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Case Report: Nursing Care After Cesarean Section in S P1A0 UK 38 Weeks With Indications Of Presbo Primitua

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Abstract

Cesarean section (CS) is a surgical procedure to deliver a fetus through an incision in the abdominal wall and uterus. One of the factors for performing a cesarean section (CS) is breech presentation. Mothers who undergo cesarean section due to breech presentation require intensive care and monitoring. To reduce possible complications, postpartum mothers with this indication require monitoring in nursing care. To analyze nursing care for patients with Primigravida P1A0 in the Kalibiru Lor Ward of Wates Kulon Progo Regional General Hospital. The research design used an observational case study with the research object obtained from 1 patient with Primigravida Breech Presentation in the Kalibiru Lor Ward of Wates Kulon Progo Regional General Hospital. This case had nursing diagnoses of acute pain, ineffective breastfeeding, and risk of falling. Nursing outcomes were pain level, breastfeeding status, and fall risk. Nursing interventions and implementation included pain management, breastfeeding education, and environmental fall prevention. Conclusion: Nursing care in this case resulted in the resolution of acute pain, effective breastfeeding, and the mitigation of fall risk.

Keywords: Acute Pain, Ineffective Breastfeeding, Post-Caesarean Section, Presbyopia.

INTRODUCTION

Every woman requires a smooth delivery process and the birth of a healthy baby. There are two methods of childbirth, namely vaginal delivery or normal delivery, and a surgical delivery method commonly known as cesarean section or cesarean birth performed through surgical intervention using sterile instruments (Sectio Caesarea). Delivery through surgical intervention, referred to as sectio caesaria, is the extraction of the embryo or fetus through an incision made in the abdominal wall and uterus (Abdul, R., & Sjahranie, 2019). Sectio caesarea delivery is performed based on medical indications, such as placenta previa, abnormal fetal presentation, and other indications that may endanger the lives of both mother and fetus (Cunningham et al., 2018).

According to the World Health Organization (WHO), in developing countries the incidence of Sectio Caesarea has increased rapidly with indicators ranging between 10 and 15 percent in each country. If the rate of Sectio Caesarea delivery exceeds the standard operational threshold, it may increase the risk of mortality and disability in both mothers and children. Data in 2019 reported approximately 85 million Sectio Caesarea procedures, data in 2020 reported 68 million procedures, and data in 2021 reported 373 million Sectio Caesarea procedures. The highest rates of Sectio Caesarea deliveries occur in the Americas (39.3%), Europe (25.7%), and Asia (23.1%), and these numbers are predicted to continue increasing annually until 2030 (WHO, 2021).

Based on RISKESDAS data in 2021, the proportion of deliveries using the Sectio Caesarea (SC) method in Indonesia was 17.6%. Indications for Sectio Caesarea delivery were caused by several complications with a percentage of 23.2%, including transverse/breech fetal position (3.1%), hemorrhage (2.4%), eclampsia (0.2%), premature rupture of membranes (5.6%), prolonged labor (4.3%), umbilical cord entanglement (2.9%), placenta previa (0.7%), retained placenta (0.8%), hypertension (2.7%), and others (4.6%) (Kementrian Kesehatan Republik Indonesia, 2021).

Delivery through the Sectio Caesarea (SC) method continues to increase along with advancements in medical technology and considerations for maternal and neonatal safety. The Term Breech Trial study demonstrated that planned sectio caesarea reduces perinatal mortality, neonatal mortality, and serious neonatal morbidity compared with vaginal delivery in breech presentation cases, without significant differences in maternal morbidity or mortality (Gray & Shanahan, 2022). One

important indication is breech presentation, in which the fetus is positioned with the podalic pole in the lower uterine segment, potentially resulting in prolonged labor, umbilical cord prolapse, head entrapment, and birth trauma such as brachial plexus injury (Rao & Rao, 2020; Borhart & Voss, 2019). Breech presentation is a condition in which the fetus is positioned with the buttocks or feet in the lower part of the uterus approaching the birth canal, with a prevalence of approximately 3–5% in term pregnancies or <28 weeks (25%) (Alves, Nozaki, Polido, da Silva, & Knobel, 2024; Rahayu Prihartini, Maesaroh, & Widiastuti, 2022). This condition is frequently associated with an increased risk of intrapartum complications such as fetal hypoxia, dystocia, and birth trauma (Fernández-Carrasco et al., 2022).

In addition to fetal presentation, maternal age also plays an important role in determining the decision to perform a sectio caesarea. Maternal age <20 years carries risks because the reproductive organs are not yet fully mature, while age >35 years increases the tendency for non-progressive labor, the need for high-dose oxytocin, as well as the risk of uterine atony and postpartum hemorrhage (Hidayat, 2024; Sudirman, 2018). Data indicate that the rate of sectio caesarea increases significantly among women aged 40–45 years (50%) and reaches up to 80% at ages 50–63 years (Hidayat, 2024). In elderly primigravida (≥35 years), these risks become more complex due to physical and psychological changes, such as anxiety, fear of being unable to perform the maternal role, and feelings of loss of attractiveness toward partners (Chakole et al., 2022). These conditions commonly arise during the first postpartum week, within the maternal role adaptation phases consisting of taking in, taking hold, and letting go (Alivand et al., 2023). If not properly managed, physical and psychological complications in elderly primigravida post sectio caesarea may increase postpartum morbidity and even threaten maternal safety.

