



BANDIRMA ONYEDİ EYLÜL ÜNİVERSİTESİ
SAĞLIK BİLİMLERİ VE ARAŞTIRMALARI
DERGİSİ
BANU Journal of Health Science and Research

DOI: 10.46413/ boneyusbad.1253566

Özgün Araştırma / Original Research

Examining the Postpartum Comfort and Physical Symptomology of Primiparous Women with Episiotomy During the First Six Months After Birth

Epizyotomi Uygulanan Primipar Türk Kadınlarının Doğumdan Sonraki İlk Altı Ayda Doğum Sonrası Konfor ve Fiziksel Semptomlarının İncelenmesi

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Geliş tarihi / Date of receipt:
20.02.2023

Kabul tarihi / Date of acceptance: 11.02.2024

Atf / Citation: Tosun, H., Tepeyurt, S., Güneş, A. (2024). Examining the postpartum comfort and physical symptomology of primiparous women with episiotomy during the first six months after birth. *BANÜ Sağlık Bilimleri ve Araştırmaları Dergisi*, 6(1), 1-12. doi: 10.46413/ boneyusbad.1253566

ABSTRACT

Aim: This study aimed to examine primiparous women's comfort and physical symptoms over six months postpartum after episiotomy.

Material and Method: In this study, descriptive clinical follow-up was performed in primiparous 32 pregnant women in a state hospital. The Postpartum Comfort Scale and Postpartum Physical Symptom Severity Scales were used.

Results: The results of Cochran's Q and Friedman's tests revealed that women's postpartum comfort and physical symptom scores improved more at the end of the 6th month compared to the 1st and 3rd months. It was determined that by the 6th month after birth, the rate of women experiencing pain/tension in the episiotomy area and applying to heal the perineum decreased. It was observed that the rate of complete healing of the stitches in the episiotomy area increased.

Conclusion: When observing postpartum comfort and physical symptoms in primiparous mothers, it became evident that some women continued to experience the side effects of episiotomy, leading to a decrease in their overall life comfort. It is crucial to offer education and care to women regarding perineal care methods, starting from pregnancy, to safeguard women's health. This approach can contribute to the prevention of unnecessary episiotomies during both hospital and home births.

Keywords: Episiotomy, Physical symptoms, Postpartum comfort, Postpartum recovery, Primiparous

ÖZET

Amaç: Bu çalışmanın amacı, primipar kadınların epizyotomiden sonraki altı ay boyunca, fiziksel semptomları ve konforlarını incelemektir.

Gereç ve Yöntem: Bu çalışmada 32 primipar gebeye bir devlet hastanesinde tanımlayıcı klinik izlem yapılmıştır. Kadınlara Doğum Sonrası Konfor Ölçeği ve Doğum Sonrası Fiziksel Semptom Şiddet Ölçeği anketlerini uygulandı.

Bulgular: Cochran's Q ve Friedman testlerinin sonuçları kadınların doğum sonu konfor ve fiziksel semptom puanlarının 6. ayın sonunda 1. ve 3. aya göre daha fazla arttığını ortaya koydu. Postpartum 6. aya geldiğinde epizyotomi bölgesinde ağrı/gerginlik yaşayan ve perineyi iyileştirmek için polikliniğe başvuran kadınların oranının azaldığı tespit edildi. Epizyotomi bölgesindeki dikişlerin tamamen iyileşme oranının arttığı görüldü.

Sonuç: Epizyotomi yapılan primipar kadınların doğum sonrası konforu ve fiziksel semptomları gözlemlendiğinde, epizyotominin yan etkilerinin bazı kadınlarda hala devam ettiği ve yaşam konforlarının azaldığı görüldü. Kadınlara gebelikten itibaren perineal bakım yöntemleri konusunda eğitim verilmesi ve bakım sağlanması kadın sağlığının korunması için önemlidir. Böylece, hastanede ve evde yapılan doğumlarda gereksiz epizyotomiler engellenebilir.

