Effectiveness of Planed Teaching Programme on Episiotomy care

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Abstract:
Background: *Perineotomy, or episio to myi sasurgically plan edincisionon the perineumand the posteriorvaginalwallduringsecondstageoflabor.The incision,which can be idlineoratanangle from the posteri or end of the vulva, is performed under local anesthetic (pudendaanesthesia), and issutured closed after delivery. It is one of the mostcommonmedicalproceduresperformedonwomen,andalthoughitsroutineuse in childbirth. Care of the episiotomy wound is required to protect from infection or post complication now a days the rate of episiotomy is increasing because of awareness and skilled worker for protect perineal laceration .*
Aims and objective: *The aim of this study to evaluatetheexistingknowledge regardingepisiotomycare. To prepare and introduceplanned teachingprogrammer regarding episiotomycare. To evaluatethe differences between pretest and post test score. To determine the association between the posttest knowledge score and selected demographic variables.*
Material and Methods: *A one group pre-test post-test pre-experimental design and evaluative approach was adopted. The study was conducted among 60 prmi para women conveniently selected hospitals of Vadodara. The content validity of the tool and teaching plan was established. The reliability of tool was established by testing the internal consistency by using Test -retest method.*
Results: *Result of study indicate that p-value = 0.000 < 0.01 , the difference between the Pre-test and Post-test scores is **highly significant** at 1% level of significance this shows that the planed Teaching Programme on episiotomy care is effective.*
Conclusion: *This study concluded that planed teaching program is effective tool to improve knowledge of primi para mother regarding episiotomy care.*
Keywords: *Assess, Effectiveness, planed Teaching Programme,episiotomy,hospiral,perineal laceration.*

I. Introduction

An episiotomy is a surgical incision of the perineum made to prevent tearing of the perineum with births and to release pressure on the fetal head with birth. An episiotomy incision is made with blunt tipped scissors in the midline of the perineum (a midline episiotomy) or begun in the midline but directed lateral away from the rectum (a mediolateral episiotomy).

A doctor may decide to perform an episiotomy for a variety of reasons. These include a perception that the fetus is distressed after entering the birth canal, the baby's head is perceived to be too large, the baby is breach, its shoulders get caught, or if the process of delivery proceeds Rigid perinem ,Anticipating perineal tear ,Operative delivery ,Previous perineal surgery so quickly that the doctor believes the vagina will be overstressed.

Today, when the cost of medical treatment and care is soaring, economical care of patients with episiotomy can be provided if nurse and midwives realize the relevance of their case and potential impact of the advocated procedure in wound healing. The best way to provide cost effective care is to empower the clients to bring about change in behavior.to change of behavior of a patient by the teaching or guiding so PTP is the best option to educate regarding episiotomy care.

Statement of problem:
"Astudytoassesstheeffectivenessofplannedteachingprogram(PTP)on knowledgeregardingepisiotomycareamongprimiparamothersinpostnatalwardin selected hospital ofVadodara"

Objectives of the study:
- To evaluatetheexistingknowledge regardingepisiotomycare.
- Toprepareandintroduceplannedteachingprogrammeregarding episiotomycare.
- To evaluatethedifferences between pretest and post test score.
- To determinetheassociation betweentheposttestknowledgescoreand selected demographicvariables.

Hypothesis

H_1:The mean post test scores of subjects exposed to PTP will be greater than their mean pretest scores as measured by planned knowledge questionnaire at 0.05 level of significance.

H_2:There is a significant association between post test knowledge scores selected socio-demographic variables.

II. Materials And Methods

Research Approach: Evaluative research approach was used.

Research Design: A one group pre-test post-test Pre experimental research design was adopted

Setting of the Study: The study was conducted in selected hospitals of Vadodara.

Target Population: The target population for this study consisted of primi para mother.

Sample: The sample for the present study comprises of 60 primi para mother selected hospitals of Vadodara.

Sampling technique: Non-probability convenience sampling technique was used to select the sample for this study.

Development of tool for data collection:

Section A: Demographic Variables,age,cast,educational status,media for information,occupation,type of family,residence.

Section B: Structured questioner schedule on episiotomy basic knowledge about episiotomy,Diet,Exercise,Care,Preventive measure it consist of 25 question.

Validity of instrument: The Self Reportive Structured Interview tool and planned Teaching Programme were given to 11 experts along with the blue print and objectives of the study to establish the content validity of the tool and PTP regarding episiotomy care The experts were from the field of Nursing and Medical, Research department. They were requested to give their opinion and suggestions regarding the relevancy of the items in the tool.

