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A Quasi Experimental Study to Assess the Effectiveness of Sitz Bath on Episiotomy Wound Healing Among Postnatal Mothers Admitted In Postnatal Ward, District Hospital, Maternity Sector Morar, Madhya Pradesh

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Abstract – Postnatal period is a critical phase in the lives of mothers and newborn babies. Most of postnatal woman are prone for puerperal infection, which can be prevented by proper hygienic measures, especially perineal care, So the aim of the study was to assess the effectiveness of sitzbath on episiotomy wound healing among postnatal mother .Materials and Method: This study adopted a quantitative approach and the research design was quasi experimental non-randomized control group design. Non probability purposive sampling technique was use to select 30 postnatal mother for the study. In this study 15 postnatal mother were adopted for experimental grou pand was give nsitz bath and 15 postnatal mother for control group are getting normal treatment. The wound were assessed on after episiotomy and going assessment of wound was done with REEDA scale.This study was conducted at postnatal ward in district hospital, Morar maternity sector, Gwalior Madhya Pradesh. Result: The finding of the study shows that regaring the effectiveness of sitz bath the mean score of the mothers before receiving the treatment (for experimental group) was 8 and it decreased to 4 on the final day after the treatment process. This proves that the treatment has shown positive difference in the wound healing process The calculated' value 15.250 was compared with the table value 2.15 at 14 degree of freedom with 0.05 level of significance; the calculated value was much higher than the table value and the mean score of the mothers for control group was 7 and it decreased to 6 on the final day of observation process. This proves that the control group has shown less difference in the wound healing process. The calculated' value7.359 was compared with the table value 2.05 at 29 degree of freedom with0.05 level of significance; the calculated value was higher than the table value, Hence there existed a significant effect on episiotomy in the wound healing process in experimental group is higher than control group. This proved that sitz bath in the episiotomy is effective in wound healing.

Keywords: Evaluation, Effectiveness, Postnatal Mother, Episiotomy, Sitz Bath

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INTRODUCTION

Pregnancy is a creative and productive period in the life of women and the process of delivery purely depends on the mother and the fetus; here the mother plays a major role in delivering the fetus. Inorder to deliver the baby safely. The birth canal plays a safe and vital role. The structure of this canal varies from individual to individual. Some may have thick vaginal tissues which may not dilate even after the application of fetal axis pressure. So an incision(episiotomy) is made to create the passage sufficiently during the second stage of labor. In this a well-integrated postnatal care has an important role in assisting the transition to promote physical and psychological well-being of mother and baby, Care of the perineum is important for comfort and cleanliness as well as to prevent odour and infection. If the mother has had an episiotomy than it is promoted by keeping this area clean and to increase wound healing sitz bath will be effective

OBJECTIVES OF THE STUDY

1. To assess the healing of episiotomy wound for experimental and control group.
2. To provide sitz bath to the experimental group.

3. To compare the effectiveness of sitz bath with control group.

4. To find out the association between episiotomy wound healing with selected demographic variable and obstetric variables.

HYPOTHESES

H1- There will be significant difference between the healing score of experimental group and control group.

H2 - There will be significant association between the healing score of experimental and control group of mothers with selected demographic and obstetric variable.

MATERIAL AND METHODS:

Quantitative research approach and quasi experimental research design was used to conduct the study.

Setting of the study

The study was conducted in postnatal ward at district hospital maternity sector morar Gwalior.

Sample and sampling technique

A total of 30 postnatal mothers, among 30 mothers 15 were selected for experimental group and remaining 15 for control group were selected by purposive sampling technique.

