

A Study to Assess Postnatal Perineal Morbidity Among Mothers in Selected Communities, Bangalore with A View to Develop an Information Booklet

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Abstract: Motherhood is the greatest thing and the hardest thing. Around 140 million births take place worldwide each year, and skilled medical personnel now attend 81% of them, up from 58% in 1990. This is mostly because there are more births at a health facility. Patterns of maternal perineal morbidity have been the subject of very few community-based studies. More than half of maternal deaths take place in humanitarian and fragile environments. Between 1997 and 2020, there were approximately 1.30 million maternal deaths, with approximately 23 800 deaths in 2020. The majority of these deaths occurred in poorer states and among women between the ages of 20 and 29. The Karnataka Health Department reports that there has been a 14% decrease in maternal mortality. Despite the fact that the mortality rate has decreased, the perineal morbidity may rise, resulting in additional complications such as trauma, urinary and bowel incontinence, constipation, and sexual dysfunction. Therefore, community-level gross root screening is required to identify mothers' complications. In order to identify post-natal perineal morbidity among mothers in the Abbigere community area of Bangalore, a descriptive research design with a pretest was used. The majority of mothers, according to the study, have mild symptoms of perineal morbidity. The discoveries of the current study have suggestions for Nursing practice on primary health nurse, as she should mastery in gross root screening to work on the maternal wellbeing and go to important preventive lengths on perineal Morbidity.

Key Words: Assess, perineal morbidity, postnatal Mothers, OBG nursing, Perineal.

1. Introduction

A mother is something absolutely new, women are the epicenter of the family and the society. Healthy mothers have healthy babies, only if the mother receives regular and proper care during perinatal period. Morbidity is the degree or severity of a health condition or incidence of a disease in a particular population during a particular period. Perineal morbidity is the occurrence of disease caused due to episiotomy, instrumental deliveries, prolonged second stage of labor, poor surgical techniques, increased number of births and old maternal age which can lead to genital tract trauma, perineal pain, perineal infections, lacerations and very high rate of urinary incontinence and dyspareunia or sexual dysfunction. Perineal pain may be due to soft tissue trauma with or without suturing. If persisting it can lead to cellulites and abscess formation. In the world around 140 million births take place every year. Very few community-based studies have been conducted on patterns of maternal morbidity in resource-poor countries in that first week. More than half of maternal deaths occur in fragile and humanitarian settings. About 1.30 million maternal deaths occurred between 1997 and 2020, with about 23 800 in 2020, with most occurring in poorer states (63%) and among women aged 20-29 years (58%). In Karnataka the Health Department officials reports that there has been a 14 per cent reduction in maternal deaths. Though the death ratio has declined but the perineal morbidity may increase and cause other complications like perineal pain, trauma, urinary incontinence and bowel incontinence,

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constipation and sexual dysfunction. So gross root screening in the community level is needed to identify the complications among the mothers. From various studies it is concluded that the postnatal mothers experience a variety of perineal problems during the postnatal period. The problems range from mild perineal pain to perineal trauma, eliminatory problems like incontinence and retention to sexual dysfunction. Wellbeing of newborn infants is so dependent on the health and functional abilities of their mothers. Thus, the overall health status of postnatal mothers is a priority concern for all who work in maternity units. The researcher felt the need to conduct the present study on the mothers after puerperium and to explore the problems which the mothers may experience. Thereby it torches early detection and prevention of further complications by screening.

To avoid perineal morbidity, nurses are expected to be well-versed in risk factors and preventative measures and to effectively implement them.

2. Materials and Methods

This Descriptive research approach was carried out on postnatal mothers Abbigere community area Bangalore from October 2022 to October 2023. A total 80 samples of postnatal mothers aged between 21 years to 35years were in this study.

Study Design: Descriptive study using one group pretest design

Study Location: This was a Abbigere community area Bangalore-90.

Study Duration: October 2022 to October 2023.

Sample size: 80 samples of postnatal mothers.

Sample size calculation: The sample size was estimated on the basis of a single proportion design. The target population from which we randomly selected our sample was considered 10,000. We assumed that the confidence interval of 10% and confidence level of 95%. The sample size actually obtained for this study was 80 postnatal mothers. As per the statistical guidance we made it as the 100 samples including the attrition ratio.

Subjects & selection method: The study population was postnatal mothers aged between 21 years to 35years selected by non-probability convenience sampling and samples who are available at the time of study between from October 2022 to October 2023.

Inclusion criteria:

1. The postnatal mothers in selected Abbigere community area Bangalore.
2. The postnatal mothers who are willing to participate in the study.
3. The postnatal mothers who aged between 21 years to 35years
4. The postnatal mothers who are available during the study period.

