

Effectiveness of Women's Self-care Instructions concerning Wound, Perineal & Urinary System Care post cesarean section in Baghdad teaching hospital

فاعلية ارشادات العناية الذاتية للنساء بجرح العملية ، العجان والجهاز البولي بعد الولادة القيصرية في مستشفى بغداد التعليمي

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المستخلص:

الهدف : لتحديد فاعلية ارشادات العناية الذاتية للنساء بجرح العملية ، العجان والجهاز البولي بعد العملية القيصرية في مستشفى بغداد التعليمي

المنهجية: الدراسة الحالية استخدمت تصميم شبه تجريبية في قسم النسائية في مستشفى بغداد التعليمي في مدينة بغداد. تم جمع ومتابعة العينة للفترة من (١٥) كانون الثاني ٢٠١٤ ولغاية (١٥) ايار ٢٠١٤. عينة عمدية شملت (٥٠) ام اعتبرت كمجموعة تجريبية و(٥٠) اخرى اعتبرت كعينة ضابطة. صممت استمارة استبيان كأداة لجمع البيانات تناسب الغرض من الدراسة ، حيث اشتملت الاستمارة على الخصائص الاجتماعية، والخصائص الانجابية، وارشادات العناية الذاتية بعد الولادة القيصرية والمتضمن العناية بمكان العملية، كما أجريت دراسة استطلاعية اما مصداقية الاستمارة تمت من خلال عرضها على مجموعة من الخبراء في مختلف الاختصاصات الطبية والتمريضية تم جمع البيانات من خلال التطبيق والملاحظة وكذلك من خلال المقابلة . تم تحليل البيانات من خلال استخدام أسلوب تحليل البيانات الإحصائية الوصفية (التوزيع التكراري والنسبة المئوية للقيم) وأسلوب تحليل البيانات الإحصائي الاستنتاجي (الاختبار التائي، اختبار F واختبار t) باستخدام الحقيبة الإحصائية

النتائج: كشفت الدراسة عن فروق ذات دلالة احصائية عند تنفيذ البرنامج الارشادي للعناية الذاتية بعد العملية القيصرية بين مجموعة عينة الدراسة والعينة الضابطة ، فعن العناية بمكان العملية فقد وجد فروق ذات دلالة احصائية في غسل اليدين قبل وبعد القيام بأي عمل ، عدم وضع اي كريم او مرهم على مكان العملية وعدم رفع الضماد لرؤية العملية مباشرة الامن قبل الكادر الطبي (P= 0.000)، كما وجد فروق ذات دلالة احصائية في العناية بالجهاز البولي والتناسلي الخاصة بغسل اليدين قبل الدخول الى المرافق الصحية وبعد الخروج منها، غسل منطقة العجان بماء دافئ ومادة معقمة من الامام الى الخلف من عظم العانة الى فتحة الشرج ،وضع الرفادة من الامام الى الخلف لحماية السطح الداخلي من التلوث، عدم حبس الادرار عند الشعور برغبة في ذلك ، ممارسة تمارين كيجل ٢-٣ مرات يوميا ، عدم ممارسة الجنس خلال فترة النفاس ويفضل استخدام حمام غربي (P= 0.000)

التوصيات : اوصت الدراسة بإمكانية تقديم تدخل تثقيفي للعناية الذاتية بعد الولادة القيصرية لجميع الحوامل اللواتي يراجعن مراكز الرعاية الصحية الاولى وبناء وتطبيق التدخل التثقيفي للامهات المراد اجراء عملية لهن في المستشفى لزيادة معلوماتهن عن العناية الذاتية بعد العملية القيصرية.

الكلمات المفتاحية : ارشادات العناية الذاتية ، العناية بالعجان، الجهاز البولي، العملية القيصرية

Abstract

Aim: to determine the effectiveness of women's self-care instructions on their post cesarean section care in Baghdad teaching hospital.

