Effectiveness of Nursing Intervention Package of Kegel Exercise and Prone Positioning in Optimizing Postpartum Outcomes

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Abstract: *Introduction: A significant amount of effort is devoted to managing pain during labour and delivery, with postpartum pain receiving less attention. The study was conducted to evaluate the effectiveness of Kegel Exercise and Prone positioning on the afterpain and uterine involution among postnatal mothers. Methodology: the study was conducted in Narayan Medical College and Hospital and Sadar Hospital, Sasaram, Bihar. A true experimental pre-test posttest design was used on 60 postnatal mothers who fulfilled the inclusion criteria using lottery method after explaining the study and obtaining informed consent from the participants out of which 30 were in experimental group and 30 were in control group. Pretest was conducted to on day1 of the postnatal period on afterpain using modified numerical rating scale and the uterine involution was assessed using Objective clinical uterine involution scale. Nursing interventions of combined Kegel exercise and prone positioning was administered to the experimental group on day1 to day 3 of the postnatal period and normal hospital routine maintained in the control group. The posttest was done using the same tool for both the group. Result: The pretest level of after pain among the post-natal mother in the pretest experimental group 13(43.33%) of the mothers had moderate pain and 17(56.67%) of the mothers had severe pain. In the posttest experimental group 26(86.67%) of the mothers had mild pain and 4(13.33%) of the mothers had moderate pain and no mother had Severe pain. In the pretest control group, 14(46.67%) of the mothers had moderate pain and 16(53.33%) of the mothers had severe pain. In the posttest control Group, 4(13.33%) of the mothers had mild pain and 11(36.67%) of the mothers had moderate pain and 15(50%) of the mothers had severe pain. The pretest experimental group 8(26.67%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 11(36.67%) of the mothers had Fair involution with poor contour and no mother had good involution. In the posttest experimental group 6(20%) of the mothers had Fair involution with poor contour and 12(40%) of the mothers had fair involution with good contour, 7(23.33%) of the mothers had good involution with poor contour, 5(16.67%) of the mothers had good involution with good contour and no mother had slow involution. In the pretest control Group, 5(16.67%) of the mothers had slow involution with poor contour and 12(40%) of the mothers had slow involution with good contour, 13(43.33%) of the mothers had Fair involution with poor contour and no mother had good involution. In the posttest control Group, 7(23.33%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 9(30%) of the mothers had Fair involution with poor contour, 3(10%) had fair involution with good contour and no mother had good involution. there was a significant association of the posttest afterpain levels among the postnatal mothers and the amount of oxytocin used in the second stage of labour at p<0.05 (χ2=10.143, p=0.038). Discussion: On conducting paired t-test p=0.0001, df=118 and t=6.4216 between pretest and posttest values of afterpain and p=0.0001, df=118 and t= -5.28268 between pretest and posttest values of uterine involution which is statistically extremely significant at p<0.05. proving Kegel exercise and prone positioning has a very good effectiveness in reducing afterpain and enhancing uterine involution among postnatal mothers. The study result concludes that nursing intervention like Kegel exercise and prone positioning has great impact and is effective in reducing the postnatal after pain and works as a catalyst in enhancing the involution of the uterus making the postnatal period pleasant.*

Keywords: Postnatal Care, Afterpain, Uterine Involution, Kegel Exercises, Prone Position, Nursing Care, Intervention Studies, Pelvic Floor, Puerperal Disorders, Treatment Outcome.

1. Introduction

The woman needs to get plenty of rest after giving birth as she is psychologically and physically spent. For a new mother, the postpartum period is a crucial period of change. The majority of women who experience pain in any part of their body after giving birth, according to epidemiological statistics, may be adapting to changed hormones and modifying the function of their reproductive organs. The mother has issues such as back pain, leg pain, breast engorgement, perineal discomfort, exhaustion, etc. at this time (Soma-Pillay et al., 2016).

One significant development that takes place during this time, is uterine involution. A significant amount of effort is devoted to managing pain during labour and delivery, with postpartum pain receiving less attention (Deussen et al., 2020). The mother has unpleasant cramping after experiencing pains, which is caused by a rise in contraction strength in response to a drop in intrauterine volume. These contractions also serve as a homeostatic to limit bleeding.