Reliability: After obtaining formal administrative permission the Gujarat,Hindi and English version of the tool was administered to 6 samples selected as per the set criteria. The scores were calculated and then given for statistical analysis. The reliability was established by using test re-test method.

Data collection procedure: Prior final study a formal permission is obtained on 25.10.2013 from the medical superintendent of Dhiraj hospital,Redham maternity hospital and Rushikesh Hospital Vadodara. Data was collected from 7-11-2013to30-11-2013.After identifying the samples objectives of the study were discussed and consent for the participation in the study was taken from the selected group. The investigator assured the subjects about the confidentiality of the data. The investigator herself administered the questionnaire for the pre-test.

Analysis of data

Both descriptive and inferential statistics analyzed on the basis of the objectives and hypotheses of the study. The knowledge of primi paramother regarding episiotomy care assessed before and after the administration of PTP would be calculated using mean, median, range and standard deviation.

The significance of difference between the mean pre-test and post-test knowledge score of primipara mother would be calculated using paired't' test. The association between demographic variables and post-test knowledge score regarding prevention and control of tuberculosis would be determined by ANOVA. Data presented in the form of tables and graphs.

III. Results

The analysis is made on the basis of objectives and hypothesis. The data analysis is planned to include descriptive and inferential statistics. Data is analysis in following parts:

Part-I:-Analysis of demographic data of samples

Part-II:-Analysis regarding effectiveness of PTP

Part-III:-Analysis regarding association between pre-test knowledge score and demographic variables

Part-IV:-Analysis of various aspects of PTP

Section I: - Analysis Of Demographic Data Of Samples

- Findings were indicates that 76.7% respondents were Hindu and 1.7% were Christian and 18.3% were Muslims and remaining are 3.3%.
- Findings were indicates that 0% respondents were uneducated and 73.3% were having primary education and 25.0% were having secondary education and remaining 1.7% are graduate.
- Findings were indicates that 35% respondents belong to nuclear family and 65% were belongs to joint family.

- Findingswereindicatesthat20%respondentswerehousewifeand13.6%wereself-employeeand38.3%wereprivate-employeeandremainingisgovernmentemployee 5.0%
- Resultindicatesthat30%respondentswerebelongingtoruralareaand18.3%were belongingtourbanareaand38.3%werebelongingtosemi-urbanareaand5.0from slam area.
- Findingwereindicatesthat16.7%ofrespondentsgotinformationfrommassmedia and36.7%respondentsgotinformationfromfamily/relativesandfriends23.3%aer gotinformationfrommedicalprofessionaland23.3%aregotinformationfrom printed material likenewspaper.

Section I: -Analysis Regarding Effectiveness Of PTP

Since p-value = 0.000 < 0.01 , the difference between the Pre-test and Post-test scores is highly significant at 1% level of significance this shows that the planed Teaching Programme on episiotomy care is effective.

Overall	Maximum Score	Mean	Standard Deviation	Mean Percentage	t-value	p-value
Pre Test	25	5.77	2.126	21.74	40.361	0.000
Post Test	25	20.95	1.93474	83		S.p<0.05

Table -Significant differencein thepretest and posttest knowledgescore

This table shows statistically that there is significant difference in the pre test and post test knowledge score regarding episiotomy care among primi para mother this statistically provesthe effectiveness of the PTP in all area of episiotomy care. Thus means H_0 is Rejected. And there is 28% association between pretest and post test
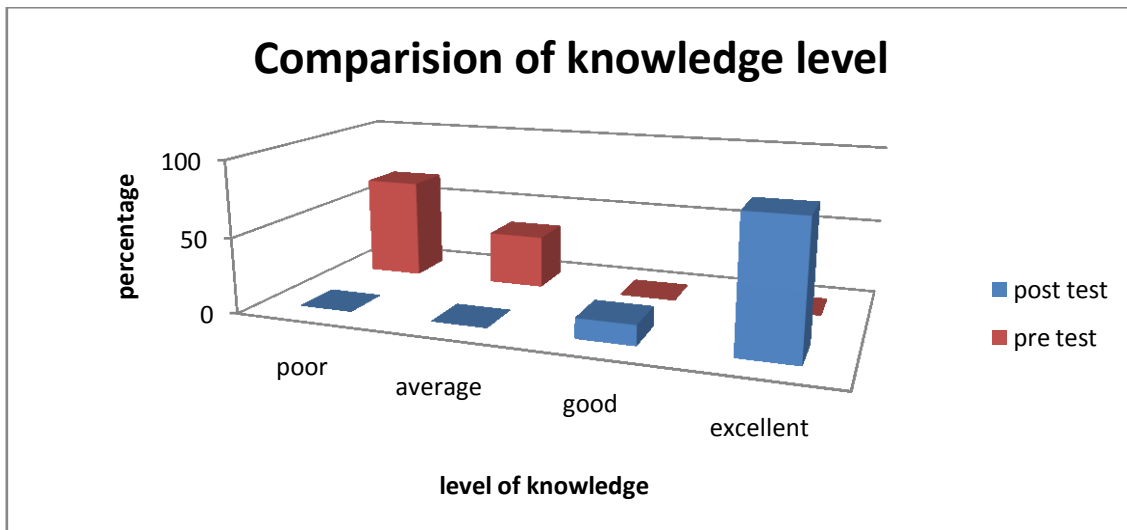
**Section II: Analysis Regarding Association Between Pre-Test Knowledge Score And Demographic Variables**