Methodology: The present study used quasi-experimental study design in maternity wards in Baghdad teaching hospital. The sample was collected and follow up for the period (15) January 2014 until 15 May 2014 Non-probability (purposive sample) of (100) women post cesarean section divided in to two groups (50) women post cesarean section considered as a study group, and another (50) women post cesarean section considered as the control one, A questionnaire designed as a tool to collect data fit the purpose of the study a questionnaire include demographic variables, Reproductive variables, instructions self-care post cesarean Wound care, a pilot study was carried out to test the reliability, As for reliability of questionnaire has been displayed by a group of experts in various medical specialties and nursing

Result: The study presents significant differences in implementation of instructional program for self-care post cesarean between study and control groups on wound, there is significant differences in washing hand before & after any procedure, Don't put ointment or cream on the wound, don't raise the dressing to see operation immediately unless done by medical staff (P=0.000). Also significant differences are found in perineal care & urinary system post cesarean in washing hand before & after using bathroom, wash perineum area water warm water contains a antiseptics from front of the pubic bone to the anus, place sanitary pads from front to back to protect the inner surface from contamination, do not hold on the urine when feel the desire to urinate, practice kegel exercises 2-3 times per day, Do not have sexual intercourse during the first 6 weeks, preferred to use the western bathroom (P= 0.000).

Recommendations: The study recommended the possibility of providing an educational overlap of self-care after a cesarean delivery for all pregnant women attending antenatal care centers, primary health, construction and application of the overlap of the mothers of the educational process to be holding them in the hospital to increase their knowledge of self-care after a cesarean section.

Keywords: self-care instructions, wound care, Perineal Care & Urinary System e, cesarean section

Introduction:

Many people are absolutely terrified by the thought of treating themselves or making their own healthcare decisions. Understandably, our healthcare is serious business. At the same time, self-care doesn't involve performing major surgery or surgery at all, for that matter self-care isn't intended to replace the advice of physician or health care provider. These individuals play an integral role on the health care team and for good reason (1). Self-care simply means caring for self, it doesn't get much straighter forward than that in essence, and self-care is all about becoming an informed health care consumer. It's about asking, "Do I really need to see a healthcare provider, or are there things I can do to take care of the condition myself?" It's also about prevention taking care of self and family to prevent illnesses in the first place ⁽¹⁾. Today the wellbeing of maternal and child health occupies paramount place in health care delivery system, today cesarean section has become the most common intervention in developed as well as developing countries. It is not performed as a last resort, but as a safe alternative to risky vaginal delivery. And the due consideration is given not only to immediate safety of mother and newborn, but also to remote obstetric future ⁽²⁾. Cesarean section is a major surgical procedure that increases the likelihood of many types of harm for mothers and babies in comparison with vaginal birth. The national cesarean section rate is much higher and it steeply increasing over more than a decade, it leveled off at 32.8% in 2010 and 2011 ⁽³⁾. A cesarean can be a life-saving operation, and some babies would not be born vaginally under any circumstances; however, it is still major surgery ⁽⁴⁾.

Methodology:

A quasi-experimental design was carried out throughout the present study with study and control approach appropriately structured for to determine the effectiveness of implementation of instructional intervention on mothers post C/S self-care. The instructional intervention consists of one major part, and it was implemented and introduced with respect to the essential information relative to women's self-care post cesarean section. Each session was designed and scheduled for approximately (60-90) minutes for each woman. They were presented in Baghdad teaching hospital from the period 15th June 2014 through 15th May 2014. The intervention sessions were managed by three methods, booklets, lectures discussion, and through cell phone communication and follow up for any question or comments from the patients to the researcher, and follow up After the implementation of the intervention. A questionnaire was used as a tool of data collection to fulfill the objectives of the study and consisted of four parts, including demographic (10 items), reproductive characteristics (6 items), Wound care consisted of (5 items), perineal & urinary system consisted of (9) items. These items are rated according to three level

likert scale liker scale and scored (3) implemented instruction, (2) Sometimes, and (1) for not implemented with cut – off point = 2. Pilot study was carried out between 2nd January –10th January 2014, on (10)) mothers were selected among women with cesarean operation from Baghdad teaching hospital, to determine the reliability of questionnaire and content validity was carried out through the 13 experts. Descriptive and Inferential data statistical analyses were used to analyze the data. Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 10.