Anahtar kelimeler: Epizyotomi, Fiziksel semptomlar, Doğum sonrası rahatlık, Doğum sonrası iyileşme, Primipar



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INTRODUCTION

An episiotomy, an incision made along the perineum to facilitate delivery, is a common obstetric procedure. Factors related to episiotomy are parity, maternal delivery position, induction delivery, fetal weight, fetal malpresentation, malposition, instrumental delivery, shoulder dystocia, and risk of perineal injury (Dahlen et al., 2013; Fernando, 2007). The International Federation of Obstetrics and Gynecology recommends that episiotomy should not be performed unless necessary (FIGO, 2012; Logue et al., 2022). Episiotomy rate changes drastically across countries: The lowest rate is recorded as 9.7% in Sweden, while Taiwan has the highest rate at 100% (Graham, Carroli, Davies, & Medves, 2005). It varies between 41.5% and 97% in Turkey and other countries (Rasouli, Keramat, Khosravi, & Mohabatpour, 2016; Abedzadeh-Kalahroudi, Talebian, Sadat, & Mesdaghinia, 2019).

Episiotomy can cause short-term and long-term complications such as hematoma, infection, abscess, dyspareunia, and persistent perineal pain. This situation negatively affects the interaction between mother and baby, sexual activity, breastfeeding, and daily life activities of the mother by disrupting the comfort of mothers (Fernando, 2007; Dahlen et al., 2013); (Robinson, Norwitz, Cohen, McElrath, & Lieberman, 2016). Despite the evidence on the debilitating effects of postpartum perineal pain caused by episiotomy, problems associated with perineal trauma, such as oedema and sexual activity, are underestimated (Öztürk & Özerdoğan, 2020). Thus, determining how mothers' physical health and comfort levels in the postpartum period are influenced by episiotomy is very important in identifying and solving the problems experienced by women in the postpartum period (Çapık, Özkan, & Apay, 2014). The postpartum period consists of three stages: The first or acute period includes the first 6-12 hours after birth. This is a time of rapid change with the potential for immediate crises such as postpartum haemorrhage, uterine inversion, amniotic fluid embolism, and eclampsia. The second stage is the subacute postpartum period, which lasts 2-6 weeks. At this stage, the body undergoes major changes in terms of hemodynamics, genitourinary recovery, metabolism, and emotional state. The third stage is the delayed postpartum period, which can last up to 6 months. It is time for muscle tone and connective tissue to return to the pre-pregnancy

state (Romano, Cacciatore, Giordano & La Rosa, 2010). However, studies investigating long-term or longitudinal changes in women's experiences during the complete postpartum period (the first six months after birth) are scarce.

This study aimed to reveal the episiotomy-related physical problems and comfort levels of primiparous women in the postpartum period, encompassing all three stages described above.

MATERIALS AND METHODS

Research Type

It is a descriptive clinical follow up study. Three time points (1st, 3rd, and 6th months) were observed during the following six months of giving birth: Primipara women.

Study Population and Sample

The study consisted of 32 primiparous women who had episiotomy repair. The study conducted at the Eskişehir State Hospital Women's Health Clinic and study population consisting of a total of 566 patients.

Unable to communicate in Turkish (17 patients), terminated the lactation process (34 patients), without a partner or spouse (4 patients), multiparous pregnant women (156 patients) a total of 211 patients were excluded from the scope of the study. From the remaining 355 patients, 32 patients to be included in the study were selected using a random number table. There was no sample loss during the study process. The participants were selected with a random sampling method, one of the non-probability sampling methods. The power of the study was calculated over the G*Power 3.1.9.7, and the effect width of the study was calculated to be 1.39. Accordingly, the power of the study, which was completed with 32 people at a significance level of 0.05, was found to be 1.39, and the effect width was 99.9%. Inclusion criteria for the study; Women between the ages of 18-45 who gave birth in the hospitals where the research was conducted or gave birth outside the hospital but came to the outpatient clinic in the 1st month postpartum with the problem of episiotomy, women who are with mediolateral episiotomy (those without anal sphincter rupture), women who speak Turkish clearly, who are still breastfeeding (this choice was made considering the factor of faster healing of the reproductive organs with the effect of breastfeeding), and who are with a sexual partner or spouse (including the effects of sexuality in

perineal traumas) were included in the study.

Place and Time

The study was conducted between 10 July 2022 and 20 January 2023 in Eskişehir a state Hospital.

Data Collection Tools

Personal information form, Postpartum Comfort Scale, and Postpartum Physical Symptom Severity Scale were applied at 1st data collection time point. At timepoint 2 (3rd months) and timepoint 3 (6th months), the Postpartum Follow-up form, which includes 6 questions about episiotomy recovery, was used.

