereneal wound healing.

STATEMENT OF THE PROBLEM:

A true experimental study to assess the effectiveness of Lavender Oil Sitzbath versus cold gel pack application on level of episiotomy wound healing among postnatal mothers undergone normal vaginal delivery in selected hospitals at Krishnagiri district.

OBJECTIVES:

- To assess the existing level of episiotomy wound healing among the Experimental group I (Lavender Oil Sitzbath) Experimental group II (cold gel pack application) and control group of postnatal mothers undergone normal vaginal delivery.
- To assess the level of episiotomy wound healing among the Experimental group I, II and control group after the intervention of postnatal mothers undergone normal vaginal delivery.
- To compare the pre test and post test level of episiotomy wound healing among the Experimental

group I, II and control group postnatal mothers undergone normal vaginal delivery.

- To associate the post test level of episiotomy wound healing with selected demographic proforma of postnatal mothers undergone normal vaginal delivery.

RESEARCH HYPOTHESES:

- **H₁:** There will be a significant difference between the pre and post interventional level of episiotomy wound healing among postnatal mothers undergone normal vaginal delivery in Experimental group I, II and control group.
- **H₂:** There will be a significant difference between post interventional level of episiotomy wound healing among postnatal mothers undergone normal vaginal delivery in Experimental group I, II and control group.
- **H₃:** There will be a significant association between post interventional level of episiotomy wound healing among postnatal mothers undergone normal vaginal delivery with selected demographic proforma

ASSUMPTIONS:

1. Episiotomy wound produces pain and discomfort among postnatal mothers.
2. Administration of lavender oil sitz bath may enhance episiotomy wound.
3. Alternative and complementary therapies aid in improving the healing of episiotomy wound.
4. Cold application lowers the temperature of underlying tissues and causes vasoconstriction and promotes effective wound healing.
5. Postnatal mothers with episiotomy may be prone to develop complications.

METHODOLOGY:

A study was conducted among post natal mothers undergone normal vaginal delivery in selected hospitals at krishnagiri district. The sample size was 90, through non – probability purposive sampling technique. The quantitative approach and true experimental – pretest posttest with control group research design was used in this study. The data was collected through interview schedule from the subjects regarding their demographic proforma.

Development and description of the tool:

This consists of two sections

PART- A: Demographic proforma

PART- B: An observational checklist was used to assess the episiotomy wound healing by REEDA scale (Redness, Edema, Ecchymosis, Discharge, Approximation).

SCORING PROCEDURE:

SCORE IS:

No infection (0)



Mild infection (1-5)
 Moderate infection (6-10)
 Severe infection (11-15)

RESULT AND DISCUSSION:

The result of the present study predicted the comparison of Pre-test level wound healing among Experimental Group I and Experimental Group are 12.8 ± 1.22 , 12.3 ± 1.24 and the calculated unpaired 't' test value of $t = 1.56$. The Pre-test level wound healing among Experimental Group II and Control Group are 12.3 ± 1.24 , 12.5 ± 1.23 and the calculated unpaired 't' test value of $t = 0.63$. The Pre-test level wound healing among Experimental Group I and Control Group are 12.8 ± 1.22 , 12.5 ± 1.23 and the calculated unpaired 't' test value of $t = 0.94$. The result of the present study predicted the comparison of Post-test level wound healing among Experimental Group I and Experimental Group are 4.9 ± 1.23 , 5.8 ± 1.57 and the calculated unpaired 't' test value of $t = -2.5$. The Pre-test level wound healing among Experimental Group II and Control Group are 5.8 ± 1.57 , 9.9 ± 1.14 and the calculated unpaired 't' test value of $t =$

11.71. The Pre-test level wound healing among Experimental Group I and Control Group are 4.9 ± 1.23 , 9.9 ± 1.14 and the calculated unpaired 't' test value of $t = -16.67$.

The above table:1 & fig:1 reveals that means score on pre test score is experimental group I 12.8 ± 1.22 and experimental group I & II 't' test value is 1.56 whereas in experimental group II 12.3 ± 1.24 and experimental group II & control group 't' test value is 0.63 whereas in control group 12.5 ± 1.23 and experimental group I & control group 't' test value is 0.94.

The above table:2 & fig:2 reveals that means score on pre test score is experimental group I 4.9 ± 1.23 and experimental group I & II 't' test value is -2.5 whereas in experimental group II 5.8 ± 1.57 and experimental group II & control group 't' test value is -11.71 whereas in control group 9.9 ± 1.14 and experimental group I & control group 't' test value is -16.67.

The above table reveals that, there is a significant association found with level of episiotomy wound healing with education level.