Results:**Table (1): Instruction of Self-care post Cesarean Section concerning with "Wound Care" Items at the Studied Groups with Comparisons Significant**

Sub Dom.	Samples	Control						Study						CS ^(*)
		Instruction	Resp.	Freq.	%	MS	SD	RS%	Resp.	Freq.	%	MS	SD	RS%
Instruction of self-care post cesarean section														
1- Wound Care	Washing hand before & after any procedure	Not Imp.	49	98	1.02	0.14	34.0	Not Imp.	0	0	2.50	0.51	83.3	0.000 HS
		S. Imp.	1	2				S. Imp.	25	50				
		Imp.	0	0				Imp.	25	50				
	Prevent water from reaching operation site until suture removal	Not Imp.	2	4	2.90	0.42	96.7	Not Imp.	0	0	3.00	0.00	100	0.080 NS
		S. Imp.	1	2				S. Imp.	0	0				
		Imp.	47	94				Imp.	50	100				
	Don't put ointment or cream on the wound	Not Imp.	8	16	2.64	0.75	88.0	Not Imp.	0	0	3.00	0.00	100	0.001 HS
		S. Imp.	2	4				S. Imp.	0	0				
		Imp.	40	80				Imp.	50	100				
	Don't raise the dressing to see operation immediately unless done by medical staff	Not Imp.	26	52	1.94	1.00	64.7	Not Imp.	0	0	3.00	0.00	100	0.000 HS
		S. Imp.	1	2				S. Imp.	0	0				
		Imp.	23	46				Imp.	50	100				
	Support the operation during coughing, sneezing, laughing	Not Imp.	3	6	2.82	0.52	94.0	Not Imp.	0	0	3.00	0.00	100	0.012 S
		S. Imp.	3	6				S. Imp.	0	0				
		Imp.	44	88				Imp.	50	100				

HS=High significant, S= Significant, NS= No Significant, **R.S:** Relative Sufficiency, Freq. =Frequency, C.S: comparative Significances, SD: Standard Deviation, M.S: Mean of score, P: Probability level, %= percentage

Table (1) shows high mean scores and relative sufficiency in all items with significant differences in at least at $P < 0.05$ illustrated between the studied groups with highly implementation of self-care post cesarean section for mother concerning with wound care part at the study group, except with the item of " Prevent water from reaching operation site until suture removal ", which reported no significant different at $P > 0.05$.

Table (2): Instruction of Self-care Post Cesarean Section concerning with "Perineal Care & Urinary System" Items at the Studied Groups with Comparisons Significant

