

# PROBLEM SOLVING APPROACH

The process of working through details of a problem to reach a solution. Problem solving may include mathematical or systematic operations and can be a gauge of an individual's thinking skills. Thus it helps to generate new possible solutions or knowledge which is necessary to solve the problem. The problem solving approach has following steps.

1. Problem identification
2. Data collection
3. Generation of solution
4. Selecting a solution
5. Implementing the selected solution
6. Evaluating a problem solution

## BACKGROUND OF THE STUDY-

Perineal hygiene involves cleaning the external genitalia and surrounding area. The perineal area is conducive to the growth of pathogenic organisms because it is moist and is not well ventilated. Since there are many orifices (urinary meatus, vaginal orifice and the anus) situated in this area, so the pathogenic organisms can enter into the body.<sup>1</sup> In order to prevent infection and bad odour perineal hygiene is important. The most pertinent principle for the perineal care is to clean the perineum from cleanest to the less clean area. The urethral orifice is considered as the dirtiest area. Because the orifices in the perineal area are in proximity, cross contamination is a potential problem. The normal flora of the urinary system is different from that in the gastro-intestinal system. Entry of organisms from the anal orifice can cause urinary tract infections, because these organisms are foreign to the urinary tract. During the perineal care, clean the area around the urinary meatus before cleaning the area around the anus. The perineal area also has hair follicles which tend to harbour organism. Lack of perineal hygiene may lead to some other complications like puerperal pyrexia (rise in temperature), puerperal infection by haemolytic streptococci and other infections affects the genital tract. Perineal hygiene is important to prevent these complications. One of the objectives of health for all by 2000AD stated that maternal mortality rate should be less by 2/1000 live birth necessary steps are initiated to improve the quality of maternal services. It is difficult to achieve the aim. According to WHO maternal mortality is currently estimated (2007) to be 529,000 deaths per year, a global ratio of 400 maternal deaths per 1000,000 live births. Between 11% to 17% of maternal deaths happen daily child birth itself, and between 50 to 70% in post partum period. South East Asia region accounts for 170,000 maternal death annually. In India for every minutes one Indian women dies from complications related to pregnant and child birth, which adds up to approximately 1, 30,000 women per year. Indian maternal mortality rate is higher 400 maternal deaths per 100,000 live births. Which in itself is very high compared to the International scenario like Sweden 8, U.K 10, Greece 2 and even neighbouring countries like Sri Lanka 60, China 60 and Thailand 54, among this puerperal sepsis 16% of death occur due to the infection during postpartum period? The situation in Pakistan is that over 4 million women become pregnant each year, of whom 3.2 million (80%) deliver at home. Non-medical personnel conduct eighty two percent of all home deliveries. This is the reason that postpartum morbidities stay unrecognized by the health personnel. Although global estimated prevalence of perceived perineal infection was 5.1% in our study. Similar perceived prevalence of 2% and 3.9% have been reported.

About 80 percent of maternal deaths are due to direct cause that is obstetric complications of pregnancy, labor and puerperium to interventions or incorrect practices. The single most common cause accounting for a quarter of all maternal deaths occurring postpartum which can lead to death very rapidly in the absence of prompt life saving care? Puerperal infections often the consequent of poor hygiene during delivery or untrained reproductive tract infection account for about 15% of maternal mortality. Such infection can be easily prevented by providing perineal hygiene. Perineal hygiene involves some steps should be followed to perineal cleansing are always wash hand before using bathroom of changing pads, remove old pad and dispose properly after using the bathroom, spray or pour warm water over the vaginal area. Water mixed with an antiseptic soap or solution to be used. Squirt the water over the area between vagina and rectum in front to back motion pat the dry with clean towel do not rub the area, do not touch the area with hands. Apply a clean pad often to maintain cleanliness. Continued to do the perineal care for one week after delivery. During our clinical posting at Teerthanker Mahaveer Hospital and Research Centre, it was found there was no adequate knowledge about perineal hygiene. Hence, it leads in to the selection of the problem solving approach as Perineal Hygiene among Postnatal mothers.

## DEFINITION OF THE PROBLEM-

**“Inadequate Perineal hygiene among Postnatal mothers at Teerthanker Mahaveer Hospital & Research Centre, Moradabad.”**

## PURPOSE

Perineal care must be improved by giving health education to the postnatal mothers about how to do perineal care with antiseptic solutions (Dettol, Savlon, and Betadine) and how to wash the perineal area.

## OBJECTIVES

- To assess the knowledge of postnatal mothers regarding perineal hygiene.
- To provide knowledge regarding perineal hygiene.
- To reduce the risk of infection.
- To give health education about the perineal hygiene.