Personal Information Form: The following features were questioned with this questionnaire; age, living place, economic status, education status, place of birth, attending pregnancy school, perineum massage during the last trimester, applying to the gynecology clinic after birth and its reason, performing a healing procedure in the episiotomy area.

Postpartum Comfort Scale: It was developed by Karakaplan and Yıldız (2010) to determine postpartum comfort. The scale is Likert-type and consists of 34 items. The lowest score to be taken from the scale is 34, and the highest score is 170. The scale has three sub-dimensions: physical, psychospiritual, and sociocultural. The Cronbach Alpha reliability of the scale was found to be .78 for the total WHO. In this study, the Cronbach Alpha coefficient was .90.

Postpartum Physical Symptom Severity Scale: The Turkish validity and reliability of the scale developed by Chien, Tai, Hwang, and Huang in 2009 to determine the frequency and continuity of postpartum physical symptoms was performed by Arkan & Egelioglu Çetişli (2017). The scale consists of 18 items in a four-point Likert type. The total score that can be obtained from the scale is at least 0 and at most 54, and an increase in the score indicates that the severity of the physical symptoms experienced in the postpartum period is high. The Cronbach's alpha value of the scale was determined by Chien et al. (2009). It was found to be 0.77 by Arkan & Egelioglu Çetişli (2017). In this study, the Cronbach Alpha coefficient was 0.79. and .72

Research Process

The women selected for the sample group at the end of the postpartum 1st month were included in the study by the researcher in the obstetrics

outpatient clinic. The sample group was invited to the outpatient clinic by telephone in the 3rd and 6th months postpartum. We collected data by face-to-face interviews with the Physical Symptom Severity Scale, Postpartum Comfort Scale, and Postpartum Follow-up form. The researcher informed mothers about the study, and written consent from the mothers who agreed to participate in the study was received. The purpose of the study was explained to the mothers, and it was explained that they were free to participate in the study in line with the principle of voluntariness, that they could withdraw at any time, and that their answers would be kept confidential.

Ethics Consideration

Ethical approval was retrieved from Beykent University Publishing Ethics Committee for Social Sciences and Humanities (Date: 01.07.2022, and Approval Number: 2) in July 2022. Data collection was run between July 2022 and January 2023 in a state hospital. This hospital was chosen because of the presence of a team supporting this study and the area's high fertility rate.

Data Analysis

The study data consists of 32 people. Analyzes were made using the IBM SPSS Statistics 28 package program. While evaluating the study data, frequencies (number, percentage) for categorical variables and descriptive statistics (mean, standard deviation, minimum, maximum) are given for numerical variables. The normality assumption of numerical variables was examined with the Kolmogorov-Smirnov test of normality, and it was found that they were not normally distributed. For this reason, non-parametric statistical methods were used in the study. The differences between more than two dependent and two-state variables were examined with Cochran's Q Test. The relationships between two independent numerical variables were interpreted with Spearman's Rho Correlation coefficient. Differences between more than two dependent numerical variables were checked with Friedman's Analysis. Statistical significance was interpreted at the 0.05 level in the analysis. Reliability results for the scales used in the study were calculated, and all scales were found to be reliable ($\alpha > 0.700$).

RESULTS**Table 1. Distribution of the Characteristics of the Personal Information Form**

Variables	N=32	%
Age (Mean ± SD=26.53 ± 4.29)		
18-26 Age	16	50.0
27-36 Age	16	50.0
Living place		
Province	23	71.9
District	8	25.0
Village	1	3.1
Economic Status		
Less Than Minimum Wage	4	12.5
Equal to Minimum Wage	7	21.9
More Than Minimum Wage	21	65.6
Education Status		
Primary School	1	3.1
Secondary School	1	3.1
High School	13	40.6
University	17	53.1
Gave Birth		
I gave birth in the hospital	31	96.8
I did not give birth in the hospital	1	3.2
Have you ever been to a maternity school?		
Yes	2	6.3
No	30	93.8
I have done perineum massage during pregnancy	7	21.9
I didn't perineum massage during pregnancy	25	78.1
What did you use to heal the episiotomy?		
Baticon	9	28.1
Parasetamol	12	37.5
Warm application	2	6.2
Cold application	3	9.3
Vegetable oils	3	9.3
Antibiotik	2	6.2
Tap water	1	3.1
I visited the obstetrics and gynaecology clinic after an episiotomy?	19	59.4
I have no visited the obstetrics and gynaecology clinic after an episiotomy?	13	40.6
Performing a healing procedure in the episiotomy area (n=19)		
Pain in the suture	8	42.1
Infection in suture	1	5.2
Tension at the episiotomy site	1	5.2
Hemorrhage	1	5.2
Pain during sexual intercourse	7	36.8
Pregnancy Status	1	5.2