Sub Dom.	Samples	Control					Study					CS ^(*)		
	Instruction	Resp.	Freq.	%	MS	SD	RS%	Resp.	Freq.	%	MS	SD	RS%	P _{value}
2-Perineal Care & Urinary System	Instruction of self-care post cesarean section													
	Washing hand before using bathroom	Not Imp.	49	98	1.02	0.14	34.0	Not Imp.	0	0	2.60	0.49	86.7	0.000 HS
		S. Imp.	1	2				S. Imp.	0	0				
		Imp.	0	0				Imp.	50	100				
	Wash hands after using the bathroom (toilet)	Not Imp.	0	0	2.98	0.14	99.3	Not Imp.	0	0	2.80	0.40	93.3	0.004 HS
		S. Imp.	1	2				S. Imp.	10	20				
		Imp.	49	98				Imp.	40	80				
	Wash perineum area with warm water contains antiseptics from front of the pubic bone to the anus	Not Imp.	9	18	2.06	0.65	68.7	Not Imp.	0	0	2.60	0.49	86.7	0.000 HS
		S. Imp.	29	58				S. Imp.	20	40				
		Imp.	12	24				Imp.	30	60				
	Place sanitary pads from front to back to protect the inner surface from contamination	Not Imp.	33	66	1.58	0.86	52.7	Not Imp.	0	0	2.60	0.49	86.7	0.000 HS
		S. Imp.	5	10				S. Imp.	20	40				
		Imp.	12	24				Imp.	30	60				
	Do not hold on the urine when feel the desire to urinate	Not Imp.	9	18	2.30	0.76	76.7	Not Imp.	0	0	2.80	0.40	93.3	0.000 HS
		S. Imp.	17	34				S. Imp.	10	20				
		Imp.	24	48				Imp.	40	80				
	Change sanitary pads with each urination and defecation	Not Imp.	26	52	1.48	0.50	49.3	Not Imp.	0	0	2.80	0.40	93.3	0.000 HS
		S. Imp.	24	48				S. Imp.	10	20				
		Imp.	0	0				Imp.	40	80				
	Practice Kegel exercises 2-3 times per day	Not Imp.	44	88	1.12	0.33	37.3	Not Imp.	0	0	2.50	0.51	83.3	0.000 HS
		S. Imp.	6	12				S. Imp.	25	50				
		Imp.	0	0				Imp.	25	50				
	Do not have sexual intercourse during the first 6 weeks	Not Imp.	14	28	2.18	0.85	72.7	Not Imp.	0	0	3.00	0.00	100	0.000 HS
		S. Imp.	13	26				S. Imp.	0	0				
Imp.		23	46	Imp.				50	100					
Preferred to use the western bathroom	Not Imp.	23	46	1.86	0.88	62.0	Not Imp.	5	10	2.60	0.67	86.7	0.000 HS	
	S. Imp.	11	22				S. Imp.	10	20					
	Imp.	16	32				Imp.	35	70					

HS=High significant, S= Significant, NS= No Significant, **R.S**: Relative Sufficiency, Freq. =Frequency , C.S: comparative Significance, SD: Standard Deviation, M.S: Mean of score, P: Probability level, %= percentage

Table (2) shows high mean scores and Relative sufficiency in all items with a highly significant differences at $P < 0.01$ had illustrated between the studied groups with highly implementation of self-care post cesarean section for mother concerning with perineal care & urinary system part at the study group.

Table (3): Evaluation of Complications after the Operation at the Studied Groups with Comparisons Significant

Complication	Resp.	Control					Study					CS	
		No.	%	MS	SD	RS	No.	%	MS	SD	RS	P-value	
Bleeding	No	33	66	0.34	0.48	34.0	50	100	0.00	0.00	0.00	0.000	
	Yes	17	34				0	0				HS	
UTI	No	50	100	1.00	0.00	100	40	80	0.20	0.40	20.0	0.000	
	Yes	0	0				10	20				HS	
Puerperal fever	No	42	84	0.16	0.37	16.0	50	100	0.00	0.00	0.00	0.006	
	Yes	8	16				0	0				HS	
Wound Infection	No	46	92	0.08	0.27	8.0	50	100	0.00	0.00	0.00	0.117	
	Yes	4	8				0	0				NS	
Thrombosis	No	44	88	0.12	0.33	12	50	100	0.00	0.00	0.00	0.027	
	Yes	6	12				0	0					
	Yes	50	100				0	0					S
	Yes	35	70				0	0					

Cut off-point =0.5 (score, yes=1: No=0), HS=High significant, S= Significant, NS= No Significant, **R.S**: Relative Sufficiency , Freq. =Frequency, C.S: comparative Significance, SD: Standard Deviation , M.S: Mean of score , P: Probability level, %= percentage

Table (3) shows significant differences at $P < 0.05$ had illustrated between the studied groups with highly prevention of self-care post cesarean section for mother from the complications after the operation at the study group, which were reported no significant different at $P > 0.05$, between the two groups, but it's more informative for that results to be reported rather than simply that p-values were not achieved.

