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Assessment of knowledge regarding perineal care among postnatal mothers

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Abstract

Background: Postnatal period is the crucial period in the life of women. Mother requires special care during pregnancy, at the time of delivery and also after delivery for safe motherhood and healthy living. After delivery perineal care is important for the mother to reduce infection. Present study conducted to assess the knowledge of mothers regarding Perineal care after delivery.

Objectives

1. To assess the existing knowledge related to perineal care of the postnatal mothers.

Materials and methods: Evaluative Research approach was used. A quasi experimental design was used for the study on 60 postnatal mothers selected by using convenient sampling technique. Study was conducted at selected Hospitals from Pune city. The data was collected using structured questionnaire. Frequency distribution analysis was performed.

Result: Study revealed that out of 60 postnatal mothers states that mean knowledge scores about perineal care obtained in pre test mean value 3.8 ± 1.9 which is extremely significant with 't' value 15.507.

Conclusion: Finding of the study imply that postnatal mothers are having average knowledge regarding perineal care. So there is a need to create awareness about perineal care and to prevent infection for better health of mother.

Keywords: Assess, knowledge, perineal care, postnatal mothers

Introduction

Motherhood is a beautiful process during which the mother safely delivers a child. It is the magic of creation and care should be given to ensure safe childbirth and safe motherhood¹ Perineal care involves cleaning the external genitalia and surrounding area. The perineal area is conducive to the growth of pathogenic organisms because it is moist and is not well ventilated. Postnatal period is a crucial period in the life of women. They require special care during pregnancy, delivery and after delivery in order safe motherhood and healthy living. Discomforts of postnatal period with episiotomy mothers will-have physical and emotional discomfort.

In India postnatal infection is the third cause of maternal death. It is mainly due to lack of Perineal care, breast care, and poor intake of food. Postnatal health practices such as hygiene, breast care Perineal care, postnatal diet, postnatal exercise and family planning will promote health and reduce the mortality and morbidity rate.

It is observed that those women who delivered with an episiotomy to the perineum, developed weakness of the perineal musculature & it resulted in longer hospitalization. This has an indirect adverse effect on women's lives and has delayed recovery with increased health care costs. So because of episiotomy there are more chances of perineal sepsis.² Therefore, education about self-perineal care for prevention of infection should be enhanced during the postpartum period.

Hence it was felt that teaching by demonstration "self perineal care" is essential to take an active role in caring the perineum and avoiding the infection and helps to reduce the hospitalization.

Material and method

Research methodology is solving the research problem in a systematic way. It involves problem statement, objectives of the study, hypothesis that has been formulated, methods utilized to analysis the data.

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Research approach : Evaluative approach
Research design : Quasi experimental design
Setting of the study : Selected Tertiary care Hospital
Study subjects : Post-natal Mothers admitted at selected Hospital.
Sample size : 60
Sampling technique : Convenient Sampling Technique
Data collection tool : Structured questionnaire was prepared for collection of data.
Section I : Deals with demographic data of the sample
Section II : Includes Structured knowledge questionnaire on perineal care.

Ethical clearance

The study approved by the Ethical Committee before the initiation of study. Formal permission taken from authority of selected Tertiary care hospitals. Written informed consent was obtained from the respondents. Confidentiality of the subjects was maintained.

Method of data collection

After all formal permission, the tool was administered to the study subjects in selected hospitals, Pune city. A time schedule was planned for collecting the data. In order to obtain response each participant was assured about the confidentiality of their response. The average time taken for each data collection was 30 to 45 minutes. The study was followed by one group pre test design.

Pre test: Pre tested, pre structured knowledge questionnaire according to assessment on knowledge on meaning of perineal care, parts of perineum, importance, indications, purposes, how often pad should be changed, frequency, how you start procedure, position, removal of pad, how to clean perineum, direction for cleaning, how to put perineal pad is assessed. Self

structured Questionnaire were formulated to assess the level of knowledge. Each corrected answer was given a score of one and wrong answer zero score. The score between poor 1-2, Average-3-5 and Good 6-10. The tool was validated by the experts in department of Obstetrics and Gynecology faculty.

Result

Major study findings

Table 1: Frequency and percentage distribution according to knowledge of mother regarding perineal care.

N= 60			
S. No.	Knowledge of mothers	Frequency	Percentage
1.	Good Knowledge	9	15 %
2.	Average Knowledge	37	62 %
3.	Poor Knowledge	14	23 %

Table 1 Depicts that 37 (62 %) of postnatal mothers are having average knowledge whereas 9 (15 %) mothers are having good knowledge and 14 (23 %) are having poor knowledge regarding perineal care.

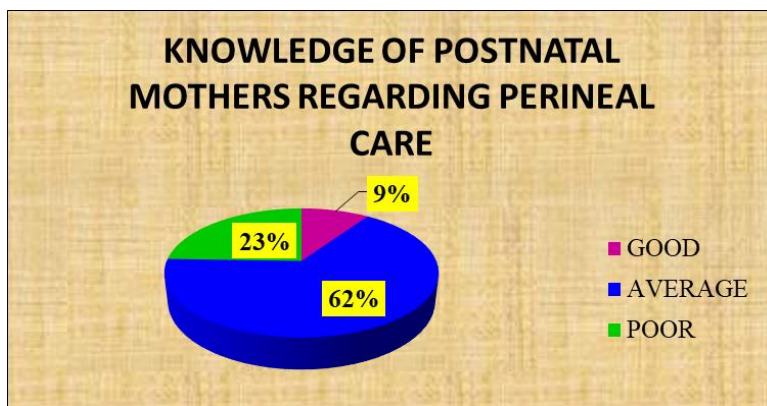


Fig 1: Pie diagram showing knowledge level of post natal mothers regarding perineal care.

