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A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF POST NATAL MOTHERS REGARDING EPISIOTOMY CARE IN SELECTED HOSPITAL OF HARIDWAR

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INTRODUCTION

An episiotomy is a surgical incision on the perineum made to prevent tearing of the perineum with births and to release pressure on the fetal head with birth. This procedure is done to make the vaginal opening larger for childbirth. Normally, the baby's head is seen and the healthcare provider easily pull baby's head and chin out of the vagina, followed by the shoulders and the rest of the body. However, sometimes the vaginal opening does not stretch enough for the baby's head. In this case, an episiotomy aids the healthcare provider in delivering the baby.

There are three commonly used episiotomies i.e. medial episiotomy, lateral episiotomy and medio-lateral episiotomy **(Zaidan et al. 2018)**. The medial episiotomy is a midline incision of the perineum down to near the anus. Lateral episiotomy incision at either 4–5 or 7–8 o'clock at an angle away from the midline of 40–60 degrees and medio-lateral episiotomy incision is between 40 and 60 degrees in the left or right of the anal canal **(Gun et al. 2016)**.

In a systematic review of the Cochrane, the question arises: Could there really be any indications for episiotomy? Other conditions have been reported such as premature birth, breech delivery, macrosomia, shoulder dystocia, metal delivery, unstable baby's heartbeat and severe perineum or threat of severe perineal rupture. However, these conditions have been questioned as an indicator of episiotomy and apparently this problem requires further progression and randomized clinical trials. Moreover, it is clearly revealed that the indicators are episiotomy are not accurate and dedicated, therefore, this process should be avoided as much as possible. Further, the benefits of episiotomy procedure are also doubtful.

There is significant in the episiotomy rates throughout the world, viz. USA (11.6%), Sweden (9.7%), Denmark (4%), the UK (12%–15%), Saudi Arabia (45%), Jordan (67%), India (60%), Cambodia (94.5%) Yemen (75.1%), and China (100%), which are still high in comparison to WHO recommendations (10%) **(Yang and Bai 2021)**.

Scientific evidence and national procedures and guidelines all support the special use of episiotomy, especially under premature birth, breech delivery, macrosomia, shoulder dystocia, delivery (forceps or vacuum extraction), fetal heartbeat. uncertainty and a strong perineum or threat of extreme difficulty. perineal rupture **(Jiang et al. 2017; Garcia-Cerde et al. 2021)**. However, these conditions have been questioned as an indicator of episiotomy and apparently this problem requires further progression and randomized clinical trials. WHO have recommended anti-routine episiotomy, and acknowledges that there is no evidence to support a common episiotomy in modern births (WHO, 2021). The American College of Obstetricians and Gynecologists (ACOG) began recommending limited use of episiotomy in 2006 and emphasized this in 2018. Since 1996, the World Health Organization (WHO) has recommended that episiotomies be performed on children under 15% **(Jiang et et. al. 2017; WHO, 2021)**.

NEED FOR THE STUDY

Motherhood is a beautiful process, where by mothers safely delivers a child. It is the magic of creation. Care must be given to ensure safe birth. The safe motherhood aims at enhancing the quality of life and women through adoption of a combination of health andnon-health strategies.

Zhang et al. (2018) explored the risk factors for episiotomy during vaginal delivery in Western China. The results revealed that the overall rate of episiotomy was 44%, including among nulliparas (52.9%) and multiparas (18.4%). Studies have

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identified the dangerous features of episiotomy as nulliparous, second stage long-term delivery and the lack of human resources in the delivery room. Risk factors among nulliparas included improved maternal age, increased biparietal width, more than 10 hours in the first stage of childbirth and increased fetal weight gain. Senior midwives and obstetricians are more likely to develop episiotomies due to the difficulty of adjusting their clinical practice according to the latest evidence-based medicine. The study recommended that researchers re-examine the barriers to change through a survey of knowledge and attitudes of midwives. As an episiotomy decision maker, midwives often rely on their own experience to judge and have not yet produced a comprehensive level of decision. The reasons for the continued use of episiotomy are also unknown. Therefore, reliable and current information about the attitudes of obstetricians and gynecologists regarding episiotomy is also needed.

Healing process after episiotomy practice is generally considered uncomplicated. Although, it can take several days to weeks. The stitches or sutures made during episiotomy generally dissolve within short period of time (within 8 weeks) and do not require any further processing. However, it is very important to keep the affected area neat and clean with the help of disinfectants and antiseptics to avoid further complications. Moreover, those activites which can negatively affect the stitches like heavy exercises, sexual intercourse, tampons and douching should also be avoided.

Episiotomy pain often interferes with basic daily activities for the woman such as walking, sitting, passing urine and defecating and also negatively impacts on motherhood experiences. Taking good care of the episiotomy stitches during the postpartum recovery minimizes the risk of infection and can help manage pain. Episiotomy wound care starts immediately after suturing the wound in order to reduce pain and heal wound. There are some general treatments forperineal care such as cold packs and ice packs applied to perineum for the first 24hours. Kegal exercises are taught by nurses to strengthen the pelvic floor muscles and it speeds up the wound healing process. Apart from all the important significant therapy hot application [sitz bath with potassium permanganate 1 gram] is widely used in many different hospital settings and proved effective in managing the episiotomy wound pain and healing and also in minimizing secondary complications.

Health has been recognized as the greatest wealth from time immemorial. In the era of consumerism; self-care is getting more emphasis because of the increasing health awareness in the society. People's health in people's hands has become the central theme of all nursing transactions. Moreover, the cost of medical treatment and care is continuously increasing. Nursing care such as perineal toileting, perineal hygiene and episiotomy care are therefore oriented towards making the patient self-sufficient. Thus, sufficient knowledge and correct practices regarding the self-care have become increasingly important for the mothers with episiotomy.

RESEARCH STATEMENT-

A descriptive study to assess the knowledge of post natal mothers regarding episiotomy care in selected hospital of Haridwar.

OBJECTIVES OF THE STUDY

1) To assess the level of knowledge regarding episiotomy care among post natal mothers.

2) To find out the association of knowledge regarding episiotomy care among the post natal mothers with selected socio-demographic variables.

HYPOTHESES-

H1- There will be some knowledge regarding episiotomy care among the post natal mothers in selected hospital Haridwar.

H2- There will be significant association of knowledge with selected socio- demographic variables.

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OPERATIONAL DEFINITIONS

Assess – It refers to the method of estimating the level of knowledge among the post natal mothers regarding episiotomy care.

Knowledge- It refers to the information gained by the post natal mothers regarding episiotomy care.

Post natal mother - In this study it refers to the women who delivered by normal vaginal delivery with Episiotomy.

Episiotomy wound: In this study it refers to planned surgical incision made on the perineum and posterior vaginal wall during vaginal delivery which has been sutured and manifested as loss of tissue and skin integrity.

ASSUMPTION-

1. Postoperative exercises are useful to improve the circulation, strengthen the pelvic floor and abdominal muscles and prevent the transient and long-term problems.

2. Nurses are playing important role in imparting the practice of postoperative exercise.

3. The mothers are not performing the exercise due to pain, fatigue, discomfort etc even after the video teaching program.

VARIABLES- The two categories of variables discussed in the present study were,

Dependent variable:Post natal mothers

Associate variables : Age, gestational weeks, education of mother, education of spouse, occupation, type of family, bread winner of the family, income, source of previous information of Primi mothers.

PROJECTED OUTCOME –

- The study will provide a chance to assess the episiotomy care.
- The study will motivate mother to do episiotomy care in post natal period.
- The study will help the mother to know the importance of episiotomy care.
- The study findings will help the investigator to identify the factors influencing non-compliance faced by the mothers.

Summary-This chapter deal with introduction of the study, need for the study, research statement, objectives of the study, assumptions, operational definition, Hypothesis, variables and delimitation

REVIEW OF LITERATURE

Literature review is one of the most important steps in the research process. It is an account of what is already known about an event. The main purpose is to pass on to students the work that is being done and the knowledge and ideas that have been developed on a particular research topic. It is an account of previous efforts and the success of scholars and researchers in connection with an event.

