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A study to assess the effect of perineal support and perineal massage on episiotomy in second stage of labor among primigravida mothers admitted in selected hospitals

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Abstract

Introduction: Today's man lives in a world where everything moves with a tick of a clock and moves around in a world with high technological advancement. Care and concern, of human being is replaced by advanced technology. Nurses will care for mothers by providing massage therapy which help to promote labour and relieve pain. The labour and the birth process is an exciting, painful and anxiety provoking process. Childbirth has been associated with pain, various exorcisms can be found in the records from the ancient civilizations.

Methods Research Approach: Research Approach: Descriptive survey approach was used and Research design used was exploratory design. Conceptual framework based on general System Model by Ludwig Vonbertanlanffy, 1968. The setting for this study was the selected areas labor room of Talera Hospital Chinchwad, Dr. Khaire Hospital, PCMC. Non probability Purposive Sampling Technique was used for 60samples.

Section I: Description of samples primi mother based on their personal characteristics.

Section II: Analysis of data for the effect of pain level.

Section III: Analysis of data related to effect of perineal massage and perineal support on to avoid episiotomy bio physiological parameters.

Section IV: Analysis of data related to association of effect of perineal massage and perineal support to avoid episiotomy with demographic variables. Tool validity done, tool found reliable. Study found feasible after pilot study.

Results: This study exploratory design was used. The population for the present study comprised of primigravida mother in second stage of labor. Selected hospitals of Talera Pimpri Chinchwad area in Pune city. Total 60samples were taken, Sample was collected through the use of Non Probability Purposive Sampling Technique. Tool visual analogue scale for pain scale assessed for reliability Reliability for the effect of perineal. perineal massage assessed using Intra Rater Method Cohen's Kappa was found to 0.93. The data was analyzed using descriptive & inferential statistics. 30% of primigravida age 21-23 years, 28% of them age 18-20 years and 24-26 years respectively 13% of them age 26-28 years of age. 25% of them secondary education, 20% of higher secondary education. 14% of them graduate, 3% of them post graduate. 50% of them rural residence 50% of them urban residence. 35% of income 10,000-15,000, 27% of them 15,000-20,000, 20% of them 20,000-25, 000, 18% of 5000-10000. 48% of primigravida young at age.

Section I: It includes the six demographic variables.

Section II: It consists of analysis of data related to perineal massage and perineal support on pain.

Section III: Analysis of data related to effect of perineal massage and perineal support on bio physiological parameters. The content validity was determined by experts.

Conclusion: Demographic variables to pain for effect of perineal support, and massage to avoid episiotomy. After experiment association of effect of perineal massage and perineal support with the selected demographic variables.

Keywords: Assess, effect, labor, perineal massage, primi gravida, episiotomy

Introduction

Incidence and degree of perineal tear evaluated immediately after delivery the incidence and severity of perineal pain were assessed 24 hours, and also 6weeks after delivery. In group the frequency of tear, relative frequency, severity of pain 24hours after delivery and the frequency of pain and the perineal pain after 6 weeks of delivery significantly different from the two methods.

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Research Design

The research design selected for the study was an descriptive survey exploratory Research Design.

Research Setting

The present study was conducted in the selected labour room of selected hospitals of Talera Pimpri Chinchwad area in Pune city.

Population

The population of the present study comprised of nurses in labour room.

Sample

In the present study the samples were primigravida mother in second stage of labour.

Sample size

The Sample size consisted of 60 nurses.

Sample technique

In the present study the sample was collected through Non probability Purposive Sampling Technique.

Criteria for selection of sample

Inclusion Criteria

Primigravida mothers who admitted in labourroom.

Exclusion Criteria

1. Exclusion criteria for sampling.
2. Gravida 2, gravida 3 excluded from the study.

Development of tool

Section I: Description of samples primi mother based on their personal characteristics.

Section II: Analysis of data for the effect of pain level.

Section III: Analysis of data related to effect of perineal massage and perineal support on to avoid episiotomy bio physiological parameters.

Section IV: Analysis of data related to association of effect of perineal massage and perineal support to avoid episiotomy with demographic variables. Scale. Opinions and suggestions were taken from the experts, which helped in determining the important areas to be included.

Description of the tool

In this study the tool consisted of:

Section A: Demographic Performa

Section B: Consisted of Structured Questionnaire for assessment of knowledge consisted of 19 items related to Massage Therapy.

Section C: Consisted of attitude scale which was developed using Likert Scale for the assessment of attitude compromised of 15 items related to Massage Therapy.

Validity

The content validity of tool is Visual Analogue Scale to measure pain, and Observation Checklist score to items for

the assessment of demographic information and a study to assess the effect of perineal support and perineal massage to avoid episiotomy among primigravida mothers in selected hospitals. Tool was sent to 20 experts out of whom 15 were received back with their valuable suggestions and guidance for the perfection. The validity of the tool was established by experts from different departments that is Obstetrics and Gynaecology departments, Obstetrics and Gynaecological Nursing, Statistician.

