

Empowering Primiparous Women: Strategies for Perineal Health Self-Care

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Abstract—Background: Self-care practices aimed at perineal health have gained attention for their potential to bolster postpartum recovery, alleviate discomfort, and forestall enduring issues. Objective This study aimed to investigate the multifaceted dimensions of self-care practices for perineal health among Primiparous Women. Method: Employing a descriptive-analytic (cross-sectional) approach, the research involved 260 Primiparous Women at a Maternity Teaching Hospital in Sulaimani City. Data collection transpired over four consecutive months from September 2022 to March 2023 through direct interviews employing a questionnaire encompassing Maternal Demographic Characteristics and Postnatal Self-care practices. The results revealed that the postnatal self-care practice awareness was diverse: 45.4% displayed poor awareness, 44.2% exhibited fair awareness following an episiotomy, and 10.4% showcased good awareness. In conclusion, this study underscores the significance of addressing perineal health via self-care practices, given their potential for augmenting postpartum recovery, alleviating discomfort, and averting long-term complications. The research accentuates an alarming trend in postnatal self-care practice awareness, highlighting a substantial portion of participants with limited awareness. This underscores the urgency of targeted interventions and educational efforts to cultivate enhanced self-care practices among Primiparous Women, fostering better perineal health outcomes.

Keywords: Self-Care Practices; Perineal Health; Primiparous Women

Introduction:

The perineum, a critical anatomical region between the vagina and anus, undergoes substantial stress and potential trauma during childbirth, paramount in women's postpartum recovery and overall well-being (Andrews, 2018). Primiparous women, who are experiencing motherhood for the first time, navigate a unique journey characterized by both excitement and challenges. Ensuring optimal perineal health becomes an essential aspect of their postpartum care regimen. Self-care practices, encompassing a wide array of physical, emotional, and psychological strategies, have emerged as vital tools in promoting women's health and well-being, particularly postpartum (Cheng et al., 2020).

The significance of self-care practices for perineal health in primiparous women extends beyond immediate postpartum recovery. Effective perineal self-care can prevent complications such as perineal pain, infections, and long-term pelvic floor issues (Dahlen et al., 2018).

In their research published in 2022, Lazarus and colleagues drew upon established literature concerning perineal care, self-care methodologies, and postpartum recovery. Their study aimed to thoroughly analyze the self-care panorama related to perineal health among first-time mothers. Also, the investigation sought to illuminate the array of practices embraced by these novice mothers while elucidating the underlying factors that mould their decision-making processes (Lazarus et al., 2022).

Sometimes, nurse-midwives do not have a prominent role during the postpartum period; the nurse must monitor the patient for pain and urinary incontinence. Mothers must be trained to take sitz baths and clean the perineum. If swelling, you have to apply ice packs, which will also reduce the pain. The sutures used to close an episiotomy do not need to be removed and are absorbed into the tissue within 6 to 8 weeks, and mothers must learn how to perform Kegel exercises to tone the pelvic floor muscles (World Health Organization, 2022).

However, despite the potential benefits, there is a gap in understanding the specific self-care practices primiparous women engage in to maintain and promote perineal health.

This study addresses this gap by delving into perineal self-care practices among primiparous women. By examining the various dimensions of self-care behaviours, sources of information, and perceived barriers, This study seeks to offer a valuable understanding of the tactics employed by new mothers in tending to their perineal region. These insights are intended to contribute to developing informed and evidence-based postpartum care recommendations that empower primiparous women to make informed decisions about their perineal health.

Methods

Study Design: A cross-sectional descriptive-analytical study occurred at Sulaimani Maternity Teaching Hospital, the primary governmental and largest maternity facility in Sulaimani City.

Sample Selection: 260 postnatal women were chosen using a non-probability purposive sampling method. The study was conducted between September 2022 to March 2023.

Eligibility Criteria: The inclusion criteria comprised women of all ages who experienced their first pregnancy and had a vaginal delivery. Participants need to have given birth to either a full-term or preterm baby. Additionally, willingness to take part in the study was a requirement. Exclusion criteria involved mothers who had a cesarean section and those who were not proficient in speaking Kurdish.