Table 1: Reeda Scale For The Assessment Of Perineal Episiotomy Wound Area

(n=90)

Reeda Scale For The Assessment Of Perineal Episiotomy Wound Area	Score
No infection (0)	1
Mild infection (1-5)	2
Moderate infection (6-10)	3
Severe infection (11-15)	4

Table 2: Comparison of Pre-test Level of Wound Healing among the Postnatal Mother in Experimental Groups and Control Group.

(n=90)

Groups	Mean	SD	Unpaired "t" value
Experimental Group – I	12.8	1.22	1.56
Experimental Group – II	12.3	1.24	
Experimental Group – II	12.3	1.24	-0.63
Control Group	12.5	1.23	
Experimental Group – I	12.8	1.22	0.94
Control Group	12.5	1.23	

Table 3: Comparison of Post-test Level of Wound Healing among the Postnatal Mother in Experimental Groups and Control Group.

(n=90)

Groups	Mean	SD	Unpaired "t" value
Experimental Group – I	4.9	1.23	-2.5
Experimental Group – II	5.8	1.57	
Experimental Group – II	5.8	1.57	-11.71
Control Group	9.9	1.14	
Experimental Group - I	4.9	1.23	-16.67
Control Group	9.9	1.14	



Table 4: Association between the level of wound healing with the selected demographic Variables.
Chi-square test on level of wound healing with the selected demographic variables

(n=90)

S.No	Demographic Variables	Experimental Group-I			Experimental Group-II			Control Group		
		df	Chi-Square	'P'table value	Df	Chi-Square	'P'table value	df	Chi-Square	'P'table value
1	Age	3	2.12	7.82 (NS)	3	0.3	7.82 (NS)	3	2.33	7.82(NS)
2	Religion	3	0	7.82 (NS)	3	0.06	7.82 (NS)	3	0.64	7.82 (NS)
3	Education	3	8.33	7.82 (S)	3	0.66	7.82 (NS)	3	1.82	7.82 (NS)
4	Types of Family	1	1.16	3.84 (NS)	1	0.69	3.84 (NS)	1	0.38	3.84 (NS)
5	Food Pattern	1	0.38	3.84 (NS)	1	0.57	3.84 (NS)	1	0.18	3.84 (NS)
6	Place of Residence	1	0.54	3.84 (NS)	1	0.17	3.84 (NS)	1	0.14	3.84 (NS)
7	Parity	1	0.67	3.84 (NS)	1	0.83	3.84 (NS)	1	0.01	3.84 (NS)
8	Activity	2	1.16	5.99 (NS)	2	4.1	5.99 (NS)	2	2.87	5.99 (NS)
9	Method of Rupture	1	0.02	3.84 (NS)	1	1.2	3.84 (NS)	1	0.18	3.84 (NS)
10	Type of Episiotomy	3	0.64	7.82 (NS)	3	1.36	7.82 (NS)	3	2.18	7.82 (NS)
11	Birth weight of the Baby	2	1.37	5.99 (NS)	2	5.06	5.99 (NS)	2	0.91	5.99 (NS)

Figure 1: Comparison of Pre-test Level of Wound Healing among the Postnatal Mother in Experimental Groups and Control Group

(n=90)

