

# Effectiveness of Lavender Oil Sitz Bath on Episiotomy Wound Healing among Postnatal Mothers Admitted in Selected Hospitals at Kolhapur City

Chandrala S. Patole<sup>1</sup>, Manisha Bijapurkar<sup>2</sup>

<sup>1</sup>Nursing Tutor, Department of Obstetrics and Gynaecological Nursing D.Y Patil, College of Nursing, Kolhapur, Maharashtra, India

<sup>2</sup>HOD, Department of Obstetrics and Gynaecological Nursing D.Y Patil, College of Nursing, Kolhapur, Maharashtra, India

**Abstract:** A Quasi-experimental study was conducted to evaluate the effectiveness of lavender oil sitz bath on episiotomy wound healing among postnatal mothers admitted in selected hospitals at Kolhapur city. The reliability of the tool was found to be reliable ( $r = 0.78$ ). The pre assessment was done by using the tool that is Part-1: Structured questionnaire related to present and previous delivery and Part-2: Modified REEDA scale in both groups. The obtained 't' value,  $t_{cal} = 13.23$  ( $df=29$ ) and the significant difference between the mean post assessment episiotomy wound healing scores in experimental and control group which was tested by using unpaired 't' test and was found significant at 0.05 level of significance. The obtained 't' value,  $t_{cal} = 3.11$  ( $df=58$ ). In experimental group there was significant association between selected socio demographic variable which was tested by using chi square test and found significant at 0.05 level of significance i.e. occupation. The calculated chi square value was higher than tabulated value,  $\chi^2_{cal.} = 10.55$ ,  $\chi^2_{tab.} = 5.99$  ( $df = 02$ ). In control group there was significant association between selected socio demographic variable which was tested by using chi square test and found significant at 0.05 level of significance i.e. age in years.

**Keywords:** Effectiveness; Lavender oil sitz bath, Episiotomy wound healing; Postnatal mothers

## 1. Introduction

In under developed countries due to inadequate health care facilities, episiotomy has been routinely used surgical procedure to facilitate delivery. The mother undergoing episiotomy is at risk of greater blood loss in conjunction with delivery, improper wound healing and increased pain during early puerperium.<sup>1</sup>

In developing countries, routine episiotomy assisted vaginal delivery is a common practice. The predominance of routine episiotomy is due to obstetrician belief that it may prevent pelvic floor relaxation and its sequelae, such as urinary incontinence and facilitate vaginal delivery. In developing countries, women prefer to deliver in hospital where obstetricians continue to apply a policy of "avoid tears-do episiotomies" routinely.<sup>2</sup>

The episiotomy wound should be assessed for edema, swelling, tenderness and discharge and also for localized pain. Puerperal infections are costly in terms of lactation difficulties, prolonged hospital stay or re-admission in hospital and increased expenses. In women without an elective episiotomy, many experienced perineal lacerations which requires surgical repair. Pain from episiotomy is a significant morbidity in the puerperium.<sup>2</sup> Most women have some degree of discomfort during the first few postpartum days because of episiotomy.<sup>3</sup>

Aromatherapy uses plant materials and aromatic plant oils, including essential oil, and other aromatic compounds for the purpose of altering one's mood, cognitive, psychological or physical wellbeing. It can be offered as a complimentary therapy or more controversially, as form of alternative

medicine. Aromatherapists, who specialize in the practice of aromatherapy, utilize blends of therapeutic essential oils that can be issued through topical application, massage, inhalation or water immersion to stimulate a desired response.<sup>4</sup>

Today Lavender oil (*Lavandula angustifolia*) is one of the most popular essential oil in the world. It is the most used essential oil in the world and it is most commonly known for its relaxing effects on the body, therapeutic grade lavender has been highly regarded for the skin. Ancient texts tell us that Lavender oil has been used for medicinal and religious purposes since 2,500 years. This oil benefits our body in such ways like, reduces anxiety and emotional stress, heal burns and wounds, improves sleep, restore skin complexion and reduces acne, slows aging with powerful antioxidants, improves eczema and psoriasis etc.<sup>5</sup>

## 2. Literature Survey

The quasi experimental study was conducted at Gani Hospital, Tirunelveli district, Tamil Nadu to assess the effectiveness of Lavender oil sitz bath on episiotomy wound healing and psychological wellbeing among postnatal mothers. Total 60 postnatal mothers were selected by using simple random sampling method by Lottery method. Out of which 30 mothers were in experimental group and 30 were in control group. The investigator gave Lavender oil sitz bath (5 drops of lavender oil in 4 L water) to the experimental group 2 times per day about 3 days. Hospital routine care was given to the control group. The assessment level of episiotomy wound and psychological wellbeing among the experimental group and the control group were measured by using REEDA scale and structured observation