Ankarcrona et al. (2021) examined Attitudes and information about the use of episiotomy and the method of vacuum removal among Swedish physicians. The web-based survey was sent to members of the Swedish Society of Obstetrics and Gynecology (n = 2140). The survey included 31 questions about personal characteristics, the use of an episiotomy, a two-

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dimensional picture in which respondents drew an episiotomy, and questions about attitudes toward episiotomy and participation in randomized controlled trials. They compared the results between obstetricians, gynecologists, and citizens using the Chi-square and Kruskal-Wallis tests to distinguish between groups, and the regression factors to measure the degree of complications (OR) of drawing a protective episiotomy. They included 384 respondents in the analysis. The results showed that 222 physicians (57.8%) reported using episiotomy less than 50% of vacuum extractions. They found 308 photographic episiotomes with a median angle of 53 °, a point cut point from the center line 21 mm, and a length of 36 mm, corresponding to the side episiotomy. Few doctors combined these parameters correctly which resulted in 167 incorrectly drawn episiotomies (54.2%). Citizens have drawn shorter episiotomies than obstetricians and gynecologists. Doctors evaluate the episiotomy as an insignificant intervention to prevent obstetric anal sphincter injury from vacuum discharge. Physicians who contributed to a continuous randomized controlled trial of a lateral episiotomy or a non-invasive episiotomy in vacuum discharge were more likely to draw a protective episiotomy (OR 3.69, 95% confidence interval 1.94-7.02). They have concluded the need for education, training, and guidelines to increase the use of appropriate episiotomy methods, which may result in improved prevention of posterior cervical artery injury.

Yang and Bai (2021) conducted a separate web survey using a self-administered questionnaire between midwives and midwives at 90 public hospitals in the state of Henan, China. Recorded responses from 900 participants. Level of knowledge (4.15, SD = 1.10) regarding problems with overuse was identified among participants. Episiotomy is performed more frequently in secondary hospitals than in tertiary institutions ($p < 0.05$). Larger doctors are more likely to perform an episiotomy than younger ones ($p < 0.05$). About half of physicians (42.11%) consider the current level of episiotomy (45%) to be either positive or very low. The most common reason for the episiotomy identified by obstetricians (83.94%) and midwives (79.69%) was to reduce perineal laceration by a third or fourth degree. Both obstetricians (80.29%) and obstetricians (82.57%) agreed that the most significant obstacle to reducing episiotomy was the lack of training to reduce perineal tears.

Muhammad (2021) have assessed the knowledge and practices regarding episiotomy and perineal care among primiparous women. They have conducted a descriptive study at postpartum units of Maternity Teaching Hospital in Iraq. A purposive sample of 200 prim porous women was recruited to study. Data collection was performed through using a questionnaire format for interviewing the participants. The data were analyzed using descriptive and inferential statistical analysis. They have revealed that the majority of the samples were within the age group 26-33 old.Majority of prim porous women did not had adequate knowledge and practice regarding episiotomy and perennial care. They have recommended forthe increasing effort to improve awareness and knowledge on episiotomy among the women.

Kaur et al. (2019) examined information on episiotomy care among primigravida mothers in Faridkot, Punjab, India. Non-experimental descriptive research and design were used with 60 primigravida samples. The experimental study was performed on 6 primigravida mothers (10% of the total) using an improbable sampling method. The tool used for data collection consisted of 2 parts- Part 1 containing7 social variables and section 2 containing 25 questions to assess information related to episiotomy care among primigravida mothers. Data were analyzed using descriptive and non-descriptive statistics. The findings of this study showed that of all respondents: 58.3% had general knowledge, 38.3% had good information, and 3.33% had little knowledge about episiotomy care. They concluded that there was an insignificant correlation between information about episiotomy care among primigravida mothers with selective demographic variables other than the work of respondents.

Kohler et al. (2018) have analyzed the quality of postpartum life of Indian women after the birth of the female genital tract and the surgical phase by pilot study using the descriptive system EQ-5D-5L. A simple sample of rural women who gave birth at a clinic in Gujarat or Madhya Pradesh was gathered for this experimental study. Quality of life (QOL) was measured during three interviews within 30 days of birth using the EQ-5D-5L questionnaire. Adjusted patient life expectancy rates (QALDs) are limited. Multivariate reversal was used to adjust selected basics. The results showed that forty-six women underwent surgery and 178 genital mutilation patients from 17 public and private health facilities were surveyed. Postpartum QOL in both groups improved between interviews 1 and 3. Comparisons between female childbirth and surgery showed

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that the female genital group had a higher QOL (0–3 days postpartum: 0.28 vs. 0.57, 3-7 days postpartum: 0.59 vs. 0.81; P <0.001) and report no or minor problems in 4 of 5 magnitude of health (walking, self-care, normal activities, pain or discomfort; P ≤ 0.04) during interviews 1 and 2. Postpartum QOL is combined, but still differs between groups during interview 3 (21–30 days after delivery: 0.85 vs. 0.93; P <0.001). Although most women reported no complications at the end of the first postmenopausal month, the difference in ability to perform normal activities continued (P = 0.001). As a result, fewer QALDs were detected by women in the surgical phase group between day 1 and day 21 after delivery (13.1 vs. 16.6 QALDs; P <0.001). The lower extremity analysis showed that having an episiotomy during the birth of a woman's vagina was also associated with a decrease in QOL after childbirth, but at a lower rate than the surgical phase. Similar results were obtained in adjusting the economic status, pregnancy and birth characteristics, but postpartum QOL already stopped statistically differentiating between groups before interview 3. They concluded that the EQ-5D-5L questionnaire was an appropriate tool for assessing postnatal QOL of women.

Oluwasola and Bello (2017) determined the Knowledge and Vision of Pregnant Women in Episiotomy in Nigeria. Various descriptive survey of pregnant women admitted to antenatal clinic at University College College, Ibadan. Information on their social data, information and opinion about the episiotomy was obtained using a questionnaire administered by the interviewer. Data analysis was performed with SPSS version 18.0. Of the 304 women interviewed, 199 (65.5%) had undergone episiotomy. Of those who had heard, 62 (31.2%) received personal information of 10 (16.1%) reporting sexual dysfunction as a problem. Only 60 (19.7%) have ever offered an episiotomy while 172 (56.6%) have advised friends and relatives against the procedure.

Dain and Sagi (2015) examined the knowledge of episiotomy, psychiatry and practice in four hospitals in northern Israel. A research-based study was conducted with a sample size of 32 midwives and 84 obstetricians. The results showed that most obstetricians considered episiotomy to be beneficial in preventing obstetric anal sphincter and pelvic floor injuries (29.1% compared to 9.4%, p = 0.028, and 19% compared to 3.1%, p = 0.036, respectively), while most midwives compared to obstetricians believed that national guidelines provided accurate explanations for the use of episiotomy (46.9% compared to 15%, p = 0.001). All less experienced accoucheurs (less than 15 years of experience) believe in the need to change the policy regarding episiotomy, compared to only 15.6% of their more experienced colleagues (p = 0.002). Validation of ethics was not required, as research was conducted with health professionals. Results. This study showed that accoucheurs lacked knowledge of available evidence and national guidelines regarding the use of episiotomy.

Trinh et al. (2015) examined Knowledge, attitude and knowledge of the use of episiotomy among obstetricians and obstetricians in Viet Nam. All obstetricians and gynecologists who provide obstetric care at Hung Vuong Hospital were evaluated for their performance, knowledge and attitude regarding the use of episiotomy. Data were analyzed using frequency tables as well as emergency table analysis. The results showed that 148 doctors (88%) completed the questionnaire. Few obstetricians (52.2%) than obstetricians (79.7%) thought that the current level of episiotomy 86% was almost normal (P <0.01). Most obstetricians (82.6%) and obstetricians (98.7%) reported that they performed episiotomies in nulliparous women over 90% of the time. Among the multiparages, 24.6% of obstetricians reported performing an episiotomy less than 60% of the time compared with only 3 (3.8%) midwives (P <0.01). Aimed to reduce 3rd-4th degree perineal tears was the most commonly reported reason for performing an episiotomy by both obstetricians (76.8%) and obstetricians (82.3%).

Izuka et al. (2014) analyzed the frequency and prediction of episiotomy among women during the first birth in Enugu, southeastern Nigeria. The study was retrospective cross-sectional. Mann ± Whitney Test (continuous data) and Chi-square test (phase data) were used for data analysis. They reported an increase in episiotomy in the study was 62.1% (411/662). The episiotomy rate for booked women (65.6%, 376/573) was significantly higher than for non-booked women (39.3%, 35/89), (prevalence ratio = 1.67 [95% confidence interval: 1.28, 2.17]). The birth weight of babies delivered to the episiotomy group (median = 3.2 kg [interquartile range (IQR): 2.9-3.5]) was statistically higher than for women who did not receive episiotomy (median, 3.1 kg [IQR: 2.7-3.4]]), (Z = -3.415, P = 0.001). They have concluded that the prevalence

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of episiotomy in first-born women was high, and the predictions include a woman's booking status, higher gestational age at birth, and higher birth weight.

