



EFFECTIVENESS OF INFRARED RADIATION ON EPISIOTOMY WOUND AMONG THE POSTNATAL MOTHERS AT SELECTED HOSPITALS, INDORE

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1. INTRODUCTION

An episiotomy is a perineal incision made during a vaginal delivery to facilitate and expedite delivery and prevent perineal tear. Many women who have experienced perineal laceration require surgical repair if they do not have an elective episiotomy. Episiotomy pain is a significant morbidity in the puerperium. Despite this, little research has been conducted on the care of this most commonly performed wound. Midwives have traditionally been responsible for managing the episiotomy and perineal wound.

Every woman who becomes pregnant must have a caesarean section. It could be normal, forceps, vacuum, or caesarean section. In a typical delivery, the baby is delivered vaginally. As the baby is born, the perineum must stretch far beyond its normal limits in order to deliver the essay.

Most women's bodies are capable of this, but some are not, and the skin gives way and tears. An episiotomy is performed by a health care provider or midwife to prevent "Just in case tears." Edema, swelling, tenderness, and discharge, as well as localised pain, should be evaluated in the wound. Puerperal infections are expensive in terms of delayed mother-infant interaction, lactation difficulties, prolonged hospital stay or readmission, and increased costs.

Episiotomy is widely used today because it prevents lacerations, heals faster and is easier to repair than a ragged tear, allows for easier and safer head regression, preventing potential brain damage, and reduces the incidence of uterine prolapse in subsequent deliveries. Tissues are overstretched if performed before, which shortens the second stage of labour and may prevent painful haemorrhoids. It is also used for the majority of forceps deliveries, particularly ATC (axis traction forceps), as well as breech and face deliveries.

Previously, moist heat applications such as sitz baths and hot packs were used to treat episiotomies. As science progressed, dry heat applications such as electric heat lamps, peri lights, infrared rays, and so on emerged. According to research, dry heat applications are more effective than moist heat application, because the effect of dry heat lasts longer, keeps the wound dry, and speeds up healing.

METHODOLOGY

The study used an evaluative research approach and a quasi-experimental design-purposive sampling to select the target population; the sample size was 100 postnatal mothers with episiotomy. The modified REDDA scale was used to measure healing in both the experimental and control groups, and the standard engineering paper cm scale was used to measure episiotomy wound healing.

RESULTS

The analysis revealed that Infrared radiation is used to describe the pain experienced by postnatal mothers as a result of an episiotomy wound (lamp).

The paired 't' test revealed a significant difference in episiotomy wound healing between the infrared radiation application group and the control group.

The Chi-square test revealed that there was no significant relationship between episiotomy wound healing and postnatal mothers' age, parity, body weight, Hb percent level, or reasons for episiotomy. There is no significant association between age, parity, place of residence, history of current medical illness, birth weight of the baby, occupation, family type, and body build in the control group.

2. CONCLUSION

The study concluded that, each mother must adjust to physical changes in her own body caused by involution and lactation, as well as cope with new demands on her time and emotions caused by the new overstressed situation. Despite evidence that it is an unnecessary intervention, episiotomy is one of the most common surgical procedures performed during the second stage of labour, particularly in primigravida women. Perineal trauma caused by episiotomy results in a number of distressing conditions in the postnatal period. For starters, it causes pain and discomfort and disrupts her normal

activities. Second, it gives the mother a sense of inadequacy. Third, it increases the risk of infection, prolongs postnatal recovery, and raises the cost of health care.

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