Data Collection Tools: A researcher-developed questionnaire consisting of four sections was employed for data collection: Maternal Demographic Characteristics, Episiotomy History, and Postnatal Self-care Practices (encompassing Perineal Hygiene, Nutrition, Alleviating Perianal Discomfort and Perineal Pain, Positioning and Movement, Pelvic Floor Muscle Exercises). Responses were categorized as "No" (0) or "Yes" (1), resulting in a total score range of 0 to 260.

Scoring and Classification: Practice scores were divided into three categories: good practice ($\geq 75\%$) with a score range of 195-260, fair practice ($50\% < 75\%$) with a score range of 130-194, and poor practice ($< 50\%$) with a score range of 0-129.

Data Collection Process: Data were collected through face-to-face interviews using a structured questionnaire. Participants were introduced to the study's objectives after confirming eligibility and obtaining verbal consent. The interviews occurred over four months, from June 2021 to October 2021, with each interview lasting approximately 10-15 minutes.

Data Analysis: Descriptive and inferential statistics were used to analyze the data, employing the SPSS program version 22. The significance of the test was determined based on specific probability levels:

Highly significant ($p \leq 0.001$)

Significant ($p \leq 0.05$)

Nonsignificant ($p > 0.05$).

Result

Table 1 presents a clear and concise overview of the demographic characteristics of the participants in the study, including their age, education, occupation, and place of residence. The data is well-organized and provides a quick snapshot of the sample's composition. The highest frequency of participants falls within the "18 – 25" age group, constituting the majority of the sample at 64.2%. The smallest percentage of participants is in the "< 18" age group, accounting for 5.0% of the total.

Most participants have completed either secondary school (44.2%) or institution/college (40.8%), reflecting a relatively higher educational level within the sample. The smallest percentage of participants is in the "Illiterate" category, only 1.9% of the sample. The distribution of education levels provides an overview of the educational diversity of the participants.

The participants' occupation status is divided into "Employed" and "Housewife."

The vast majority of participants are categorized as "Housewives," making up 98.1% of the sample. A very small percentage of participants fall under the "Employed" category, comprising only 1.9%.

The highest percentage of participants reside in urban areas, constituting 75.0% of the sample.

The "Suburban" category contains 22.7% of participants, while the "Rural" class has the most minor representation at 2.3%.

Table (1): Distribution of the study sample according to their socio-demographic characteristics

	Groups	Frequency	Percent
Age(Years)	<18	13	5.0
	18 – 25	167	64.2
	>25	80	30.8
	Mean±S.D	23.13± 3.47	
LevelEducation	Illiterate	5	1.9
	PrimarySchool Graduated	34	13.1
	Secondary School Graduated	115	44.2
	Institution and College Graduated	106	40.8
	Occupation	Employed	5

	Housewife	255	98.1
Residence	Urban	195	75.0
	Suburban	59	22.7
	Rural	6	2.3
Total		260	100.0

Table (2) provides an overview of Postnatal Self-care practices concerning Perineal Hygiene. Within the sample, it was observed that 33.85% did not engage in handwashing before and after perianal care. Only 40% of participants cleaned the perineum from either the front or back. Additionally, a majority (83.85%) employed plain warm water for perineal cleansing, employing a front-to-back pouring technique. Regular bathing or showering for perineal care was reported by 73.85% of respondents. Some participants (24.62%) positioned sanitary pads from front to back to safeguard the inner surface against contamination. Conversely, 10.77% refrained from using toilet paper or towels to gently pat dry the area around the stitches, while 64.23% did so.

Regarding pad changing frequency, 5.38% adhered to changing pads at least 3 to 4 times daily. Air drying the perineum was adopted by only 5.38% of the respondents. A notable proportion (14.23%) chose not to remove the stitches, while 18.08% reported no aversion to observing stitches on their sanitary pads. A small fraction (2.69%) recognized the potential benefits of exposing stitches to fresh air for improved healing. Additionally, a recommended practice of lying on the bed without underwear for 10 minutes once or twice a day was followed by 2.69% of participants.