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check list. The findings of the study revealed that the mean post test level of episiotomy wound healing among experimental group was 0.38, standard deviation was 0.61 and the mean post test level of episiotomy wound healing among control group was 4.99, standard deviation was 1.31. The mean difference was 4.61. The calculated 't' value was 8.75 which showed highly statistical significant difference in post test level of episiotomy wound status and psychological wellbeing among the experimental group and the control group of postnatal mother at  $p = 0.05$  level was retained. The results of the study concluded that rendering the Lavender oil sitz bath was effective for episiotomy wound healing and for psychological wellbeing.<sup>6</sup>

A randomized clinical trial was conducted at Mansura University, Egypt to evaluate the effectiveness of Lavender oil sitz bath in promoting episiotomy healing. This placebo-controlled, single-blinded, randomised clinical trial involved 60 primiparous women and they were randomly categorized into two groups, one is placebo-treated group and one is Lavender oil sitz bath treated group. REEDA score and Visual analogue Scale (VAS) was used to evaluate the outcome of the trial. On the 5<sup>th</sup> post-partum day, women in Placebo-treated group had worse Redness, Edema, Ecchymosis, Discharge and Approximation (REEDA) score of  $3.93 \pm 3.65$  compared with those in Lavender oil sitz bath treated group ( $2.03 \pm 1.7$ ) with significant difference ( $P = 0.013$ ). Visual analogue Scale (VAS) score for pain at episiotomy in Lavender oil sitz bath treated group was  $3.5 \pm 1.9$ , whereas in Placebo-treated group it was  $2.1 \pm 2.2$  ( $p = 0.01$ ). This study suggested that, aromatherapy using Lavender oil was highly effective, suitable and safe for episiotomy wound care with little or no expected side effects compared with that using placebo.<sup>7</sup>

A quasi experimental study was conducted at Guru Gobind Singh Medical College and Hospital, Faridkot to assess the effectiveness of Lavender oil on healing of episiotomy wound to provide maximum comfort to postpartum women and its comparison with povidine – iodine. Total 60 subjects (30 for experimental and 30 for control group) were selected in that intervention for experimental group was application of Lavender oil sitz bath and in control group was povidine – iodine (routine protocol) daily twice for 3 days. Healing of episiotomy was assessed by using REEDA Scale day 3 for both the groups. The REEDA score was significantly lower in the experimental group ( $p = 0.05$ ). Lavender oil helps in episiotomy wound healing in experimental group from day 1 to day 3. Lavender oil was more effective in episiotomy wound healing from day 1 to day 3 as compared to povidine-iodine. The obtained chi square value for age it was 0.79, for parity it was 1.28, for education it was 4.16 and for duration of 2<sup>nd</sup> stage it was 4.99. So, obtained chi square values were less than tabulated values. There was no association of episiotomy wound healing with age, parity, education, duration of 2<sup>nd</sup> stage was found in the study. This study concluded that lavender oil is effective in healing of episiotomy wound.<sup>8</sup>

A clinical trial was conducted at Kamali Hospital Karaj, Iran to assess the effectiveness of Lavender oil sitz bath on episiotomy wound healing. Total 60 qualified primiparous women were randomly categorized into two groups: case

(using Lavender oil) and control (usual hospital protocol). The Lavender oil sitz bath with 5-7 drops of Lavender essential oil in 4 L of water received by experimental group daily twice for 5 days. The control group received usual hospital protocol. Participant's pain and discomfort were recorded using a Visual Analogue Scale (VAS) and a Redness, Edema, Ecchymosis, Discharge Scale (REEDA). Pain was evaluated at 4 h, 12 h and 5 days following episiotomy. Collected data was analyzed in SPSS 14 using an independent t-test and chi-square. There was a statistical difference in pain intensity scores between the 2 groups, after 4 h ( $p = 0.02$ ) and 5 days ( $p = 0.00$ ). However, differences in pain intensity between the two groups, at 12 h post-surgery, were not significant ( $p = 0.06$ ). The REEDA score was significantly lower in the experimental group (Lavender oil group) 5 days after episiotomy ( $p = 0.00$ ). According to these findings, use of Lavender oil essence can be effective in reducing perineal discomfort following episiotomy. This was suggested that use of Lavender oil essence was more effective than use of Betadine for episiotomy woundcare.<sup>9</sup>

### Problem Definition

“A quasi experimental study to evaluate the effectiveness of lavender oil sitz bath on episiotomy wound healing among postnatal mothers admitted in selected hospitals at Kolhapur city”.