Criteria for sampling selection

Inclusive Criteria:

The study includes postnatal mother who are:

1. Mothers who had vaginal delivery with episiotomy.

2. Mother who have delivered not more than 2 times.

Exclusive Criteria:

1. Mothers who had been diagnosed of GDM, AIDS/HIV positive.

2. Mother who have multigravida

INSTRUMENT USED FOR DATA COLLECTION:

It consist of two parts

Part - I

Baseline Performa which comprise of items for obtaining demographic data and obstetrical data of postnatal mother was collected i.e. Age, Gravida, Para, economic status, Education, Income type of family, Area, BMI, History of perineal Infection, Hemoglobin level, Type of episiotomy, Suture material, Infant birth weight, Type of episiotomy and its suture,

Part - II

The wound score was made through REEDA scale. The wound score system includes normal healing process, healing with bruising /edema, ecchymosis, discharge and approximation. The maximum wound score is 15 and the progress of wound status was assessed by REEDA scale. The scale has two ends, lower end indicates wound healing and higher end indicates poor wound healing respectively.

VARIABLES OF THE STUDY:

Variables are concepts at different levels of abstraction that are concisely defined to promote their measurement and manipulation within a study.

1. Independent variable:

Application of sitz bath on episiotomy.

2. Dependent variable:

Progress of wound healing process.

3. Influencing variable

Age, Gravida, Para, economic status, Education, Income type of family, Area, BMI ,History of perineal infection, hemoglobin level, Type of episiotomy, Suture material, Infant birth weight, Type of episiotomy and its suture.

Validity and reliability

The content validity of the tool was done by experts from the departmentment of obstetric and gynaecological nursing and obstetrician and gynaecologist from the department of morar maternity hospital. The reliability of the tool was established by using data collected from 8 postnatal mothers in district hospital morar Gwalior.The reliability was established by test-retest method which showed (r = 0.995),which was considered as highly reliable and adequate for the study.

TABLE NO - 1

DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF EXPERIMENTAL AND CONTROL GROUP

S. NO.	Demographic variable	Experimental group		Control group	
		Frequency	%	Frequency	%
1	**Age in year**				
	a) 17 - 20	7	47	7	47
	b) 21 - 24	8	53	8	53
2	**Education**				
	a)Illiterate	5	33	3	20
	b)Primary	6	40	7	47
	c) High school	0	0	5	33
	d)Higher secondary	4	27	0	0
3	**Occupation**				
	a)House wife	8	53	9	60
	b)Employed	0	0	2	14
	d)Coolie	7	47	0	26
4	**Family income per month**				
	a)Rs 2000 - 10000	12	80	8	54
	b)Rs 10000& above	3	20	7	46
5	**Type of family**				
	a)Nuclear	8	53	9	60
	b)Joint	7	46	6	40
6	**Area**				
	a)Rural	11	74	11	74
	b)Urban	4	27	4	26
7	**B.M.I**				
	a) < Normal	8	53	8	53
	b) Normal	7	47	7	47
8	**Do you have knowledge regarding episiotomy**				
	a)Yes	0	100	0	0
	b) No	15	0	15	100

Regarding the age of postnatal mother 7(47%) belongs to the age group of 17 to 20 years, and 8(53%) belongs to the age group of above 20 years in experimental group.

Regarding the educational status, 5(33%) were illiterate and 6(40%) had a primary education in experimental group.

With regards to occupation, 8(53%) were house wife and 7(47%) were employed in experimental groups.

Regarding the monthly income, 12(80%) were between Rs.2000-1000 and 3(20%) Were Rs1000& above in experimental group.

Regarding type of family, 8(53%) were nuclear family and 7(47%) joint family in experimental group.

With regards to the area 11(73%) rural, and 4(27%) were urban area in experimental group.

Considering the BMI 8(53%) were below normal and 7(47%) were normal in experimental group.

Regarding the knowledge of episiotomy on postnatal mother 15(100%) did not have knowledge about episiotomy in experimental group.

Regarding the age of postnatal mother7 (47%) belongs to the age group of 17 to 20 years, and8 (53%) belongs to the age group of above 20 years in control group.

Regarding the educational status, 3(20%) were illiterate and7 (47%) %) had a primary education 11(73%) and 11(73%) control group.