## REVIEW OF LITERATURE

A study conducted a on prevalence and to identify the factors associated postpartum vaginal infection between the age group of 15to49years in Pakistan. Across sectional study was conducted by using random sampling by trained nurses. The descriptive multivariate analysis showed that the associated factors with vaginal infection were use of unhygienic materials to soak lochia ( a OR =3.45,95% CI1.36, 8.75) , bathing after 40 days {a OR= 2.10,95% CI(1.55,3.14)} women did not receive antenatal care[OR=3.87,95% CI (1.23,5.06)] reported of vaginal infection in conclude this study that there is considerable need for health education among women and entire community for the maintenance of perineal hygiene and safe delivery from medical person and importance of preventing infection.A study conducted on a randomized controlled trial study to investigate the usefulness of local application of procaine spirit versus cleansing with water for care of episiotomy wound after normal vaginal delivery was conducted in 100 women at Singapore general hospital, Singapore. They selected 50 women for experimental group and 50 women for control group. The study results showed that the pain scores on a verbal analogue scale was highest (score=2.5) on day 1 of the delivery, this was the same in women in both groups. By the fourteenth day of delivery, all the women were pain free and the wound had healed well and all the women maintained a high standard of perineal hygiene with a mean of 5 washes a day. The study concluded that women with normal vaginal delivery, local application of procaine spirit is unnecessary in the care of postnatal period.A study conducted on post delivery care after episiotomy in French by survey method between 1990 and 2005. The study results showed that considering local case, the best possible personal hygiene is key to healing. But no specific treatment has been accepted. The treatment of pain by non-medical means as well as topically is not very efficient. The study conducted that the medical staff must emphasize the importance of self care and personal hygiene. The study conducted that personal hygiene is very important for postnatal hygiene A study conducted to assess the effectiveness of teaching on episiotomy and perineal care among primi para women of selected hospital in Karnataka. By using convenience sampling technique. The study was conducted in 2 phases. The phase 1 of the study, the data were collected from 30 primi para women to identify learning needs of primi para mothers in terms of knowledge and ability to perform self perineal care. The phase 2 of the study consisted of 25 subjects in the experimental group. 30 subject in control group. The data was collected by using on interview method, observation checklist, and episiotomy healing. The planned teaching programme on episiotomy and self perineal care was given to experimental group. The study results showed that planned teaching programme was effective in increasing the knowledge (t=23) and ability (t=24.34) of the experimental group. The study suggested that nurse and midwives have a major role in identifying and providing necessary supportive educative care to postnatal mothers.A study conducted on a cross-sectional from July 2000 to October 2000 in five in Karachi Pakistan. These squatter settlements were selected on the basis of an existing surveillance system run by female community health workers for maternal and child healthcare which identified women who had delivered prior to the date of interview. Vaginal infection was considered present when a mother perceived foul smelling vaginal discharge during the postpartum period. Mothers were interviewed on socio demographic variables; materials used to staunch lochia, unhygienic practices not changing pads frequently, personal and perineal hygiene and past obstetric history. A total of 525 women were interviewed. The estimated prevalence of perceived vaginal infection was 5.1%. Included, delivery conducted by a non-medical personnel (AOR 3.5, CI 1.3-9.5) and use of unhygienic cloth or cotton for staunch of lochia (AOR 2.7, CI 1.1-6.2). Among women who reported perceived vaginal infection, a higher proportion was delivered by non-medical personnel perceived vaginal infection. We recommend deliveries to be conducted by trained personnel and provision of health education for persons who conduct delivery and women to use hygienic material for soaking the lochia.study conducted Effectiveness of structured teaching programme on knowledge of practice regarding perineal care among primi mothers in selected hospital of Doiwala, Dehradun, Uttarakhand. By using non-probability convenient sampling technique 60 samples of primi mothers (30 in the experimental group and 30 in control group). The study shows that the mean post-test knowledge score was  $23.73 \pm 1.41$  in the experimental group and  $12.63 \pm 2.87$  in control group. The “t” calculated value is 19.003 which is more than the tabulated value of 2.00 at 0.05 level of significance. The findings of the study revealed that there was a significant difference between the mean post-test scores in both groups; therefore, it was concluded that teaching regarding perineal care was effective in enhancing the knowledge of primi mothers in the experimental group.

A study conducted Effectiveness of Self Perineal Care and Aseptic Perineal care towards Healing of Episiotomy wounds among postnatal wards of St. John’s Medical college Hospital and Research center, Bangalore. By using Purposive sampling technique 100 samples of postnatal mothers. Results revealed that there was significant difference in episiotomy wound score between aseptic perineal care and Self perineal care on second and third postnatal days ( $p<.05$ ) Episiotomy wound score was lower in self perineal care group compared to aseptic perineal care. The study reveals that the self perineal care gives better wound healing and is cost effective method of perineal care, which makes every postnatal mother to be independent of taking care by her and can be effectively practiced even at home.

