



“A COMPARATIVE STUDY TO ASSESS THE EFFECTIVENESS OF BETADINE SITZ BATH VERSUS NEEM EXTRACT SITZBATH ON EPISIOTOMY WOUND HEALING AMONG POST NATAL MOTHERS IN SELECTED HOSPITAL AT JABALPUR, M.P.”

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ABSTRACT

Postpartum period is a period when the mother experiences intense physical and emotional stress due to exhaustion anxiety and excitement, each mother has to adjust to physical changes in her own body due to involution and lactation as well as cope up with new demands in her time and emotions made by the newborn baby. Postpartum period is distinct in to three phases. The third phase is the postpartum period which can last up to 6 weeks. Some changes to the genitourinary system are much longer in resolving and some may never fully revert to the prepregnant state.

1. INTRODUCTION

BACKGROUND OF THE STUDY

Motherhood is more than a premium birth centre it is a way of experiencing birth as a normal, natural, completely unique and personal event in a family. We give utmost priority to a woman needs and preferences during the most special moment of life. We also believe in educating our clients and their families about every procedure to assist Post partum period lasts from delivery to six weeks afterward, it is also known as fourth trimester. The post natal mothers experience various physiological and psychological changes when she makes the transition from the pregnant woman to a mother. The needs of the client and the family during the post partum period can be met through coordinated multi disciplinary care of the mother, child and the fame Early discharge plan for the post natal mother can be confirmed by the evaluation of the mother's health status and comfort level, self care education. Assessment at the time

of discharge includes vital signs, fundus, breast, uterus, bladder, bowel, lochia, episiotomy, Homan's sign and emotional status of the women. The routine hospital stays after uncomplicated vaginal delivery had ranged from 12 hours to one week. The current hospital stay for mothers having normal vaginal delivery is 24 to 48 hours. The attending provider is permitted to discharge the client earlier if the client agrees. The first performance of episiotomy was done in 1974, when perineal incision was used to facilitate deliveries. Episiotomy is the surgical incision made to enlarge the vaginal opening for delivery of baby's head. Depending on the client preference, situation and provider preference and judgment, some women experience delivery with an episiotomy. This is an incision through the perineal tissues that is designed to enlarge the vaginal outlet during the delivery. The rationale for its use depends largely on the need to minimize the risk of severe, spontaneous, maternal trauma and to expedite the birth when there is evidence of foetal compromise.

Fraser.M.,(2007)

Episiotomy infection can be observed by persistent redness and swelling, separation of wound edges, purulent discharge and persistent pain. The immediate complications related to episiotomy are extension of the incision, vulval haematoma, infection, wound dehiscence, injury to the anal muscles and necrotizing fasciitis. The remote complications related to episiotomy are dyspareunia chance of perineal lacerations and scar endometriosis. In this era of advanced modern technology all mothers are looking hopefully in nurses to help in bringing down maternal morbidity rate and relieve them from pain and discomfort soon after birth. Thus it becomes the nurse's responsibility to identify the ways of reducing and preventing maternal problems as well as to identify the cost effective measures in relieving pain. Relieving pain and promoting comfort to the mother is important basic need. It can also establish and improves mother and child relationship

Laurent.C., (1992)

Episiotomy wound can cause a considerable discomfort and pain the perineum is extremely tender area and the muscles of perineum are involved in many activities. e.g sitting, walking, controlling urination and defecation. This discomfort interferes with the rest and sleep. Mother feels discomfort even when she holds her baby and it affects breast feeding and newborn care. A cortisone based cream or a sitz bath helps to decrease inflammation to relieve tension in that area. Specific measures to control infection and promote wound healing are use of soap and water to wash vulva and perineum, change the perineal pad every 2 to 3hours, place ice packs against the episiotomy for 1 hour period every 2 hours during the first 24 hours following birth, sit in warm sitz bath for 15 to 20 minutes, apply a topical anesthetic to the episiotomy at every pad change.

Pillitteri A.,(2007)

In pharmacological treatment on episiotomy wound healing, the pramoxine hydrochloride 1% and hydrocortisone acetate 1% in a meso adhesive foam were relieving episiotomy discomfort and wound healing for postnatal mothers. Meso adhesive foam was more effective with regard wound healing and episiotomy discomfort as measured by analgesic consumption. Pramoxine and hydrocortisone foam offers no advantage over meso adhesive foam in the treatment of postpartum episiotomy wound healing.