With regards to occupation, 9(60%) were house wife and 2(13%) were employed in groups and 4(26%) were coolie. in control group.

Regarding the monthly income 8(53%), were between Rs.2000-1000 and 7(47%) had 1000& above in control group.

Regarding type of family, 9(60%) were nuclear family and 6(40%) joint family in control group With regards to the area 11(73%) were rural and 4(47%) were urban in control group.

Considering the BMI 8(53%) were below normal and 7(47%) were normal in control group.

Regarding the knowledge of episiotomy on postnatal mother 15(100%) did not have knowledge about episiotomy in control group.

TABLE NO - 2

DISTRIBUTION OF OBSTETRICAL VARIABLES OF EXPERIMENTAL AND CONTROL GROUP

S. NO.	Obstetrical variable	Experimental group		Control group	
		Frequency	%	Frequency	%
1	**Gravida**				
	(a)One	8	53	8	53
	(b) Two	7	47	7	47
2	**Parity**				
	(a) One	8	53	10	66
	(b) Two	7	47	5	34
3	**An previous Surgery or incision on perineum**				
	a) Yes	1	7	1	7
	b) No	14	93	14	93
4	**Previous infection disease on reproductive tract.**				
	a)Yes	10	66	7	47
	b)No	5	34	8	53
5	**Haemoglobin level**				
	a) < 9gm	8	53	7	47
	b) 9-12	7	46	8	53
6	**Episiotomyis performed by.**				
	a) Doctor	9	60	5	34
	b) Nurse	6	40	10	66
7	**Type of episiotomy**				
	a) Median			3	20
	b) Mediolateral				
	1)Right	15	100	9	60
	2).Left				
8	**Suture material use**				
	a) Absorbable suture	0	0	0	0
	b)Non absorbable suture	15	100	15	100
9	**Perinea suture performed by**				
	a) Doctor	7	47	7	47
	b) Nurse	8	53	8	53
10	**Pain on incision area?**				
	a) Yes	8	53	7	47
	b) No	7	47	8	53
11	**Antiseptic solution use**				
	a) Providion iodine	15	100	7	47
	b) Dettol	0	0	3	20
	c) Nothing	0	0	5	34
12	**Infant birth weight**				
	a)2.5-3kg	8	47	4	27
	b)3kg	7	53	3	20
	c)Above 3kg	0	0	8	53

Table No. (2) Shows distribution of demographic variable of experimental and control group.

Regarding the gravida of mothers, 8(53%) mothers were primi gravid,7(47%) mother were multigravida in experimental group.

Considering the parity of mothers, 8(53%) mothers were primipara and 7(47%) were multipara in experimental group.

Regarding any previous surgery on perineum, 1(7%) having surgery and 14(93%) did not have surgery in experimental group.

Regarding infection diseases in reproductive tract, 10(66%) did have infection diseased and 5(34%)is having infection disease (virginities) in experimental group.

Regarding haemoglobin level, 8(53%) was less than normal and 7(47%) normal in experimental group.

Regarding the episiotomy performed, 9(60%) is performed by doctor and 6(40%) is performed by nurse in experimental group.

Considering the type of episiotomy, 15(100%) were done mediolateral in experimental group.

Regarding the suture material used 15(100%) were used absorbable suture in experimental group.

Considering the perineal suture, 7(47%) which performed by doctor and 8(53%) is performed by nurse in experimental group.

Regarding pain on incision area, 8(53%) is having pain and 7(47%) is not having pain experimental group.

Regarding on antiseptic solution, 15(100%) were using providone iodine on sitz bath in experimental group.

Considering on infant birth weight 8(47%) were having 2.5 - 3 kg and 7(47%) were having 3kg infant birth weight in experimental group.

Regarding the gravida of mother, 8(53%) mother were primigravid,7(47%) mother were multigravida in control group.

Considering the parity of mother, 10(66%) mother were primipara and 5(34%) were multiipara in control group.