Table (4): Summary Statistics of Instruction of Self-Care Post Cesarean Section & Evaluation of Complications after the Operation due to Main and Sub domains at the Studied Groups with Comparisons Significant

Sub Domains	Sample	No	GMS	SD	RS	F test	P-v.	T test	d.f.	P-value
1- Wound Care	Control	50	2.26	0.36	75.5	32.1	0.000	-11.9	56.5	0.000
	Study	50	2.90	0.10	96.7					HS
2- Perineal Care & Urinary System	Control	50	1.85	0.20	61.8	0.00	0.995	-20.1	98.0	0.000
	Study	50	2.71	0.22	90.3					HS

HS=High significant, NS= No Significant , S= Significant, **R.S:** Relative Sufficiency, Freq. =Frequency, SD: Standard Deviation , M.S: Mean of score
P: Probability level, %= percentage, C.S: Comparative Significance

Table (4) shows the summaries statistics of "Instruction of Self-Care Post Cesarean Section & Evaluation of complications after the operation" sub domain's responding in the two independent groups with comparisons significant. The results shows that a highly significant differences at $P < 0.01$ had illustrated between the studied groups with highly improvements due to effectiveness of the instructions of self-care post cesarean section at the study group, as well as extremely good prevention for the complications after the operation.

Table (5): Summary Statistics for an Overall Evaluation at the Studied Groups

Overall Evaluation		
Statistics	Control	Study
Mean	50.067	90.978
95% Confidence Interval for Mean	Lower Bound	47.766
	Upper Bound	52.369
5% Trimmed Mean	50.557	91.420
Median	51.250	92.467
Std. Error	1.145	0.774
Std. Deviation	8.098	5.475
Minimum	27.520	77.210
Maximum	58.170	96.790
Range	30.650	19.580
Interquartile Range	11.747	3.929

Table (5) shows the summaries statistics for an overall evaluation of the studied main domains in compact form at the two independent groups. The results shows that a highly improvements due to effectiveness of the instructions care for mother during the postpartum period after Cesarean section at the study group.

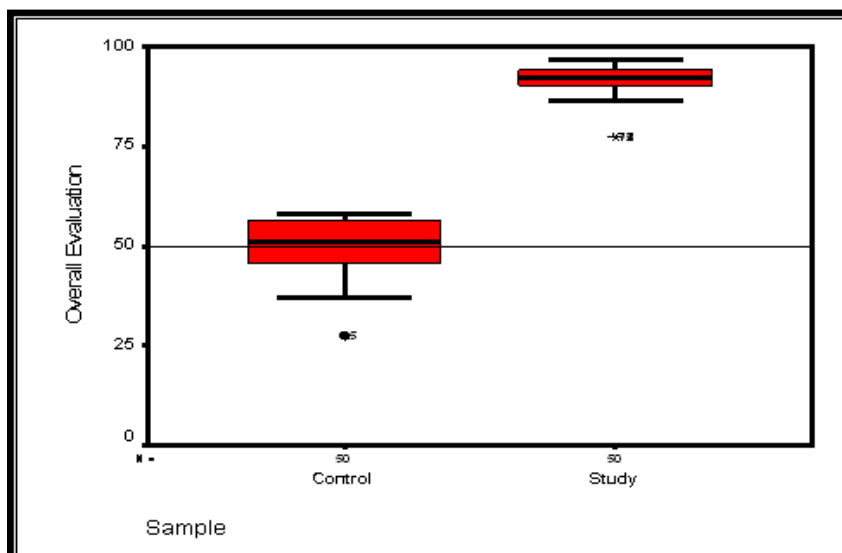
**Figure (1): Stem – Leaf plot (Explorer) for an Overall Evaluation at the studied groups**