Reliability of the Tools

Reliability for the effect of perineal and perineal massage assessed using Intra Rater Method Cohen's Kappa was found to 0.93. Hence the tool found to be reliable for the study. hence the tool was reliable.

Ethical consideration

- Researcher had obtained approval from appropriate review boards to conduct the study.
- Researcher had taken formal permission from care givers to conduct study.
- Only the samples who had signed the consent form are included in the study.
- Confidentiality of the data is maintained strictly.

Plan for data collection

- Ethical committee clearance
- Permission from the Corporator and Medical Officer of selected hospital.
- Consent from nurses from selected hospital.
- The investigator approached the nurses of selected samples, informed them regarding the objectives of the study and obtained their informed consent after assuring the confidentiality of the data.
- The data collection was done among selected sample by observation checklist to assess the effect of perineal supports.

Pilot study

The objective of study and obtained consent for participation in study. The Investigator obtained permission from Khair Hospital Chinchwad from 1st December to 10th December 2017. On 10th selected primigravida mothers in labor room and to decide the plan for data analysis. Prior permission from the administration was obtained from the Medical Officer, Talera Hospital Pimpri Chinchwad Municipal Corporation, Pune. The investigator administered a observation checklist.

Data analysis and interpretation

For the analysis of demographic variable would be analyzed in terms of frequency and percentage was be calculated. Mean, Median, Mode, Standard deviation, Percentage, Distribution, Frequencies for assess the knowledge. Fisher's Exact Test' would be applied to determine the significance of findings. The findings would be documented in tables, graphs and diagrams.

Result

Section I-Frequency and percentage distribution of selective Demographic Variables.

Total 60 samples were taken, Sample was collected through the use of Non Probability Purposive Sampling Technique. Tool visual analogue scale for pain scale assessed for

reliability with iterator. Reliability for the effect of perineal and perineal massage assessed using Intra Rater Method Cohen's Kappa was found to 0.93. The data was analyzed using descriptive & inferential statistics. 30% of primigravida age 21-23 years, 28% of them had age 18-20 years and 24-26 years respectively 13% of them age 26-28 years of age. 25% of them secondary education, 20% of the higher secondary education. 14% of them were graduate, 3% of them were post graduate. 50% of them had rural residence and 50% of them had urban residence. 35% of them had income 10,000-15,000, 27% of them 15,000-20,000, 20% of them 20,000-25,000, 18% of them had 5000-10000. 48% of primigravida were young at age and 52% of primigravida were elder females.

Section I: It includes the six demographic variables

Section II-analysis of data related to perineal massage and perineal support on pain.

According to Visual Analogue Scale pain level of patient with perineal support and perineal massage to avoid episiotomy is mild 75%, moderate 20%, severe 5%.

Section III-analysis of data related to effect of perineal massage and perineal support on bio physiological parameters.

88% of primigravida had mild bleeding, 12% had normal bleeding. 60% of primigravida had first degree of tear, 62% of primigravida had normal range of B.P. 38% had abnormal BP. 62% had normal pulse, 38% had abnormal pulse, 62% had normal HR 38% had abnormal HR, 92% normal respiration 8% had abnormal respiration.

Conclusion

The study was a new learning experience for the Investigator. Analysis of the problem faced by the nurses overall knowledge scores of nurses regarding Massage Therapy in labour is good, grade wise distribution of attitude is in the best grade. An association is seen between the age and knowledge of practice of Massage Therapy. The Married nurses were seen to have more knowledge about the area of massage. It is also seen that with increasing age positive attitude is developed towards the regular practice of Massage Therapy.

Discussion

Knowledge of the accurate level of labour pain helps the midwife to perform the perineal massage and perineal support on the primigravida. It also helps the nurse to plan the accurate use of perineal massage and perineal support during the second stage of labour. This care is very helpful to those primigravida who are in the second stage of labour.

Limitations

- Data collection period was limited to 4 weeks
- The data was collected only through the baseline data and a Questionnaire.
- The study was conducted to only one group of 60 the present study was conducted in the selected labour room of selected hospitals Dr. D.Y. Patil Hospital, Pimpri pcmc, Pune city. hence generalization was limited to the population under study.
- Internal validity as the Investigator had no control over the events that took place between the test and re-test.

Recommendations

1. A similar study may be replicated on large samples.
2. A study to assess the knowledge and attitude of nurses regarding complementary and alternative therapies for labour pain management.
3. A study to assess the effectiveness of Olive oil Massage Therapy upon the low back pain of parturient mothers in the first stage of labour.
4. A Quasi Experimental Study to determine the effectiveness of foot massage (Reflexology) in reducing pain in labour.
5. A health teaching may be planned for health workers regarding Alternative Therapies in labour.
6. A study to assess knowledge, attitude and practices of pregnant woman on selected Alternative Therapies.