Manjula et al. (2012) conducted a study of the factors influencing wound healing of episiotomy. Descriptive studies were conducted to evaluate factors influencing episiotomy wound healing in 60 postmenopausal women in Kundapura, Karnataka, India. The target sample method was used to select the sample. Demographic Performa for postnatal women and episiotomy wound healing checklist were used to collect data. The age of the women, the vaginal examination performed during childbirth, the circulation of the newborn's head, the Hb level before birth and the Hb level after childbirth did not affect the healing effect of the episiotomy. The study concluded that wound healing of the episiotomy is influenced by balance, the frequency of self-perineal care, the length of the episiotomy wound and the absence of existing episiotomy sutures.

Miriam (2014) evaluated intermediate episiotomy during a caesarean section significantly reduces the risk of birth defects in South Carolina. The first women with multiple births as well as pneumonia and vacuum birth were tested. In all cases, the risk of injury was significantly lower when a mediolateral episiotomy was performed. The difference was particularly striking for early women during childbirth with forceps20

Fosse (2006) conducted research on postnatal care after episiotomy. The purpose was to describe the most appropriate post-episiotomy care, the most appropriate treatment for episiotomy pain and to evaluate how to repair the stitch. The result was excellent personal hygiene which is key to treatment but no specific treatment has been approved to teach episiotomy and perineal care.

Murphy et. al. (2006) published your results in both a randomized controlled trial and a group study that would be a mediolateral episiotomy during a caesarean section. The authors concluded that episiotomy during a caesarean section may increase the risk for mothers without obvious benefits. Subsequent clinical studies examined the true measurements of episiotomies performed. A total of 258 women agreed to participate, 98 (41%) of whom had moderate episiotomies. Of these, 58 were delivered by doctors, and 40 were delivered. Researchers have found that episiotomies performed by doctors were longer and more intense than those performed by midwives. Only 22% of episiotomies cut by doctors were actually moderate (between 40 and 60 °), and none of the episiotomies prescribed by midwives met these criteria. The impact of the procedure may be significant as the emerging literature body provides evidence of a correlation between angular episiotomy angle and risk of anal sphincter injury.

Devi (2022) assessed knowledge on management and prevention of episiotomy complications among post natal mothers of Bangalore by conducted a descriptive study. Sample size was 60 primi post-natal mothers with episiotomy. Purposive sampling technique was used to draw the sample. A structured questionnaire was developed with multiple choice questions which comprised questions related to demographic variables, knowledge on management and prevention of episiotomy complications. Data was collected by administering this structured questionnaire to the postnatal mothers. The author had observed that 45.0% had inadequate, 55.0% had moderate and none of them had adequate knowledge regarding management and prevention of episiotomy complications among postnatal mothers.

Monika et al. (2022) conducted a study to analyze the knowledge of nursing students regarding Kegel exercise during Episiotomy care. Also they have assessed the affect of video teaching program on their knowledge. A Pre-experimental one group Pre-test post-test research design was adopted to conduct the study. A purposive sampling technique was utilized for selecting a sample of 60 nursing students. They had further recorded the socio-demographic variables such as Age, Residence, types of family, period of exposure in Clinical area, previous knowledge about Kegel exercise and Source of knowledge. Furthermore, they developed a self-structured knowledge questionnaire to assess the knowledge regarding Kegel exercise on episiotomy pain and wound healing. Results showed that out of 60 nursing students in pre-test majority 3.33% (02) were in good, 63.33% (38) were in average and 33.33% (20) sample were in need to improve on knowledge regarding Kegel exercise on episiotomy pain and wound healing. In post-test majority 76.66% (46) sample were in good, 23.33% (14) were average and 0% (0) were in need to improve which proves the effectiveness of the video assisted teaching

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programme. Chi-square analysis showed significant association between knowledge and previous knowledge of subjects, source of information of subjects. They concluded that the use of video assisted teaching programme regarding episiotomy care was effective in increase knowledge.

Sakala (2013) investigated mothers' knowledge about postnatal care and determined the characteristics of mothers who did or did not attend postnatal appointments on these dates. A descriptive quantitative, cross-sectional study was conducted to assess mothers' knowledge. Data were collected using a structured interview. A sample of 154 mothers participated in the study who were all attendees at an under-fives clinic and had infants who were between 8 weeks and 12 months old. More than 75% of participants were aged between 20 and 30 years old. The main factor that hindered attendance was lack of advice given by midwives to return for postnatal care. Awareness of postnatal services, mothers' educational level and growth monitoring all promoted utilization of postnatal care at 1 and 6 weeks. The author had concluded that the findings have implications for training and practice of the mothers for episiotomy care.

Khatun et al. (2018) conducted a descriptive cross sectional study on 124 first-time mothers from two tertiary hospitals in Dhaka, Bangladesh. Their study was to examine the relationship among fatigue, depressive mood, self-care agency, and self-care action among postpartum women. The Modified Fatigue Symptoms checklist, Denyes' Self Care Instrument, the Edinburgh Postnatal Depression Scale, and items on sociodemographic and delivery-related characteristics, were used in Bengali via translation and back-translation process. In results, high fatigue levels were found in 18.5% (n=23) and 73.4% had possible depression (n=91). There was a significant negative relationship between fatigue and self-care agency ($r=-.31$, $p<.001$), and self-care action ($r=-.21$, $p<.05$). Fatigue differed by level of self-care agency ($t=4.06$, $p<.001$), self-care action ($t=2.36$, $p=.023$), newborn's APGAR score ($t=-2.93$, $p=.004$), parental preparation class participation ($F=15.53$, $p<.001$), and postpartum depressive mood ($t=-4.64$, $p<.001$). They concluded that the high level of self-care efficacy and behaviors can contribute to fatigue management, and highlight the need for practical interventions to better prepare mothers for postpartum self-care, which may, in turn, alleviate postpartum fatigue.

Eghdampour et al. (2013) conducted a study for determining the impact of Aloe vera and Calendula on episiotomy healing in the mothers. A total of 111 qualified primi-parous women were included in the study. They were randomly categorized into three groups of control (n=1)and experimental (n=2) groups. The women in experimental group used Aloe vera and Calendula Ointment every 8 hours and the control group used hospital routine onepisiotomy for 5 days. The data were collected by demographic questionnaire and redness, edema, ecchymosis, discharge and approximation scale (REEDA) which investigated the episiotomy healing before and five days after intervention in two groups. ANOVA, Tukey test, Kruskal-wallis, Chi-square were used for data analysis. They have observed that the three groups do not have statistically significant different regarding demographic and other intervening variables. Comparing the mean of REEDA in five days after delivery showed statistically significant difference between control and experimental groups. They concluded that using Aloe vera and Calendula ointment considerably increases the speed of episiotomy wound healing so it can be used for quickening the episiotomy healing.

Seijmonsbergen-Schermers et al. (2021) investigated understanding the perspectives andvalues of midwives, obstetricians and obstetric registrars regarding episiotomy. They had performed a qualitative interview study. In results, the following four themes were identified,'Care providers' vision on childbirth', 'Discrepancy between restrictive perspective and daily practice', 'Clinical expertise versus literature-based practice' and 'Involvement of women in the decision'. Perspectives, values and practices regarding episiotomy were strongly influenced by care providers' underlying visions on childbirth. Although care providers often emphasized the importance of restrictive episiotomy policy,a discrepancy was found between this vision and the large number of varying indications for episiotomy. Although on one hand care providers cited evidence to support their practice, on the other hand, many based their decision-making to a larger extent on clinical experience. Although most care providers considered women's autonomy to be important, at the moment of deciding on episiotomy, the involvement of women in the decision was perceived as minimal, and real informed consent generally did not take place, neither during labour, nor prenatally. Many care providers belittled episiotomy in their language. In conclusion, care providers' underlying vision on episiotomy and childbirth was an important contributor to the large variations in episiotomy

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usage. Their clinical expertise was a more important component in decision making on episiotomy than the literature. Women were minimally involved in the decision for performing episiotomy.

Ho et al. (2010) conducted a study to examine episiotomy practices before and after a multi-component intervention designed to support the use and generation of research evidence in maternal and neonatal health care. Set in 9 centers across 4 Southeast Asian countries, a retrospective survey was performed for 12 recommended pregnancy/childbirth practices and 13 outcomes of women in each center before and after intervention. Qualitative interviews were conducted to assess staff awareness and experience in evidence-based practice. There were significant decreases in the rate of episiotomy, from 64.1% to 60.1% (risk difference [RD] –4.0; 95% confidence interval [CI], –5.8 to –2.2) for all women and from 92.2% to 80.7% (RD –11.5; 95% CI, –13.4 to –9.6) for nulliparous women. Severe trauma decreased from 3.9% to 1.9% (RD –2.0; 95% CI, –2.7 to –1.4) for all women and from 6.7% to 3.0% (RD –3.7; 95% CI, –4.9 to –2.5) for nulliparous women. The frequency of intact perineum increased from 12.4% to 15.6% (RD 3.2; 95% CI, 1.9–4.6) for all women and from 1.7% to 8.0% (RD 6.3; 95% CI, 5.0–7.5) for nulliparous women. In conclusion, an intervention based on understanding and using the best available evidence can result in significant improvements in care and health outcomes.