Figure (1) of Stem – Leaf plot illustrated the behavior of the studied groups in related with an overall evaluation . The study group has a good successful either for instruction of self-care post cesarean section & evaluation of complications after the operation

Table (6): Association of an Overall Evaluation of the Studied Instructions as well as Evaluations for Mother According to "Under/Upper" Cutoff point at the Studied Groups

Groups	No. and Percents	Overall Evaluation		Total	C.S. P-value
		Under	Upper		
Control	No.	25	25	50	C.C.=0.500 P=0.000 HS For cohort Overall Evaluation = 0.5 Upper
	%Group	50.0%	50.0%	100%	
	%Overall Evaluation	100%	33.3%	50%	
Study	No.	0	50	50	
	%Group	0.0%	100%	100%	
	%Overall Evaluation	0.0%	66.7%	50%	
Total	No.	25	75	100	
	%Sample	25.0%	75.0%	100%	
	%Overall Evaluation	100%	100%	100%	

Contingency table (6) are illustrating the correlation of different responding in each groups (Study and Control) with the two categorical factor of an overall evaluation of redistribution (under/upper) cutoff point. In addition to that, a P-value was recorded within a causative causes correlation ship for contingency coefficient. In other words it could be conclude the result having a meaningful constrain causes correlation ship in accusative the study group compared with the control group with cohort overall evaluation which says that study group having protective due to effectiveness of women's self-care instructions on their post cesarean section twice time compared with the control group.

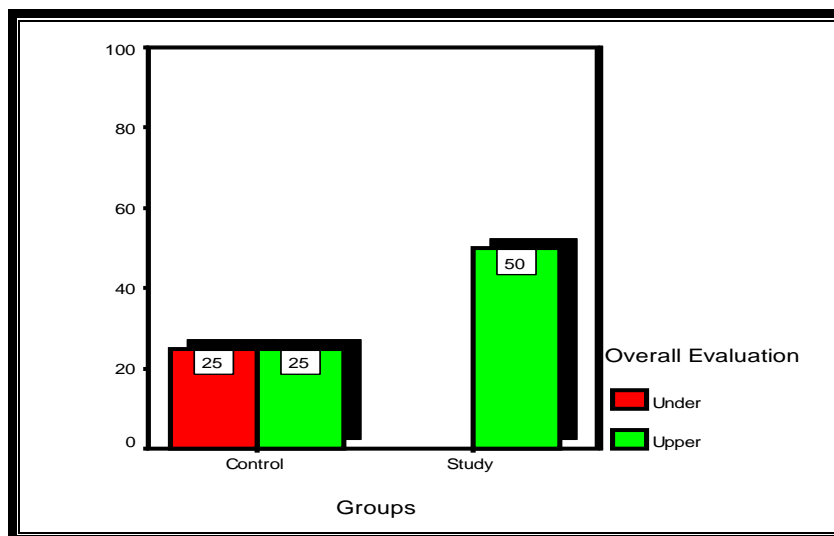
**Figure (2): Cluster Bar Chart for the redistribution of an Overall Evaluation at the Studied Groups**

Figure (2) Presents graphically the Redistribution of an overall evaluation at the studied groups.

Discussion:**1. Instruction of self-care post cesarean section concerning with "Wound Care" items at the studied: Table (1)**

The current study represent high mean scores and Relative sufficiency in all items with significant differences in at least at $P < 0.05$ are illustrated between the studied groups with highly implementation of self-care post cesarean section for mother concerning with wound care part at the study group, except with the item of " Prevent water from reaching operation site until suture removal", which was reported no significant different at $P > 0.05$.

Devi (2008) conducted a study to evaluate the effectiveness of planned teaching programme (PTP) on post operative care, on a purposive sample consisted of 30 mothers underwent caesarean section. The data were collected from them before and after the administration of PTP. The findings reveal the percentage (63.6%, 83.3%, 46.7%) for pretest, posttest and effectiveness respectively was observed for Support the wound site with pillow while coughing to reduce strain on wound site and reveal that percentage (36.6%, 66.6%, 30%) for pretest, posttest and effectiveness respectively was observed for the item Hands should be washed before and after any procedure⁽⁵⁾.