When Table 1 is examined, the age group of 50% of the people participating in the study is 18-26, while 50% of them are 27-36 years old. In addition, the mean age and standard deviation of the individuals were 26.53 ± 4.29 years. 71.9% of them live in the province. 65.6% of them have an income above the minimum wage. While the education level of 40.6% is high school, 53.1% is university. 15.6% of them had a pregnancy loss. 6.3% of them went to pregnancy school. 65.6% of them exercised during pregnancy. 21.9% of them

performed perineal massage during pregnancy. 75% of them had a fear of childbirth before they were born. Episiotomy was applied to all of them at birth. Enema was applied to 43.8% of them at birth. Pain-increasing drugs were given to 56.3% of them. During delivery, hand pressure was applied to the abdomen of 65.6% of them. Vacuum was applied to 3.1% of them at birth.

Table 2. Descriptive Statistics on Postpartum Comfort Scale and Sub-Dimension Scores

	Mean	SD	Min	Max	Fr; p	Difference
Postpartum Comfort Scale 1st M.	122.78	18.34	89.00	163.00	37,730; 0,000*	1st<2nd,3th
Postpartum Comfort Scale 2nd M.	125.81	18.80	99.00	168.00		
Postpartum Comfort Scale 3th M.	129.22	21.35	99.00	169.00		
Physical Comfort 1st M.	47.50	9.39	31.00	65.00	22,372; 0,000*	1st<3th
Physical Comfort 2nd M.	48.41	9.48	33.00	65.00		
Physical Comfort 3th M.	49.84	11.60	33.00	70.00		
Psychospiritual Comfort 1st M.	43.13	5.00	27.00	50.00	23,193; 0,000*	1st<3th
Psychospiritual Comfort 2nd M.	44.25	4.85	29.00	50.00		
Psychospiritual Comfort 3th M.	44.69	4.80	29.00	50.00		
Sociocultural Comfort 1st M.	32.16	7.27	18.00	49.00	25,145; 0,000*	1st<3th
Sociocultural Comfort 2nd M.	33.16	7.51	18.00	50.00		
Sociocultural Comfort 3th M.	34.69	8.52	21.00	50.00		

Fr: Friedman’s Test *:p<0.05 1st M.=1st Month Measurement 2nd M.= 3thMonth Measurement 3th M. =6th Month Measurement

Considering the Postpartum Comfort Scale scores as a result of the Friedman Analysis applied, it was seen that there was a statistically significant difference ($p < 0.05$) between the Postpartum Comfort Scale, Physical Comfort, Psychospiritual Comfort, and Sociocultural Comfort scores at the

1st month, 3rd month and 6th month. It was found that the Postpartum Comfort Scale and sub-dimension scores at the 3rd and 6th months were statistically significantly higher than the Postpartum Comfort Scale and sub-dimension scores at the 1st month.

Table 3. Examining the Differences in Postpartum Physical Symptom Severity Scale Scores

Postpartum Physical Symptom Severity Scale Scores	Mean	SD	Median	Min	Max	Fr	p
First Measurement	9.19	5.37	8.50	1.00	20.00	47.400	<0.001*
3rd Month	4.16	3.65	3.00	0.00	13.00		Difference:
6th Month	2.94	3.15	2.00	0.00	10.00		

Fr: Friedman’s Analysis *p<0.05, F=first measurement

When Table 3 is examined, the mean and standard deviation of the first measurement Postpartum Physical Symptom Severity Scale scores of the participants in the study were 9.19 ± 5.37 in the first measurement, 4.16 ± 3.65 in the 3rd month and 2.94 ± 3.15 in the 6th month.

As a result of Friedman’s analysis applied, there was a statistically significant difference between

the first measurement, 3rd and 6th month Postpartum Physical Symptom Severity Scale scores of the participants ($p < 0.05$). Accordingly, the first measurement Postpartum Physical Symptom Severity Scale scores of the participants in the study were statistically significantly higher than the Postpartum Physical Symptom Severity Scale scores at the 3rd and 6th months.