Table(2):Distribution of the study sample according to Perineal Hygiene

Perineal Hygiene		Fr.	%	Total Score	Result
Washing of hands before and after perianal care(bathroom or changing a sanitary pad)	No	88	33.85	172	Fair
	Yes	172	66.15		
Cleaning of perineum from front to back	No	156	60.00	104	Poor
	Yes	104	40.00		
Use plain warm water to clean your perineum, Pouring warm water from front to back	No	42	16.15	218	Good
	Yes	218	83.85		
Regular bathing and showering, when you can bath or shower, gently wash your stitches with soap and water	No	68	26.15	192	Fair
	Yes	192	73.85		
Place sanitary pads from front to back to protect the inner	No	196	75.38	64	Poor

surface from contamination	Yes	64	24.62		
Using toilet paper or a towel to pat dry over and around the stitch to enough	No	28	10.77	232	Good
	Yes	232	89.23		
A Changing of the pad atleast 3 to 4 times aday	No	167	64.23	93	Poor
	Yes	93	35.77		
Air dryperineum	No	246	94.62	14	Poor
	Yes	14	5.38		
Do not remove the stitch	No	37	14.23	223	Good
	Yes	223	85.77		
When seeing stich on your sanitary pad does not phobia	No	213	81.92	47	Poor
	Yes	47	18.08		
Exposing the stitches to fresh air can help the healing process. Lying on your bed without underwear for 10 minutes once or twice a day may be helpful	No	253	97.31	7	Poor
	Yes	7	2.69		
Total		260	100	Mode	Poor

Nott/Sample(260),Total score(260),No(0),Yes (1)

The scale of the practice of patients was classified as good practice($\geq 75\%$) with a score(of195-260), Fair practice:(50%-<75%) with a score(of130–194), and poor practice(<50%) with score(0–129)

It is evident in Table (3) that 87.69% of the total participants did eat a balanced diet, 96.92% of them did Drink plenty of water (1.5 to 2 L water per day, nearly 8glasses), and 90.77% of all samples did eat fruit, Vegetable and Fluid diet in your diet (to avoid constipation).

Table(3):Distribution of the study sample according to nutrition

Nutrition		Fr.	%	Total Score	Result
Eating balanced diet	No	32	12.31	228	Good
	Yes	228	87.69		
Drinking plenty of water(1.5to2Lwater per day nearly	No	8	3.08	252	Good

8 glasses).	Yes	252	96.92		
Eating fruit, Vegetable and Fluid diet in your diet (to Avoid constipation	No	24	9.23	236	Good
	Yes	236	90.77		
Total		260	100	Mode	Good

Table (4) illustrates postnatal self-care practices to reduce perianal discomfort and perineal pain within the total participation. Among the participants, 3.46% reported sitting in a warm bath (sitz bath) daily, whereas the majority (96.54%) did not adopt this practice. Only 5% of respondents utilized ice-cool packs in 2-3 days to alleviate swelling and discomfort. This involved applying a pack for up to half an hour and allowing at least one hour of rest between applications. It was emphasized that direct contact of the ice-cool pack with the skin should be avoided to prevent potential skin burns; using a towel as a buffer was recommended, a practice not observed by 95% of the participants.

Furthermore, when queried about wearing breathable materials such as cotton and disposable briefs while avoiding tight clothing, 23.46% responded affirmatively, whereas 76.54% indicated otherwise. Sexual intercourse during the initial six weeks postnatal was reported by 17.69% of respondents, while the majority (82.31%) refrained from engaging in sexual activity during this period.

Table (4): Distribution of the study sample according to Reducing Perianal Discomfort and Perineal pain

Reducing Perianal discomfort and perineal pain		Fr.	%	Total Score	Result
Sitina warm bath (sitz bath) daily	No	9	3.46	251	Good
	Yes	251	96.54		
Ice-cool packs used in the first 2-3 days can help reduce swelling and ease discomfort. Apply a pack for up to half an hour at a time and allow at least an hour of rest in between it. The ice-cool pack mustn't be directly in contact with your skin to prevent skin burn, and you can put on a towel	No	247	95.00	13	Poor
	Yes	13	5.00		
Wear breathable materials, like cotton and disposable briefs, and avoid tight clothing	No	199	76.54	61	Poor
	Yes	61	23.46		
Not have sexual intercourse during the first 6 weeks	No	46	17.69	214	Good
	Yes	214	82.31		
Total		260	100	Mode	Poor

Table (5) provides insights into postnatal self-care practices related to positioning and movement. Among the samples, 39.23% employed cushions while sitting to alleviate pain and reduce pressure on the perineum. It's important, however, to limit this practice to no more than 30 minutes, as exceeding this duration may lead to compromised circulation and swelling. Additionally, 55% of participants actively avoided standing and sitting positions that exerted pressure on the affected area. Instead, they opted for positions that minimized strain, such as lying on their side while resting or napping. A subset of respondents (12.31%) laid the bed flat and engaged in side-lying positions, utilizing pillow support for breastfeeding and 'recovery.' Overuse of sitting or propped positions was cautioned against. Further, 73.46% of participants steered clear of activities that could heighten intra-abdominal pressure for 6-12 weeks post-birth. Such activities encompassed straining, lifting, high-impact exercises, sit-ups, and transitioning in and out of bed through a side-lying stance.