Exclusion criteria:

1. The postnatal mothers who are already diagnosed and undergoing treatment.

Methods:

A total of 80 postnatal mothers were selected. For selection of the sample, non-probability convenient sampling technique was used. Descriptive design with one group pre-test was adopted. Tools used to collect the data consisted of structured questionnaire and check list. The pilot study was conducted from 15th March 2023 to 30th March 2023 in Shettihalli Community area, Bangalore to find out the feasibility of the study Reliability of the structured questionnaire and check list were established by split half reliability technique, using these values co-efficient correlation was done with the help of Spearman Brown Prophecy. The reliability score obtained was $r = 0.90$ which showed structured questionnaire and check list were highly reliable. The steps proceeded as followed after pilot procedure. After written informed consent was obtained, a well-designed questionnaire was used to collect the data of the recruited subjects retrospectively as a pretest. The questionnaire included socio-demographic characteristics such as age, religion; education, occupation, type of family, family income, duration of married life, number of deliveries, type of delivery, time period after delivery, history of injury to birth canal, resumption of sexual activity and sources of information about preventive measures of low back pain. Followed by the check list for pretest and the informational booklet was given on the same day for knowledge and awareness.

Statistical analysis

Data was analyzed using SPSS version 20. Frequency and percentage distribution was used to study the demographic variables. scores of the demographic variables and check list are assessed using chi-square test.

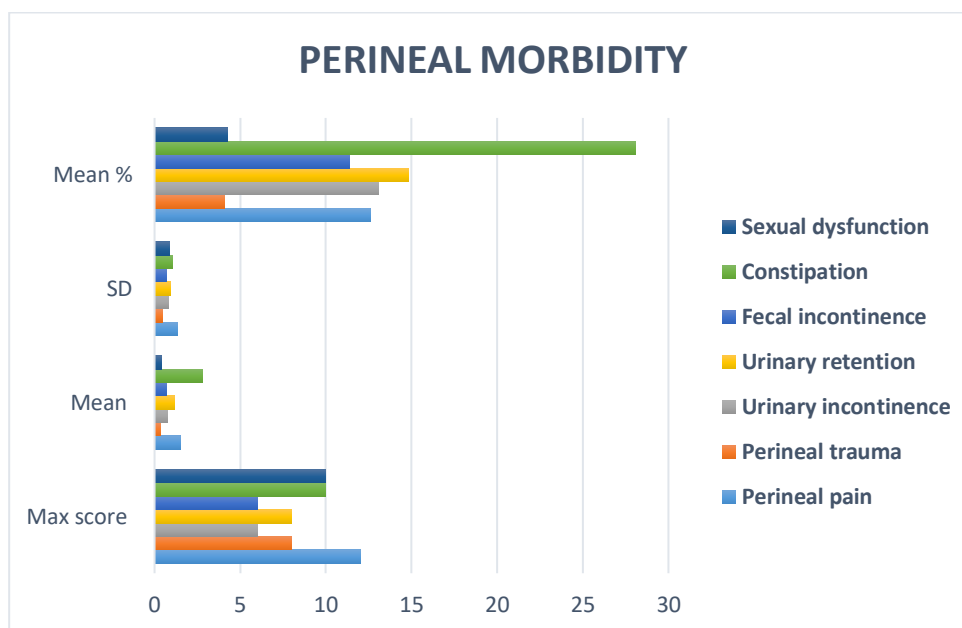
3. Results

Collected data was analyzed using descriptive and inferential statistics, the study confirms that Among 80 postnatal mothers 98.5% mothers has mild level of perineal morbidity and only 1.5% mother is not having any problem. In regard with demographic data the most postnatal mothers that is 57.5% were in the age group of 21-25 years, 31.2 % had primary education, 81% were housewives, 78.8% were Hindus, 81% are nuclear family and 71.2% were has income between 5001-10000. And also 67.5% had 1-5 yrs. of married life, 51.2% of mothers undergone delivery as primi, 40% of mothers underwent full term normal delivery with Episiotomy, 51.2% mothers belongs to 3-6 months of married life, 98.8% had no history of birth canal.