Regarding any previous surgery on perineum, 1(7%) having surgery and 14(93%) did not have surgery in control group.

Regarding infection diseases in reproductive tract, 7(47%) does not had infection diseased on reproductive tract and 8(53%) was having infection disease (virginities) in conrol group.

Regarding haemoglobin level,7(47%) was less than normal and 8(53%) normal in control group.

Regarding the episiotomy performed, 5(34%) is performed by doctor and 10(40%) is performed by nurse in control group.

Considering the type of episiotomy,3(20%)were done median and 9(60%) done mediolateral in control group.

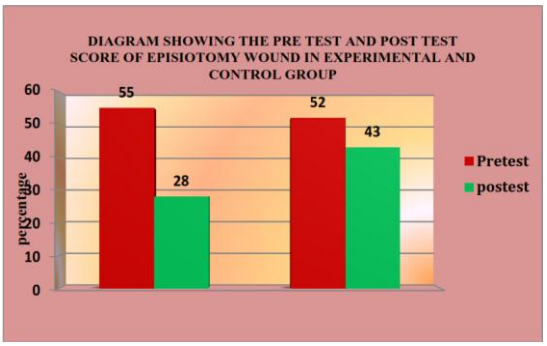
Regarding the suture material used 15(100%) were used absorbable suture in control group.

Considering the perineal suture, 7(47%) which performed by doctor and 8(53%) is performed by nurse in control group.

Regarding pain on incision area, 7(47%) is having pain and 8(53%) is not having pain control group.

Regarding on antiseptic solution, 7(47%) were used providone iodine,3(20%) were used dettol and 5(34%) was not used any solution on self perineal care in control group.

Considering on infant birth weight 4(27%) were having 2.5 - 3 kg and 3(20%) were having 3kg and 8(53%) was had above 3kg infant birth weight in control



ASSOCIATION OF HEALING SCORE OF EPISIOTOMY MOTHER IN EXPERIMENTAL GROUP WITH SELECTED OBSTETRICAL VARIABLE

S. NO.	Obstetrical variable	Below Mean	Above Mean	Chi square	df	Table value
1	**Gravida** a) one b)Two	 1 6	 7 1	9.58	1	3.84
2	**Parity** a) one b)Two	 1 5	 7 2	8.55	1	3.84
3	**Any previous surgery in perineum** a)Yes b)No	 7	 1 7	0.47	1	3.84
4	**Any infection disease on reproductive tract** a) Yes b) No If yes-vaginits	 5 3	 7	4.84	1	9.49
5	**Haemoglobin** a) ≥ 9gm b) < 9gm	 1 6	 7 1	7.56	1	3.84
6	**Episiotomy is performed by** a)Doctor b) Nurse	 2 5	 7 1	5.38	1	3.84
7	**Type of episiotomy** a) Median b)Mediolaterial - right - left	 7	 8	0	3	7.82
8	**Suture mterial used** a) Absorbable b) Non absorbable suture	 6 0	 9 0	0	1	3.84
9	**Antiseptic solution** a) Providone b) Dettol	 7 0	 8 0	0	1	3.84
10	**Perineal suture performed by** a) Doctor b) Nurse	 3 6	 4 2	4.21	1	3.84
11	**Pain on incision area** a)Yes b) No	 3 3	 5 4	10.41	1	3.84
12	**Infant birth weight** a) 3.5 to 3kg b) 3kg	 1 6	 7 1	8.04	1	3.84

From ,the table no.(6) Regarding gravida the calculated value of χ^2 is greater than the tabulated value of χ^2 at 5% level of significant, it is concluded that there is association between gravida and healing score in experimental group.

Regarding parity the calculated value of χ^2 is greater than the tabulated value of χ^2 at 5%level of significant; it is concluded that there is an association between parity and healing score in experimental group.

Regarding surgery on perineum the calculated value of χ^2 is less than the tabulated value of χ^2 at 5%level of significant; it is concluded that there is no association between surgery on perineum and healing score in experimental group.