A study conducted to assess the knowledge regarding perineal care among postnatal mothers in selected hospital of pune city. By using non-probability convenient sampling technique 100 samples of postnatal mothers. The finding of the study revealed that 4% of postnatal mothers have poor knowledge regarding perineal care, 76% of postnatal mothers have average knowledge regarding perineal care and 20% of postnatal mothers have good knowledge regarding perineal care. Overall results show that postnatal mothers are having average knowledge regarding perineal hygiene A study conducted to increase the knowledge and practice of self perineal hygiene among post portal mothers. This stud aimed at improvement of educational program conducted at college of medicine Chung – Ang University, Korea. Subjects were 40 primi para who were admitted to obstetric ward in a general hospital, Seoul. Subjects were those who had no labour pain at admission time had no complication during labour and delivery gave a birth to a healthy baby and agreed to participate in study. All subjects were well educated and were in well to do group. Most of them received antenatal care adequately and they were tested on knowledge and confidence in the area of self perineal care. One at admission time other at prior at discharge. After, the first test the nurses in maternity ward taught them on

perineal self care education which consisted at a 1 hour planned program and incident teaching done at bedside. Mothers knowledge on perineal care increased significantly after education.

**Deenamma koshy (2011)** was conducted a quasi experimental study on the acceptability and efficiency of self- perineal care among post-natal mothers after vaginal deliveries in Christian medical college and hospital, Vellore on 60 post- partum mothers with and without episiotomy. The study revealed that self-perineal care minimized cross infection and promotes the sense of well being of the patient. It helps the post-natal mothers to become more independent. Rate of wound healing was 20% higher in experimental group. It is safe, simple and reduced average nursing time. As a result of the study, self perineal care was introduced in Christian medical college and hospital.

#### DATA COLLECTION

To identify inadequate knowledge on perineal hygiene among postnatal mothers at Teerthanker Mahaveer Hospital, Moradabad. The following assessment tools were constructed.

- I. Demographic characteristics
- ii. Structured questionnaire to assess the knowledge on perineal hygiene.

#### ANALYSIS OF DATA

##### SECTION A: Frequency and percentage distribution of Postnatal mothers by their demographic Performa.

N=10

Table 1.

*Frequency and percentage distribution of postnatal mothers age in years*

Demographic variable	Frequency (f)	Percentage (%)
Age in years		
20-25	2	20%
26-30	5	50%
31-35	3	30%

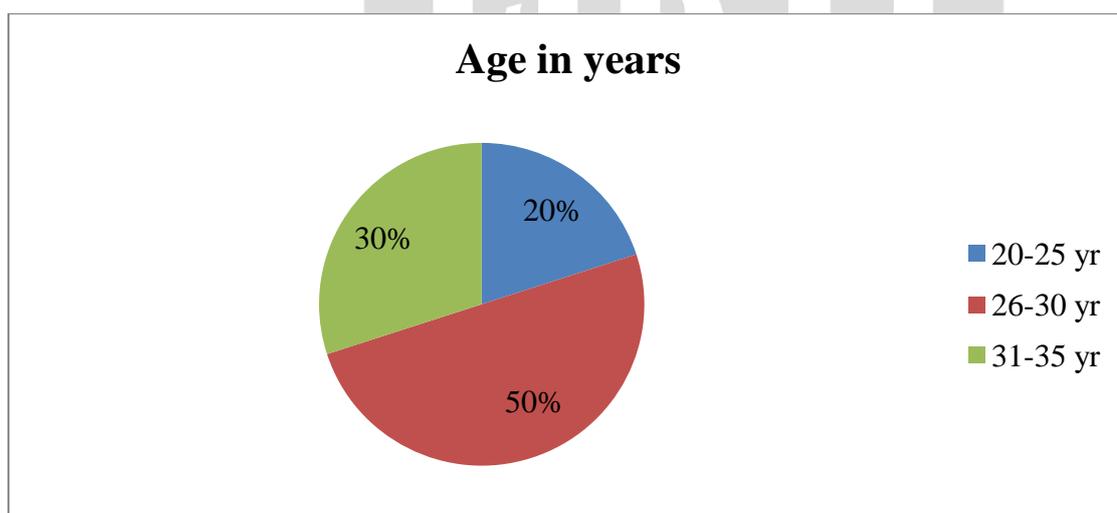


Figure 1. Pie diagram shows the percentage distribution of age in years of postnatal mother.

The Table 1 and figure 1 depicts that 20% of postnatal mother under the age group of 20-25 years, 50% of them under the age group of 26-30 years, and 30% were under the age group 31-35 years.

Table 2.