Greer IA ,Cameron AD.,(1984)

2. NEED FOR THE STUDY

In worldwide there is considerable international variation in the rate of episiotomy. The rate is of 15% in England, 13% in Scotland, 10% in Wales and 22% in Northern Ireland, it is 8% in Holland, 14% in England, 50% in the USA and 99% in Eastern Europe.

Royal C.,(2004)

In United States, percentage of episiotomies performed out of all vaginal deliveries is 19.4%. Episiotomy rates were higher among white women (32.1%) than African American women (11.2)

(HENRIKSEN.,(1992)

In Ireland the rate of episiotomy for operational deliveries was 37.5 %. Over all episiotomy rate at Denmark was 19.8%in 2000.

Jeffery L.,(2000)

In Australia episiotomy rate is currently around 35%. In Taiwan, it is accepted practice to do an episiotomy on all first time mothers; here the rates are close to 90%. China, Spain, South Africa and Turkey also report extremely high episiotomy rates ranging from 60% to almost 90%. The rate of episiotomy in Sweden is 9.7%.

Rhode and Bargar.,(1990)

In Canada, There was an overall episiotomy incidence of 48%; obstetricians performed episiotomy in 54% and family physicians in 33% women. In Russia, episiotomy rates An Asian survey done by the WHO in 2007-2008 compared the percentage of episiotomies performed out of all vaginal deliveries rate among nine Asian countries. The highest numbers were seen in china with a episiotomy rate of 46% and the lowest rates were found in cambodia and in India where the rates ranged from 15%-18%. In Europe the episiotomy rates ranged from 14%, in Netherlands to 38% in Italy.

Anh T.Trinh.,(2001)

In India the overall rate of episiotomy is 40.6%. Among that midwives performed episiotomy was lower rate 21.4% than faculty 33.3% and private providers 55.6%.

Robinson.,(2000)

In New Delhi, Episiotomy rates differ according to care provider. The episiotomy rate among midwives was 25% and 40% among medical doctors. Younger doctors are also less likely to perform an episiotomy than older doctors; one study found the rate of episiotomies performed by residents to be 17%, while the rate among doctors in private practice was 66%.

J.Rank.,(2008)

In Madhya Pradesh, routine episiotomy was done in 72.7% of women. While the rate of restrictive episiotomy group is 27.65 % and has concluded that there was an increases risk of anterior perineal trauma with restrictive episiotomy.

T.Santha.:(2009)

3. OBJECTIVE

- 1- To compare the pre and post test level of wound healing scores among post natal mothers in experimental group I (Betadine sitzbath)
- 2 - To compare the pre and post test level of wound healing scores among post natal mothers in experimental group II (Neem extract sitzbath).
- 3 - To compare the effectiveness of post test level of wound healing scores among postnatal mothers between experimental group I&II.
- 4 - To find out the association between the post tests level of episiotomy wound healing scores with their selected demographic variables in experimental group I. (betadine sitzbath)
- 5 -To find out the association between the post test level of episiotomy wound healing scores with their selected demographic variables in experimental group II.(neem extract sitzbath).

4. ASSUMPTIONS

- Improper care of episiotomy may lead to infection
- Postnatal mothers with episiotomy may prone to develop complications
- Nurses have an important role in reducing episiotomy pain and promotion of wound healing

5. HYPOTHESIS

H1: There is a significant difference between the mean pretest and post score on episiotomy wound healing among post natal mothers in experimental group I.

H2: There is a significant difference between the mean pretest and posttest score on episiotomy wound healing among post natal mothers in experimental group II.

H3: There is a significant difference between the mean post test scores on episiotomy wound healing

among post natal mothers between experimental group I and experimental group II

H4: There will be a significant association between the mean post test score on episiotomy wound healing among post natal mothers with their selected demographic variables in experimental group I.

H5: There will be a significant association between mean post test score on episiotomy wound healing among post natal mothers with their selected demographic variables in experimental group II.

6. REVIEW OF LITERATURE

Vehvil – Ninen – Julkunen K. Heinonen S. (2008), conducted a study on need for and consequences of episiotomy in vaginal birth. The study was to describe and explain the short term effects of lateral episiotomy and determine the factors associated with more/less common use of episiotomy. The study was conducted between October and December 2006. Episiotomies were more common among primiparous than multiparous women (55% Vs 12%, $P < 0.001$). The maternity hospital was the most significant determinant of the episiotomy rate. It was concluded that episiotomy rates can be reduced without causing harm to women or newborn babies.