In managing urinary urges, 36.92% of participants did not delay emptying their bladder when needed. 44.23% chose chairs, toilet seats, or toilet lids for seating arrangements. A subset (26.15%) ensured their feet were flat on the floor and their legs were slightly apart, while 5.77% leaned forward, resting their elbows on their knees, regarding Pelvic Floor Muscle Exercises. A significant majority (98.1%) did not engage in activities aimed at increasing blood flow to the affected tissue, which is known to expedite the healing process through the utilization and exercise of pelvic floor muscles. Conversely, a small minority (1.9%) actively incorporated Pelvic Muscle Exercises for both the pelvic floor and perineum, involving Kegel exercises wherein they gradually squeezed and held for durations ranging from 5 to 10 seconds, followed by a gradual release. This sequence was repeated ten times.

Table(5): Distribution of the study sample according to positioning and movement and Pelvic Floor Muscle Exercises

Positioning and movement		Fr.	%	TotalScore	Result
Use a cushion when sitting to help decrease pain. It can relieve pressure on your perineum, however, not longer than 30 minutes; this can Cause restricted circulation and swelling.	No	158	60.77	102	Poor
	Yes	102	39.23		
Avoid standing and sitting positions that put pressure on this area; avoid Standing or sitting for long periods, lying on your side while resting or napping.	No	117	45.00	143	Fair
	Yes	143	55.00		
Lying the bed flat and side-lying to rest and breast feed, try a pillow-supported_ recovery position, and avoid over use of sitting/propped positions.	No	228	87.69	32	Poor
	Yes	32	12.31		
Avoid activities that increase intra-abdominal pressure for 6-12 weeks post-birth such as (Straining, lifting, high-impact exercise, sit-ups – moving inand out of bed through aside-lying position)	No	69	26.54	191	Fair
	Yes	191	73.46		
Do not hold on to the urine when feeling the desire	No	164	63.08	96	Poor
	Yes	96	36.92		
Sitona chair, toilet seat, or toilet lid	No	145	55.77	115	Poor

	Yes	115	44.23		
Ensure your feet are flat on the floor and your legs are slightly apart.	No	192	73.85	68	Poor
	Yes	68	26.15		
Lean for ward, resting your elbows on your knees	No	245	94.23	15	Poor
	Yes	15	5.77		
Using and exercising your pelvic floor muscle increases the blood flow to damaged tissue, which helpsspeed up the healing process.	No	255	98.1	5	Poor
	Yes	5	1.9		
Pelvic muscle exercises and the perineum (kegel exercise- Squeeze slowly and hold for between 5 and 10 seconds. Release slowly. Repeat 10 times-)	No	255	98.1	5	Poor
	Yes	5	1.9		
Total		260	100	Mode	Poor

Table 6 presents an overview of Postnatal Self-Care Practices, specifically addressing complications or risks among the entire respondent group. Among the findings, 85% of participants responded affirmatively to feeling unwell or having a temperature. Conversely, 85.77% indicated a negative response to experiencing a smelly discharge. For the situation where stitches were coming apart, and the tear was not healing, 85.38% confirmed the presence of this complication. About 8.08% of participants reported encountering throbbing or swelling in the perineal area. Regarding difficulties in controlling urine or bowel movements, 88.08% acknowledged facing such issues. Lastly, 70% of participants correctly recognized the feeling of severe pain as a post-episiotomy complication.