*Frequency and percentage distribution of postnatal mothers areas of residence*

N=10

Demographic variable		Frequency (f)	Percentage (%)
Area of residence	Rural	5	50%
	Urban	5	50%

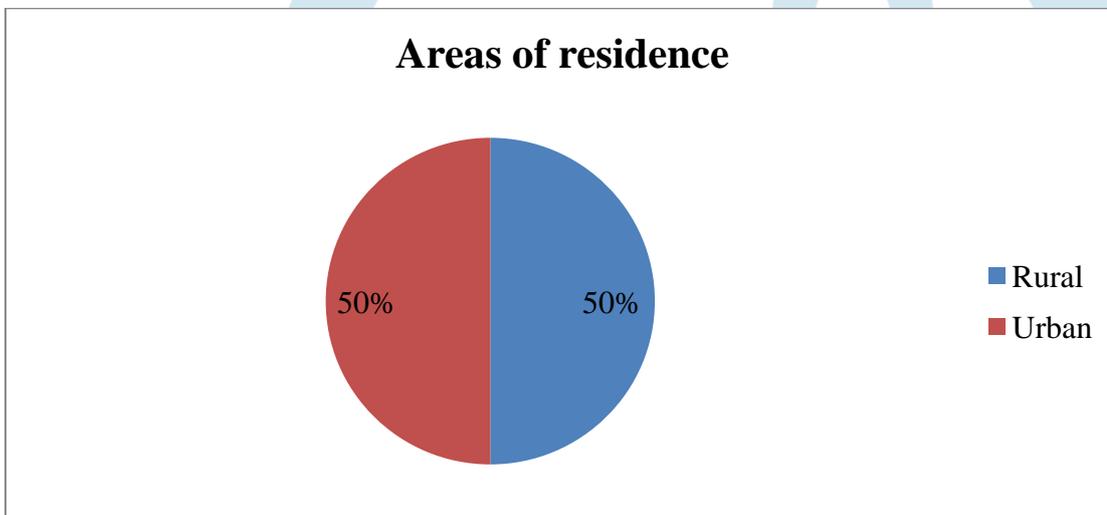


Figure 2. Pie diagram shows the percentage distribution of areas of residence of postnatal mother. The Table 2 and figure depicts that 50% of postnatal mother belonged to rural area, and 50% of postnatal mother belonged to urban area.

Table 3.

Frequency and percentage distribution of postnatal mothers occupation

N=10

Demographic variable		Frequency (f)	Percentage (%)
Occupation	House wife	4	50%
	Self employee	2	20%
	Government employee	1	10%
	Private employee	3	30%

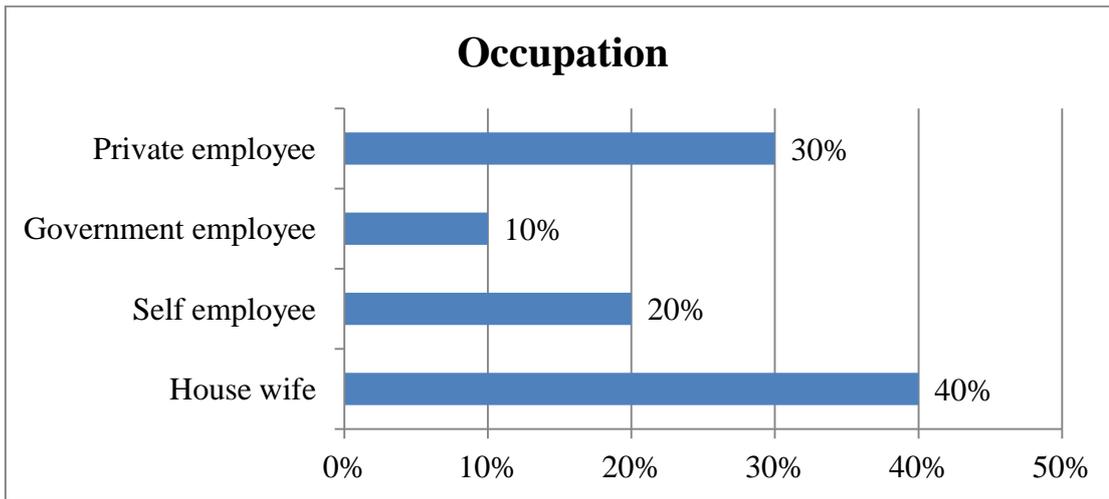


Figure 3. Bar diagram shows the percentage distribution of occupation of postnatal mother. The Table 3 and figure depicts that 40% of postnatal mother belonged to house wife, and 20% of postnatal mother belonged to self employee, 10% of postnatal mother belonged to government employee and 30% of postnatal mother belonged to private employee.

Table 4. Frequency and percentage distribution of postnatal mothers types of family

N=10

Demographic variable		Frequency (f)	Percentage (%)
Types of family	Joint family	5	50%
	Nuclear family	5	50%