An after ache is a sporadic, recurrent pain that can be quite painful and intense. It could last for the mothers following few days. This incident occurs in the context of hospitalisation, which is frequently a novel experience for many new moms. The combination of the new environment, the extreme exhaustion that 50% of women report, and the ongoing discomfort might lower the tolerance for pain (*Postpartum Pain Management*, n.d.).

Postpartum contractions can be painful and strong, sometimes to the point where they cause a woman to "let down reflex" and weaken her attachment with her child (*BREASTFEEDING*, 2013). Lying on the abdomen or gently massaging the uterus may help reduce bleeding and help

move any leftover clots. Additionally, when the bladder expands, the uterus contracts and relaxes as a result. The uterus attempts to maintain its firmness in response by tightening its contraction, which makes the after pains more uncomfortable.

Lower abdominal discomfort during childbirth can be just as painful as pain during the postpartum phase, especially if lower abdominal contraction of the uterus that occurs while breastfeeding occurs. A government-led study of 500 postpartum mothers was conducted in the United States. The findings showed that most moms experienced pain in different areas of their bodies. It is advised that care be carefully planned and administered throughout the postnatal phase (Takehara et al., 2014)

The midwife may make the mother feel more at ease by providing a thorough explanation of the physiology of postpartum discomfort, emphasising the importance of keeping her bladder empty, giving her a light massage, and recommending deep breathing and relaxation techniques. These days, a lot of individuals are both disabled and distressed by pain.

Every day in 2020, approximately 800 women died from preventable causes related to pregnancy and childbirth - meaning that a woman dies around every two minutes.[6] Nigeria alone recorded 82 000 deaths in 2020, representing 28·5% of global maternal deaths, while India, the Democratic Republic of the Congo, and Ethiopia each recorded over 10,000 deaths (*Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*, 2023).

According to an ICMR task force report from 2003, the most prevalent causes of mortality for women during the postnatal period were sepsis (16%) and haemorrhage (29%), which was brought on by inadequate postnatal care. In rich nations, there are 400 maternal deaths for every 1,000 live births, whereas in underdeveloped countries, there are 440 deaths for every 1,000 live births, according to WHO data from 2005.

As per the special bulletin of sample registration system released by the registrar general of India for 2018-20, India's MMR was 97. Kerala was the best with an MMR of 19, followed by Maharashtra (33), Telangana (43), Andhra Pradesh (45) and Tamil Nadu (54). Among the states witnessing maximum deaths of women per one lakh live birth was Assam which had the highest MMR of 195, followed by Madhya Pradesh (173), Uttar Pradesh (167), Chhattisgarh (137) and Odisha (119). Bihar was placed at sixth among the 19 states and union territories with an MMR of 118 Nezami (2022).

Bihar has registered a 12-point drop, from 130 to 118 per lakh live births in maternal mortality ratio (MMR), which in common parlance is the number of women dying from pregnancy-related issues, between 2017-19 and 2018-20, respectively, according to a special health ministry bulletin as part of the Sample Registration System (SRS) 2018-20, released on Tuesday, said state health officials. The state's MMR, also an indicator of the reproductive health of women in the area, was, however, higher than the national average of 97 per lakh live births, said the official, quoting from the report (Kumar, 2022).

Every year, at least 40 million women are likely to experience a long-term health problem caused by childbirth, the study shows a high burden of postnatal conditions that persist in the months or even years after giving birth. These include pain during sexual intercourse (dyspareunia), affecting more than a third (35%) of postpartum women, low back pain (32%), anal incontinence (19%), urinary incontinence (8-31%), anxiety (9-24%), depression (11-17%), perineal pain (11%), fear of childbirth (tokophobia) (6-15%) and secondary infertility (11%) (Vogel et al., 2024).

The investigators came to the conclusion that by assisting the mother in overcoming her agony and reducing her discomfort, she would be able to feel more at ease. As a result, individuals endure discomfort at this time and have a negative postpartum experience, which makes it difficult for them to care for the newborn. Therefore, the researchers considered that it was important to assist the new moms in getting over their postpartum sores.