Sooklim R, Thinkamrop J. (2007) conducted a study on the outcome of midline versus medio lateral episiotomy for complication such as extended perineal tears, pain scores, wound infection and other complications. All women included had low risk pregnancies and delivered at term. The outcome measures included deep perineal tears (including perineal tears with anal sphincter and / or rectum tears), other complications and women's satisfaction at 48 hours and 6 weeks postpartum. Results in women with midline episiotomy, deep perineal tear occurred in 14.8% which is statistically higher compare to 7% in women who underwent a medio-lateral episiotomy ($p < 0.05$). there was difference between the group for other outcome (such as blood loss, vaginal hematoma infection, pain, dyspareunia, and women satisfaction with the method). The risk factors for the perineal tears were: midline episiotomy, primi parity, maternal height less than 145cm, fetal birth weight > 3500 gm and forceps extraction. The conclusion was midline episiotomy compare to mediolateral episiotomy resulted in more deep perineal tears. It is more likely deep perineal tears would occur in case with additional risk factors.

Dimitrov A, tsenov D, ganeva G. (2000) conducted a study on cause for healing complications in episiotomy. The aim of the study is to look for the most probable causes of disturbed healing of episiotomy. The study is prospective and includes 33 early puerperal women without data of infection disease or risk factor like PPRM, vulvovaginitis, chorioamnionitis, diabetes, obesity and others. The cases are divided in two groups; the first group is 12 women with normal healing of episiotomy; the second group 21 cases with wound healing complications, divided in three subgroups: 13 with edematous and erythematous edges; 5 with superficial dehiscence in introitus vaginae 3 with entirely open episiotomies. The results were for a period of 5 years the mean rate of entirely open episiotomy is 1.07%. According to data the process of episiotomy healing is not influence by age of women parity, duration of labor, the

weight of the neonate. For the episiotomy outcome, the experience of the obstetrician is important. The shorter time between ROM during labor and delivery and use of cat-gut stitches on the skin of the perineum show tendency of poor healing of the episiotomy.

Graczyk S, Limanowski M, Wyduba M, (1998) conducted a study on comparison of healing and patient comfort parameters between interrupted and subcutis polyglycolic acid suture used for episiotomy repair after delivery was done. Patients had follow up during hospital stay, and two months after delivery a self administered questionnaire was sent to all women who participated, enquiring about perineal pain, and resumption of sexual intercourse and cosmetics of suture line. Of 52 patients who had repair with interrupted suture, 21 were lost to follow up. Of 65 gravida who had repair with sub cutis suture, 23 were lost to follow up. At the 3rd day postpartum examination, patients with sub cutis sutures had significantly better healing. An inflammatory process was present in 2 of 52 patients with interrupted sutures comparable with 1 of 65 in the sub cutis group, and a gaping wound in 0 of 52 and 1 of 65, respectively. Recovery of function, measured by resumption of sexual activity by 8 weeks, was demonstrated in 5 of 31 patients with interrupted sutures versus 24 of 42 patients who had sub cutis sutures. Episiotomy repair with sub cutis polyglycolic acid (Dexon) offers significant advantages over traditional interrupted suture, both in terms of wound healing and resumption of sexual activity.

Lancet (1993) conducted a study on routine Vs selective episiotomy: a randomized controlled trial. It compares the selective with routine use of a mediolateral episiotomy for women having first and second deliveries in 8 public maternity units in Argentina. Episiotomy was done in 30.1% of deliveries in the selected and 82.6% in the routine group. The main outcome measure was severe perineal trauma. Severe perineal trauma was uncommon in both group but was slightly frequent in the selective group (1.2% Vs 1.5%). Anterior perineal trauma was more common in the selection group but posterior perineal surgical repair, perineal pain, healing complications and dehiscence were all less frequent in the selective group.