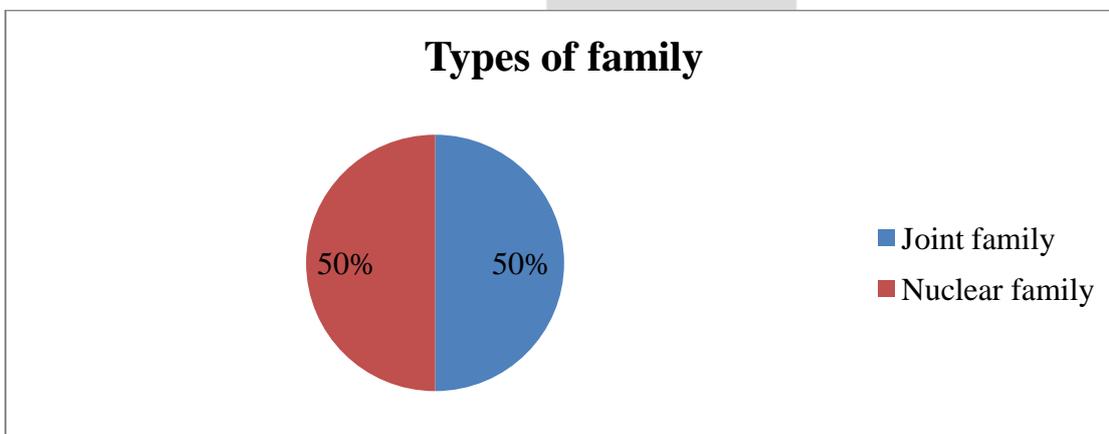


Figure 4. Bar diagram shows the percentage distribution of types of family of postnatal mother. The Table 4 and figure depicts that 50% of postnatal mother belonged to joint family, and 50% of postnatal mother belonged to nuclear family.

Table .5  
Frequency and percentage distribution of postnatal mothers monthly family income

N=10

Demographic variable		Frequency (f)	Percentage (%)
Monthly family income	Below-3000	2	20%
	3001-5000	3	30%
	5001-10,000	2	20%
	Above-10,001	3	30%

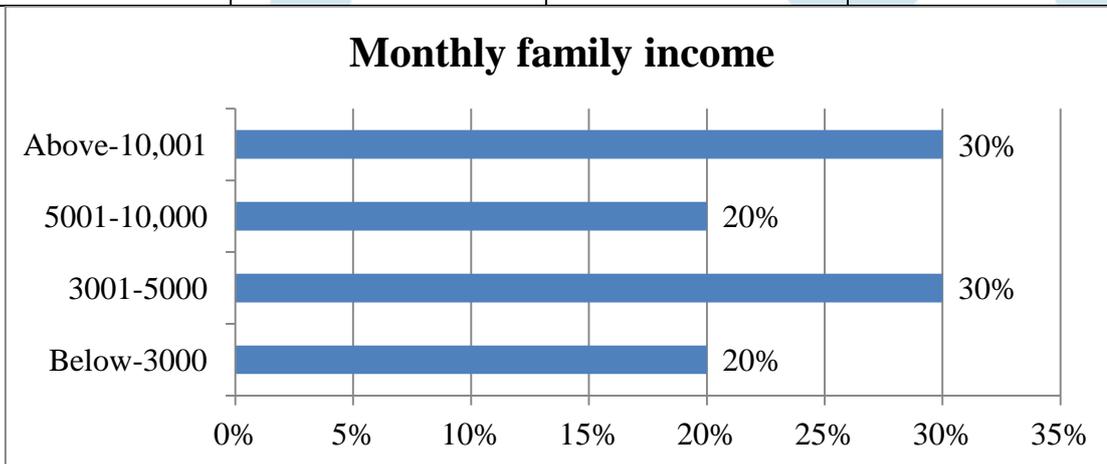


Figure 5. Bar diagram shows the percentage distribution of monthly family income of postnatal mother. The Table 5 and figure depicts that 20% of postnatal mother belonged to below-3000, 30% of postnatal mother belonged to 3001-5000, 20% of postnatal mother belonged to 5001-10,000 and 30% of postnatal mother belonged to above-10,001.

Table .6  
Frequency and percentage distribution of postnatal mothers religion

N=10

Demographic variable		Frequency (f)	Percentage (%)
Religion	Hindu	4	40%
	Muslim	4	40%
	Christian	1	10%
	Sikh	1	10%

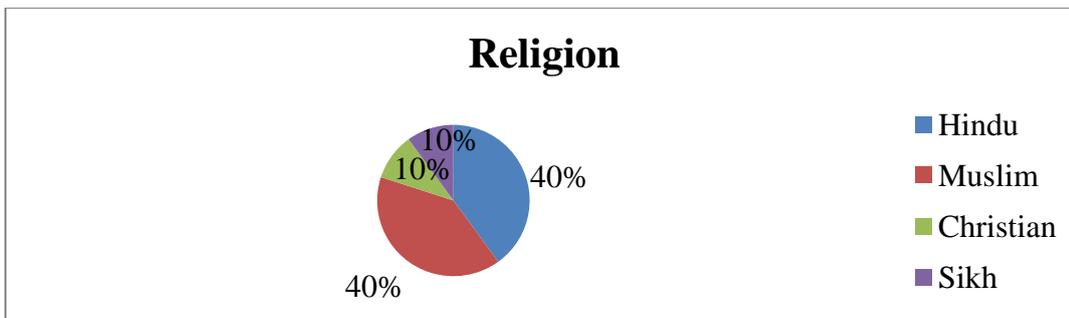


Figure 6. Bar diagram shows the percentage distribution of religion of postnatal mother. The Table 6 and figure depicts that 40% of postnatal mother belonged to Hindu, 40% of postnatal mother belonged Muslim, 10% of postnatal mother belonged to Christian and 10% of postnatal mother belonged to Sikh.