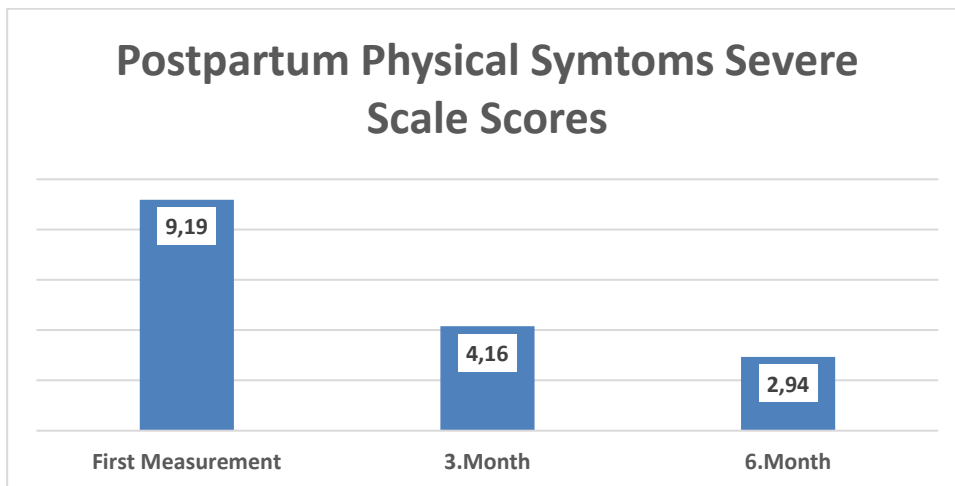


Figure 1. Examination of Differences in Postpartum Physical Symptom Severity Scale Scores

Table 4. Distribution of Features Related to Postpartum Follow-up Form

	1st Month		3rd Month		6th Month		CQ	p
	n	%	n	%	n	%		
There is pain in the episiotomy area	2	87.5	16	50.0	11	34.4	20.8 18	<0.001* Difference: F>3, 6
There is no pain in the episiotomy area	4	12.5	16	50.0	21	65.6		
I have tissue tightness in the episiotomy area	2	71.9	16	50.0	11	34.4	12.1 11	0.002* Difference: F>6
I have no tissue tightness in the episiotomy area	3	28.1	16	50.0	21	65.6		
Episiotomy area healed Completely	9	28.1	19	59.4	25	78.1	23.0 59	<0.001* Difference: F<3, 6
Episiotomy area Not healed	2	71.9	13	40.6	7	21.9		
I apply healing therapies to the episiotomy area	3	96.9	24	75.0	8	25.0	29.7 86	<0.001* Difference: F>3, 6
I'm not apply healing therapies to the episiotomy area	1	3.1	8	25.0	24	75.0		

CQ: Cochran's Q Test *p<0.05, F=first measurement

Upon reviewing the table, the incidence of pain in the episiotomy area was 87.5% during the initial measurement, which decreased to 50% at the 3-month mark, and further reduced to 34.4% at the 6-month mark.

While the rate of those with pain in the episiotomy area was 87.5% at the first measurement, it was 50% at the 3rd month and 34.4% at the 6th month. While the rate of those with tension in the episiotomy area was 71.9% in the first measurement, it was 50% in the 3rd month and 34.4% at the 6th month. While the rate of all the stitches in the episiotomy area healed was 28.1% in the first measurement, it was 59.4% in the 3rd month and 78.1% in the 6th month. While the rate

of those who applied healing to the episiotomy area was 96.9% in the first measurement, it was 75% in the 3rd month and 25% in the 6th month. As a result of the applied Cochran's Q Test, there was a statistically significant difference between the pain conditions in the first measurement, 3rd month, and 6th month episiotomy region (p<0.05). Accordingly, the rate of those who had pain in the episiotomy area at the first measurement was statistically significantly higher than the rate of those who had pain in the episiotomy area at the 3rd and 6th months.

As a result of the applied Cochran's Q Test, there was a statistically significant difference between the tension in the first measurement, 3rd month

and 6th month episiotomy region ($p < 0.05$). Accordingly, the rate of those with tension in the episiotomy area at the first measurement was statistically significantly higher than the rate of those with tightness in the episiotomy area at the 6th month.