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References

1. Alfiya John. Research Article, Journal of Obstetrics and Gynaecology. 2012-2013; 6:118-134
2. Stiff Arfah. Journal on Health Issues of Intranatal Pregnancies. 2012-2013; 9:13-48.
3. Georgia Wahaki. Textbook of Essential Concepts of Healthy Living, 3rd Edition. 2010-11, 183-196.
4. Alberts *et al.* Journal of Obstetric and Gynaecology. 2005; 9:178-190.
5. Pirie *et al.* Health Screening Magazines of Midwifery Care. 2011; 1:285-390

6. Milvreasaki. The journal of obstetrics and gynaecology. 2013; 8:987-1123.
7. Fariba Fahami. Scholarly Research Article on Perineal Massage S Advantages. 2013-2014, 560-580.
8. Alexandra Mcmenus. Textbook of Midwifery 2nd edition, 766-876.
9. Basavanthappa. Nursing Theories, Jaypee Brothers, First Edition, 2007.
10. Navdeep Kaur Brar HcRawat. Advance Nursing Practices 1st Edition Jaypee Publications, 2015.
11. Talbot. The Nursing Research, Third Edition Philidalphiar Lippincott, 2009.
12. Jeni Ching Von. The Health Survey on Primigravida Mothers, Research Article, the Nursing Journal of Obstetrics and Gynecology. 2016; 10:120-138.
13. Primping Samuel. Implementation of Safe Motherhood, Textbook of Midwifery, 2015, 654-659.
14. Trita E Muller. Maternal Mortality, Textbook of Midwife, 2010; 22:178-189
15. Monile Kayombe L. Textbook of Obstetrical Evidences 2015; 45:110-134
16. Crossbay R, Hanson A, Ranger K. Practical Guide for Research. 2013-2014; 8:242-250.
17. Mcmenus Adhal A. Research article on Maternal Health and Safe Motherhood, Journal of obstetric & gynaecology. 2011; 3:441-569.
18. Lal Aasam George. Textbook on Intranatal Difficulties and Its Outcomes, 10th Edition, 564-786.
19. Johnson. Brothers Research Article on Increasing Awareness on Dangers of Second Stage of Labour, Journal of Maternal and Child Health. 5:777-850.
20. Davidsons Jantol. Textbook of Motherhood Safety, 7th Edition, 2013, 876-900.
21. Byrd, Hobbies, Grouts, Hanson *et al.* Research Article Predictors of Pregnancy Complications 2011, 192-200.
22. Amol Eman Ali. Textbook of Maternal Complications in Pregnancy. 2010; 9:453-674.
23. Semmelvis Frauenklinik. Textbook of Obstetric Care, 2nd Edition, 2010, 980-1000.
24. Luqmanahmad. Research article, on predictors of second stage of labour, the journal of obstetric & gynaecology. 2010; 15:87-98.
25. Shahida sheikh. maternal health Research Article Journal Maternal Health. 2011; 6:110-123.
26. Schikago Yasmin Yek. Textbook of Complications and Care of Pregnancy, 7th Edition, 2015, 99-103.
27. Soniya Acmill. Textbook of Postpartum Peripoid, 5th Edition, 2013; 6:65-80.
28. Sujan Mann. Peter Gilik, Research Article on Intarpartum Knowledge, 8, 90-99.
29. Megha Maghulvar, Textbook of Obstetrical Complications, 7th Edition, 65-78.
30. Whiten R. Textbook of Gynecology, 3rd Edition, 2011, 936-950
31. Renauld J. Coomph. Nursing Journal of Obstetrics and Gynecology. 2015; 5:91-100.
32. Misal YK, Vong J. Textbook of Obstetrical Statistics 2012; 4:64-69.
33. Yusuf Sayyad, Amina Sayyad. Research Article, Journal of Health Baseline. 2011; 4:54-87.
34. Aasif Kuriye. Textbook of Safe Motherhood, Practical Advancement, 6th Edition 2015, 890-900.
35. Omzan Sayyad. Textbook on Maternal Complications. 2011; 9:115-120,
36. Bhandal MJPT, Tandel. Textbook of Antenatal Education for Childbirth, 2015; 8:78-89.
37. Polite D, Beck C. Nursing Research Generation and Assessing Evidence for Nursing Practice 8th Edition Lippincott Williams and Wilkins Publication, 2008.
38. Minakshi Mebold. Research Midwife towards Intranatal Care. 2013; 43(6):78-89.
39. Vahami Gofeer. Textbook of textbook of statistical analysis. 2011; 56:2011-2080.
40. Fight LAM James. The Nursing Journal of Obstetrics and Gynecol, 2012, 216-234.
41. Oxford Advanced Learners Dictionary, 6th Edition, Edited By Selly Wember, 38, 84, 102, 150, 160, 181.