Table(6): Distribution of the study sample according to Complications or risks

Complications or risks		Fr.	%	Total Score	Result
If you start to feel unwell or have a temperature	No	39	15	221	Good
	Yes	221	85		
You have a smelly discharge	No	223	85.77	37	Poor
	Yes	37	14.23		
Your stitches are coming apart, and the tear is not healing	No	38	14.62	222	Good
	Yes	222	85.38		
The area starts to throb or begins to swell	No	239	91.92	21	Poor
	Yes	21	8.08		

You have problems controlling your urine, or you cannot prevent your back passage	No	31	11.92	229	Good
	Yes	229	88.08		
The feeling of severe pain	No	78	30.00	182	Fair
	Yes	182	70.00		
Total		260	100	Mode	Good

Table (7) provides an overview of the dimensions encompassing the number of questions, range, scoring system, and proficiency levels associated with postnatal self-care practices. Patients' patterns were assessed through 34 questions tailored to postnatal self-care practices. Each response was designated either 'Yes' or 'No,' involving a sample size of 260 participants. Subsequently, participants' practice scores on the questionnaire were computed, spanning a range of 0 (minimum) to 34 (maximum). Correct practices were allocated a score of (1), while incorrect practices were assigned (0).

Table (7): Number of questions, range, scores, and levels of (PostnatalSelf-carepractice)

Items	Postnatal Self-care practice	
Min	0	
Max	34	
Poor(<50%)	0-16	
Fair(≤50%-<75%)	17-25	
Good(≥75%)	26 – 34	
Levels	Fr.	%
Poor	118	45.4
Fair	115	44.2
Good	27	10.4
Total	260	100

Table (8) presents compelling evidence of a statistically significant association between Perineal Hygiene and key variables, including Nutrition, Positioning and Movement, Pelvic Floor Muscle Exercises, and Complications or Risks. This conclusion is drawn from the p-value being less than 0.05 and the corresponding correlation coefficients portraying a relatively weak positive relationship. Notably, the statistical significance between Perineal Hygiene and the mentioned factors (Nutrition, Reducing Perianal Discomfort and Perineal Pain, Positioning and Movement, Pelvic Floor Muscle

Exercises, and Complications or Risks) also emerges due to p-values below 0.05. In these instances, the positive relationships between Perineal Hygiene and the abovementioned factors remain weak, albeit statistically significant, as indicated by p-values greater than 0.05.

However, it's important to highlight that no statistically significant relationship emerges between nutrition and the cluster of (Reducing Perianal Discomfort and Perineal Pain, Positioning and Movement, Pelvic Floor Muscle Exercises, and Complications or Risks). The p-values exceeding 0.05 underscore this absence of significance. Likewise, the connections between nutrition and the mentioned factors exhibit a positively weak correlation but lack statistical significance, as evidenced by p-values greater than 0.05.

Table (8): correlation coefficient of Postnatal Self-care practiceawareness

Post-episiotomy Self-care practice		1	2	3	4	5	6
1	Perineal Hygiene	1	0.124*	0.326**	0.472**	0.156*	0.301**
2	Nutrition		1	0.077	0.026	0.084	0.066
3	Reducing Perianal discomfort and perineal pain			1	0.359**	0.073	0.255**
4	Positioning and movement				1	0.257**	0.341**
5	Pelvic floor muscle exercises					1	0.15*
6	Complications or risks						1
*Statistical significance in $\alpha=0.05$							

DISCUSSION

The present study investigated self-care practices for perineal health among primiparous women, shedding light on essential aspects of postpartum recovery and well-being. The findings offer insights into the prevalence and patterns of self-care behaviours, providing a foundation for understanding the dynamics surrounding perineal health management in this population. Among the crucial factors investigated, perineal hygiene emerged as a significant focus. The research shed light on diverse practices; among the primiparous women in this study, there was a notable deficiency in Self-Care Practices related to perineal care. This deficiency was evident in certain participants' inconsistent adoption of appropriate hygiene routines. This situation gives rise to apprehensions regarding the potential consequences for wound healing, infection prevention, and general perineal well-being. These observations underscore the urgency of implementing targeted interventions and the importance of meticulous and consistent perineal hygiene practices.

The present study revealed that primiparous women exhibited limited engagement in Self-Care Practices regarding perineal care. This discovery resonated with similar research, indicating that more than half of first-time mothers did not adhere to practices such as changing pads more than once a day, proper hand washing, and cleaning the perineum from front to back. These practices were found

to impact the healing process of episiotomies, which aligns with the findings of Ettore G. et al. (2016) and Gamel W. et al. (2020).

Furthermore, our results were consistent with other investigations that showcased a lower percentage of primiparous women employing fresh air for perineal drying, a practice known to expedite the healing of episiotomies, as supported by the research by Darulis N. et al. (2021). However, it's important to note that our findings diverged from the rates reported by Novelia S. et al. (2021). This discrepancy underscores the variability in practices and outcomes observed in different studies.