As a result of the applied Cochran's Q Test, there was a statistically significant difference between the states of the sutures in the first measurement, 3rd month, and 6th month episiotomy region ($p < 0.05$). Accordingly, the rate of those whose stitches were completely healed in the episiotomy area at the first measurement was statistically significantly less than the rate of those whose stitches were completely healed at the 3rd and 6th months.

As a result of the applied Cochran's Q Test, there was a statistically significant difference between the first measurement, the 3rd month, and the 6th month episiotomy treatment application status ($p < 0.05$). Accordingly, the rate of those who applied healing to the episiotomy area in the first measurement was statistically significantly higher than the rate of those who applied healing to the episiotomy area at the 3rd and 6th months.

Table 5. Research of the Relationships Between Postpartum Physical Symptom Severity Scale Scores and Postpartum Comfort Scale (DSKÖ) and Sub-Dimension Scores

		Postpartum Physical Symptom Severity Scale		
		1st Month	3rd Month	6th Month
Postpartum Comfort Scale	r	-.536**	-.600**	-0.247
	p	0.002	<0.001	0.173
Physical Comfort	r	-.539**	-.663**	-0.220
	p	0.001	<0.001	0.225
Psychospiritual Comfort	r	-0.336	-0.217	-0.225
	p	0.06	0.233	0.215
Sociocultural Comfort	r	-.371*	-.474**	-0.149
	p	0.037	0.006	0.417

r: Spearman's Rho Correlation Coefficient * $p < 0.05$ ** $p < 0.01$

When Table 5 is examined, the Spearman's Rho correlation analysis reveals a statistically significant, negative, and moderate correlation among the study participants between the scores of the Postpartum Comfort Scale (WHO) and the

Postpartum Physical Symptom Severity Scale scores at both the first measurement and the 3rd month.

There is a statistically significant negative and moderate correlation between Postpartum Comfort Scale (WHO) scores and the first measurement and 3rd-month Postpartum Physical Symptom Severity Scale scores.

There is a statistically significant negative moderate correlation between the scores of the Physical Comfort sub-dimension and the scores of the first measurement and the 3rd-month Postpartum Physical Symptom Severity Scale.

A statistically significant negative moderate correlation exists between the Sociocultural Comfort sub-dimension scores and the first measurement and 3rd-month Postpartum Physical Symptom Severity Scale scores.

DISCUSSION

In this research, it is seen that the majority of women did not attend pregnancy school, did not receive perineal massage, applied to the hospital for episiotomy in the last 6 months, and the reason for the application was mostly perineal pain. The mean and standard deviation of the In this study, the participant's scores on the Postpartum Comfort Scale averaged 122.78 ± 18.34 . This one is comparable to the total score reported in Çapık's study (2014), which was 118.28 ± 13.62 . Similarly, Semerci's study (2019) recorded scores of 121.78 ± 12.46 , aligning closely with the present study's findings. These consistent results may be attributable to the perception among women that their and their newborn's health is well-managed while in the hospital. Additionally, the sense of empowerment experienced by primiparous women who undergo vaginal birth for the first time could also contribute to these scores (Özöztürk et al., 2022; Kim & Chae, 2023).

In the study, it was found that the severity of physical symptoms decreased statistically significantly in the 6th postnatal month compared with the first month and the 3rd month. In the study of Arkan et al. (2017), these scores were found to be 9.07 ± 5.65 , while the first and second application measurements were 6.86 ± 5.57 and 6.03 ± 5.94 , respectively. In another study by Ugurlu, Acavut, Yesilçinar, and Karasahin (2021), while it was 7.85 ± 4.45 on the first postnatal day, it was measured as 6.21 ± 5.16 in the 4th and 6th weeks. These results are similar to our study.

Because the episiotomy is both a deep incision and located in a region that causes restriction of movement, the recovery of symptoms is delayed (Shojae, Dawati, & Zayeri, 2009). The results of our study, which showed that there were still women who did not recover at 6 months, support this information. In addition, the fact that the women who participated in the study did not attend pregnancy school and did not perform prenatal perineal massage may have caused late recovery. The highest score that can be obtained from the scale is 54 and defines the most severe symptoms. In this case, the studies indicate that the women in these studies experienced moderate postnatal violence.