METHODOLOGY

Methodology is the most important phase of the study. The methodology of research indicates the general pattern of organizing the procedures for gathering valid and reliable data for investigation. This chapter provides a brief description of method adopted by the investigator in this study. This includes the research approach, research design, setting of the study, population, sample, and sample size, sampling technique, criteria for sample selection, description of the tool, pilot study, data collection procedure, plan for data analysis and protection of human rights.

RESEARCH APPROACH- The research approach tells the researcher from where the data to be collected, what to be collected, how to be collected and how to analyze them. The primary objective of the evaluative research approach is to determine the extent to which a given programme or procedure is effective. Quantitative research approach was used for the present study.

RESEARCH DESIGN -The research design selected for this study was descriptive research design. This study is to assess the knowledge regarding episiotomy care among Post natal mothers.

SETTING OF THE STUDY-The setting of the study was done on the basis of feasibility of conducting the study, availability of the subjects and permission from authorities. The study was conducted in the Haridwar.

POPULATION- The target population of the study was post natal mothers who having episiotomy wound.

SAMPLE SIZE -It consists of 40 post natal mothers in the selected hospital Haridwar.

SAMPLING TECHNIQUE -Purposive sampling technique was used to select the sample.

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Research approach – Quantitative research approach

Research design – Descriptive research design

Study setting: Haridwar

Population: Post-natal mothers who having episiotomy wound

Sample Size: 60 post natal mothers

Sampling technique: Purposive sampling technique

Variables –Knowledge regarding episiotomy care in post natal mother

Tool for data collection:

Tool-1: Socio demographical variables

Method of data collection:

Data Analysis:

Descriptive statistics: Frequency & percentage

Result: Assessment of the knowledge of the post natal mothers .

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SAMPLING CRITERIA-

Inclusion Criteria

- Post natal mothers who were willing to participate in the study.
- Mothers who can read and write Hindi.
- Post natal mothers those who are coming for the OPD.

Exclusion Criteria

- Mothers who were sick during the time of data collection.
- Mother who were not willing to participate in the study.
- Mothers who are having heart disease, pregnancy inducedhypertension, gestational diabetes mellitus etc.

ETHICAL CONSIDERATION –

- Ethical clearance will be obtained from the ethical committee of the Arihant college of nursing Haridwar ,Dehradun, prior to the conduction of the study.
- Administrative permission will be obtained from the concerned authorities of the hospital area.
- Written consent will be obtained from the samples and confidentiality will be maintained.

DATA COLLECTION –

- **Tool for data collection -**
- Tool will consist of two sections.
- Section I: Socio Demographic variables.
- Section II: A structured knowledge questionnaire on episiotomy care.

Description of the tool -

Section-I: Socio demographic variable

- Socio demographic variables were developed by the investigator for the purpose of the data collection. The items in the socio demographic variable were- age of the mother, religion, education status of mother, occupation status of mother, monthly Income of the family, type of family, type of delivery, postnatal day, previous Source of information .

Section II: A structured knowledge questionnaire

- Structured Knowledge Questionnaire to measure the level of knowledge of post natal mothers regarding episiotomy care, Total 22 items were there.

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PLAN FOR FEASIBILITY TESTING –

Validity –The investigator prepares the tool based on the literature review& purpose of the study. The tool will be validated by 5 experts.. The experts were requested to judge items for relevance, clarity, appropriateness of the title and content area. Based on the observations and suggestion from the experts the tools were modified

Suggestions from the experts-

Section I (Socio demographic variable): There was no modifications needed except for English language corrections.

Section II (structured knowledge questionnaires):

- Structured Knowledge Questionnaire to measure the level of knowledge of post natal mother regarding episiotomy care.

- In this out of 22 items, for 6 questions stems had to be modified to make it clear. For 3 questions the options had to be changed to rectify them. The rest of the items were rated as relevant and appropriate.

Reliability –

- The reliability of the structured Knowledge Questionnaire were tested by using test-retest method
- The tool was administered to 15post natal mothers.
- The data collected from the research tool was computed using Karl Pearson Correlation Coefficient
- The reliability obtained for the Knowledge Questionnaire was r=0.75 at p <0.01 level of significance.
- Both the tools showed good internal consistency

Pretesting –Pretesting of the tool will check the clarity of the items, their feasibility, and practicability. After obtaining formal administrative approval the tool will be administered to the sample**.**

- The average time taken by the post natalmothers to complete socio demographic variable was 5minutes,
- Structured knowledge questionnaire was 20-30 minutes.

Pilot study: Pilot study is a smaller version of a proposed study. This study is conducted to obtain information for improving the main project or for assessing its feasibility and to test the reliability of the tools. It is done on similar subjects, the same settings, and same data collection and analysis technique. The pilot study was conducted among the mothers of Haridwar, Uttarakhand. A total of 5 mothers were selected by convenience sampling method. The purpose of the study was explained to each mother and written consent was obtained from them and confidentiality was assured. Investigator conducted pretest by administrating self structured knowledge questionnaire. The time taken by the samples to complete the tool was around 15-20 minutes. The same self structured knowledge questionnaire was administered to the same sample. Data analysis was done by using descriptive and inferential statistics. The pilot study revealed that the tool was feasible and comprehensive for the conduct of the final study.

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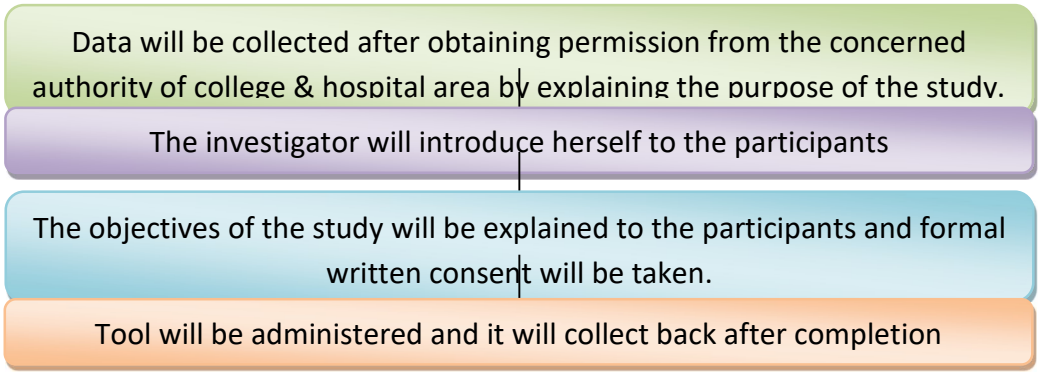
Method of Data Collection:



Scheme for data Analysis: Based on the objectives data analysis will be done using descriptive and inferential statistics.

- **Descriptive statistics:** Frequency, percentage, mean and standard deviation will be used to describe the knowledge & socio demographic variables.
- **Inferential statistics:**The chi-square test will be used to find the association of knowledge regarding episiotomy care adapted by post natal mothers with their selected Socio demographic variable.

Summary- This chapter deal with research approach, Research design, Population, Setting, Sample size, Sampling technique, Inclusion criteria, Exclusive criteria, Development tool, description of tools, content validity, pilot study, data collection process and plan for data analysis.

Analysis and Interpretation of Data

PRESENTATION OF DATA:

The data collected was organized and presented under following sections:

Section -I: Frequency and percentage distribution of socio-demographical variables.

Section-II: Finding related to knowledge of post natal mothers regarding episiotomy care.

- **Part-A:** Findings related to knowledge of post natal mothers regarding episiotomy care.
- **Part-B:** Finding on association between mothers knowledge and socio-demographic variables.

Section 1- Frequency and percentage distribution of socio-demographical variables

In the present study 40 post natal mothers were selected the selected hospitals of Haridwar using the descriptive statistics data were analyzed, presenting of items done in terms of frequency, percentage. The frequency and percentage of sample in relation to their demographic variable are presented in following tables.