Furthermore, the study delved into the relationship between nutrition and perineal health. The results indicated Good Self-Care Practices for nutritional self-care, drinking plenty of water, and eating fruit and vegetables. The other study by El-Sayed H. & Aboraiah M. (2020) agrees with our result that three-quarters of cases knew a balanced diet, drinking plenty of water and eating fruits and vegetables to increase healing of episiotomy, and good bowel movement, avoiding constipation.

The investigation also encompassed the evaluation of positioning and movement, recognized as integral facets of self-care. Within this context, a noteworthy proportion of participants exhibited a suboptimal self-care practice, particularly concerning pelvic floor muscle exercises. Additionally, instances of improper positioning and movement were identified, which could potentially influence the healing process of the perineum. This observation aligns with earlier studies by Mohammed, Ahmad & Mohammed (2023) and Doaa M. et al. (2018), corroborating our findings.

Interestingly, in concordance with our results, these studies revealed that less than a quarter of women were knowledgeable about perineal self-care encompassing activities and movement during the postpartum phase. Recognizing this deficit, providing education and guidance concerning optimal postural habits and exercise patterns gains significance. Such interventions can potentially contribute to enhanced outcomes in terms of perineal health. Top of Form
The investigation delved deeper into exercises targeting the pelvic floor muscles, uncovering a limited adoption rate among first-time mothers. These exercises, recognized for their potential to fortify and provide support to the perineal area, thereby aiding in postpartum recovery, were also explored in separate inquiries conducted by Shaghayegh and Atiya (2021), Yount S. et al. (2021), and Elsebeiy F. (2019). These studies confirm that a smaller percentage of women were familiar with Kegel exercises. The observed disparity in implementation underscores the necessity for customized interventions to promote the regular inclusion of pelvic floor exercises into daily routines.

The investigation into complications or risks associated with inadequate perineal self-care practices is of paramount importance. The study demonstrated that many participants engaged in behaviours that could potentially increase the risk of complications. This highlights the critical need for comprehensive education about potential risks and their mitigation, empowering primiparous women to make informed decisions about their self-care practices.

In conclusion, this study comprehensively examines self-care practices related to perineal health among first-time mothers. The results underscore the importance of targeted interventions to promote optimal perineal self-care, encompassing aspects like hygiene, nutrition, positioning, pelvic floor exercises, and risk awareness. Addressing knowledge gaps and encouraging better practices can empower primiparous women for improved postpartum recovery and overall well-being. The study highlights the lack of awareness of postnatal self-care practices, emphasizing the need for educational interventions. Further research and efforts in this area hold the potential to significantly enhance maternal well-being and overall quality of life by improving perineal health outcomes.

Strengths and Limitations

Strengths: This study is the pioneering investigation conducted in Kurdistan and Iraq, thus conferring unique and localized insights. The outcomes of this study possess significant potential for furnishing women with vital information concerning self-care practices, fostering healthier behaviours, and cultivating beneficial lifestyles that contribute to maternal and infant well-being. This can notably facilitate informed decision-making for expectant mothers, ensuring the delivery of healthy newborns.

Limitations: The research encountered several challenges during its execution, which are outlined as follows:

Low Vaginal Birth Rate for Primiparous Women with Episiotomies: A notable limitation was the scarcity of eligible primiparous women with episiotomies who met the study's inclusion criteria. This scarcity hindered the acquisition of an ample sample size.

Short Hospital Stays and Undetected Primigravid Cases: Difficulties arose due to the extended hospital stays of some participants, impeding their return home. Additionally, certain cases of primigravida were not promptly detected, affecting the study's data collection process.

Transportation Challenges, Particularly at Night: The researcher encountered transportation obstacles, particularly during nighttime, which posed logistical challenges in conducting interviews and collecting data.

Financial Constraints and Limited Access to Previous Studies: A prominent constraint pertained to financial resources, particularly acquiring previous studies through Internet access. The absence of a personal account for accessing relevant studies, many of which are available for purchase online, limited the study's reference base.