### Research Objectives

- 1) To assess the episiotomy wound healing scores among postnatal mothers in experimental and control group as measured by modified REEDA scale.
- 2) To prepare and administer Lavender oil sitz bath to postnatal mothers with episiotomy wound in experimental group.
- 3) To evaluate the effectiveness of Lavender oil sitz bath on episiotomy wound healing among postnatal mothers in experimental group as measured by modified REEDA scale.
- 4) To compare the episiotomy wound healing scores among postnatal mothers between experimental and control group as measured by modified REEDA scale.
- 5) To find out an association between pre assessment episiotomy wound healing scores among postnatal mothers with their selected socio demographic variables in experimental and control group.

### Hypothesis

All hypotheses were tested at 0.05 level of significance.

**H<sub>1</sub>**- The mean post assessment episiotomy wound healing score of subjects in experimental group is lower than mean pre assessment score as measured by modified REEDA scale.

**H<sub>2</sub>**- The mean post assessment episiotomy wound healing score of subjects in experimental group is lower than the mean post assessment score of subjects in control group as measured by modified REEDA scale.

**H<sub>3</sub>**- There is an association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variables in experimental group.

**H<sub>4</sub>** - There is an association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variables in control group.

### 3. Method /Approach

A quantitative, evaluative survey research approach was considered to carry out the study and Quasi experimental, non equivalent pre test post test control group design was chosen. Three types of variables were identified in this study. Lavender oil sitz bath is the independent variable, dependent variable is the episiotomy wound healing among postnatal mothers. There are four selected attribute variables used in this study and they were age in years, educational status, occupation, area of residence.

### 4. Sampling Criteria

#### Inclusion criteria:

Postnatal mothers,

- 1) Who had normal vaginal delivery.
- 2) Who had instrumental (with the use of vacuum and forceps) vaginal delivery.
- 3) Who were willing to participate in the study.
- 4) Who were able to communicate in marathi, hindi, english.

#### Exclusion criteria:

Postnatal mothers,

- 1) With perineal tear.
- 2) With any medical disorders and complications of puerperium.
- 3) Who were not available at the time of data collection.

Then the tool was sent to 17 experts for validation and received from 16 experts. The tool validated by 16 experts in that 13 were experts from field of Obstetric and Gynaecological Nursing, 2 were doctors specialized in Obstetrics and Gynaecology and 1 was statistician.

The tool consisted of two parts:

#### Part - 1

##### Section A: Selected socio demographic data

It consisted of four items for obtaining information about the selected background factors such as age in years, educational status, occupation, area of residence.

##### Section B: Structured questionnaire related to present and previous delivery

It consisted of four items for obtaining information about the selected factors related to previous and present delivery such as weight in kilograms, parity, if multipara then mode of previous delivery, conduct of present delivery and type of episiotomy.

#### PART - 2: Modified REEDA scale

The standardized REEDA scale is modified by considering following wound assessment scales: i) Bates Jansen wound assessment tool (BWAT) and ii) Michelle Moore RN's wound assessment tool. This modified REEDA scale is a rating scale which includes Redness (R), Edema (E), Ecchymosis (E), Discharge and odour (D), Approximation (A).

#### Scoring technique:

The score of REEDA scale for each parameter is from 0 to 3.

Highest score = 15

Lowest score = 00

Interpretation of modified REEDA scale:

Good healing = 00 to 04

Moderate healing = 05 to 08

Mild healing = 09 to 12

Poor healing = 13 to 15

Pilot study was conducted from 16/12/2016 up to 30/12/2016 at i) D. Y. Patil Hospital and Research Centre (Experimental group) from 9 am to 11 am, 5 pm to 7 pm and ii) Krishna Laxmi Nursing Home (Control group) from 11 am to 12 noon in Kolhapur city.

Reliability of the tool was assessed with the help of tool responded by 16 postnatal mothers with episiotomy wound, 08 postnatal mothers in experimental group and 08 postnatal mothers in control group at selected hospitals, Kolhapur city. Reliability of the tool was tested by using Cronbach's alpha formula. The reliability computed was  $r = 0.78$  which revealed it was a good and reliable tool.