Table .7  
Frequency and percentage distribution of postnatal mothers educational status

N=10

Demographic variable		Frequency (f)	Percentage (%)
Educational status	No formal education	4	40%
	Higher secondary	3	30%
	Senior secondary	2	20%
	Graduate	1	10%

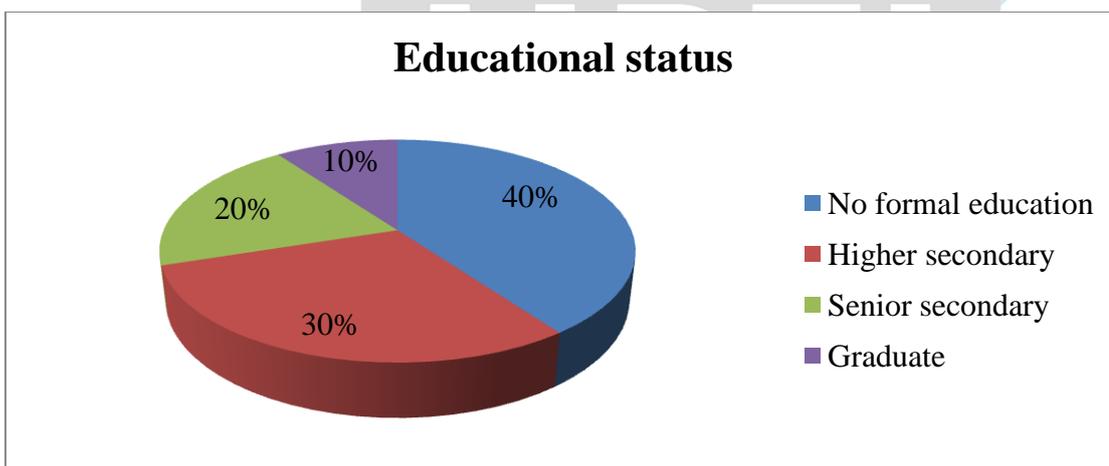


Figure 7. Pie diagram shows the percentage distribution of educational status of postnatal mother. -The Table 7 and figure depicts that 30% of postnatal mother belonged to no formal education, 40% of postnatal mother belonged to Higher secondary, 20% of postnatal mother belonged to Senior secondary and 10% of postnatal mother belonged to Graduate.

**SECTION B:**

**FREQUENCY AND DISTRIBUTION OF ASSESSING THE KNOWLRDGE REGARDING PERINEAL HYGIENE AMONG POSTNATAL MOTHERS.**

Lack of knowledge	Frequency (f)	Percentage (%)
Poor(1-3)	3	30%
Average (4-6)	5	50%

Excellent (7-10)	2	20%
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**TABLE 3:** Overall mean and standard deviation of knowledge score recording perineal hygiene among postnatal mothers.

Group	Mean	SD
Postnatal mothers	3.33	0.0070

### CAUSES IDENTIFIED

From the analysis of the gathered information various causes which were responsible for the inadequate perineal hygiene. These causes were

#### A. Personal factors

- Less experience
- Lack of knowledge
- Not knowing about the perineal hygiene

#### B. Environmental factors

- Lack of resources
- Lack of administration efforts
- Lack of rules and regulation

### DESIRED OUTCOME

To maintain the following steps of care by improving the knowledge about the perineal hygiene among postnatal mothers.

### SOLUTIONS FOR ACHIEVING THE GOAL

- Conduct health education programme on perineal hygiene for postnatal mothers.
- Prepare pamphlet and flashcard regarding perineal hygiene for improving the knowledge of the postnatal mothers.

### CONSIDER CONSEQUENCES

- When postnatal mothers receive health education programme regarding perineal hygiene & it will improve the knowledge about the care of the perineal hygiene.
- When postnatal mothers read the pamphlet and flashcard regarding perineal hygiene, it helps to improve their knowledge about the care of perineal hygiene.

### MAKE A DECISION

On the basis of solution and their consequences it was found that all the solutions were directly improving knowledge regarding perineal hygiene among postnatal mothers, so the following decisions were made:-

- Conduct health education programme on perineal hygiene for postnatal mothers.
- Prepare a pamphlet and flashcard to the postnatal mothers regarding perineal hygiene.

### IMPLEMENTATION

- A health education programme on perineal hygiene was conducted on 5-04-2019.
- Developed and distribute the pamphlet and explain flashcard regarding perineal hygiene among postnatal mothers.

### EVALUATION

The selected problem was assessed along with the steps taken to solve it. The postnatal mothers got average knowledge and able to do effectively after receiving health education programme on perineal hygiene.