With regards to previous infection disease in reproductive tract the calculated value of χ^2 is less than the tabulated χ^2 at 5%level of significant; it is concluded that there is no association between infection and healing score in experimental group.

With regards to hemoglobin the calculated value of χ^2 is greater than the tabulated value of χ^2 at 5%level of significant; it is concluded that there is an association between hemoglobin and healing score in experimental group.

Regarding episiotomy performed the calculated value of χ^2 is less than the tabulated value of χ^2 at 5% level of significant; it is concluded that there is an association between episiotomy performed and healing score in experimental group.

With regards to type of episiotomy the calculated value of χ^2 is greater than the tabulated value of χ^2 at 5% level of significant; it is concluded that there is an association between type of episiotomy and healing score in experimental group.

Regarding suture material used the calculated value of χ^2 is less than the tabulated value of χ^2 at 5%level of significant; it is conclude that there is no association between suture material and healing score in experimental group.

Considering perineal suture performed the calculated value of χ^2 is less than the tabulated value of χ^2 at 5%level of significant; it is conclude that there is no association between perineal suture and healing score in experimental group.

Regarding pain on incision area the calculated value of χ^2 is greater than the tabulated value of χ^2 at 5% level of significant; it is concluded that there is an association between pain and healing score in experimental group.

With regards to antiseptic solution used the calculated value of χ^2 is greater than the tabulated value of χ^2 at 5% level of significant; it is concluded that there is an association between antiseptic solution and healing score in experimental group.

Regarding infant birth weight the calculated value of χ^2 is less than the tabulated value of χ^2 at 5% level of significant; it is concluded that there is an association between infant birth weight and healing score in experimental group.

ASSOCIATION OF HEALING SCORE OF EPISIOTOMY MOTHER IN CONTROL GROUP WITH SELECTED DEMOGRAPHIC VARIABLE

S. NO.	Demographic variable	Below Mean	Above Mean	Chi Squares	df	Table value
1	**Age in year** a) Below 20 b) Above 20	 6 8	 5 1	2.25	1	3.84
2	**Education** a)Illiterate b)Primary c)High school	 2 3 1	 1 4 4	1.37	2	5.99
3	**Occupation** a)House wife b)Employed c)Coolie	 4 0 1	 5 3	0.85	 2	5.99
4	**Family income per month** a)2000-10000 b)1000&Above	 15	 7 2	5.76	1	3.84
5	**Type of family** a)Nuclear b)Joint family	 2 5	 7 1	1.5	1	3.84
6	**Area** a)Rural b)Urban	 4 2	 7 2	 0.24	 1	3.84
7	**B.M.I** a)< Normal b) Normal	 2 6	 6 1	11.03	2	5.99
8	**Do you have Knowledge regarding episiotomy?** a) Yes b) No	 6	 9	0	1	3.84

From, the table no,(7) With regards to age the calculated value of χ^2 is less than the tabulated value of χ^2 level of significant, it is concluded that there is no association between age and healing score in control group.

Regarding education the calculated value of χ^2 is less than the tabulated value of χ^2 at level of significant; it is concluded that there is no association between education and healing score in control group.

Pertaining to occupation the calculated value of χ^2 is less than the tabulated value of χ^2 at level of significant; it is concluded that there is no association between occupation and healing score in control group.

Regarding to family income the calculated value of χ^2 is less than the tabulated value of χ^2 at level of significant; it is concluded that there is an association between family income and healing score in control group.

Regarding type of family the calculated value of χ^2 is less than the tabulated value of χ^2 at level of significant; it is concluded that there is an association between type of family and healing score in control group.

With regards to area the calculated value of χ^2 is less than the tabulated value of χ^2 at level of significant; it is concluded that there is no association between area and healing score in control group.

Regarding to B.M.I the calculated value of χ^2 is less than the tabulated value of χ^2 at level of significant; it is concluded that there is an association between B.M.I and healing score in control group.