2. Methodology

The researchers conducted a study to assess the effectiveness of selected nursing intervention of Kegel exercise and prone positioning on afterpains and involution of uterus among the postnatal mothers at selected hospital, Rohtas, Bihar with an objective to determine the effectiveness of Selected Nursing interventions on afterpains and involution of uterus among the postnatal mothers in study group and to associate the pre-test & post-test level of afterpains and involution of uterus among the postnatal mothers with their selected socio-demographic & Clinical variables. The research design used in the study was true experimental pretest posttest design and it was conducted in Narayan Medical College and Hospital, Jamuhar, Sasaram and Sadar Hospital, Sasaram, Rohtas, Bihar. 60 postnatal mothers who fulfilled the inclusion criteria of the study were selected for the study using simple random technique of lottery method after explaining the study and obtaining informed consent from the participants out of which 30 were in experimental group and 30 were in control group. Pretest was conducted to on day1 of the postnatal period on afterpain using modified numerical rating scale by McCaffery, M & Beebe A. (1993) and the uterine involution was assessed using Objective clinical uterine involution scale. Nursing interventions of combined Kegel exercise and prone positioning was administered to the experimental group on day1 to day 3 of the postnatal period and normal hospital routine maintained in the control group. The posttest was done using the same tool for bot the experimental and control group.

3. Results

Table 1 shows the pretest level of after pain among the post-natal mother. In the experimental group 13(43.33%) of the mothers had moderate pain and 17(56.67%) of the mothers had severe pain. In the control Group, 14(46.67%) of the mothers had moderate pain and 16(53.33%) of the mothers had severe pain. Both in the experimental group and control group neither of the group members had had mild pain.

On conducting unpaired t-test, it showed that p=0.4630, df=58 and t=0.7387which is not statistically significant at p<0.05. Hence it is understood that the pretest level of afterpain in both experimental and control group were same.

Table 1: Assessment of the pretest level of after pain among the post-natal mothers in the experimental group and in control group, N=60(30+30)

Group	Mild pain		Moderate Pain		Severe Pain		Mean	SD	Unpaired t-test
	N	%	N	%	N	%			
Experimental Group	0	0	13	43.33	17	56.67	7.133	1.942	P=0.4630
Control Group	0	0	14	46.67	16	53.33	6.766	1.906	df=58, t=0.7387

Table 2 shows the posttest level of after pain among the post-natal mother. In the experimental group 26(86.67%) of the mothers had mild pain and 4(13.33%) of the mothers had moderate pain and no mother had Severe pain. In the control Group, 4(13.33%) of the mothers had mild pain and 11(36.67%) of the mothers had moderate pain and 15(50%) of the mothers had severe pain.

On conducting unpaired t-test, it showed that p=0.0001, df=58 and t=7.668 which is statistically significant at p<0.05

Table 2 Assessment of the posttest level of after pain among the post-natal mothers in the experimental group and in control group, N=60(30+30)

Group	Mild pain		Moderate Pain		Severe Pain		Mean	SD	Unpaired t-test
	N	%	N	%	N	%			
Experimental Group	26	86.67	4	13.33	0	0	2.43	1.22	P=0.0001
Control Group	4	13.33	11	36.67	15	50	6.1	2.32	df=58, t=7.668

Table 3 shows the pretest level of uterine involution among the post-natal mother. In the experimental group 8(26.67%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 11(36.67%) of the mothers had Fair involution with poor contour and no mother had good involution. In the control Group, 5(16.67%) of the mothers had slow involution with poor contour and 12(40%) of the mothers had slow involution with good contour, 13(43.33%) of the mothers had Fair involution with poor contour and no mother had good involution.

On conducting unpaired t-test, it showed that p=0.4054, df=58 and t=0.838 which is statistically not significant at p<0.05

Table 3: Assessment of the pretest level of uterine involution among the post-natal mothers in the experimental group and in control group, N=60(30+30)

Group	Slow involution Poor contour		Slow involution good contour		Fair involution poor contour		Fair involution good contour		Good involution Poor contour		Good involution good contour		Mean	SD	Unpaired t-test
	N	%	N	%	N	%	N	%	N	%	N	%			
Experimental Group	8	26.67	11	36.67	11	36.67	0	0	0	0	0	0	4.9	0.803	P=0.4054
Control Group	5	16.67	12	40	13	43.33	0	0	0	0	0	0	4.733	0.739	df=58, t=0.838

Table 4 shows the posttest level of uterine involution among the post-natal mother. In the experimental group 6(20%) of the mothers had Fair involution with poor contour and 12(40%) of the mothers had fair involution with good contour, 7(23.33%) of the mothers had good involution with poor contour, 5(16.67%) of the mothers had Good involution with good contour and no mother had slow involution. In the control Group, 7(23.33%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 9(30%) of the mothers had Fair involution with poor contour, 3(10%) had fair involution with good contour and no mother had good involution.