FYNEFACE – OGAN S, MATO CN, ENYINDAH CE, 2006 were conducted a comparative study to assess the effect of two local anesthetic agent on post partum perineal pain in university of port Harcourt teaching hospital, Nigena. By using a random sampling technique, the study was conducted in primi parous women who had spontaneous vaginal delivery, comparing with 1% plain lidocaine and 0.25 % plain bupivacaine infiltration for the repair of selective episiotomy. Results showed that within 2 to 4 hours, women who had perineorrhaphy under lidocaine had significantly higher pain scores on the visual Analogue scale (VAS) than those who had the repair under bupivacaine. The P value was $P < 0.0000$ (students't test) and statistically significant. The study suggested that bupivacaine had a prolonged analgesia and need a fewer doses of oral analgesics in the immediate postpartum perineal repair period

Nam HK, Park YS (1991) conducted a study on comparison of ice bag and heat lamp for the relief of perineal discomfort. The purpose of the study were to compare the effect of ice bag and heat lamp for the relief of perineal discomfort and to identify the sustaining time of each effects. Forty women took ice bag

and heat lamp with random assignment of initial therapy. Women rated the degree of perineal discomfort before and after each therapy and at half hour, two hour and four hour intervals after each therapy. A discomfort scale, 18cm graphic rating scale was used. The results of the study were as follows: 1. The ice bag group showed ($p=0.000$) significantly lower discomfort score than the heat lamp group ($p=0.002$) at the half hour and two hour intervals after therapy. 2. The ice bag group showed significantly lower discomfort score for 5 hour after than before therapy ($p=0.000$), but the heat lamp group did not show significantly lower discomfort score. 3. Neither the type of episiotomy nor the previous experience of heat therapy influenced on the effect of ice bag relieving the perineal discomfort. Therefore ice bag was significantly more effective in relieving the perineal discomfort than heat lamp

Hill PD (1989) conducted a study on effect of heat and cold on the perineum after episiotomy / laceration. The Redness Edema Ecchymosis Discharge Approximation (REEDA) tool, devised to evaluate postpartum healing of the perineum following an episiotomy/ laceration, was used to evaluate the effect of heat and cold on the perineum during the first 24 hours after delivery. Ninety patients were randomly assigned to one of three treatment groups. Treatment consisted of 30 subjects applying a warm perineal pack, 30 applying a cold perineal pack, and 30 taking a warm sitz bath. Analysis of variance indicated no difference in the REEDA score before or two hours after treatment. A Pearson correlation indicated the REEDA score was ($p=0.009$), ($p=0.003$) associated with a laceration and not with infant weight. Although these findings do not support assumptions from the literature, this study provides baseline data and trends for future study.

Culhane.J.,(2002) conducted descriptive study was conducted to assess the prevalence of episiotomy among primi postnatal mothers at child birth clinic, United States. Simple random sampling was used. Episiotomy is the most common during postnatal period. It occurs in 20% to 73% of primi women in hospital deliveries. 4% to 13% had fourth degree perineal laceration where ($r=0.07, p<0.01$). 80% of episiotomy is because of prolonged labour, obstructed deliveries and infant weighing 2800 to 4000g. The study reveals that most of the primi postnatal mothers (73%) have complaints due to episiotomy during the postnatal period.

Krone.m.et.al.,(2008) conducted a study to assess whether the episiotomy at first vaginal delivery increase the risk of spontaneous obstetric lacerations in subsequent deliveries in Magee women's hospital at Pennsylvania, USA. 6052 patients were included in the study. Data was collected by Magee obstetric maternal and infant data base. Multivariable polytomous logistic regression was used for data analysis.

7- CONCEPTUAL FRAME WORK

The purpose of the conceptual framework is to make the students and researchers to identify and analyze events in specific nursing situation. This framework suggests the essential characteristics of nursing and those properties that have persisted in spite of environmental changes. This theory was related to the means of analyzing the interactions.

King derived the following seven hypotheses in goal attainment theory:

- Perceptual congruence in nurse patient interaction increases the mutual goal setting.
- Communication increases mutual goal setting between nurse and patient and leads to satisfaction
- Satisfaction of the patient increase goal attainment
- Goal attainment decrease stress and anxiety in nursing situation
- Goal attainment increase patient learning and coping ability in nursing situation
- Role conflict experienced by the patient, nurses or both decreases transaction in nurse patient interaction

8. METHODOLOGY

Research methodology includes research approach, design, variables, and description of setting criteria for sample selection. It further deals with description of tool, sampling technique, sample size, collection of data, and method of data collection.

RESEARCH APPROACH

An evaluative and comparative approach was used to assess the effectiveness of neem extract sitz bath and betadine sitz bath on episiotomy wound healing in quantitative approach.

**RESEARCH DESIGN
SCHEMATIC PRESENTATION:**

Group	Pre test	Intervention	Post test
Experimental Group – I	E1O1	X1	O2
Experimental Group – II	E2O1	X2	O2

E1:- Experimental group one

E2:- Experimental group two

O¹- Pre test

O²- Post test

X 1– Betadine sitz bath

X2--Neem extract sitzbath

Quasi-Experimental design, two groups pre-test, post-test only design.