With regards to knowledge the calculated value of χ^2 is less than the tabulated value of χ^2 at level of significant; it is concluded that there is no association between knowledge of episiotomy and healing score in control group.

Distribution of wound healing score of mothers after three days of treatment in experimental and observation in control group

Wound Healing score	Experimental group		Control group	
	No.of mothers	Percentage (%)	No.of mothers	Percentage (%)
0 (Fully heal)	0		0	0
1to5 (Excellent wound Healing)	15	100	2	13
6 to 10 (Good wound healing)	0	0	13	87
11 to 15 (Poor wound healing)	0	0	0	0

The table no,(3) represents that the healing score 1 to 5 was found in majority of cases in experimental group in term of 100% after three days of the treatment and healing score 6 to 10 was found in majority in control group in terms of 80% after three days. This proves that experimental group is more effective than control group.

COMPARE THE EFFECTIVENESS OF SITZ BATH WITH CONTROL GROUP

Healing Score of wound	Experimental group		Control group		Experimental group	Control group	Table value
	Mean	Standard deviation	Mean	Standard deviation	t-test		
Pre test	8.2667	.86189	7.9333	.96115	15.250	7.359	2.05
Pos test	4.2000	.86189	6.5333	.91548			

The mean score of the mothers before receiving the treatment (for experimental group) was 8 and it decreased to 4 on the final day after the treatment process. This proves that the treatment has shown positive difference in the wound healing process The calculated' value 15.250 was compared with the table value 2.15 at 14 degree of freedom with 0.05 level of significance; the calculated value was much higher than the table value and the mean score of the mothers for control group was 7 and it decreased to 6 on the final day of observation process. This proves that the control group has shown less difference in the wound healing process. The calculated' value7.359 was compared with the table value 2.05 at 29 degree of freedom with 0.05 level of significance; the calculated value was higher than the table value, Hence there existed a significant effect on episiotomy in the wound healing process in experimental group is higher than control group. This proved that sitz bath in the episiotomy is effective in wound healing.

RESULTS, DISCUSSION, SUMMARY CONCLUTION NURSING IMPLICATIONS OF THE STUDY RECOMMENDATIONS

This study is mainly intended to assess the effectiveness of sitzbath in episiotomy wound. The effect of these treatment modalities was found by comparing of first and final day wound healing score. Mother's wound status was assessed soon after 3days of episiotomy and before starting treatment. The finding of the study have been discussed with the reference to the objectives stated in chapter-1

Characteristic of demographic and obstetrical value of episiotomy postnatal mother

Out of 30 postnatal mother majority 47% were in the age group of 17-20 years in experimental group and 47% were in control group.40% were primary education in experimental group and 47%were in control group.47%were coolie in experimental group and 60% were house wife in control. 80% were getting family income of Rs 2000-10000 in experimental group and 54% were in control group.53%were belong to nuclear family and 60% were in control group.74% were living in rural area in experimental group and 74% were in control group.53% were having normal B.M.I in experimental group and 53% were in control group. In obstetrical value out of 30 posnatal mother majority 53% were gravid one in experimental group and 53% were in control group.47% were parity zero and 66% were in control group.93% were not having surgery on perineum in experimental group and 94% were not in control group.66% were not having infection disease on reproductive tract and 53% were not having in control group.53% were having <9gm heamoglobin level in experimental group and 47% were in control group.60% had done episiotomy by doctor on experimental group and 66% had had by nurse on experimental group.54% had done median episiotomy in experimental group and 53% in control group.53% had done perineal suture by nurse in experimenal group and 53% in control group.53% were having pain on incision area and 53% were not having pain in control group.53% were having infant birth weight 3kg in experimental group and 53% were having infant birth weight on control group.

(1) To assess the healing of episiotomy wound for experimental and control group.