Thompson and other (2002) in a study was conducted on health, after caesarean delivery in Danbury Hospital , recommended that the mothers may shower after caesarean section and it is important to keep the incision area clean and dry⁽⁶⁾ .

Bear and Tigger (1993) in their prospective cohort study examined rates of readmission to hospital within 8 weeks of birth. A higher proportion of woman who had caesarean section

(5.3%) reported readmission to hospital because of infection of wound due to lack of personal hygiene which is compared to woman who had vaginal birth (2.2%). The result shows that women need proper education regarding post natal personal hygiene⁽⁷⁾ .

Daily care includes showering after the dressing has been removed is important for mother health and hygiene. Kan and other (2003) study to assess the effect of teaching programme on postnatal self-care to antenatal mothers posted for caesarean section, the results showed that no mothers in the study group developed postnatal complications and they cope effectively in the post operative period with fast recovery; were the mothers in the control group, 2% developed postoperative complications, 34% were having difficulty in coping with the situation and their recovery after the caesarean section was slow compared to the study group⁽⁸⁾ .

2. Instruction of self-care post cesarean section concerning with "Perineal Care & Urinary System" items at the studied groups Table (2)

The current study results shows high mean scores and Relative sufficiency in all items with a highly significant differences at $P < 0.01$ between the studied groups with highly implementation of self-care post cesarean section for mother concerning with perineal care & urinary system part at the study group

Kavitha (2000) conducted a study on the effect of structured teaching programme regarding self-perineal care on knowledge and practice of postnatal mothers in Government Rajaji Hospital, on 70 participants (35) in each study and control group, with structured interview schedule to assess the knowledge on episiotomy care and observation checklist to determine the ability to perform self-perineal care. Planned teaching of the study showed that there was a significant difference

between study and control group with ($t=13$) and the ability of each group in self-perineal care was also increased⁽⁹⁾.

Norohna (2004) study reveals that Midwives have an important role in the care of perineal wounds following childbirth. Teaching self perineal care would be cost effective as healing occurs without using local antibiotics or disinfectants. The study was based on 'Orems self care theory', using evaluative approach with pre-test control group design. The data obtained was analyzed and the mean percentage knowledge score was 22.50 per cent. The mean gain computed by ANOVA shows significant difference in knowledge scores⁽¹⁰⁾.

Devi (2008) study has been conducted to evaluate the effectiveness of PTP on post operative care, on one group pretest post-test design on 30 mothers underwent caesarean section. The data were collected from them before and after the administration of PTP, the findings reveal (36.6%,66.6%,30%) for pretest, posttest and effectiveness respectively was for the item Hands should be washed before and after any procedure, (26.6%,66.6%,40%) for pretest, posttest and effectiveness respectively for the item Genital area should be cleaned from front to back, (30%,66.6%,36.6%) for pretest, posttest and effectiveness respectively was for the item Sanitary pads should be changed whenever they are soaked, and(43.3%,66.6%,23.3%)for pretest, posttest and effectiveness respectively was for the item Keeping the bladder empty⁽⁵⁾.

John (2013) study found "Personal hygiene". Aspects, in pretest, post natal mothers are having 0.63 score where as in posttest they are having 1.75 score, so the difference is 1.12, this difference between pretest and posttest is large and it is statistically significant⁽¹¹⁾.

Sukanya (2005) study to evaluate the effectiveness of self instructional module (SIM) for postnatal mothers regarding perineal care. Found that the mean pre test knowledge was 36.17 per cent compared to 89.43 per cent knowledge found in post test. The findings indicate that health education needs to be intensified in hospitals, outpatient department (OPD) and community for developing right knowledge and practices regarding perineal care⁽¹²⁾.

schwartz & others (2009) ; & Kan (2003) stated that perineal hygiene including daily washing with warm water and mild soap, the perineum should be cleaned after each urinary voiding and bowel movement. Self – care Practices such as changing the perineal pad at least 4 times daily, and removing pads from front to back and hand washing will help decrease the risk of post C/S infection and promote healing in study group more than control group⁽¹³⁾⁽⁸⁾.