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Table 1- Age of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40)

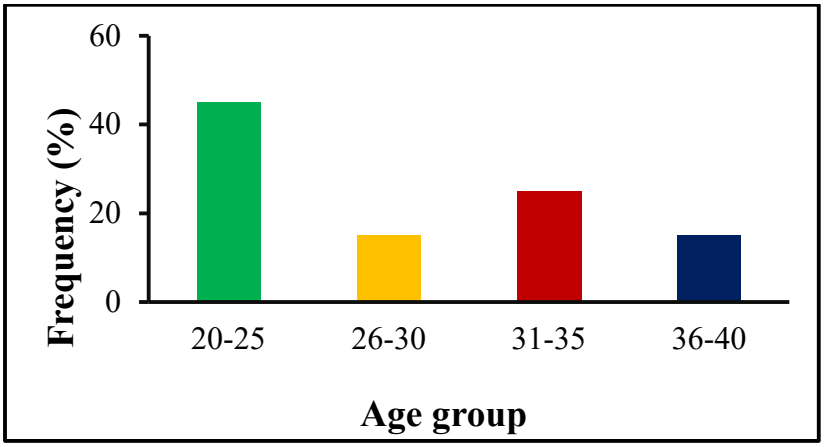

Figure 1. Frequency of age of post natal mothers involved in the present study.

Age- Results showed that, 45% of the sampled mothers were from the age-group of 20-25 years, followed by 31-35 years (25%). Among 26-30 years and 36-40 years, there were 6 mothers sampled in each age-group (15.0 % in each).

Table 2- Education status of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40)

S. No.	Age of mother (in years)	frequency	%
1.	a. 20 – 25	18	45.0
	b. 26 – 30	6	15.0
	c. 31 – 35	10	25.0
	d. 36 – 40	6	15.0

S. No.	Education status of mother	frequency	%
1.	a. Primary school	0	0
	b. High school	5	12.5
	c. Higher secondary	12	30.0
	d. Graduate and above	23	57.5

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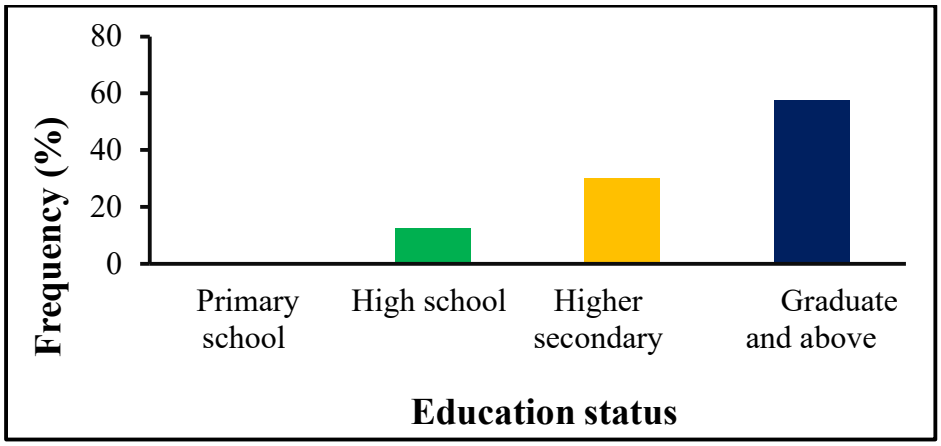

Figure 2. Frequency of education status of post natal mothers involved in the present study.

Education- In case of education, 57.5% mothers were graduate and 30% mothers had higher secondary education. Further, 12.5% of the mothers had high school education. None of the mother was illiterate.

Table 3- Occupation of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40)

S. No.	Occupation of mother	frequency	%
1.	a. Housewives	20	50.0
	b. Health care worker	8	20.0
	c. Government job	5	12.5
	d. Private job	7	17.5

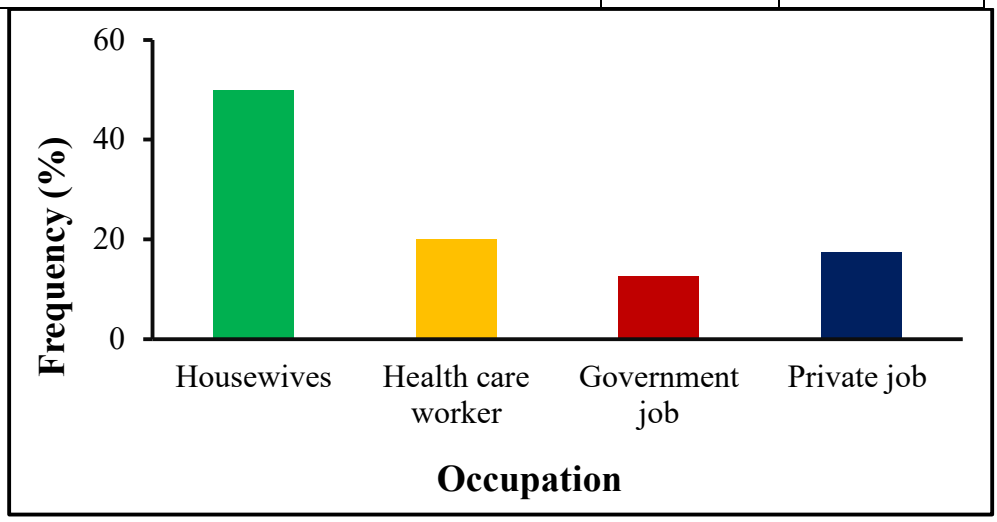

Figure 3. Frequency of occupation status of mothers involved in the present study.

Occupation- The occupation status of the mothers revealed that 20% of the mothers were health care workers and 50 % were housewives. Furthermore, 17.5% and 12.5% mothers were doing private and government jobs, respectively.

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Table 4- Religion of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40)

S. No.	Religion	frequency	%
1.	a. Hindu	32	80.0
	b. Muslim	4	10.0
	c. Christian	4	10.0
	d. Any other	0	0

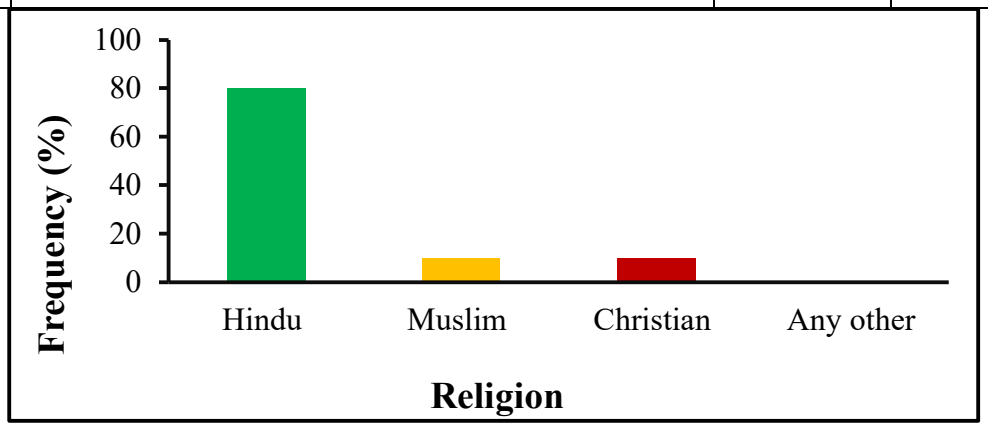

Figure 4. Frequency of religion of mothers involved in the present study.

Religion -The sampled mothers mainly belonged to Hindu religion (80%) along with 10.0% Muslims and Christian each.

Table 5- Type of family of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40)

S. No.	Type of family	frequency	%
1.	a. Joint family	5	12.5
	b. Nuclear family	35	87.5

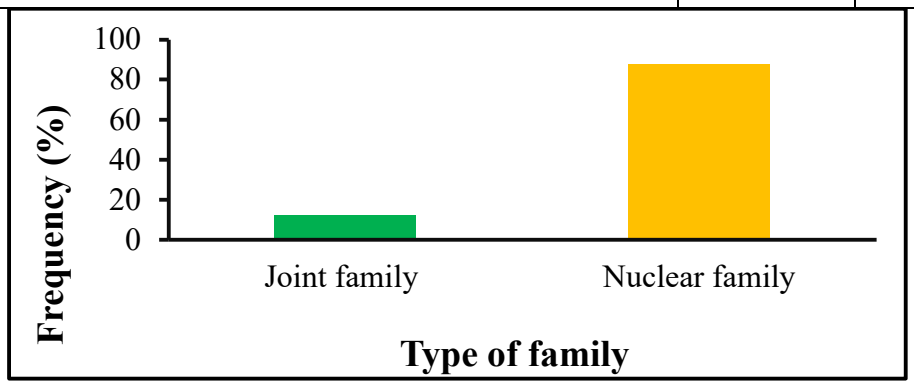

Figure 5. Frequency of family type of mothers involved in the present study.

