

Case Studies

Implementation Of Mobilization Support Nursing in Post-Operational Sectio Caesarian Patients With Physical Mobility Disorders

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ARTICLE INFO	ABSTRACT
<p>Article History: Submit : May 24, 2022 Revised : June 15, 2022 Accepted : June 16, 2022 Online : June 30, 2022</p> <p>Keywords: Sectio Caesarea, Impaired Physical Mobility, Mobilization Support</p>	<p><i>Background:</i> Sectio Cesarean (SC) is delivery to give birth to a fetus through surgery on the abdomen by slashing the uterine wall. Mothers after section Caesarea will experience impaired physical mobility, resulting in unfulfilled activity needs. Impaired physical mobility can be overcome through the implementation of mobilization support.</p> <p><i>Methods:</i> This case study design uses a descriptive method. The sampling method used was a purposive sampling of as many as two respondents, namely postoperative Sectio Caesarea patients who underwent surgery at Muhammadiyah Palembang Hospital in March 2022. The case study data were taken using interviews, observation, and secondary data tracing, namely collecting data on the status, progress notes, checklists, and medical records. The analysis was carried out descriptively and presented narratively.</p> <p><i>Results:</i> Mobilization support is effective in overcoming impaired physical mobility of postoperative Sectio Caesarea patients</p> <p><i>Conclusion:</i> The results of the case studies illustrate the need to implement mobilization support to overcome impaired physical mobility in postoperative Sectio Caesarea patients to minimize complications.</p>
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Introduction

According to the World Health Organization (WHO), deliveries by cesarean section continue to increase globally, now accounting for 5 (21%) deliveries, more than 1 of them

undergoing CS. This number will continue to increase over the next decade, with nearly a third (29%) of all births likely to occur via CS by 2030 (WHO, 2021). The results of the Basic Health Research (Rikesdas) in 2018 of the total deliveries in



Indonesia were 78,736 deliveries (Riskesdas, 2018). 17.6% underwent *cesarean section*, which amounted to 13,857 deliveries. For the province of South Sumatra, from a total of 2,529 deliveries, 9.4% underwent delivery by *section Caesarea*, which amounted to 238 deliveries. Data from Hospital Medical Records. Muhammadiyah Palembang, mothers who gave birth to *Sectio Caesarea* in 2017, were 2,257 deliveries. In 2018 there were 1,823 deliveries. In 2019 there were 2,089 deliveries. In 2020, there were 1,595 deliveries, and in 2021 there were 1,476 deliveries.

Sectio Caesarea (SC) is a delivery to give birth to a fetus through surgery in the abdomen by cutting the uterine wall (Mardiawati, 2017). Mothers after *section Caesarea* will experience impaired physical mobility, not meeting their activity needs. Impaired physical mobility is a limited physical movement of one or more extremities independently (PPNI, 2016). Generally, mothers, after *section Caesarea*, are afraid to do many movements because they are worried that the movements made will have unwanted effects, and mothers feel reluctant to make movements because they feel pain in the surgical wound (Nurfitriani, 2017). This immobility condition can affect the incidence of complications such as respiratory decompensation or *pneumonia*, *deep venous thrombosis (DVT)*, urinary tract infection, *ileus*, *sepsis*, or infection. It will all affect the patient's day of stay or *LOS (Length of Stay)*. 70% of *LOS* is shortened in the hospital if no complications occur (Mitayani, 2009; Novita & Saragih, 2020). Actions that can be taken to overcome physical mobility in post

section Caesarea mothers are early mobilization. Mobilization is a movement carried out as early as possible in bed by training body parts to stretch until learning to walk. According to Carpenito (2000), early mobilization is the most critical aspect of physiological function to maintain independence (Labrague et al., 2020; Ratmiwasi et al., 2017). Factors that affect early mobilization in post *section Caesarea* include internal factors, namely the mother's fear that the stitches will come off if she moves and fatigue when experiencing prolonged labour. External factors include husband and family support, culture prohibiting movement, the legs must be straight, and socio-economic status. In addition, another factor is the role of nursing care providers to help mobilize mothers (Futriani & Janati, 2019; Ratmiwasi et al., 2017). In addition to experiencing impaired physical mobility, post *section Caesarea mothers* will also experience a weak conditions. Surgical procedures and surgical wounds cause this. The surgical process will certainly leave scars and take time in the healing process. (Mulya, 2020; Nurfitriani, 2017). One of the factors that make mothers reluctant to make post- *Sectio Caesarea movements* is a pain in the surgical wound. Therefore, in addition to carrying out early mobilization to meet the activity needs of post- *Sectio Caesarea mothers*, they should also carry out pain management.