8. ANALYSIS AND INTERPRETESION

TABLE: 1 Frequency percentage distribution of demographic variables

SI. No	Demographic Variables	Group -I N=30		Group -II N=30		Total N=60	
		F	%	F	%	F	%
1	Age in years						
	a) 15-25	20	67	20	67	40	67
	b) 26-35	10	33	10	33	20	33
	c) 36 & Above	0	0	0	0	0	0
2	Educational Status						
	a) No Formal	1	3	4	13	5	8
	b) Primary	8	27	6	20	14	23
	c) High School	2	7	8	27	10	17
	d) High Secondary	10	33	6	20	16	27
	e) Graduate and Post Graduate	9	30	6	20	15	25
3	Occupation						
	a) Housewife	21	70	17	56	38	64
	b) Farmer	0	0	0	0	0	0
	c) Office Worker	1	3	8	26	9	15
	d) Others	8	26	5	16	13	21
4	Income per Month						
	a) Rs. 3000&below	22	73	21	70	43	72
	b) Rs. 3001-5000	1	3	5	17	6	10
	c) Rs. 5001 & above	7	24	4	13	11	18

Table 1 shows the demographic variables among primi postnatal mothers in both experimental group I&II such as age, education, occupation, religion, income, type of family mode of delivery, and gravida . Regarding age in experimental group I, majority 20(67%) of primi mothers belonged to the age group of 15-25 years and 10(33%) belonged to age group of 26-35 Years. In experimental group II majority of mothers 20(67%) belonged to the age group of 15-25 years and 10(33%) belonged to the age group of 26-35 years. With regard to education in experimental group I, majority of the mothers 10(33%) had higher secondary school. In experimental group II majority of the mothers 8(27%) had high school education. Regarding occupation in experimental group I, majority of the mothers 21(70%) were house wives and least 1(3%) were office workers. In experimental group II majority of the mothers 17(56%) were house wives and least 5(16%) were coolie workers. Regarding religion in experimental group I, majority of primi mothers 20(66%) were Hindu, and the least 2 (6%) were Muslims and 8(26%) were Christians. In regard to income, in experimental group I majority of mothers 22(73%) had income Rs 3000&below, and least 1(3%) had income Rs 3001-5000. In experimental group II majority of mothers 21(70%) had income Rs 3000 & below regarding type of family, in experimental group I majority of the primi

mothers 14(47%) were from nuclear family and 16(53%) were from joint family. In experimental group II majority of the primi mothers 16(53%) were from nuclear family and 14(47%) were from joint family .