Table no (4) the pretest of experimental and control group were assess through the REEDA scale with

the scoring system of 1-15, in this the pretest mean score of the mother for experimental group was 8 and pretest mean score of the mothers for control group was 7. This proves that pretest score for experimental and control group is probably same.

(2) To provide sitz bath to the experimental group.

Before giving sitz bath to experimental group observation was done and mother was co-operated and given good response to the investigator. After observation the researcher provided sitzbath twice a day i'e at morning and evening for continous three days on the experimental group and healing of wound was observed after three days.

(3) To compare the effectiveness of sitz bath with control group.

The table no,(3) represents that the healing score 1 to 5 was found in majority of cases in experimental group in term of 100% of excellent wound healing after three days of the treatment and healing score 6 to 10 was found in 44

(4) To find out the association between episiotomy wound healing with sitzbath

From, the table no,(5) It is concluded that there is an association between demographic variable that is age education, occupation, type of family B.M.I, with episiotomy wound healing but there is no association as between family income, area, and knowledge of episiotomy.

From, the table no (6) It is stated that there is an association between obstetrical variable that is gravida, parity, hemoglobin, antiseptic solution used with episiotomy wound healing but there is no association as between any previous surgery in perineum, episiotomy performed by, suture material used.

From, the table no (7) It is concluded that there is an association between demographic variable that is, family income, type of family with episiotomy wound healing but there is no association as between area, age education, occupation, B.M.I, and knowledge of episiotomy.

From, the table no (8) It is stated that there is an association between obstetrical variable that is gravida, haemoglobin, but there is no association as between any previous parity, surgery in perineum, episiotomy performed by, suture material used, antiseptic solution used with episiotomy wound healing

SUMMARY

The study was conducted for the period of one month at Morar district hospital (Maternity Centre).Totally 30 mothers were studies. Mothers were allotted for experimental group and control group.Sitz bath was given for experimental group and self perineal care for control group. The wound score were assessed after 4 days of episiotomy. The wound healing score was made through REEDA scale. The scale was used before and after application of treatment modalities for experimental group. The treatment modalities were given for three days.

MAJOR FINDINGS

Sitz bath was found to be more effective in the wound healing of episiotomy mothers compared to postnatal mothers who have not had treatment of sitz bath.

CONCLUSION

The pre study has been supported by a series of other studies, which confirmed that sitz bath are effective in wound healing process of episiotomy mothers, enhancing comfort and decreasing of pain .From this analysis and result, it is concluded that sitz bath is effective in wound healing process.

NURSING IMPLICATION

Nursing Practice

- It was identified from the study that the sitz bath is effective in episiotomy wound healing of the postnatal mothers. Therefore the sitz bath can be applicable for regular practice during postnatal period of episiotomy mother. Most human beings accustomed to the existing methods will take some time to adapt to the new methods. The nurses should also be introduced to the awareness programmes, to make them understand the benefits of the methods.

Nursing Education

- With the emerging health care trends nursing education must focus on innovations to enhance the nursing care. The nursing students should be taught the importance of wound healing in postnatal mothers. Therefore the nursing students should be introduced with the methods of wound healing in postnatal mothers to deliver the nursing care effectively. Nurse educators should orient the students

towards various forms of interventions for episiotomy wound healing.

Nursing Administration

With technological advances and ever growing challenges of health care means.

The administrators have a responsibility to provide nurses with substantive continuing education opportunities. The nurse administrator should motivate the staff nurses to encourage their clients regarding the use of sitz bath on episiotomy wound.The nurse administrator should make arrangements to see that sufficient man power, money and materials are available to provide uninterrupted quality obstetric care.

Nursing Research

- A further research can be done in clients with perineal tear by assessing the effect of sitzbath. There is a need for extensive and intensive research in this area.

RECOMMENDATIONS

- Sitz bath can be used as a routine intervention among mothers with episiotomy in hospitals and corporation health centres with final assessment of perineal discomfort and wound healing score.
- More studies are required to evaluate the short term and long term effects of sitzbath on perineal would healing and pain reduction.

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