The incidence of pain in the episiotomy area among women in this study decreased by 61% at the end of the 6th month compared to the first month. In the study conducted by Karaçam, Ekmen, Çalışır, and Şeker (2014), it was found that undergoing an episiotomy increases the likelihood of experiencing frequent perineal pain by approximately five times (OR, 5.07; 95% CI, 3.15-8.15) and twice the probability of severe perineal pain (OR, 2.26; 95% CI, 1.79-2.86) (Karaçam et al., 2014). Shojae et al. (2009) followed up on the perineal pain between the first day and three months postpartum and reported that the pain was 96.4% on the first day, 63% after 10 days, and 12% after 3 months. Although Shojae's results are similar to ours with the first two measurements, cultural beliefs (some religions and societies recommend not having sexual intercourse with women for 40 days postpartum) that cause women to recover so quickly at the end of the 3rd month (Cox, 1988) and healing methods (Centaur oil, olive oil, hot-cold applications, wound healing ointments) (Erbaba & Pinar, 2016). The study of Chang et al., on the other hand, shows that episiotomy pain continues at 1, 2, and 6 weeks postpartum, and urinary incontinence continues at 3 months postpartum (Chang, Chen, Lin, Chao, & Lai, 2010).

The mechanical effect of straining during childbirth, and traumatic or invasive vaginal deliveries cause tension and strain on the nerves, muscles, fascia, and ligaments in the pelvic floor, causing changes in the structure and function of the pelvic floor (Öztürk & Özerdoğan, 2020). The proportion of women with tension in the episiotomy area decreased by 52.1% at the end of the 6th month compared to the first month.

The scar tissue formed at the episiotomy site

causes perineal tension (Kaya Şenol & Aslan, 2015; Öztürk & Özerdoğan, 2020). Women in this situation mostly complain of dyspareunia. In this study, 36.8% of people suffered from dyspareunia. In Shojae's study, dyspareunia was reported as 100%, 66%, and 31.2% after 10, 40 days, and 3 months, respectively (Shojae et al., 2009). These results are similar to the results of our study. In the study of Ejegard et al., episiotomy can still affect the sexual life of women in the postpartum second year with more frequent pain and vaginal dryness during sexual intercourse (Ejegård, Ryding, & Sjögren, 2008). This result shows that longer-term studies on episiotomy provide more impressive results.

Wound healing is a complex process consisting of hemostasis/inflammation, proliferation, and remodeling phases. Wound healing shows individual changes due to the factors it affects (Peng-Hui, Ben-Shian, Huann-Cheng, Chang-Ching, & Yi-Jen, 2018). In this study, while the rate of all the stitches in the episiotomy area healed was 28.1% at the first measurement, it was 59.4% at the 3rd month and 78.1% at the 6th month. In a study, the rate of those who have problems with wound healing at the end of the postpartum third week is expressed as 31% and delays in wound healing as 21% (Cetişli, Işık, Kahveci, Hacilar, 2020). Accordingly, in our study, it was observed that women recovered later. As a result of the literature review, it has been revealed that there are limited research findings on the healing of episiotomy wounds, and it has been understood that new studies should be done on this subject (Çobanoğlu, & Şendir, 2019).

In this study, the rate of those who applied healing to the episiotomy area was 96.9% in the first measurement, while it was 75% in the 3rd month and 25% in the 6th month, and paracetamol was used at the highest rate of 37.5% in the healing. Studies have been carried out in wound healing such as Verbascum Thapsus (Taleb & Saedi, 2021), Lavender oil (Abedian, Abedi, Jahanfar, Iravani, & Zahedian, 2020), Paracetamol (Abalos, Sguassero, & Gyte, 2021), cold application (East, Dorward, Whale, & Liu, 2020), Nonsteroidal anti-inflammatory (Wuytack, Smith, & Cleary, 2021) indicates different application.

There is a statistically significant, negative, and moderate correlation between Postpartum Comfort Scale scores and the first measurement and 3rd-month Postpartum Physical Symptom Severity Scale scores. In other words, as

postpartum physical symptom severity increases, postpartum comfort decreases. While our postpartum comfort scale score was 122.78 and above the middle, it was similarly 121.78 ± 12.46 in Semerci's study (2019). In addition, Aksoy & Pasinlioglu (2017) and Çapık et al. (2014) found that the comfort level of mothers in the postpartum period was moderate. In some studies, it has been determined that the comfort level of mothers is at a good level (Karakaplan & Yıldız, 2010). Most of the mothers who participated in our study have a good income level and education level above high school. Therefore, their awareness is thought to be high, and their comfort level is good. In addition, the fact that 19 of the mothers applied to the hospital shows that they encountered discomfort-disturbing factors.