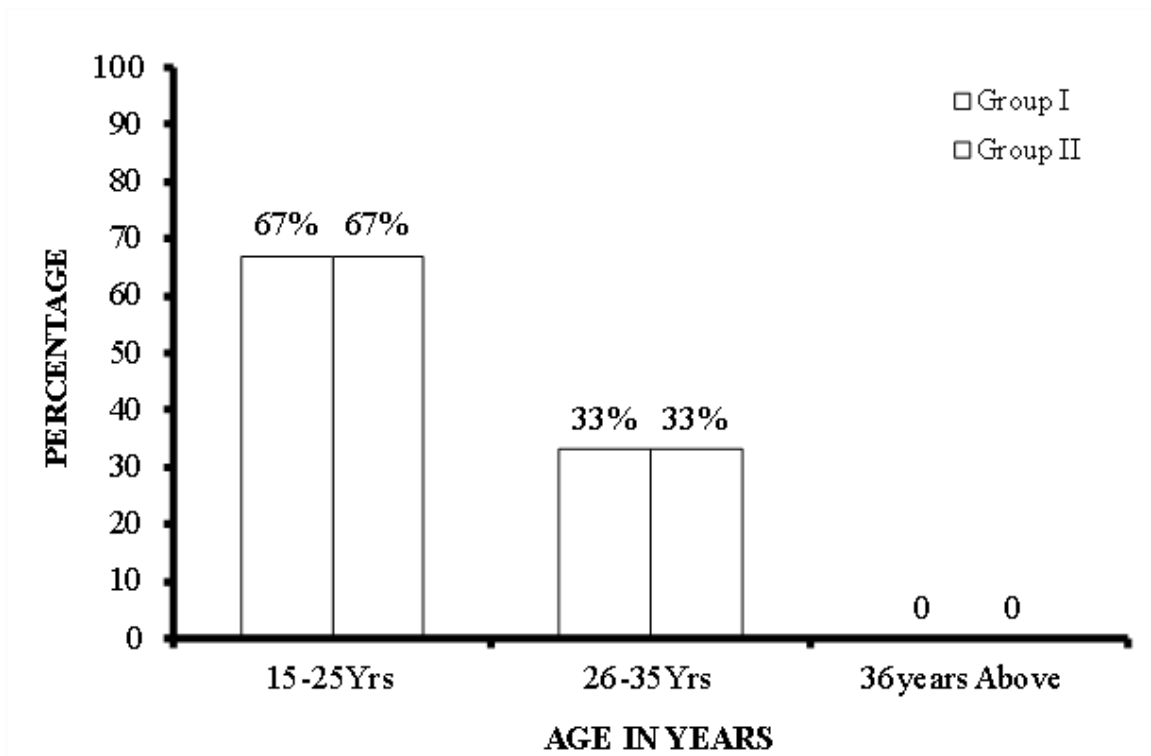


Fig:

1.Frequency & Percentage distribution age in years of experimental group I & experimental group II

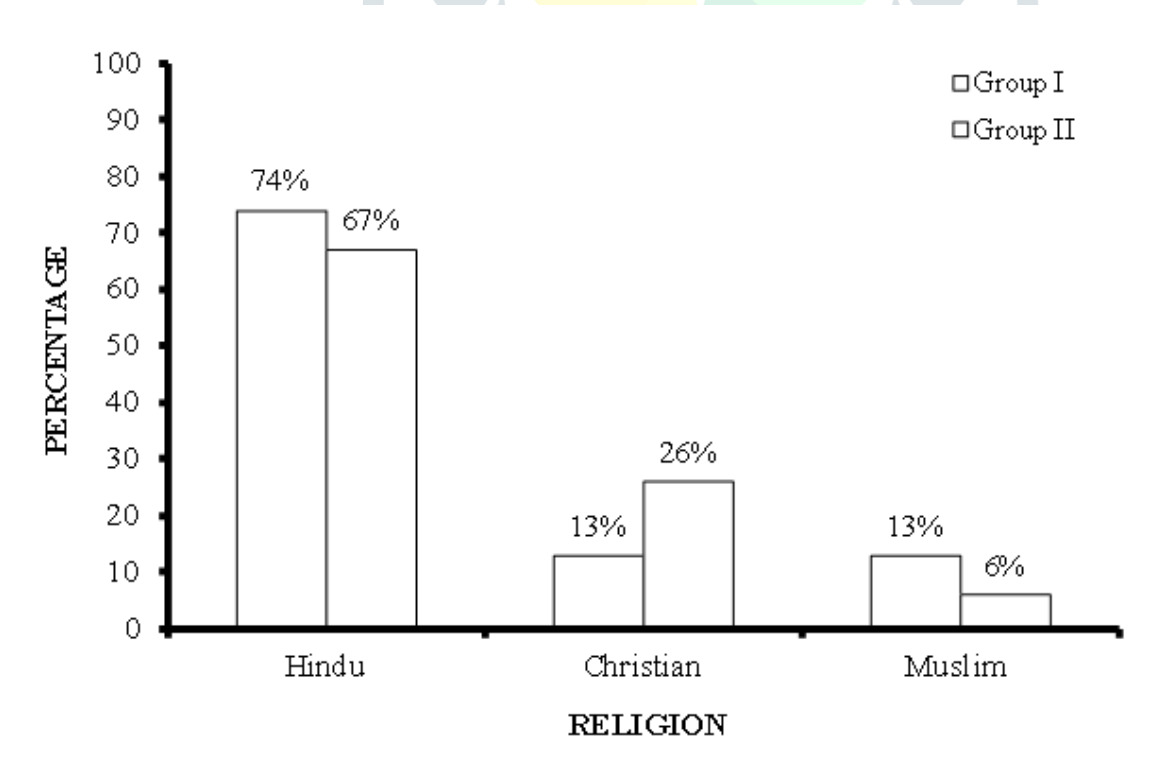


Fig:2. Frequency & Percentage distribution in religion of experimental group I & experimental group II