Association ofposttestknowledgescorewith demographicvariable (Age)					
Agein Years	N	Mean	Std. Deviation	FValue	P Value
18 – 23	9	21.56	1.810		
24 – 29	33	21.27	1.755		
30 – 35	15	20.00	2.171		
35 - Above	3	20.33	2.082		0.124
Total	60	20.95	1.935	2.004	

Association ofposttestknowledgescorewith demographicvariable (religion)					
Cast	Mean	N	Std. Deviation	FValue	P Value
Hindu	21.15	46	1.920		
Muslim	20.64	11	1.963		
Christian	19.00	1	0.0		
Other	19.00	2	1.414		
Total	20.95	60	1.935	1.299	0.284

Association ofposttestknowledgescorewith demographicvariable (education)				
Education	Mean	N	Std. Deviation	FValue	P Value
No formal education	0	0	0		
Primary	20.81	47	1.930		
Secondary	21.42	12	2.021		0.284
graduation	22.00	01	0		
Total	20.95	60	1.935	0.614	NS, P<0.05

Association ofposttestknowledgescorewith demographicvariable (residency)				
Residency	N	Mean	Std. Deviation	FValue	P Value
Urban	11	21.09	1.375		
Rural	18	21.17	1.75		
Semi-Urban	28	20.82	2.262		
Other	3	20.33	2082	0.228	0.876
Total	60	20.95	1.935		

Association ofposttestknowledgescorewith demographicvariable (family)				
TypeOfFamily	N	Mean	Std. Deviation	FValue	P Value
Nuclear	21	21.10	1.786		.673
Joint	39	20.87	2.028	.180	NS, P<0.05
Total	60	20.87	1.935		

Association ofposttestknowledgescorewith demographicvariable (information source)				
Information Source	N	Mean	Std. Deviation	FValue	P Value
Mass Media	11	21.18	2.183		
Relatives	22	20.18	1.816		
AnyMedical Professional	14	21.57	2.065		
Printed Materials	13	21.38	1.502	2.007	.123
Total	60	20.95	1.935		NS, P<0.05

Thepresentstudyrevealedthatthereisanotsignificantassociationbetween pretestknowledgescoreandage($p<0.05$,$f=2.004$),religion($p<0.05$,$f=.284$), typesoffamily($p<0.05$,$f=.673$),education($p<0.05$,$f=.284$)sourcesof information($p<0.05$,$f=2.007$),occupation,($p<0.05$,$f=.853$)residence($p<0.05$, $f=.228$).

Section III: assessment of knowledge score regarding episiotomy care A. **assessment of pre test level of knowledge scores**

Level Of Knowledge	Score Range	Percentage Range	Pretest
Poor	0-6	0 - 25	66.5
Average	7-12	26 - 50	35.0
Good	13-19	51 -75	0
Excellent	19- 25	76 - 100	0
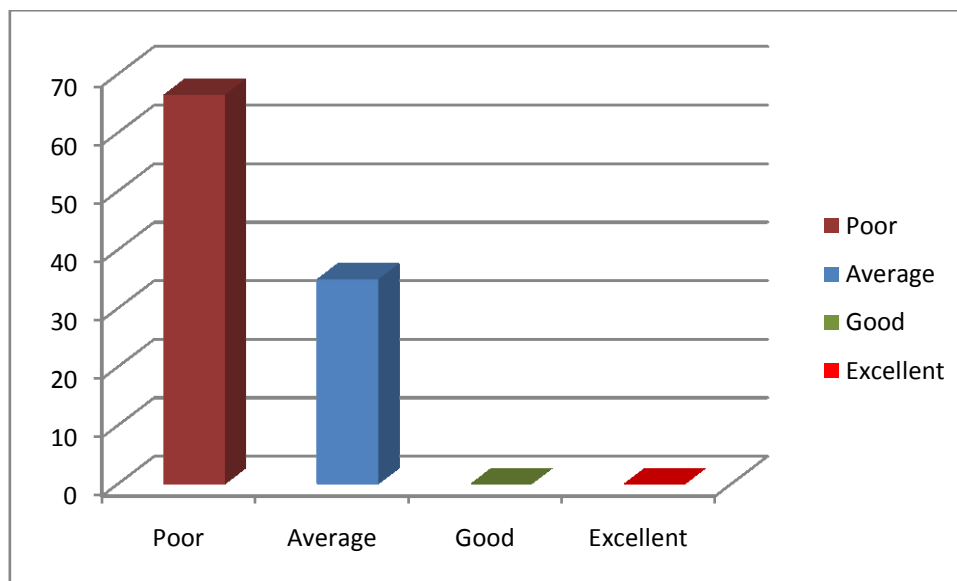
Percentage wise distribution of pre test knowledge level