The main study was conducted from 03/02/2017 up to 25/02/2017 at i) Sawitribai Phule Hospital (Experimental group) from 9 am to 12 noon, 5 pm to 8 pm and ii) Janani Maternity and Nursing Home (Control group) from 12.30 pm to 1.30 pm in Kolhapur city. Planning of the time schedule was done as per the timings provided by the authorities of the hospitals.

The researcher obtained formal permission from the Chief Health Officer, Kolhapur Municipal Corporation, Medical officer of Sawitribai Phule Hospital and HR Manager of Janani Maternity and Nursing Home, Kolhapur city. The researcher introduced herself to the subjects and explained the purpose, objectives of the study. Total 60 subjects were selected by Non probability, purposive sampling technique and those were fulfilling the inclusive and exclusive criteria, out of those 30 subjects were in experimental group and 30 subjects were in control group. Written consent was taken from the subjects.

The pre assessment was done by using the tool that is Part-1: Section A – Selected socio demographic data, Section B - Structured questionnaire related to present and previous delivery and Part-2: Modified REEDA scale in both groups. Lavender oil sitz bath was administered to subjects in experimental group for 15 minutes twice daily at 6 hours interval from 1<sup>st</sup> to 3<sup>rd</sup> day after child birth. Routine care was received by the control group. After 3 days post assessment was done by using same tool in both groups.

In this study, Lavender oil (*Lavandula angustifolia*) which was used for sitz bath, it was tested in Central Research Facility (CRF), Shahapur, District Belgavi, Karnataka and as per laboratory reports this Lavender oil is according to standard parameters. A certificate regarding safe use of Lavender oil for sitz bath was obtained from M.D. Ayurveda doctor.



The postnatal mothers with episiotomy wound were made to sit in a basin / tub filled with 4 litres of warm water at the temperature of 100<sup>0</sup> F-105<sup>0</sup> F (40<sup>0</sup> c- 43<sup>0</sup> c) added with 5 drops of Lavender oil by submerging her hips, buttocks and perineal area for 15 minutes. It was carried out twice daily at 6 hours interval from 1<sup>st</sup> to 3<sup>rd</sup> day after child birth.

## 5. Result & Discussion

### A) Description and findings related to selected socio demographic variables of subjects in experimental and control group.

In the experimental group maximum subjects 19 (63.33%) belonged to the age group of 19 to 23 years and minimum 01 (3.34%) belonged to the age group of 34 to 38 years where in the control group maximum 10 (33.34%) subjects belonged to the age group of 24 to 28 years and minimum 03 (10%) belonged to 34 to 38 years. Maximum subjects 17 (56.66%) in the experimental group had secondary education whereas minimum 01 (3.33%) had no formal education and 1 (3.33%) had primary education. Moreover in the control group maximum subjects 20 (66.67%) had higher secondary and above education whereas minimum 10 (66.67%) had secondary education. Maximum number of subjects 24 (80%) in the experimental group were housewives whereas minimum 03 (10%) were doing service and 03 (10%) were doing business. In control group maximum subjects 19 (63.33%) were housewives and minimum 04 (13.34%) were doing business. In the experimental group maximum subjects 17 (56.67%) belonged to urban area of residence while remaining 13 (43.33%) belonged to rural area of residence. Moreover in the control group maximum number of subjects 19 (63.34%) belonged to urban area of residence and remaining 11 (36.66%) belonged to rural area of residence.

### B) Description and findings related to present and previous delivery of subjects in experimental and control group.

In the experimental group maximum 11 (36.68%) subject's weight was between 45 to 51 Kg., whereas minimum 05 (16.66%) were between 66 to 72 Kg. and 5 (16.66%) were between 59 to 65 Kg. Moreover in the control group maximum 12 (40%) subject's weight was between 52 to 58 Kg. and minimum 03 (10%) were between 45 to 51 Kg. Maximum subjects 11 (36.66%) in the experimental group were primipara while remaining 19 (63.34%) were multipara. In 19 multipara, maximum 16 (84.21%) were previously delivered by normal vaginal delivery with episiotomy and minimum 01 (5.26%) was previously delivered by normal vaginal delivery without episiotomy. Moreover in the control group majority 18 (60%) were primipara and remaining 12 (40%) were multipara. Among 12 multipara, all 12 (40%) were previously delivered by normal vaginal delivery with episiotomy. Maximum number of subjects 28 (93.34%) in the experimental group were delivered vaginally without instrumentation while remaining 02 (6.66%) were delivered vaginally with instrumentation. Where as in the control group maximum 29 (96.66%) postnatal mothers were delivered vaginally without instrumentation and remaining 01 (3.34%) was delivered vaginally with instrumentation. In the experimental group maximum subjects 25 (83.34%) had medio – lateral

episiotomy and remaining 05 (16.66%) had lateral episiotomy. Moreover in the control group maximum subjects 24 (80%) had medio – lateral episiotomy and remaining 06 (20%) had lateral episiotomy.