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Family type – The mothers were primarily living as nuclear family (87.5%), while 12.5% of them had joint family.

Table 6- Monthly family income of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40)

S. No.	Monthly family income in rupees	frequency	%
1.	a. 5000-7000	5	12.5
	b. 7001-9000	6	15.0
	c. 9001-11000	9	22.5
	d. Above 11000	20	50.0

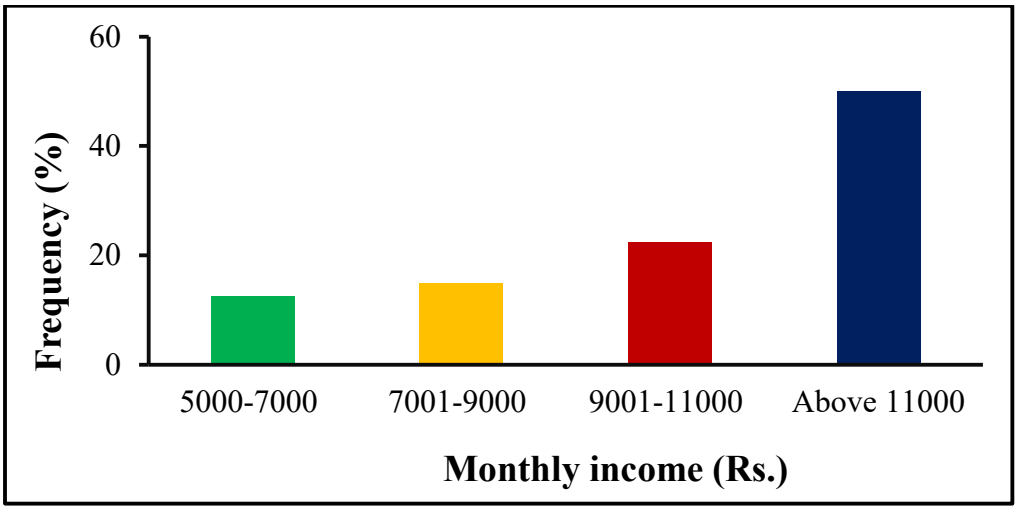

Figure 6. Monthly family income of mothers involved in the present study.

Family Income -Most of the sampled mothers (50%) had monthly family income of above Rs. 11,000/.

Table 7- Types of delivery of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40)

S. No.	Types of delivery	frequency	%
1.	a. Normal vaginal delivery	15	37.5
	b. Assisted/instrumental delivery	5	12.5
	c. Lower segment cesarean section	10	25

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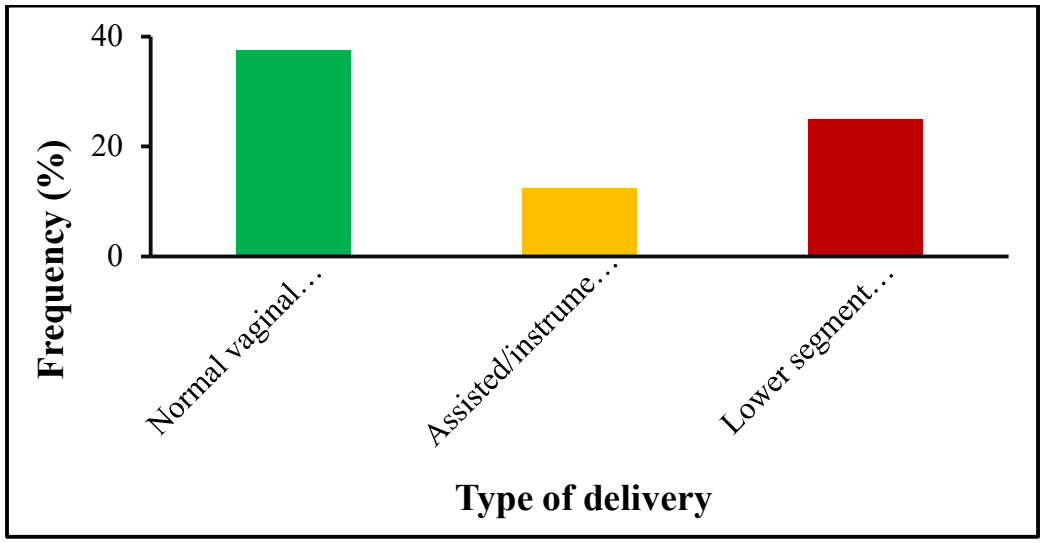

Figure 7. Types of delivery of mothers involved in the present study.

Type of delivery - Results showed that 37.5% of the sampled mothers have undergone normal vaginal delivery followed by lower segment cesarean section delivery (25%) and assisted/instrumental delivery (12.5%).

Table 8- Knowledge about episiotomy care of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40)

S. No.	Knowledge about episiotomy care	frequency	%
1.	a. No	15	37.5
	b. Yes	25	62.5

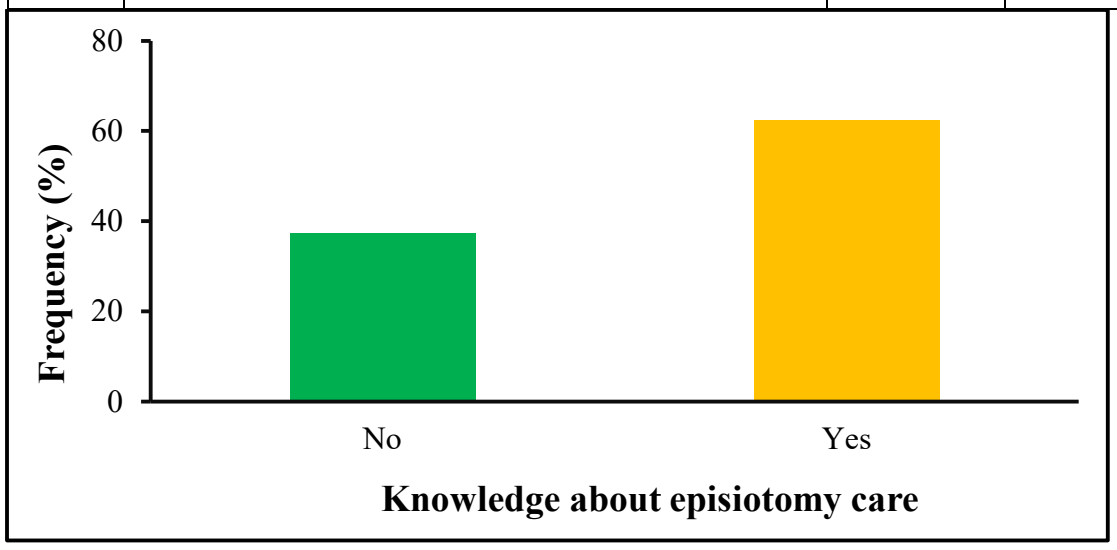

Figure 8. Knowledge of episiotomy care among mothers involved in the present study.

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Knowledge about episiotomy care- The 62.5% of the mothers knew about episiotomy care while 37.5% had no knowledge about it.

Table 9- Postnatal day of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40)

S. No.	Postnatal day	frequency	%
1.	a. 1- 4day	20	50.0
	b. 5 and above	20	50.0

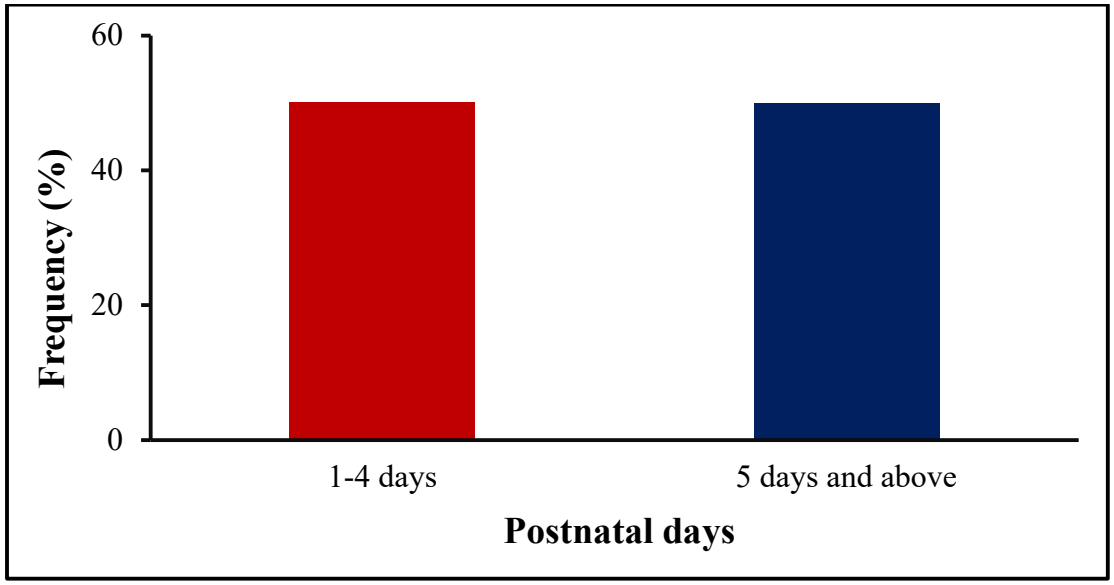

Figure 9. Frequency of post natal days among mothers involved in the present study.