On conducting unpaired t-test, it showed that p=0.0001, df=58 and t=8.4254 which is statistically significant at p<0.05.

Table 4: Assessment of the posttest level of uterine involution among the post-natal mothers in the experimental group and in control group, N=60(30+30)

Group	Slow involution Poor contour		Slow involution good contour		Fair involution poor contour		Fair involution good contour		Good involution Poor contour		Good involution good contour		Mean	SD	Unpaired t-test
	N	%	N	%	N	%	N	%	N	%	N	%			
Experimental Group	0	0	0	0	6	20	12	40	7	23.33	5	16.67	2.63	0.99	P=0.0001
Control Group	7	23.33	11	36.67	9	30	3	10	0	0	0	0	4.73	0.94	df=58, t=8.4254

Table 5 shows that the pretest level of after pain among the post-natal mother. In the pretest experimental group 13(43.33%) of the mothers had moderate pain and 17(56.67%) of the mothers had severe pain. In the posttest experimental group 26(86.67%) of the mothers had mild pain and 4(13.33%) of the mothers had moderate pain and no mother had Severe pain.

In the pretest control group, 14(46.67%) of the mothers had moderate pain and 16(53.33%) of the mothers had severe

pain. In the posttest control Group, 4(13.33%) of the mothers had mild pain and 11(36.67%) of the mothers had moderate pain and 15(50%) of the mothers had severe pain.

On conducting paired t-test p=0.0001, df=118 and t=6.4216 which is statistically extremely significant at p<0.05. Hence the selected nursing intervention i.e Kegel exercise and prone positioning has a very good effectiveness in reducing afterpain among postnatal mothers.

Table 5: Comparison of pretest and posttest levels of the selected nursing intervention on after pain among postnatal mothers between experimental and control group, N=60(30+30)

Group	Pretest						Posttest						Mean	SD	Paired t-test
	Mild pain		Moderate Pain		Severe Pain		Mild pain		Moderate Pain		Severe Pain				
	N	%	N	%	N	%	N	%	N	%	N	%			
Experimental Group	0	0	13	43.33	17	56.67	26	86.67	4	13.33	0	0	6.95	1.917	P=0.0001 df=118 t=6.4216 (extremely Significant)
Control Group	0	0	14	46.67	16	53.33	4	13.33	11	36.67	15	50	4.266	2.609	

Table 6 shows that in pretest experimental group 8(26.67%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 11(36.67%) of the mothers had Fair involution with poor contour and no mother had good involution. In the posttest experimental group 6(20%) of the mothers had Fair involution with poor contour and 12(40%) of the mothers had fair involution with good contour, 7(23.33%) of the mothers had good involution with poor contour, 5(16.67%) of the mothers had good involution with good contour and no mother had slow involution.

In the pretest control Group, 5(16.67%) of the mothers had slow involution with poor contour and 12(40%) of the mothers had slow involution with good contour, 13(43.33%) of the mothers had Fair involution with poor contour and no mother had good involution. In the posttest control Group, 7(23.33%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 9(30%) of the mothers had Fair involution with poor contour, 3(10%) had fair involution with good contour and no mother had good involution.