### C) Analysis and interpretation of episiotomy wound healing scores of subjects in experimental group, n = 30

Episiotomy wound healing scores	Pre assessment scores		Post assessment scores	
	Frequency <i>f</i>	Percentage %	Frequency <i>f</i>	Percentage %
Good healing 0 – 4	00	00	22	73.33
Moderate healing 5 – 8	21	70	08	26.67
Mild healing 9 – 12	09	30	00	00.00
Poor healing 13 – 15	00	00	00	00.00

**Table 1:** Indicates that pre assessment episiotomy wound healing scores of subjects in experimental group i.e. majority 21 (70%) had moderate healing and remaining 09 (30%) had mild healing whereas in post assessment scores was observed that majority 22 (73.33%) subjects had good healing and remaining 08 (26.67%) had moderate healing.

### D) Analysis and interpretation of episiotomy wound healing scores of subjects in control group, n = 30

Episiotomy wound healing scores	Pre assessment scores		Post assessment scores	
	Frequency <i>f</i>	Percentage %	Frequency <i>F</i>	Percentage %
Good healing 0 - 4	01	3.33	27	90
Moderate healing 5 - 8	26	86.67	03	10
Mild healing 9 - 12	03	10	00	00
Poor healing 13 - 15	00	00	00	00

**Table 2:** Indicates that pre assessment episiotomy wound healing scores of subjects in control group i.e. maximum 26 (86.67%) had moderate healing, 03 (10%) had mild healing and 01 (3.33%) had good healing whereas in post assessment scores was observed that majority 27 (90%) subjects had good healing and remaining 03 (10%) had moderate healing.

**Table 3:** Mean difference, Standard error and paired 't' values of episiotomy wound healing scores of subjects in experimental group, n = 30

Mean difference	Standard Error	Paired 't' test		Degree of freedom
		Calculated value	Tabulated value	
3.97	0.3	13.23*	2.05	29

\*p< 0.05

**Table 3 :** Indicates that the obtained mean difference between pre assessment and post assessment episiotomy wound healing scores in experimental group was 3.97. Tabulated 't' value ( $t_{tab} = 2.05$ ) was less than calculated 't' value ( $t_{cal} = 13.23$ ). Hence  $H_1$  was accepted i.e.  $H_1: \mu \neq \mu_0$ . This indicates that episiotomy wound healing score was significant at p < 0.05 level of significance.

Therefore it can be inferred that the mean post assessment episiotomy wound healing score of subjects in experimental group was lower than the mean pre assessment score, thus the Lavender oil sitz bath was effective on episiotomy wound healing.

**Table 4:** Mean difference, Standard error and unpaired 't' values of episiotomy wound healing scores of subjects in experimental and control group, n = 60

Mean difference	Standard Error	unpaired 't' test		Degree of freedom
		Calculated value	Tabulated value	
0.53	0.17	<b>3.11*</b>	2.00	58

\*p < 0.05

**Table 4:** Indicates that the obtained mean difference between post assessment episiotomy wound healing scores in experimental and control group was 0.53. Tabulated 't' value ( $t_{tab} = 2.00$ ) was less than calculated 't' value ( $t_{cal} = 3.11$ ). Hence  $H_2$  was accepted i.e.  $H_2: \mu \neq \mu_0$ . This indicates that episiotomy wound healing score was significant at  $p < 0.05$  level of significance.

Therefore it can be inferred that the mean post assessment episiotomy wound healing score of subjects in experimental group was lower than the mean post assessment score of subjects in control group. So it is found that the Lavender oil sitz bath was more effective on episiotomy wound healing.