### SUMMARY

The problem selected by the investigators was very useful for the postnatal mothers to prevent risk of infection of perineal hygiene. The postnatal mothers got average knowledge regarding perineal hygiene.

## PERINEAL HYGIENE

### INTRODUCTION

Perineal care involves thorough cleansing of the client's external genitalia and surrounding skin. A client routinely receives perineal care during a bath. Clients most in need of perineal care are at greatest risk for acquiring infection, such as clients with indwelling Foley catheters, clients who are incontinent, and clients recovering from rectal or genital surgery or childbirth.

"Pericare" is important in promoting the client's comfort and cleanliness. Special attention is given to cleansing the skin around the genitals, because secretions can accumulate and cause skin breakdown and infection of the skin and urinary or reproductive systems. The nurse retains responsibility for doing this procedure if the client is unable to do so and determines the client understands of the importance of basic perineal hygiene

**DEFINITION**

Perineal care is the washing of the genital and rectal areas of the body.

Perineal care should be done at least one time a day during the bed bath, shower, or tub bath. It is done more often when a client is incontinent. Perineal care prevents infection, odors and irritation.

**EQUIPMENT**

- Bath basin
- Soap
- 2 or 3 washcloth
- Dry bath towel
- Waterproof pads
- Toilet tissue
- Lotion or ointment
- Disposable gloves

**PURPOSE**

The purposes of perineal care are to prevent or eliminate infection & odor, promote healing, remove secretions, & provide comfort.

**IMPORTANT**

Peri care prevents skin breakdown of perineal area itching, burning, odor, and infections. Perineal care is very important in maintaining the clients comfort. More frequent care is required for those who have an indwelling catheter.

**CONTRAINDICATION**

- Inflammatory bowel disease
- Severe perineal malformation

**STEPS**

- Always wash hands before using the bathroom or changing pads.
- Remove old pad and dispose of it properly.
- After using the bathroom, spray or pour warm water over the entire vaginal area.
- Gently pat the area dry with toilet paper, making sure to start at the front and end at the back to avoid spreading germs from the rectum to vagina.
- After drying the area, apply ice pack and therefore apply beta dine ointment if necessary.
- Place a clean pad in place securely and stand before flushing to avoid any of the water from the toilet from contacting perineum.
- Always wash hands after caring for perineum.

**DO'S IN PERINEAL CARE**

- Wash perineal area with plain water and pat it dry thoroughly, do not rub.
- Change maternity pads regularly. Change pad each time go to toilet. Also if you have access to a bidet or shower, wash perineal area after going to the toilet and before put on new pad.
- Try to reduce the pressure on perineal area when u are resting or breast- feeding try lying on your side on top of bed with a pillow supporting back. This helps by reducing the pressure on perineal area and increases the blood supply thus helping healing to take place.
- Take regular analgesia if perineal area is sore can take paracetamol, 1g every 6 hours or alternatively ibuprofen 400 mgs every 8 hours, this is especially good if you have swollen perineal area.

**DON'TS IN PERINEAL CARE**

- Do not add any perfumed or bath product to bath water.
- Do not use any vaginal deodorant, creams or talcum powder the use of the above is not recommended as they may interfere with perineal healing. You should avoid use for 4-6 weeks.
- Do not let yourself get constipated. This may make your perineal area very uncomfortable when you have a bowel motion.
- Do not use any herbal or aromatherapy remedies.

**SUMMARY**

Today in this health education I had included all the aspects of perineal area and the various do and donts while during perineal care with home remedies.

**CONCLUSION**

I hope by this health education you all get idea and various ways of during perineal care.

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### ANNEXURE A

**INSTRUCTION:** Please read the following questions carefully and put a tick mark (√) against the most appropriate answer.

**1. Age**

- 20-25 years
- 26-30 years
- 31-35 years

**2. Residence Area**

- Urban
- Rural

**3. Occupation**

- House wife
- Self employee
- Govt. employee
- Private job

**4. Types of family**

- Joint
- Nuclear

**5. Monthly income**

- Below-3000
- 3001-5000
- 5001-10000
- Above10001

**6. Religion**

- Hindu
- Muslims
- Christians
- Sikh

**7. Educational status**

- No formal education
- Higher secondary
- Senior secondary
- Graduate

**ANNEXURE-B**  
**QUESTIONNAIRE FOR PERINEAL HYGIENE**

- 1. Perineal care is**
  - A) Care given in episiotomy
  - B) Care to the abdomen
  - C) Care given in vaginal bleeding
  - D) Both a and c
- 2. Perineal care should be made**
  - A) In constipation
  - B) Every time after passing the stool
  - C) In excessive lochia
  - D) Both a and c
- 3. The ideal solution for perineal care**
  - A) Dettol
  - B) Savlon
  - C) Betadine
  - D) Spirit
- 4. While doing perineal care in home cleaning should be done from**
  - A) Vagina to anus
  - B) Anus to vagina
  - C) Both of above
  - D) None of the above
- 5. Normally napkin should be changed in**
  - A) Every 1-2 hours
  - B) Every 4-6 hours
  - C) Every 6 hours
  - D) Once in day
- 6. In home perineal care can be done by**
  - A) Sitz bath
  - B) Washing the area
  - C) Changing the pad
  - D) All of the above
- 7. After doing perineal care hand washing should be done**
  - A) Immediately
  - B) After 10 months
  - C) No need for hand washing
  - D) After half hour
- 8. Lack of the perineal care would cause**
  - A) Infection
  - B) Sepsis
  - C) Abscess
  - D) All of the above
- 9. Sitz bath is most effective with**
  - A) Hot water