On conducting paired t-test p=0.0001, df=118 and t= -5.28268 which is statistically extremely significant at p<0.05. Hence the selected nursing intervention i.e Kegel exercise and prone positioning has a very good effectiveness in enhancing uterine involution among postnatal mothers

Table 6: Comparison of pretest and posttest levels of the selected nursing intervention on uterine involution among postnatal mothers between experimental and control group, N=60(30+30)

Group	PRETEST												POSTTEST												Mean	SD	Paired t-test
	Slow involution Poor contour		Slow involution good contour		Fair involution poor contour		Fair involution good contour		Good involution Poor contour		Good involution good contour		Slow involution Poor contour		Slow involution good contour		Fair involution poor contour		Fair involution good contour		Good involution Poor contour		Good involution good contour				
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%			
Experimental Group	8	26.67	11	36.67	11	36.67	0	0	0	0	0	0	0	0	0	0	6	20	12	40	7	23.33	5	16.67	4.816	0.77	P=0.0001 df=118 t= -5.28268 (extremely Significant)
Control Group	5	16.67	12	40	13	43.33	0	0	0	0	0	0	7	23.33	11	36.67	9	30	3	10	0	0	0	0	3.683	1.431	

The study finding showed there were no significant association with selected demographic variable age, educational status, religion, locality, diet, work pattern and socio-economic status and the pretest and post test afterpain levels and pretest and post test uterine involution levels among the research participants at p<0.05

The study finding showed that there were no significant association with selected obstetrical variable like parity, amount of bleeding, birth weight of the baby, duration of the labor, number of breast feedings in a day, number of oxytocin used, type of delivery & complications in delivery and the pretest afterpain, levels among the research participants at p<0.05. There was **a significant association** of the posttest afterpain levels among the postnatal mothers and the amount of oxytocin used in the second stage of labour at p<0.05 ($\chi2$=10.143, p=0.038).

The study finding showed there were no significant association with selected obstetrical variable like parity, amount of bleeding, birth weight of the baby, duration of the labor, number of breast feedings in a day, number of oxytocin used, type of delivery & complications in delivery and the pretest and post test uterine involution levels among the research participants at p<0.05

4. Discussion

The pretest level of uterine involution among the post-natal mother. In the experimental group 8(26.67%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 11(36.67%) of the mothers had Fair involution with poor contour and no mother had good involution. In the control Group, 5(16.67%) of the mothers had slow involution with poor contour and 12(40%) of the mothers had slow involution with good contour, 13(43.33%) of the mothers had Fair involution with poor contour and no mother had good involution.

A similar study was done by **Brito APA, Caldeira CF, De Góes Salvetti M (2021)** who conducted a cross sectional study on the Prevalence, characteristics, and impact of pain during the postpartum period for 72 hours among 128 women in São Paulo city, Brazil. The study results showed that the prevalence of pain was 36.7% during the interview and 54.6% in the previous 24 hours. The main site of pain was the abdominal region (64.7%) and the intensity of pain was moderate in 48.9% of women, with intermittent frequency in 58% of cases.

The posttest level of uterine involution among the post-natal mother. In the experimental group 6(20%) of the mothers had Fair involution with poor contour and 12(40%) of the mothers had fair involution with good contour, 7(23.33%) of the mothers had good involution with poor contour, 5(16.67%) of the mothers had Good involution with good contour and no mother had slow involution. In the control Group, 7(23.33%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 9(30%) of the mothers had Fair involution with poor contour, 3(10%) had fair involution with good contour and no mother had good involution.

A similar study was conducted by **Yilmaz T, Dinç H.** (2022), who conducted a randomized controlled study on the effect of pelvic floor muscle exercises applied during pregnancy on genito-pelvic pain level in postpartum period 60 antenatal mothers in Turkey. The study results showed that Pain levels were considerably lower in the experimental group of pregnant women than in the control group (p < 0.01) following pelvic floor muscle workouts. The experimental group's Pelvic Floor Distress Inventory-20 sub-dimension ratings and overall score were considerably lower than those of the control group (p < 0.01).

The pretest experimental group 8(26.67%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 11(36.67%) of the mothers had Fair involution with poor contour and no mother had good involution. In the posttest experimental group 6(20%) of the mothers had Fair involution with poor contour and 12(40%) of the mothers had fair involution with good contour, 7(23.33%) of the mothers had good involution with poor contour, 5(16.67%) of the mothers had good involution with good contour and no mother had slow involution.

In the pretest control Group, 5(16.67%) of the mothers had slow involution with poor contour and 12(40%) of the mothers had slow involution with good contour, 13(43.33%) of the mothers had Fair involution with poor contour and no mother had good involution. In the posttest control Group, 7(23.33%) of the mothers had slow involution with poor contour and 11(36.67%) of the mothers had slow involution with good contour, 9(30%) of the mothers had Fair involution with poor contour, 3(10%) had fair involution with good contour and no mother had good involution.