Ethical Considerations: The research's procedural protocol underwent a thorough evaluation by the Scientific and Ethics Committee at Sulaimani University's College of Medicine, specifically emphasizing the preservation of confidentiality and anonymity for the participants enrolled under reference number 129 on the date of 8th June 2022. After a diligent assessment by the ethical committee panel, the official endorsement was secured, facilitated with oversight from a governing body affiliated with the Maternity Teaching Hospital.

Verbal consent was diligently procured from every participant engaged in the study. Furthermore, stringent measures were enacted to fortify the confidentiality of individualized data throughout the entire study's duration, thus ensuring the uninterrupted preservation of participants' anonymity.

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References:

- [1] Andrews, C. M. (2018). Postpartum perineal care. *American Family Physician*, 97(9), 587-593.
- [2] Cheng, C. Y., Fowles, E. R., & Walker, L. O. (2020). Postpartum maternal health care in the United States: A critical review. *Journal of Perinatal Education*, 29(3), 161-172.
- [3] Dahlen, H. G., Dowling, H., Tracy, M., & Schmied, V. (2018). A retrospective descriptive exploratory study of perineal trauma in women attending a midwifery-led birth centre in Australia. *Birth*, 45(2), 158-167.
- [4] Lazarus, L. M., Chong, M. C., Ramoo, V., Adenan, N. A. B. M., Chinna, K., Li, L. F., & Mohajer, S. (2022). The Effects of Structured Self-Perineal Care Education on Episiotomy Pain Score and Wound Healing Outcome among Primigravida Mothers in Malaysia Urban Area. *Iranian Red Crescent Medical Journal*, 24(10).
- [5] World Health Organization. (2022). WHO recommendations on maternal and newborn care for a positive postnatal experience. World Health Organization.
- [6] Ettore, G., Torrisi, G., & Ferraro, S. (2016). Perineal care during pregnancy, delivery, and postpartum. In *Childbirth-Related Pelvic Floor Dysfunction* (pp. 115-134). Springer, Cham.
- [7] Gamel, W., Genedy, A., & Hassan, H. (2020). Impact of puerperal sepsis self-care nursing guide line on women's knowledge and practices. *American Journal of Nursing Research*, 8(2), 132-141.
- [8] Darulis, N. O., Kundaryanti, R., & Novelia, S. (2021). The Effect of Betel Leaf Water Decoction on Perineal Wound Healing among Postpartum Women. *Nursing and Health Sciences Journal (NHSJ)*, 1(2), 130-135.
- [9] Novelia, S., Lubis, R., & Sulistiyorini, E. (2021). Knowledge and Practices of Perineal Wound Care among Postpartum Women during COVID-19 Pandemic. *Nursing and Health Sciences Journal (NHSJ)*, 1(3), 198-201.
- [10] Nursing Midwifery Council NMC, 2022. <https://www.nmc.org.uk/concerns-nurses-midwives/hearings/sanctions/sanctions-hearings-june-2022>
- [11] El-Sayed, H. E. S. M., & Aboraiah, M. I. H. (2020). Perception of the mother preparedness about self-care for postpartum period.
- [12] Mohammed, A. K., & Mohammed, A. K. M. A. K. (2023). Post-Episiotomy Self-Care Practice among Primiparous Women attending Maternity Teaching Hospital in Sulaimani/Iraq. *Mosul Journal of Nursing*, 11(1), 123-132.
- [13] Yount, S. M., Fay, R. A., & Kissler, K. J. (2021). Prenatal and postpartum experience, knowledge and engagement with Kegels: a longitudinal, prospective, multisite study. *Journal of Women's Health*, 30(6), 891-901.
- [14] Elsebeiy, F. (2019). Assessment of knowledge regarding postnatal minor discomforts and self-care activities among nulliparous women: suggested guidelines. *Mansour a nursing journal*, 6(2), 167-181.
- [15] Shaghayegh Hamid Reza Hossein Ali and Atiya K. Mohammed. (2021). THE EFFECTS OF ANTENATAL PELVIC FLOOR MUSCLES EXERCISES ON THE LENGTH OF THE SECOND STAGE OF LABOR AMONG PRIMIGRAVIDA WOMEN ATTENDING SULAIMANI MATERNITY TEACHING HOSPITALS FOR DELIVERY. *JSMC*, (Vol 11) No. 2.
- [16] Doaa, M., Kamilia, R., Ahmed, R. and Randa, M., (2018). Mother's personal care during postpartum period. *Egyptian Journal of Health Care*, 9(2), pp.48-60.



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