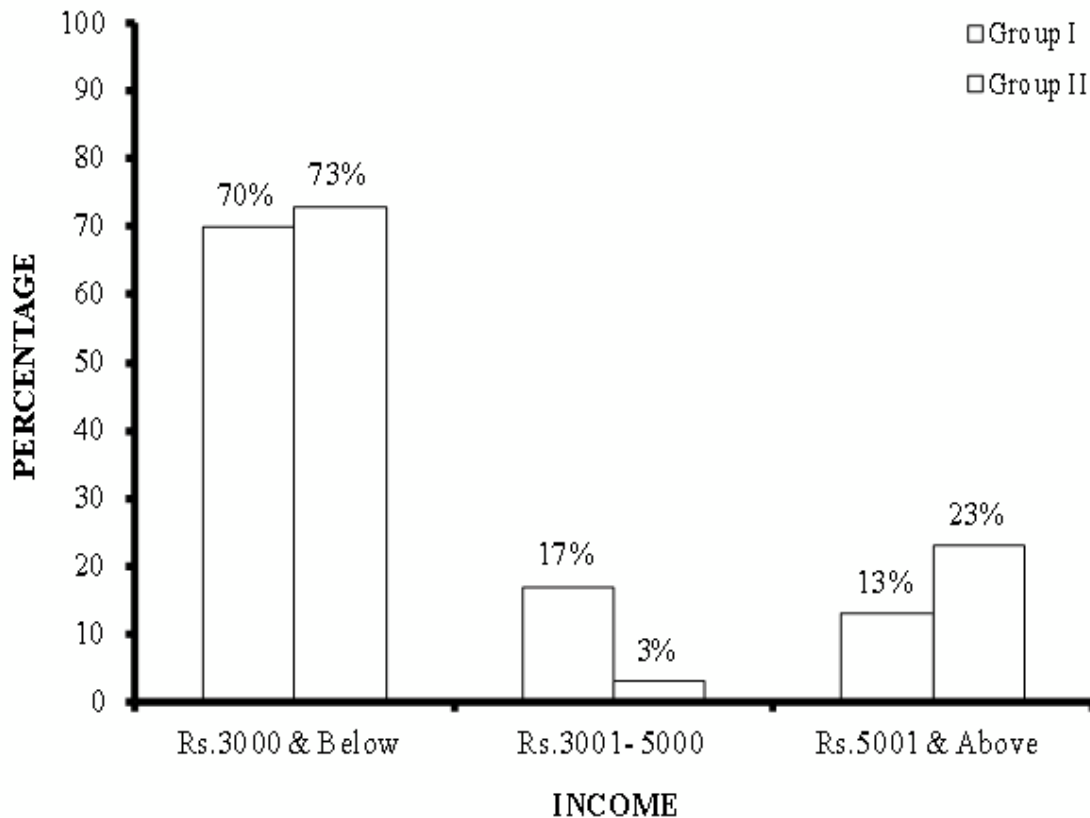


Fig: 3. Frequency & Percentage distribution in income per month of experimental group I & experimental Group II

SUMMARY OF THE STUDY

The study was done to evaluate the effectiveness betadine sitzbath and Neem Extract Sitzbath on episiotomy wound healing, among primi postnatal mothers. The research approach used for the study was evaluative approach. The research design used for this study was quasi experimental research design. The study was conducted at Kasturba Hospital at Dindugul. Conceptual frame work adopted for the present study was modified “Kings Goal Attainment Model“. The sample size was sixty primi postnatal mothers undergone episiotomy, thirty in experimental group I and thirty in Experimental group II. The samples were selected by purposive sampling technique and were assessed for the level of episiotomy wound healing during postnatal period using the following REEDA scales.

The “REEDA Scale” was used to measure the level of wound healing. The investigator selected the mothers who met inclusion criteria by using purposive sampling and pre test was done for both experimental group I and Experimental group II. Then the intervention of betadine sitzbath and neem extract sitzbath was given twice a day Every morning and Evening for 10 minutes for three days Then the post test level of wound healing was assessed third day evening by using REEDA scale for both groups. The data was analyzed and tabulated using descriptive and inferential statistics.

9 - MAJOR FINDINGS OF THE STUDY

Distribution of demographic characteristics of the primi postnatal Mother's in experimental group.