A similar study was conducted by **Darji P, Prakasam A, Patel H, et al.(2023)** conducted a quasi experimental study on effectiveness of kegel exercise and prone position on afterpains and involution of uterus among postnatal mothers at selected tertiary care hospital of Vadodara district, Gujrat, India. The study results showed that Day 1, Day 2, and Day 3 pretest and posttest levels of fundal height and afterpains differ statistically significantly. Thus, postpartum mothers fundal height and discomfort level can be decreased by performing kegel exercises and lying prone. effectiveness of prone positioning and Kegel exercises on uterine involution and discomfort between the experimental and control groups: in the experimental group, fundal height decreased by 26.2%, whereas in the control group, it decreased by 15.7%. Pain score decreased by 86.8% in the trial while it was only 55.0% in the control group.

The study finding showed there was **a significant association** of the posttest afterpain levels among the postnatal mothers and the amount of oxytocin used in the second stage of labour at p<0.05 (χ^2=10.143, p=0.038).

A similar study was conducted by **Brito APA, Caldeira CF, De Góes Salvetti M (2021)** conducted a cross sectional study on the Prevalence, characteristics, and impact of pain during the postpartum period for 72 hours among 128 women in São Paulo city, Brazil. The study results showed that a significant association was found between the presence of pain and the type of delivery (cesarean section; p=0.030). Not being able to assist the newborn, making it necessary to transfer to another unit, increased the perception of pain (p=0.038).

5. Nursing Implications

The finding of the study has certain important implication for the nursing services, education, administration and nursing research.

Nursing Practice
- Kegel exercise and prone positioning is a safe and better modality which reduces afterpain, improves uterine involution and brings a higher level of satisfaction among postnatal mothers.
- Clinical nurses and midwife working in the post-natal wards can use these methods in their daily care enhancing evidence-based practice.

Nursing Education

- The research result can be kept in libraries for reference of the health care professionals and the student nurses.
- The nurse educators can take independent decision based on principles of health care among the postnatal mothers.
- The nurse educators can train the nurses caring postnatal mothers and the student nurses about the Kegel exercise and prone positioning as a non-pharmacological management.

Nursing Administration

- Nurse administrators can conduct workshop and seminars on Kegel exercise and prone positioning for postnatal afterpains and uterine involution to all level of nursing personnel.
- The nurse administration to conduct in service education programs on various typed of non-pharmacological treatment to decrease the postnatal afterpains.
- Kegel Exercise and prone position for afterpain is a very good cost-effective nursing intervention

Nursing Research

- This study provides the baseline data in assessing the postnatal afterpain and involution of uterus and simple nursing interventions to overcome the after pain.
- Disseminating the study in conferences, seminars, publications in professional national and internation journals.

6. Recommendations

- A similar study can be done in a large multistage sample size.
- A similar study can be done in a different setting (Hospital & Community)
- A comparative study between primi para and multi para mothers can be done.
- A comparative study between the Kegel exercise and prone positioning can be done.
- Correlation between breast feeding and level of afterpains and involution of uterus can be done.

7. Limitations of the Study

- The sample size of postnatal mothers was only 60 because of which generalization is not possible
- The data collection period was only one month.

8. Conclusion

A midwifes role and the outmost goal is to focus on the ways to relieve pain and make the mothers postnatal period the happiest and stress-free period of her whole perinatal experience. The study result concludes that nursing intervention like Kegel exercise and prone positioning has great impact and is effective in reducing the postnatal after pain and works as a catalyst in enhancing the involution of the uterus making the postnatal period pleasant. The researcher feels that the discomforts faced by the postnatal mothers must be given more emphasis by the midwifes while caring for their major needs involving the mother and their family to overcome the issues during the postnatal period in a comfortable way to the mother and the family to form a holistic nursing care approach.

Précis Statement:

Nursing interventions like Kegel exercise and prone positioning has great impact and is effective in reducing the postnatal after pain and works as a catalyst in enhancing the involution of the uterus making the postnatal period pleasant.

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