PerIneal Morbidity Mean Percentage

N=80

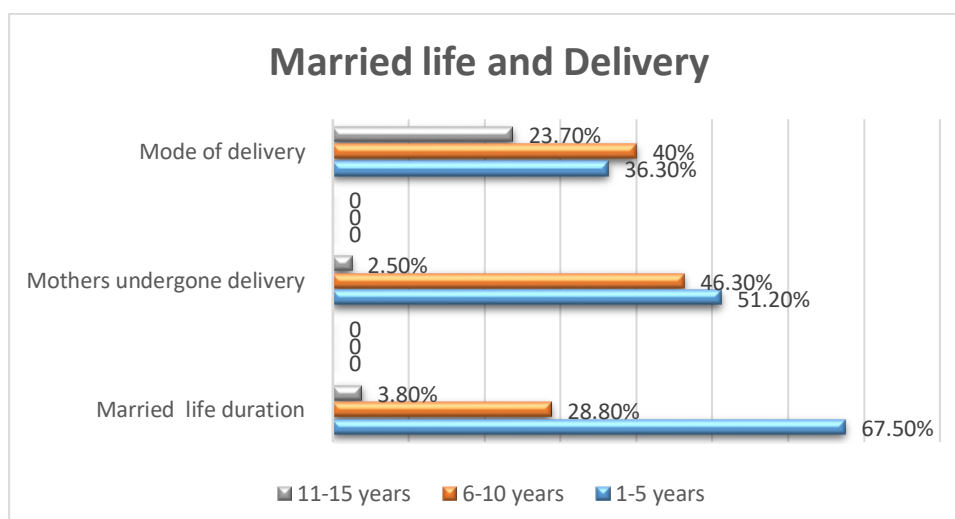
| Perineal morbidity | Max score | Range | Mean | SD | Mean percentage |
|----------------------|-----------|-------------|-------------|-------------|-----------------|
| Perineal pain | 12 | 0-5 | 1.51 | 1.36 | 12.6 |
| Perineal trauma | 8 | 0-1 | 0.32 | 0.49 | 4.06 |
| Urinary incontinence | 6 | 0-3 | 0.78 | 0.80 | 13.1 |
| Urinary retention | 8 | 0-4 | 1.18 | 0.92 | 14.8 |
| Fecal incontinence | 6 | 0-2 | 0.68 | 0.70 | 11.4 |
| Constipation | 10 | 0-6 | 2.81 | 1.03 | 28.1 |
| Sexual dysfunction | 10 | 0-3 | 0.42 | 0.85 | 4.25 |
| | 60 | 0-18 | 7.73 | 3.37 | 12.8 |



Mothers marriage life and Delivery data

N=80

| | 1-5 years | 6-10 years | 11-15 years |
|-----------------------------------|--------------|--------------|------------------|
| Married life duration | 67.5% | 28.8% | 3.8% |
| | Primi | Two | >2 |
| Mothers undergone delivery | 51.2% | 46.3% | 2.5% |
| | FTND | FTNDE | C-SECTION |
| Mode of delivery | 36.3% | 40% | 23.7% |



4. Discussion

Continuing education helps nurses keep current with evolving knowledge, maintain skills, develop new knowledge and skills, demonstrate competence, expand perspectives, transfer from one area of nursing practice to another, and prepare for new roles and opportunities. In the present study a information booklet was prepared with an aim to improve the knowledge regarding preventive measures of perineal morbidity and prevention on postnatal mothers in abbigere community area at Bangalore. A descriptive one group pre-test design (O1) was adopted to conduct this study. The designated population for conducting the study was postnatal mothers in selected abbigere community area at Bangalore. The study samples were from the population using non probability convenience sampling technique. As a result 80 postnatal mothers were selected from abbigere community area at Bangalore. The present study confirms that 98.5 of the respondents possess perineal Morbidity and 1.5 % of the respondents no marked illness related to perineal morbidity. The present study demonstrates that, out of 80 mothers who have recently given birth, 98.5% exhibit mild perineal grimness, while only 1.5% report experiencing no problems. 57.5 percent of postpartum mothers were between the ages of 21 and 25, 31.2% had a primary education, 81% were housewives, 78.8% were Hindu, 81% had a nuclear family, and 71.2 percent had an income between \$500 and \$1,000, according to demographic data. In addition, 98.8% of mothers had never used a birth canal, 51.2 percent had a primiparous birth, 40 percent had a full-term normal birth with episiotomy, and 51.2 percent had been married for between three and six months.

5. Conclusion

The study found that perineal morbidity symptoms are common after delivery and can have an impact on a mother's quality of life. Inadequate screening, ignorance, and lack of understanding can lead to strictures, infections, and other possible risk factors for chronic symptoms, as well as delayed healing. By early identifying clinical factors perineal morbidity conditions can be avoided. The results of this study have implications for nursing practice in a number of areas, such as the use of a systematic screening method to check for perineal morbidity; community health nurses, primary health nurses, and dhais should be well versed in the method and in preventive measures; and nursing education, provides that opportunities are taken to teach student nurses about the symptoms and signs of perineal morbidity and how to manage them. Additionally, the focus makes clear recommendations to the organizational domain regarding working arrangements, and integrating work and teaching life practices. Apart from that, there is a need for more in-depth investigation into the dark.

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