In this study, as the Postpartum Physical Symptom Severity Scale scores increase, the physical Comfort sub-dimension scores decrease. It has been observed that the most common symptoms experienced by mothers in the early postpartum period are perineal pain and insufficient sleep, which reduces the quality of life of the mother (Ugurlu et al., 2021). In the study of Arkan, the comfort level of mothers who gave birth vaginally was found to be lower than those who gave birth by cesarean section (Arkan et al., 2017). In Lai's study, pain scores at the 24th hour and the fourth week were found to be lower in mothers who delivered vaginally (Lai, Hung, Stocker, Chan, & Liu, 2015). In the study of Şahin & Sinan (2021), it was observed that mothers with high comfort breastfeed more successfully. The results support our study because symptoms such as perineal pain and tension impair the postpartum comfort of the mother (Fernando, 2007; Dahlen et al., 2013; Robinson et al., 2016).

This study shows a statistically significant negative moderate correlation between sociocultural Comfort sub-dimension scores and the first measurement and 3rd-month Postpartum Physical Symptom Severity Scale scores. As the Postpartum Physical Symptom Severity Scale scores increase, sociocultural comfort scores decrease. In one study, having an episiotomy during a vaginal delivery was associated with a reduced quality of life after delivery (Kohler et al., 2018). In countries such as China and Jamaica, postpartum rituals require women not to get out of bed, bathe, read books, or eat certain foods, and women's sociocultural life is negatively affected in these cultures (Cox, 1988). In the study of He et

al. (2020), women were presented with their views on episiotomy, and they stated that they had difficulty performing many daily functions due to limitations such as pain, posture disorder, and constipation (He, Jiang, Qian, & Garner, 2020). Societal norms assume that women will not complain about childbirth. There is a teaching that pain and suffering are a necessary part of childbirth and a test in the life of women (He, Jiang, Qian, & Garner, 2020). For this reason, it is thought that they may have abstained from describing their pain in this study.

CONCLUSION

In this study, it was determined that episiotomy symptoms, which negatively affect the postpartum comfort of primiparous women, gradually improved until the sixth month postpartum, and the rate of women experiencing pain/tension and applying to the outpatient clinic to heal the perineum decreased.

In antenatal care, open communication should be established with pregnant women in order to facilitate the adaptation of pregnant women to birth and to protect them from preventable risks that may occur during birth. Individual perineal care training should be provided in addition to routine pregnancy training. These teachings will not only enable the pregnant woman to cooperate more easily with the birth team but will also increase the number of trauma-free births.

Closely following the current literature by health professionals actively involved in birth will enable them to carefully evaluate pregnant women who will not need intervention during labor, perform episiotomy at a lower rate, and may help reduce the risks arising from an episiotomy. Knowing the relationship of episiotomy to women's health and its long-term negative consequences may encourage the obstetric team to better analyze the 'pros and cons' before performing an episiotomy. In addition to face-to-face follow-up to monitor the recovery in the postpartum period, postpartum monitoring and counselling with more technological methods, such as remote healthcare monitoring, can also protect women with episiotomy from turning to risky practices. For this reason, midwives and nurses must provide periodical care to women in the hospital and at home starting from pregnancy to involve postpartum comfort and decrease severe physical symptomology. In future studies, episiotomy healing should be monitored in different

populations and over extended periods.

Ethics Committee Approval

Ethics committee approval was received for this study from the Beykent University Scientific Research And Publication Ethics Committee For Social And Human Sciences (Date: 01.07.2022 and Approval Number: 2).

Author Contributions

Idea/Concept: H.T.; Design: H.T.; Supervision/Consulting: H.T., S.T.; Analysis and/or Interpretation: H.T., S.T.; Literature Search: H.T., S.T.; Writing the Article: H.T., S.T., A.G.; Critical Review: H.T., A.G.

Peer-review

Externally peer-reviewed.

Conflict of Interest

The authors have no conflict of interest to declare.

Financial Disclosure

The authors declared that this study has received no financial support.

Acknowledgments

We thanks to Zeynep SUATA for editing of language.

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