Postnatal days- In case of post natal period, 50% mothers had 1-4 days of posta natal period. While 50% had 5 or more post natal days.

Table 10- Source of information of post natal mothers regarding episiotomy care in terms of Frequency and Percentage. (n=40

S. No.	Source of information	frequency	%
1.	a. Family members	25	62.5
	b. Mass media	15	37.5

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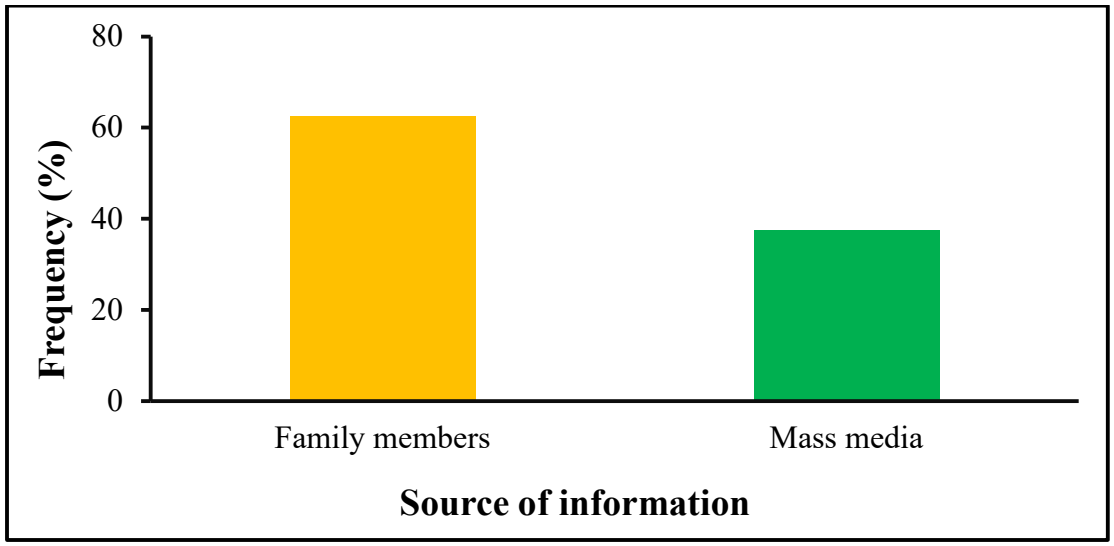

Figure 10. Source of information among mothers involved in the present study.

Source of information- The source of information for most mothers (62.5%) was family members, while others have taken the knowledge from mass media (37.5%).

Section-II: Finding related to knowledge of post natal mothers regarding episiotomy care.

Table 11- Frequency and Percentage distribution of knowledge regarding Episiotomy care among postnatal mothers. (n=40)

S.No.	Knowledge level	Category	Respondents	
			Number	Percentage
1	**Good**	16-22	7	17.5%
2	**Average**	9-15	20	50.00 %
3	**Poor**	1-8	13	32.50%

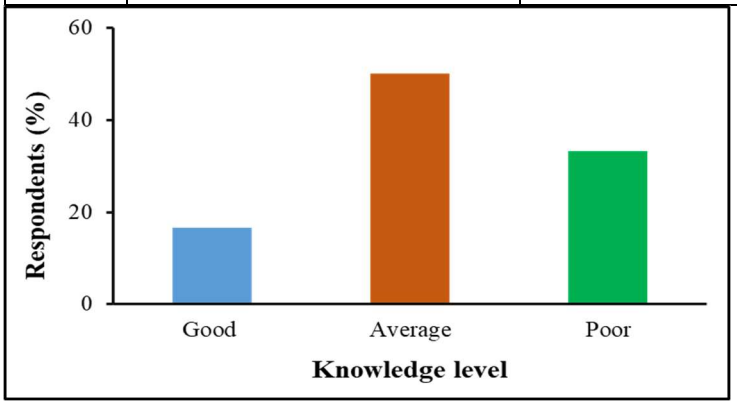

Figure 11- Percentage distribution of knowledge regarding Episiotomy care among postnatal mothers. (n=40)

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Figure 11 and Table 11 reveal that 50 % of the sampled postnatal mothers, had average level of knowledge regarding episiotomy. Further, 32.50 % mothers had poor knowledge and only 17.50 % mothers had good knowledge about episiotomy and its care.

Table 12- Association of knowledge regarding episiotomy care among mothers with their age of the mothers. (n=40) NS=Non-significant, S=Significant

S. No.	Socio-demographical variables	f	Poor		Average		Good		x^2	p value
			N	%	N	%	N	%		
	Age of mother (in years):									
	a. 20 – 25	18	5	12.5	12	30	1	2.5		
1.	b. 26 – 30	6	3	7.5	2	5	1	2.5	1.43	0.96
	c. 31 – 35	10	2	5	7	17.5	1	2.5	df=6	NS
	d. 36 – 40	6	2	5	3	7.5	1	2.5		

Table 13- Association of knowledge regarding episiotomy care among mothers with their education status. (n=40) NS=Non-significant, S=Significant

S. No.	Socio-demographical variables	f	Poor		Average		Good		x^2	p value
			N	%	N	%	N	%		
	Education status									
	Primary school	0	0	0	0	0	0	0		
		5								
1.	e. High school	12	4	10	1	0	0	0	11.27	0.08
						7.5				
	f. Higher secondary	23	7	17.5	3		2	5	df=6	NS
	g. Graduate and above		4	10	14	35	5	12.5		

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Table 14- Association of knowledge regarding episiotomy care among mothers with their occupation status. (n=40) NS=Non-significant, S=Significant

S. No.	Socio-demographical variables	f	Poor		Average		Good		x^2	p value
			N	%	N	%	N	%		
	Occupation of mother:									
	a. House hold worker	20	14	35	4	10	2	5		
1.	b. Health care worker	8	0	0	5	12.5	3	7.5	14.43	0.03
	c. Government job	5	1	2.5	3	7.5	1	2.5	df=6	S
	d. Private job	7	2	5	4	10	1	2.5		

Table 15- Association of knowledge regarding episiotomy care with their religion. (n=40)

S. No.	Socio-demographical variables	f	Poor		Average		Good		x^2	p value
			N	%	N	%	N	%		
	Religion:									
	a. Hindu	32	10	25	17	42.5	5	12.5		
1.	b. Muslim	4	3	7.5	1	2.5	0	0	4.6	0.60
	c. Christian	4	2	5	1	2.5	1	2.5	df=6	NS
	d. Any other	0	0	0	0	0	0	0		

Table 16- Association of knowledge regarding episiotomy care among mothers with type of family. (n=40) NS=Non-significant, S=Significant

S. No.	Socio-demographical variables	f	Poor		Average		Good		x^2	p value
			N	%	N	%	N	%		
	Type of family:									
1.	a. Joint family	5	1	2.5	3	7.5	1	2.5	2.08	0.35
	b. Nuclear family	35	14	35	16	40	5	12.5	df=2	S

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Table 17- Association of knowledge regarding episiotomy care among mothers with monthly family income. (n=40) NS=Non-significant, S=Significant

S. No.	Socio-demographical variables	f	Poor		Average		Good		x^2	p value
			N	%	N	%	N	%		
1.	**Monthly family income:**								3.90 df=8	0.86 NS
	a. 5000-7000	5	3	7.5	2	5	0	0		
	b. 7001-9000	6	2	5	3	7.5	1	2.5		
	c. 9001-11000	9	2	5	6	15	1	2.5		
	d. Above 11000	20	4	10	13	32.5	3	7.5		

Table 18- Association of knowledge regarding episiotomy care with Types of delivery. (n=40)

S. No.	Types of delivery	f	Poor		Average		Good		x^2	p value
			N	%	N	%	N	%		
1.	a. Normal vaginal delivery	15	5	12.5	8	20	2	5	1.69 df=4	0.79 NS
	b. Assisted/instrumental delivery	5	4	10	6	15	3	7.5		
	c. lower segment cesarean section	10	2	5	8	20	3	7.5		