Pain management is identifying and managing sensory or emotional experiences associated with tissue or functional damage of sudden or late-onset, mild to severe,

and constant intensity. Pain management in the form of non-pharmacological measures that can be performed on post *section Caesarea mothers* is music therapy. Music with a moderate frequency (classical music) can affect emotions because classical music can make the brain more relaxed. Besides that, classical music is also helpful for making a person relax, creating a sense of security and prosperity, releasing feelings of joy and sadness, and reducing anxiety levels due to stress. surgery, relieve pain and reduce stress levels (Liawati & Novani, 2017; Sesrianty & Wulandari, 2018)

Method

The case study method used is descriptive. The purpose of this case study is to provide an overview of nursing care in postoperative *Sectio Caesarea patients* with impaired physical mobility through mobilization support. This case study was conducted in the Siti Walidah Midwifery Room, Muhammadiyah Hospital Palembang, and was carried out in March 2022. This case study's instrument or data collection tool used the maternity nursing care assessment format. Data were obtained from interviews, observations, and secondary data searches, namely collecting data on status, daily progress records of patients, patient checklists, and medical records at Muhammadiyah Hospital. The case study ethics permit has been obtained from the Health Polytechnic Health Case Study Ethics Commission, Palembang Ministry of

Health, with the number: 0148/KEPK/Adm2/II/2022. The case study was conducted from 10 March 2022 - to 20 March 2022. The case study subjects were two patients with the same nursing cases and problems, namely postoperative *Sectio Caesarea patients* with problems with physical mobility disorders. Subject inclusion criteria were primiparas, mothers who had their first cesarean operation, spinal anaesthesia, no complications from mother or child, and started on the first day (6 hours) for post-SC and elective CS. Subject exclusion criteria in this case study were mothers or children who had complications

Results

The assessment results identify nursing problems in the two postoperative case study subjects, *sectio Caesarea* with impaired physical mobility. Implementation based on SIKI, SPO is the primary intervention to support mobilization and support intervention for acute pain management with non-pharmacological therapy in the form of classical music. Nursing care was carried out on both subjects for five days, including one preoperatively, to provide mobilization education.

The assessment of the ability to mobilize in the two case study subjects showed that both had impaired physical mobility. This was indicated by both of them complaining of difficulty in moving the lower extremities, feeling anxious when they wanted to move, being reluctant to move, experiencing limited movement, physically weak,

stiff joints, and pain in the surgical wound when moving (Rahmadhani, 2022; Susanti et al., 2021).

The mobilization technique taught by the author in the first 6 hours of post *section Caesarea* is to move the hands and feet. Then, 6-10 hours post *section caesarea*, the patient must perform right oblique and left oblique movements. After the first 24 hours post *section Caesarea* the patient is encouraged to learn the position half sitting before sitting completely. After 48 hours postoperatively, the patient learned to sit independently and on the next day, which was 72 hours postoperatively, the author helped the patient walk gradually and then evaluated the actions taken. The results were that both patients could carry out activities such as walking to the bathroom or carrying the baby though still slowly.

Usually, postoperative *Sectio Caesarea patients* are afraid to move due to pain, so to reduce pain, the authors apply pain management techniques in the hope that if the pain has reduced, the patient will mobilize. Pain management can be done pharmacological and non-pharmacological. In both subjects, the author applies pain management techniques non-pharmacological in the form of classical music therapy (Hongjun et al., 2021; Kusumaningrum & Kartikasari, 2020).

During the administration of classical music therapy, the two case study subjects followed well and were very cooperative. After classical music therapy was given, both subjects felt calmer and in less pain. Subject 1 at 6 hours postoperatively,

the pain scale is eight; at 72 hours postoperative, the pain scale changes to 2. In contrast to subject two, at 6 hours postoperative, the pain scale is 6; after 72 hours postoperative, it changes to a pain scale of 1.

Before the two case study subjects underwent *cesarean section*, the author had provided education for postoperative *cesarean mobilization* on one preoperative day. The aim is to increase the knowledge and awareness of the two case study subjects to maintain and improve their health (Hidayati & Violita, 2015; MARDAYATI, 2021). Implementing education regarding post *section Caesarea mobilization* was carried out using media like leaflets. In providing post *section Caesarea* mobilization education, the author explains using language that patients easily understand. After being educated about postoperative *Sectio Caesarea mobilization* in the two case study subjects, the authors found that both subjects understood and their knowledge increased, marked by both being able to re-explain the meaning, goals, benefits, and disadvantages of not mobilizing and the procedures for mobilizing.

After implementing nursing on the two case study subjects, the author then evaluates the results of the implementation that has been carried out. Nursing care results for the two case study subjects at 72 hours postoperative *Sectio Caesarea* can perform activities independently. Both subjects were able to walk without assistance, fulfilled their hygiene needs independently, and were able to hold their babies.

