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## **Analysing the Effects of Infrared Radiation on Postpartum Mothers' Episiotomy Wounds at Several Hospitals in Indore**

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### **Introduction**

Episiotomy is a kind of perineal incision that may shorten labour and reduce the risk of a perineal tear. As a result, many women choose to have this procedure performed on themselves. If an elective episiotomy is not performed, many women may need surgical repair of a perineal laceration after giving birth. Episiotomy discomfort after delivery is a major source of postpartum disabilities. Despite this, the most common type of surgical wound has received less attention in terms of research. Episiotomies and the care of perineal wounds were traditionally the responsibility of midwives.

A caesarean section is required for every pregnant woman. There is more than one way to give birth, including the conventional approach, the use of forceps or a vacuum, or the performance of a caesarean section. Most deliveries take place via the vaginal route. The perineum is stretched much beyond what would be considered its usual limits to fulfil the responsibility of delivering the infant.

While it is possible for some women to have a skin rupture, most women are able to do so without any complications. To reduce the risk of bleeding "just in case," a physician or a midwife may perform an episiotomy. Examine the location of the incision to look for signs of edema, such as swelling, soreness, drainage, and localised discomfort. Puerperal infections may cause a delay in the bond that forms between a mother and her infant, difficulty breastfeeding, a lengthier hospital stay or readmission, and increased expenditures associated with medical care.

Episiotomies provide several advantages, including the prevention of brain injury and a reduction in the risk of complications during future births. In addition to this, they assist in the avoidance of lacerations, hasten the healing process, and are easier to mend than ragged wounds. It's possible that stretching the tissues might shorten the second stage of labour and save you from the agony of haemorrhoids. The vast majority of births assisted by forceps, as well as breech and face deliveries, are conducted with this technique (especially those performed using axis traction forceps).

Sitz baths and heating packs were both common forms of treatment for episiotomies in the past. Since that time, technological advancements have made it possible for us to make use of dry heat sources such as electric heat lamps, peri lights, infrared rays, and a variety of other options. Researchers have shown that dry heat is superior to wet heat in the treatment of wounds because it lasts longer, maintains a dry environment around the wound, and accelerates the body's natural ability to repair itself. Methodology

In the study, there were a total of 200 postnatal moms who had had an episiotomy. These women were chosen for the study by convenience sampling and a quasi-experimental research approach. Both the experimental group and the control group were evaluated using a modified version of the REDDA scale to see how well they recovered after the episiotomy. These episodes took place at several hospitals located in and around the Indore region.

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### **Results**

The findings imply that infrared radiation might be used to characterise the pain that women feel after giving birth as a result of an episiotomy incision. This pain is caused by the episiotomy incision.

When the two groups were compared using the paired t test, it was discovered that the episiotomy wounds in the group that was treated with infrared radiation treatment healed noticeably faster than those in the control group.

Using the Chi-square test, we found that there was no statistically significant correlation between wound healing after episiotomy and the postnatal mothers' age, parity, body weight, Hb% level, or the reasons for episiotomy. This was the case even though there was a correlation between wound healing after an episiotomy and the reasons for the episiotomy. There is no significant correlation between any of these factors and the control group's age, parity, residence, family history of current medical illness, childbirth weight, occupation, family composition, or body type. Neither is there a connection between any of these factors and the control group's family composition.

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### **Conclusion**

Having a baby is a major life event that requires each woman to adjust to not only the physical changes that occur during involution and nursing but also the additional demands that are placed on her time and emotions. This is necessary because having a baby is a major life event that requires each woman to have a baby. Episiotomy is one of the most frequent surgical operations done during the second stage of labour, especially among first-time

mothers. Despite mounting evidence that it is unnecessary, an episiotomy remains one of the most common surgical procedures performed. Because of the perineal injury caused by the episiotomy, the mother may have a variety of unfavourable side effects throughout the postpartum period. These side effects may include: Because she feels so awful all the time, it prevents her from participating in the things that are generally some of her favourites. Second, it has the potential to make a mother feel like she is not worthy. Last but not least, it drives up the expense of healthcare, raises the danger of infection, and lengthens the amount of time required to recuperate after giving birth.

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**Reference**

1. Banata DS, Thacker SB. "The risks and benefits of episiotomy". *Birth*, 1982;9(Spring)25-30.
2. Bobak IM, Lowdermilk DI, Jenson MD. *Maternity nursing Philadelphia: Mosby Company* 1995;360-422.
3. Gass MD, Dunna C, Stys SS. "Effect of episiotomy on the frequency of vaginal toilet lacerations, *Journal of Reproductive Medicine* 1986;31:244-46.
4. Henriksen TB, Mollerbek KM, Hedegard M, Secher M. "Episiotomy and perineal lesions in spontaneous vaginal deliveries", *British Journal of Obstetrics and Gynaecology* 1992;99:950-54.
5. Judith Noronha. "Effectiveness of self perineal care on episiotomy wound healing", *Indian journal of Nursing and Midwifery* 2003;6:1