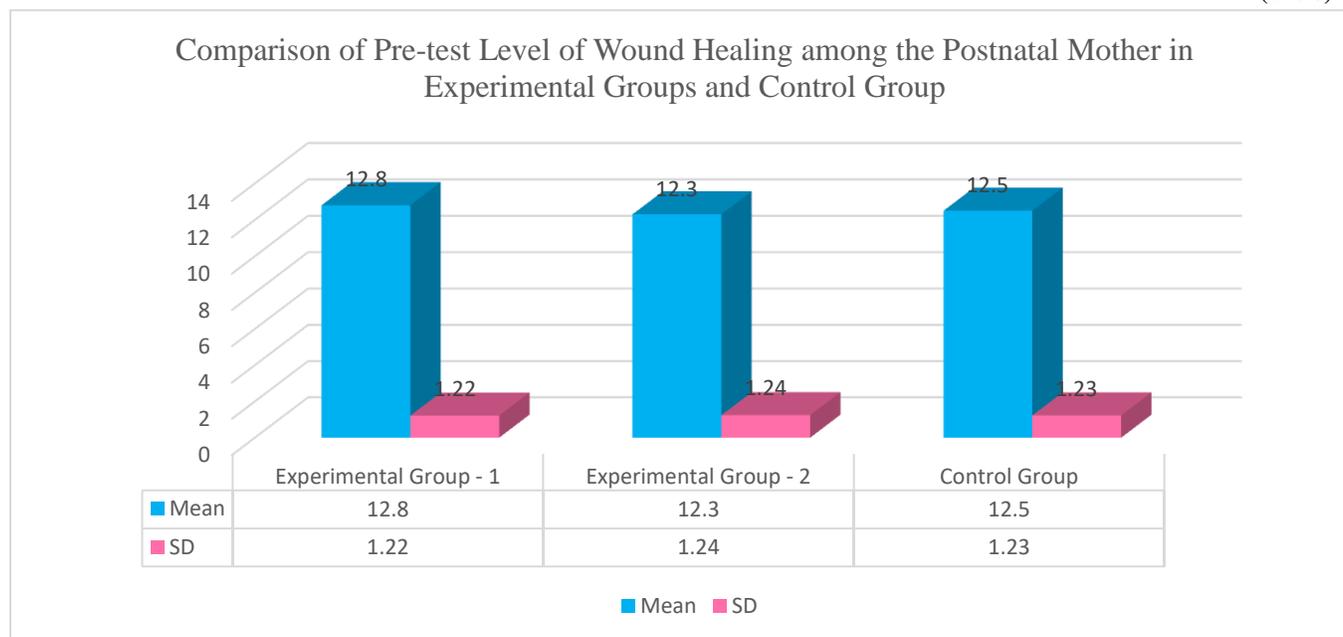
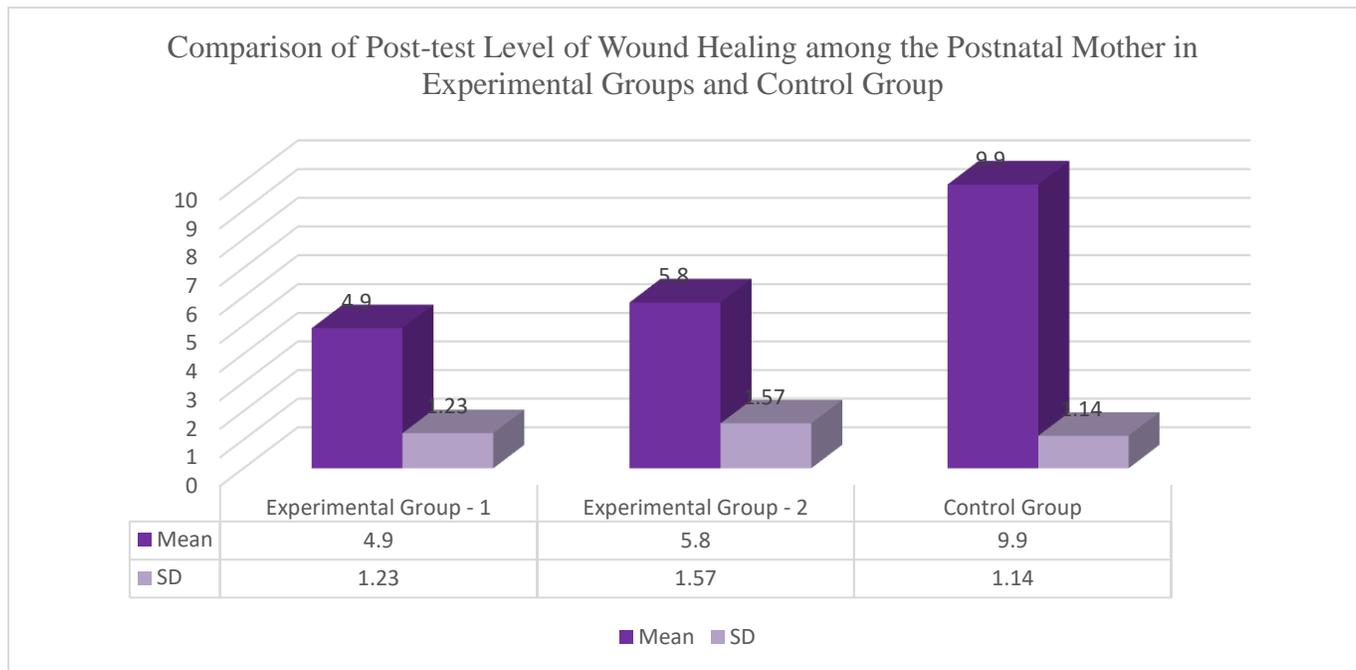


Figure 2: Comparison of Post-test Level of Wound Healing among the Postnatal Mother in Experimental Groups and Control Group (n=90)



CONCLUSION:

The analysis of the result showed that the level of episio to my wound healing among postnatal mothers undergone normal vaginal delivery in the experimental

group II has reduced by administering Lavender Oil Sitzbath when compared to experimental group I by administering cold gel pack application.

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