During pain management in the form of classical music therapy, the



two case study subjects followed well, so that at 72 hours post-SC, the pain scale of the two subjects changed to a mild pain scale, which at first was subject to a severe pain scale of 1 with a scale of 8 changing to 2 and in subject two the moderate pain scale with a pain scale of 6 changed to 1.

Discussion

Impaired physical mobility is a limited physical movement of one or more extremities independently. The cause of impaired physical mobility in both case study subjects is postoperative *cesarean section pain*. The significant symptoms and signs in patients with impaired physical mobility are difficulty moving the extremities, decreased muscle strength, and decreased range of motion (ROM). Then the minor symptoms and signs include pain when moving, reluctance to move, feeling anxious when moving, stiff joints, uncoordinated movements, limited movement, and being physically weak (Mardiawati, 2017).

After giving birth with *sectio caesarea surgery*, mothers will be afraid to make many movements. Usually, mothers are worried that their movements will have unwanted effects. If the mother does not perform postoperative movements, it will cause a lot of losses, such as an increase in body temperature due to poor uterine involution so that the remaining blood cannot be removed and causes infection. If post-surgical complications such as infection occur, it will take a long time for the wound healing process, and it can even lead to sepsis, which impacts maternal

mortality during the puerperium. The postoperative *Sectio caesarea* mother needs to mobilize to prevent this from happening. Mobilization is a movement that is carried out as early as possible in bed by training body parts to stretch until learning to walk (Futriani & Janati, 2019; Liawati & Novani, 2017)

Mobilization is a movement carried out as early as possible in bed by training body parts to stretch until learning to walk. There are many benefits of early mobilization for post *section Caesarea mothers*, including launching lochea expenditure, normalizing circulation in the body, preventing complications such as pulmonary embolism and thrombophlebitis, and accelerating surgical wound healing. The advantage for patients who mobilize after *section Caesarea surgery* is that patients feel healthier and stronger with mobilization. Early mobilization allows us to teach mothers to take care of their children immediately. Factors influencing postoperative *Sectio Caesarea patients* to perform early mobilization are motivation, compliance, family support, and level of knowledge (Liawati & Novani, 2017; Yu et al., 2020). The loss caused if you do not do early mobilization is that there will be an increase in body temperature due to poor uterine involution so that the remaining blood cannot be removed and causes infection. If post-surgical complications such as infection occur, it will take a long time for the wound to heal, and even sepsis can occur, so it impacts maternal mortality during the puerperium (Liawati & Novani, 2017).

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Classical music therapy is an effective type of music for pain management. This is because classical music has a tempo that ranges from

60-to 80 beats per minute in tune with the human heartbeat. In addition, the results of the authors conducted by Sesrianty & Wulandari (2018) showed that classical music therapy helps make a person relax, create a sense of security and well-being, release feelings of joy and sadness, reduce anxiety levels due to surgery, release pain and reduce stress levels (Purwandari et al., 2019; Sinuraya & Winanda, 2022). Music therapy affects the manipulated hypothalamus so that it does not react too strongly to the stressor it receives. Music stimulates the pituitary to release endorphins which will produce euphoria and sedation so that, in the end, it will be able to reduce pain, stress, and anxiety by distracting a person from the pain he feels (Sesrianty & Wulandari, 2018)

Before the two case study subjects underwent *cesarean section*, the author had provided education for postoperative *cesarean mobilization* on one preoperative day. Implementing education regarding post *section Caesarea mobilization* was carried out using media like leaflets. In providing post *section Caesarea* mobilization education, the author explains using language that patients easily understand. Health education is essential to be carried out in hospitals because health education is a crucial component of the patient's healing process and is an integral part of professional nursing practice. Health education can increase patient knowledge so that he is willing to improve his health.

After implementing nursing on the two case study subjects, the author then evaluates the results of the implementation that has been carried



out. The aim is to see the ability of the two subjects to overcome their physical mobility disorders and to measure the success of the plan and implementation of nursing actions taken in meeting the needs of the two case study subjects. Evaluation in nursing is an activity in assessing existing nursing actions from each stage of the process, starting from assessment, diagnosis, planning, action, and evaluation. Evaluation is the final stage that aims to assess whether the nursing actions that have been carried out have been achieved or not to overcome a problem.

Conclusion

The results of the nursing implementation of mobilization support and pain management to overcome physical mobility disorders in the two case study subjects showed that the two case study subjects understood and increased their knowledge after being given education about mobilization, marked by both being able to re-explain the meaning, goals, benefits, disadvantages if not mobilizing and procedures for mobilizing. The two case study subjects could also perform mobilization procedures from 6 hours to 72 hours post- *Sectio Caesarea* well so that at 72 hours post-SC, both could carry out activities independently and carry their babies. This case study concludes that mobilization support is needed for the mother's recovery process and to reduce wound pain after section *Caesarea*

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