B. Post test knowledge score of subjects on episiotomy care.

Level Of Knowledge	Score Range	Percentage Range	Pretest
Poor	0-6-	0 - 25	0
Average	7-12	26 - 50	0
Good	13-19	51 -75	13
Excellent	19-25	76 - 100	85
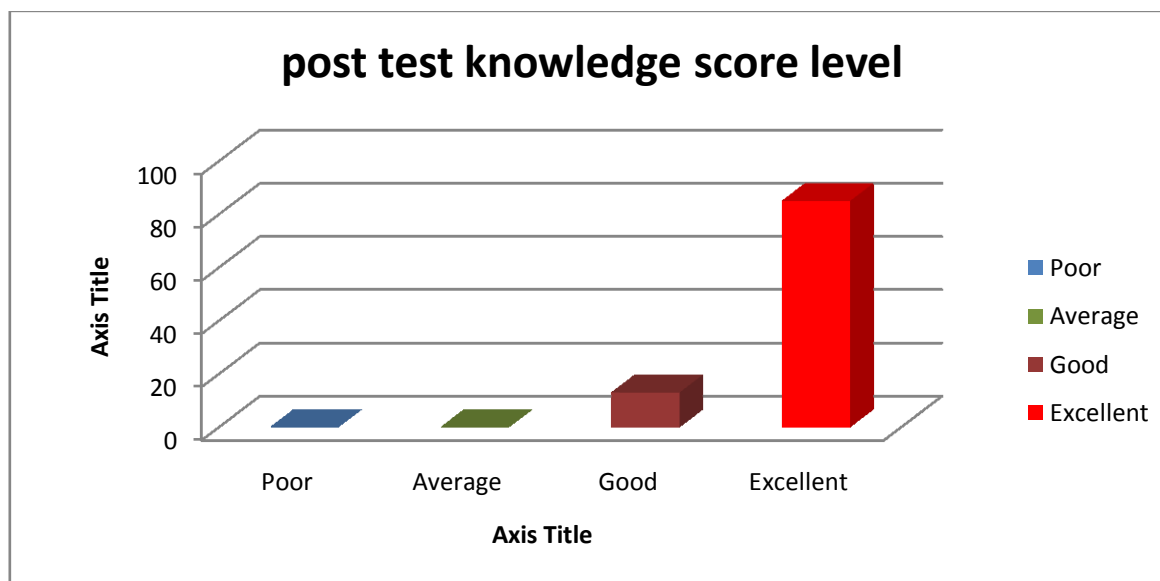
Level of knowledge in the post test

IV.   Conclusion

The findings of this study have been discussed with reference to the objectives and hypothesis. The pre testing of primi para mother knowledge regarding episiotomy care show that nurses have less knowledge about episiotomy care. This indicates the need for imparting necessary education and information regarding episiotomy care.

Acknowledgement

V. Limitations of the Study

The following points were beyond the control of the investigator.

1. The study is limited to small sample size

2. The assessment of effect of the PTP is limited to one post-test conducted on the 7th day.

VI. Recommendation:

- Thiseducationshouldbegivenatthetimeofantenatalperiodsomothercan belearningmore and takinginterest. Becauseofsheis physicallyableto cooperate.
- Thehealthprofessionalcouldarrangeweeklyeducationalprogrammeforpre and postnatal mother.
- Publiclibrariesintheschoolandcollegeshouldhaveresourcesmaterialson episiotomy.
- Nursesshouldupdatetheirknowledgeconstantlyandhelpmotherforearly healing.
- Collegeteachers,parents,leadersandhealthprofessionalshouldbeoriented and sensitized to thetopic.

Ethical Standards

This study was conducted after getting approval from the Institutional Ethics Committee and after obtaining written consents from all subjects.

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Conflict of interest: The authors had no relationship/condition/circumstances that present a potential conflict of interest.

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