- Among 60 postnatal mothers with episiotomy wound incision most of the mothers 20 (67%) under the age group 15-25 years in group I and 20(67%) were under the age group of 15-25 years in group II.
- With regard to educational status, 10 (33%) of the postnatal mothers having higher secondary education in group I and 8(27%) were high school education in group II.
- Majority of the postnatal mothers were housewives 21(70%) in group I and 17 (56%) in group II.
- In group I, the 22 (73%) the postnatal mothers were having the family income of Rs.3000 and below and group II , the 21 (70%) were having the family income of Rs. 3000 and below .
- Regarding gravida 100% of the postnatal mothers were primi gravid woman in group I and group II.
- 100% (60) of postnatal mother had normal vaginal delivery.
- 100% (60) of postnatal mothers used absorbable suture materials.
- Regarding Religion majority 20 (67%) postnatal mothers belongs to Hindu religion in group I and 22(73%) were in group II.
- Regarding type of family the majority 16(53%)of the postnatal mothers belongs to joint family in group I and the majority 16(53%) of the postnatal mothers were from Nuclear family in group II.

In experimental group I the post test level of wound healing mean score, 0.56(SD±0.670) is lower than the pre test mean scoring 9.3(SD±1.104). The paired 't' value for experimental group I was 38.870 (table value= 2.060) is significant at P< 0.05 level. In experimental group II , the post test mean score 0.23(SD±0.424) which is lower than the pre test mean score 9.2(SD±0.959). The paired 't' value for experimental group II was 53.926 (table value= 2.060) which is significant at P< 0.05 level.

Independent "t" value was 2.537 (table value=2.001) which is significant at P<0.05 level. It indicates that there is a significant difference between the post test level of wound healing between experimental group I& II.

No significant association was found between post test level of wound healing in relation to age, income, gravida, mode of delivery, religion, type of family (P<0.05) in experimental group I & II.

The study revealed that Neem extract sitzbath was highly effective in improvement of episiotomy wound healing among primi post natal mothers.

10. CONCLUSION

- The present study was done to assess the effectiveness of Betadine sitz bath and Neem Extract sitzbath among primi postnatal mothers with episiotomy wound healing during postnatal period in selected hospital at Jabalpur. Based on statistical findings, the mean post test score of experimental group II (0.23

(SD±0.424) was significantly lower than the mean post test score of experimental score of group I (0.56 (SD±0.670) Independent 't' value was 2.537 (table value= 2.001) which is significant at P< 0.05. Therefore the investigator felt that there is a significant difference on episiotomy wound healing between Neem extract sitzbath and Betadine sitzbath.

- Statistically proved that neem extract sitzbath is more effective in episiotomy wound healing than betadine sitzbath among postnatal mothers

11- IMPLICATIONS:

IMPLICATION FOR NURSING SERVICE

- The nurses can practice betadine and neem extract sitz bath along with routine perineal care is improving the wound healing on postnatal mothers with episiotomy.
- Nurses as the change agent can introduce various preventive measures to prevent infection on postnatal mothers with episiotomy.

IMPLICATIONS FOR NURSING EDUCATION

- The nurse educator can orient the students with alternative therapies and promoting wound healing in betadine sitzbath and Neem Extract sitzbath.
- The nurse educator can include information on Neem Extract and betadine and sitz bath in the clinical rounds and clinical presentation.
- Nurse educator can conduct workshops on alternative therapies to update the knowledge and help students to provide effective care.

IMPLICATIONS FOR NURSING ADMINISTRATION:

- The nurse administrator should conduct in-service education to nursing personnel regarding other measures used for wound healing.
- Workshops about the effectiveness of Neem Extract sitzbath and Betadine sitzbath and episiotomy wound can be made available to nursing staff in wards and nurse education in institute.
- Nurse administrators have the responsibility as creating awareness among primi postnatal mothers regarding the effectiveness of Neem Extract & Betadine sitz bath by facilitating free distribution of pamphlet to the post natal wards.
- The nurse educator can provide in-service education to nursing students to update their knowledge and practice using Neem Extract sitzbath and Betadine sitz bath among women in postnatal period with episiotomy wound.

IMPLICATIONS FOR NURSING RESEARCH

- The finding of this study can be effectively utilized by the emerging researchers for their reference purpose.
- The research study enhances the body of knowledge in nursing science.

12 - RECOMMENDATIONS

- Similar study can be conducted for a large group.
- A comparative study can also be done between the effectiveness of various alternative therapies for episiotomy wound healing.
- A comparative study can be done among primi mothers and multi mothers.
- Similar study can be conducted for the women who are suffering with vaginal injuries. .
- Similar study can be conducted for who are suffering with a n o - rectal injuries

13 - LIMITATIONS

- Since it is a new procedure to most of the mothers the researcher found difficulty in making them to understand the merits.
- More privacy was needed to do the procedure.

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