**Table 5:** An association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variables in experimental group, n = 30

Sr. No	Socio demographic variables	Scores		Chi square values		Degree of freedom
		Moderate healing	Mild healing	Calculated	Tabulated	
<b>1.</b>	<b>Age in years</b>			4.29	7.82	03
	a) 19 to 23	14	05			
	b) 24 to 28	03	04			
	c) 29 to 33	03	00			
	d) 34 to 38	01	00			
<b>2.</b>	<b>Educational status</b>			3.72	7.82	03
	a) No formal education	00	01			
	b) Primary education	01	00			
	c) Secondary education	11	06			
	d) Higher secondary education and above	09	02			
<b>3.</b>	<b>Occupation</b>			<b>10.15*</b>	5.99	02
	a) Housewife	20	04			
	b) Service	00	02			
	c) Business	01	03			
<b>4.</b>	<b>Area of residence</b>			0.52	3.84	01
	a) Rural	10	03			
	b) Urban	11	06			

\*p < 0.05

Note: \* Indicates significance

**Table 5:** Indicates that, in experimental group there was significant association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variable i.e. occupation ( $\chi^2_{cal} = 10.55$ ,  $\chi^2_{tab} = 5.99$ ). The calculated chi square value was higher than tabulated value. Among four selected socio demographic

variables only occupation shows association. Hence  $H_3$  was accepted i.e.  $H_3: \mu \neq \mu_0$ . This indicates that there was significant association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variables at  $p < 0.05$  level of significance in experimental group.

**Table 6:** An association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variables in control group, n = 30

Sr. No	Socio demographic variables	Scores			Chi square values		df
		Good healing	Moderate healing	Mild healing	Calculated	Tabulated	
<b>1.</b>	<b>Age in years</b>				<b>15.80*</b>	12.59	06
	a) 19 to 23	00	08	00			
	b) 24 to 28	00	07	03			
	c) 29 to 33	00	09	00			
	d) 34 to 38	01	02	00			
<b>2.</b>	<b>Educational status</b>				2.67	5.99	02
	a) No formal education						
	b) Primary education						
	c) Secondary education	00	11	00			
	d) Higher secondary education and above	01	15	03			
<b>3.</b>	<b>Occupation</b>				4.25	9.49	04
	a) Housewife	00	15	02			
	b) Service	01	08	00			
	c) Business	00	03	01			
<b>4.</b>	<b>Area of residence</b>				3.07	5.99	02

a) Rural	00	12	00			
b) Urban	01	14	03			

\*p < 0.05

Note: \* Indicates significance

**Table 6:** Indicates that, in control group there was significant association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variable i.e. age in years. ( $\chi^2_{cal.} = 15.80$ ,  $\chi^2_{tab.} = 12.59$ ). The calculated chi square value was higher than tabulated value. Among four selected socio demographic variables only age in years shows association. Hence  $H_4$  was accepted i.e.  $H_4: \mu \neq \mu_0$ . This indicates that there was significant association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variables at  $p < 0.05$  level of significance in control group.

## 6. Conclusion

So, it was found that the Lavender oil sitz bath was more effective on episiotomy wound healing. It indicated that there was significant association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variables at  $p < 0.05$  level of significance in experimental group. Also it indicated that there was significant association between pre assessment episiotomy wound healing scores of subjects with their selected socio demographic variables at  $p < 0.05$  level of significance in control group. Study revealed that Lavender oil sitz bath was effective on episiotomy wound healing among postnatal mothers.

## 7. Future Scope

- 1) A similar study on a larger group for a longer period of time would be more useful in making broad generalization.
- 2) A similar study can be done in different settings.
- 3) A similar study can be done to evaluate the effectiveness of Lavender oil sitz bath on episiotomy wound healing and psychological wellbeing among postnatal mothers.
- 4) Randomized controlled trial can be done on the same research study where there is large setting and more samples.
- 5) A comparative study can be conducted to compare the effectiveness of Lavender oil sitz bath on episiotomy wound healing between primipara and multipara postnatal mothers.
- 6) A comparative study can be done to evaluate the effectiveness of two different type of nursing measures on episiotomy wound healing.
- 7) Further researches can be conducted by taking other nursing measures (like warm water sitz bath, breathing exercise etc.) as an intervention on episiotomy wound healing among postnatal mothers.

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## Author Profile



**Miss Chandrala Shashikant Patole**, Assistant Professor, Obstetrics and Gynaecological Nursing, D.Y Patil, College of Nursing, Kolhapur.



**Professor Smt. Manisha A Bijapurkar**, HOD Obstetrics and Gynaecological Nursing, D.Y Patil, College of Nursing, Kolhapur.