- B) Cold water
- C) Luke warm water
- D) All of the above

**10. The purpose of perineal care is**

- A) To prevent or eliminate infection & odor
- B) promote healing,
- C) provide comfort
- D) All of the above

**ANNEXURE- B  
ANSWER KEY**

ITEM NO.	ANSWER KEY
1.	D
2.	D
3.	C
4.	A
5.	B
6.	D
7.	A
8.	D
9.	C
10.	D

**ANNEXURE-C  
LIST OF EXPERTS FOR TOOL VALIDATION**

<p>1. <b>Mrs. M. Hemalatha</b> Assistant professor, OBG department TMCON</p>	S.N
<p>2. <b>Mrs. Lorina Masih</b> PG Tutor, OBG department TMCON</p>	
<p>3. <b>Ms. Debalina Ghosh</b> PG Tutor, OBG department TMOCN</p>	

**NAME OF EXPERT**

**TEERTHANKER MAHAVEER COLLEGE OF NURSING**

TEERTHANKER MAHAVEER UNIVERSITY, MORADABAD

Date -4/4/2019

To,

The Nursing Superintendent

Teerthanker Mahaveer Hospital & Research Centre

Moradabad, U.P.

**Respected Madam,**

**Subject : Request to conduct Problem Solving Approach**

This is to introduce you Ms. Shahnaj Qumer, M.Sc Nursing II Year, student of Teerthanker Mahaveer College of Nursing, Teerthanker Mahaveer University, Moradabad. For partial fulfillment of nursing management subject, she needs to undertake a problem solving approach project. The title of the subject is **“Inadequate perineal hygiene among postnatal mothers at Teerthanker Mahaveer Hospital & Research Centre, Moradabad.”**

In her study, she would be assessing the knowledge on perineal hygiene among postnatal mothers as a part of this project. She is intended to collect the data from different wards. Anonymity of participants will be protected. Consent will be taken from the participants prior.

We will appreciate your kind consideration of this request at the earliest possible date.

Thanking you,

Yours sincerely

.....B.S. Singh.....

Signature of Subject Coordinator

PRINCIPAL  
TMCON

Permitted

Schur  
9-4-19

### CONTENT VALIDITY CERTIFICATE

This is to certify that Ms. Shahnaj Qumer student of M.Sc Nursing Final year in Teerthanker Mahaveer College of Nursing, Bagarpur, Delhi Road, Moradabad has been under assigned. The suggestions and modifications given by me will be incorporated by the investigators in context with their respective guide and then they can proceed with problem solving approach.

Topic Entitled:

**“Inadequate perineal hygiene among postnatal mothers at Teerthanker Mahaveer Hospital & Research Centre, Moradabad.”**

Their content for the problem solving approach is validated and was found reliable.

Signature of expert:



Name: M. Amalatha  
Designation: Asst. Professor  
Date: 29/3/19  
Place: Moradabad.

### CONTENT VALIDITY CERTIFICATE

This is to certify that Ms. Shahnaj Qumer student of M.Sc Nursing Final year in Teerthanker Mahaveer College of Nursing, Bagarpur, Delhi Road, Moradabad has been under assigned. The suggestions and modifications given by me will be incorporated by the investigators in context with their respective guide and then they can proceed with problem solving approach.

Topic Entitled:

**“Inadequate perineal hygiene among postnatal mothers at Teerthanker Mahaveer Hospital & Research Centre, Moradabad.”**

Their content for the problem solving approach is validated and was found reliable.

Signature of expert:

*Sanj*  
30/3/19

Name: *Lorina Masel*  
Designation: *PG Tutor*  
Date: *30/3/19*  
Place: *TMCON*

### CONTENT VALIDITY CERTIFICATE

This is to certify that Ms. Shahnaj Qumer student of M.Sc Nursing Final year in Teerthanker Mahaveer College of Nursing, Bagarpur, Delhi Road, Moradabad has been under assigned. The suggestions and modifications given by me will be incorporated by the investigators in context with their respective guide and then they can proceed with problem solving approach.

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Their content for the problem solving approach is validated and was found reliable.

Signature of expert:

*Debalina*

Name: *Debalina Ghosh*

Designation: *PG Tutor*

Date: *28-3-19*

Place: *Moradabad*