Discussion and summary

Most women with stitched perineum after vaginal birth suffer some forms of postpartum complications. Pain is one of the distressing short term morbidity which interferes with the mother’s ability to carry out activities of daily living and care for her baby. Wound infection and dehiscence are usually seen in some cases.

In Section-I

- Majority of the postnatal mothers 51.66% were in the age group of 23 to 27 years and above age groups. Similar finding by Judith Nronha, (2003) [3] shows that 60% mothers were in the age group 25years and above age.
- Greater percentage of mothers (51.67%) were educated up to the primary level. while only 10% were graduates. In study of Chabra S. [4] (2005) found that 48% had

- primary education and 26% were graduates.
- As per the type of family maximum 63.33% were from nuclear family,31.67% were from joint family. In some study they found that 48% were from nuclear family, and 22% were from joint family (Judith Nronha, 2003) [3]
- Most of the mothers (45%) had family income in the group of Rs.3001-6000/- per month,25% mothers had income in the range Rs.6001-9000/- per month and 25% mothers had family income per month above Rs.9001/- There are some study is which show that 36% mothers were from families whose income was up to Rs.3001-6000 per month, and 21% Rs.6001-9000/- per month, 18% had family income per month above Rs.9001/- (Chabra S. 2005) [4].
- Majority of the mothers were uniparous (46.67%), 31.67% belonged to parity two,15% belonged to parity three and

6.67% mothers belonged to parity four and more or grandmultiparas. There are some studies which shows that 44% women uniparous, 31% belonged to parity 2, 24% to parity 3 or 4 and 2% were grand multiparous (Chabra S. 2005)^[4].

- 27% of mothers had received the information about perineal care from mass media, There are some studies which found that 44% mothers had received the information from mass media (Judith Noronha, 2003)^[3]

Section-II

Perineal trauma affects women's physical, psychological, and social wellbeing in the immediate postnatal period as well as in the long term.

The justification for taking for present study is based on the study done by the Chabra S. (2005)^[4], Postpartum morbidities continue to be a major health issue which needs to be looked into critically, not only for curative but preventive and promotive health. It is being believed that in the developing countries, while 65% of all women have some form of antenatal care and 53% intranatal care, only 30% receive postpartum care.

Also study findings of Noronha Judith Angelita, (2004)^[5], shows that Knowledge deficit was found in 30 primipara women. The mean percentage knowledge score was 22.50%, and mean percentage ability score was 21.5%. The programme was effective in increasing the knowledge. The mean gain computed by ANOVA shows significant difference in knowledge scores ($F_{sub(2,82)} = 188.14$).

AS Judith Noronha (2003)^[3], Found that planned teaching programme on 'Self Perineal Care' was effective in increasing the knowledge ($t_{23} = 25.62\%$, $P < 0.05$)

In the present study investigator found that there is an increase in the post-test knowledge score of postnatal mothers by 95% in pre-test it was 23.56%. After administration of planned teaching it was found that the post-test mean percentage knowledge score in all the content area was higher than the pre-test mean percentage knowledge scores. The paired 't' value -30.91 This difference was statistically highly significant at 1% levels (P value is 0.00).

- Mean knowledge scores about perineal care obtained from postnatal mothers in pre-test was 3.800 and in post-test 12.783. This difference is statistically highly significant at 1% level with 't' value of -30.91. So, we reject H_0 at 1% level of significance and we accept the H_1 that means there is increase in the knowledge score after planned health teaching programme.

In present study there is association with the personal characteristics of mothers like religion, residence, educational status, occupation, total income of family per month, whereas it is not associated with age, type of family and parity. Thus level of knowledge is independent on some selected variables.

- There is significant association between the knowledge about indications of perineal care and residence of mother at 5% level of significance (P value is 0.013). Same is seen with the significant association between knowledge about how to put perineal pad after cleaning the external genitalia, and the residence of mother at 5% level of significance (P value is 0.022). It is because of knowledge that they had with their residence area and received information from the mass media.
- Relationship between skills and selected demographic variables. shows that performance of the skill after

planned health teaching programme is associated only with one demographic variables that is type of family at 10% level of significance (P value 0.099). No association is seen in the other remaining variables that is: age, religion, residence, educational status, occupation, total income of family, and parity.

- A maximum 88.63% response of postnatal mothers was observed to the 'Yes' performance of skill, and minimum 11.37% response of postnatal mothers was observed to the 'No' performance of skill.

Conclusion: This study implies that overall knowledge of the post natal mothers 68 % mothers have average knowledge whereas 22 % mothers are having good knowledge regarding perineal care. The study findings concludes that knowledge mothers regarding perineal care is average. There is a need to create awareness among mothers regarding perineal hygiene.

Limitation: The study was limited to 60 subjects only.

Source of funding: Nil

Conflict of interest: Nil

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