Finger (2003) stated that health education and information helps to improve the base knowledge of self-care to prevent UTI among women. In order to reduce the incidence of UTI, it is necessary to assess the knowledge of postoperative mothers regarding risk factors of UTI. So that health education programme can be planned to increase their knowledge about risk factors and may help to prevent some of the modifiable risk factors of UTI⁽¹⁴⁾.

3. Evaluation of Complications after the Operation

The present study shows significant differences at $P<0.05$ between the studied groups with highly prevention of self-care post cesarean section for mother from the complications after the operation at the study group, Wound Infection, which were reported no significant different at $P>0.05$, between the two groups, but it's more informative

for that results to be reported rather than simply that p-values were not achieved (Table3). Sundaramma(2003) conducted a study to evaluate the effect of structural teaching programme regarding prevention of postnatal infections on knowledge and skill of postnatal mothers in a selected maternity Hospital. The mean post-test skill score (29.03) of the experimental group was higher than the mean pre-skill score (6.23) of the experimental group. The obtained value at a degree of freedom 58 was 19.04 which was significant at 0.5 level. The difference between the mean post-test skill score and pre-test skill score (22.8) of experimental group is a true difference and has not occurred by chance. It indicates that the structured teaching programme has played a significant role in improving the skill of the experimental group in the post-test⁽¹⁵⁾

kan and other(2003)study to assess the effect of teaching programme on postnatal self-care to antenatal mothers posted for caesarean section, the results showed that no mothers in the study group developed postnatal complications and they cope effectively in the post operative period with fast recovery; were the mothers in the control group, 2% developed postoperative complications, 34% were having difficulty in coping with the situation and their recovery after the caesarean section was slow compared to the study group⁽⁸⁾. Oladapo and other (2007) their study to estimate the maternal mortality and morbidity associated with caesarean deliveries at Onabanjo University hospital, Nigeria. Retrospective analysis of all caesarean deliveries from 1990-2005 were done. All the morbidities were more frequent among women who had caesarean delivery. There was significant difference in the puerperal febrile

morbidity [(11.0 vs. 4%) due to abdominal and episiotomy wound infection]; the mean hospital stay (13.3 vs. 5.4 days) and unplanned readmission is 4.3 vs. 1.4% (p<0.05). The maternal mortality rate among caesarean mothers was 6.1% because of wound infection and that of normal delivery was 0%. The researchers conclude that the women with caesarean delivery are accompanied with considerable post operative risks and that they would be cared much to prevent sepsis and infection⁽¹⁶⁾.

4.Summary Statistics for an Overall Evaluation of the studied main Domains in the control and study groups

The present study results summaries statistics for an overall evaluation of the studied main domains independently in each group. The results shows that a highly improvements due to effectiveness of the instructions care for mother during the postpartum period after Cesarean section at the study group. The study group has a good successful either for instruction of self-care post cesarean section & evaluation of complications after the operation.

John (2013) adopted an evaluative approach, pretest posttest design to assess the effectiveness of structured teaching programme on postnatal care knowledge that underwent cesarean section, thus the result shows that post natal mothers had significantly increased their knowledge after the administration of STP. There is a significant increase of 39.3% knowledge after the administration of structured teaching programme (STP)⁽¹¹⁾.

Recommendations :

1. All Maternal and child health center in Iraq should include in their instruction educational intervention methods of self –care post cesarean section to teach pregnant women and puerperal women about.
2. Nurses should teach women delivered by cesarean section the principle of self –care post cesarean section while they perform such procedure for them during postpartum period.

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