Table 19- Association of knowledge regarding episiotomy care among mothers with Source of information. (n=40) NS=Non-significant, S=Significant

S. No.	Socio-demographical variables	f	Poor		Average		Good		x^2	p value
			N	%	N	%	N	%		
1.	**Source of information**								2.54 df=2	0.28 NS
	c. Family members	25	6	15	15	37.5	4	10		
	d. Mass media	10	1	2.5	7	17.5	2	5		

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The association of knowledge regarding episiotomy care among primigravida mothers with selected socio-demographic variables showed a significant association of knowledge level with occupation of mother (p value 0.03) and types of families (p value 0.35). The association with other sociodemographic variable was observed non-significant viz. age of samples mothers (p value 0.96), education of sampled mothers (p value 0.08), religion of sampled mothers (p value 0.60), types of delivery in sampled mothers (p value 0.79), source of information among sampled mothers (p value 0.28) and monthly family income of sampled mothers (p value 0.86). The highest degree of freedom was found in case of monthly family income of the sampled mothers (8) while it was lowest in types of families and source of information (2 in each). The degree of freedom of age, education, occupation and religion of the sampled mothers was found 6. For, types of deliveries among sampled mothers it was 4.

High chi square values were observed in occupation (14.43) and education of sampled mothers (11.27). While, the lowest chi square values were observed in case of age (1.43) and types of delivery in sampled mothers (1.69). Chi square values of other variables were 4.6 (religion of the mothers), 2.08 (types of families), 3.90 (monthly family income), and 2.54 (source of information). These values are generally based upon degree of freedom, variation and frequency distribution among the samples.

DISCUSSION

This chapter deal with the discussion of the study with appropriate literature, statistical analysis and the findings of the study based on the study objectives

The aim of the study was to assess the knowledge of post-natal mothers regarding episiotomy care in selected hospital of Haridwar.

The findings of the present study have been discussed with references to the categories and subcategories that emerged out of analysis. The findings have been discussed under two headings with supportive evidence from other studies.

1. **1)To assess the level of knowledge regarding episiotomy care among post natal mothers.**

In the present study, knowledge regarding episiotomy care was assessed among 40 post natal mothers. The knowledge status of episiotomy care among post natal mothers was assessed through interview. Majority of the sampled mothers were younger in age (45%), Hindu in religion (80%) and educated up to graduate (57.5%). Primarily, the sampled mothers were housewives (50%), belonged to nuclear families (87.5%) with average family income above Rs. 11,000 (50%). Moreover, their primary source of information was family members (62.5%). Comparison of frequency and percentage distribution of knowledge regarding episiotomy care among post natal mothers showed a significant difference among them. It reveals that only 17.5 % of the sampled post natal mothers, had good knowledge of episiotomy care. The average knowledge was observed in 50%. While, 32.5 % mothers had poor knowledge regarding episiotomy care.

2) To find out the association of knowledge regarding episiotomy care among the post natal mothers with selected socio-demographic variables

The statistical analysis of knowledge scores and sociodemographic variables revealed a significant association of knowledge level with occupation of mother and types of families. It can be justified with the fact that women that are working and lives in joint families may have more awareness than their counterparts due to higher chances of social interactions. The association with other sociodemographic variable was observed non-significant viz. age of samples mothers, education of sampled mothers, religion of sampled mothers, types of delivery in sampled mothers, source of information among sampled mothers and monthly family income of sampled mothers. Further, high chi square values were observed in occupation and education of the sampled mothers. While, the lowest chi square values were observed in case of age and types of delivery in sampled mothers. These values are generally based upon degree of freedom, variation and frequency distribution among the samples.

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SUMMARY, CONCLUSIONS, IMPLICATIONS, LIMITATIONS, AND RECOMMENDATIONS

This chapter provides an over view of the study and its significant finding, the conclusion drawn, implication and recommendations for further research. This chapter is divided into two sections. In first section summary of the study, major finding and discussion are presented. In second section implementations, limitations, recommendation for future study and conclusion is presented.

SUMMARY & CONCLUSIONS

Present study revealed that the post natal mothers had poor knowledge episiotomy care. So, in future nurses can prepare an effective structured teaching programme to improve the knowledge and practice of episiotomy care among the mothers.

The research statement of the present study was "A descriptive study to assess the knowledge of post natal mothers regarding episiotomy care in selected hospital of Haridwar". The objectives of the study were, to assess the level of knowledge regarding episiotomy care among post natal mothers and to find out the association of knowledge regarding episiotomy care among the post natal mothers with selected socio-demographic variables.

The study attempted to examine the following research hypothesis.

H1- There will be some knowledge regarding episiotomy care among the post natal mothers in selected hospital Haridwar.

H2- There will be significant association of knowledge with selected socio- demographic variables.

The major assumption of the study includes the mothers would co-operate with the investigator and every mother was unique.

The review of literature helped the investigator to develop the conceptual frame work, tool, and methodology. Literature review was done for the present study studies related to post-natal mothers; episiotomy care and association analysis were included in it.

The research design selected for this study was descriptive research design. Dependent variables for this study were post natal mothers. Associative variables for this study were age, education of mother, occupation, type of family, income, religion and type of delivery.

The tool developed and used for data collection was an interview schedule to assess the knowledge regarding episiotomy care among post natal mother. The content validity was found reliable and feasible. The pilot study was also found feasible.

The main study was conducted in Haridwar. Purposive sampling technique was used to select the samples. Descriptive study was done to assess the knowledge regarding postnatal exercises among post natal mother. The data gathered were analyzed using SPSS (version 16) software at the level of significance based on the study objectives.

Major Findings

The findings of the study are presented under the following headings based on the objective of the study.

Objective 1: To assess the level of knowledge regarding episiotomy care among post natal mothers.

Comparison of frequency and percentage distribution of knowledge regarding episiotomy care among post natal mothers showed a significant difference among them.

It reveals that only 17.5 % of the sampled post natal mothers, had good knowledge of episiotomy care.

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The average knowledge was observed in 50%. While, 32.5 % mothers had poor knowledge regarding episiotomy care

Objective 2: To find out the association of knowledge regarding episiotomy care among the post natal mothers with selected socio-demographic variables

- The statistical analysis of knowledge scores and sociodemographic variables revealed a significant association of knowledge level with occupation of mother and types of families.
- The association with other sociodemographic variable was observed non-significant
- High chi square values were observed in case of occupation and education of the sampled mothers

IMPLICATIONS OF THE STUDY

The concept of health has changed from time to time. Traditionally, health had disease as its central focus, which has now changed into complex multidimensional models centering on a positive holistic approach towards the phenomenon of health with emphasis on health promotion. The investigator had drawn the following implications from the studies, which are of vital concern in the field of nursing practice, nursing administration, nursing education and nursing research.

NURSING PRACTICE- Nurse have to play more attention in providing knowledge regarding episiotomy care to the mothers. The educational materials in this regard need to be developed. Further, health education may be given in both hospital and clinics and community settings. The study has several implication in nursing practices. Nurse are component professional having a responsibility to promote health information and practices. Nurse play a vital role in giving care and maintain links between the clients and her professionals. So there is an acute need to have a special training program for nursing students regarding episiotomy care.

NURSING ADMINISTRATION- The nurse administrator can organize staff development programmes in episiotomy care. The nurse administrator can organize conferences and in-service education programmes for complementary therapies in episiotomy care.

NURSING EDUCATION- The nurse educator can conduct workshop, seminars and conferences on episiotomy care that help to update their knowledge to provide effective care. Encourage the students to learn about the assessment of episiotomy wound and the remedial measures to prevent pain and improve wound healing.

NURSING RESEARCH-The use of fresh aloevera gel and other natural things in treating episiotomy wound is an unexplored area as far as India is concerned. Emphasis should be laid on research in this area to assess and compare the effectiveness of these applications in various other wound related complications. The present study is just an initial attempt and it will encourage and motivate health personnel to conduct more research studies in this area. Also the study design and methodology used in this study can be used for the literature review for further studies.

LIMITATIONS

1. Sample size is limited to 40.
2. Result cannot be generalized because of individual difference and biases.
3. Prescribed data collection period as only 6 week.

FUTURE RECOMMENDATIONS-

- The similar study can be replicated with larger samples in different setting to strengthen the findings.

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- This study can be implemented in all settings like hospitals and community.
- A comparative study can be conducted between rural and urban mother's knowledge on episiotomy care.
- A comparative study can be conducted among primigravida mothers and multigravida mothers regarding episiotomy care.

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