Sectio caesarea in primiparous mothers may cause various postoperative problems, such as intensive pain, limited mobility, and impairment in fulfilling basic needs (Mylonas & Friese, 2021). Long-term impacts that may occur in mothers undergoing their first sectio caesarea include an increased risk of placenta previa, placenta accreta, as well as the likelihood of repeated sectio caesarea in subsequent pregnancies (Keag, Norman, & Stock, 2018). Therefore, post sectio caesarea nursing interventions should be directed toward minimizing both short-term and long-term complications through structured educational and psychological support approaches (Miller, 2021).

Nurses play an important role in monitoring post sectio caesarea conditions, including monitoring vital signs, hemodynamic status, and maternal pain evaluation (Makyandi, 2021). Nursing support is required to assist primiparous mothers in performing early mobilization, which has been proven to accelerate physiological recovery and reduce the risk of thromboembolism (WHO, 2018). The educational role of nurses is also essential in improving maternal knowledge regarding self-care, breastfeeding, and danger signs that must be reported immediately (M Rahman, 2022).

The main problem frequently experienced by post sectio caesarea mothers is acute pain resulting from incisions in the abdominal wall and uterus. Acute pain generally occurs within the first 24–72 hours postoperatively and may interfere with mobility, sleep patterns, and fulfillment of maternal basic needs (Mylonas & Friese, 2021). Poorly managed pain intensity may affect the uterine involution process, prolong recovery time, and increase the risk of secondary complications such as surgical wound infection (M Rahman, 2022). Effective pain management, including analgesic administration, relaxation techniques, and education on proper body positioning, is highly important in accelerating recovery in post sectio caesarea patients (Makyandi, 2021).

In addition to pain, ineffective breastfeeding is also a common problem among post sectio caesarea mothers, particularly elderly primigravida. Pain in the incision area may hinder comfortable breastfeeding positions, thereby affecting infant latch onto the breast (Wängberg Nordborg et al., 2022). Psychological factors such as anxiety, fatigue, and lack of emotional support may further worsen breastfeeding difficulties (Chakole et al., 2022). This condition poses risks of delayed early breastfeeding initiation, decreased breast milk production, and disruption of emotional bonding between mother and infant (Alivand et al., 2023). The nurse's role in providing breastfeeding

technique education, lactation support, and facilitating safe breastfeeding positions post sectio caesarea is crucial in addressing this problem (Miller, 2021).

Another problem frequently occurring in post sectio caesarea patients is the risk of falls due to limited mobility, analgesic use, and postoperative physical weakness. Early mobilization is highly recommended to accelerate physiological healing; however, at the same time, it increases fall risk if not accompanied by adequate supervision (WHO, 2018). Post sectio caesarea patients generally experience difficulty getting up from bed, walking, and performing daily activities, thus requiring nursing assistance during initial activities (Toijonen et al., 2020). Fall risk is also exacerbated in elderly primigravida mothers who are more susceptible to fatigue and muscle weakness (Hidayat, 2024).

Mothers undergoing sectio caesarea due to breech presentation require intensive care and supervision. The role of nurses is therefore highly necessary. Nurses must possess comprehensive, holistic, meticulous, and patient caregiving competencies (Novi Dwi Lestari, 2019). Based on this condition, appropriate nursing care is required; otherwise, it may negatively impact both mother and fetus. Poor mobilization will affect the involution process, while inadequately managed pain may prevent mothers from performing activities and may also interfere with breast milk production. Therefore, monitoring of postpartum mothers with such indications is necessary to reduce potential complications in the future. Based on this background, the researcher is interested in conducting nursing care within this final professional nursing scientific work in the form of a Nursing Care Report on Mrs. S with Elderly Primigravida P1A0 in Kalibiru Lor Ward, Wates Regional General Hospital, Kulon Progo.

RESEARCH METHODS

The research method used in this scientific paper is descriptive research with a case study approach. Data were collected through observation and medical records to construct an overview of the subject's clinical condition, beginning with assessment, determination of focused data, establishment of nursing diagnoses, formulation of nursing objectives, nursing interventions, as well as the implementation and evaluation of nursing care. The focus of this scientific work is the implementation of nursing care within the scope of the term "postpartum mother following sectio caesarea."

The case management process began on January 12 at 08:00 using purposive sampling to select the subject. Inclusion criteria included postpartum sectio caesarea mothers experiencing ineffective breastfeeding without severe medical complications. Exclusion criteria included mothers with sectio caesarea delivery; the selected subject was a patient in the Kalibiru Lor ward at Wates Regional General Hospital, Kulon Progo, who received oxytocin massage and lactation massage interventions to address ineffective breastfeeding.

RESULTS AND DISCUSSION

The assessment was conducted on January 12, 2024, at 08:00 using observation, interview, and physical examination methods. From the assessment results, data were obtained that the client, Mrs. S, was 38 years old, female, and lived in Cerme Village, Kulon Progo Regency. The patient came to Wates Regional General Hospital with complaints of undergoing a Sectio Caesarea operation according to the schedule determined by the doctor. During the assessment, the patient stated difficulty walking because the pregnancy was already advanced and experienced difficulty performing usual activities, difficulty sleeping, and sometimes only slept a few hours at night due to frequent urination. The results of the physical examination showed the patient's consciousness was compos mentis, P: pain was still felt, Q: stabbing sensation, R: headache, S: pain scale 5, T: Blood Pressure: 106/57 mmHg, Pulse: 83 times/minute, Temperature: 36.2°C, Respiration: 20 times/minute, SpO_2: 96%.

System examination findings were obtained as follows. Respiratory System: no secretion was found in the respiratory tract, and inspection, palpation, percussion, and auscultation examinations in the chest area showed no abnormalities. Cardiovascular System: inspection, palpation, percussion, and auscultation examinations showed no tenderness, S1 and S2 were single and regular, while S3 and S4 were not heard, and no murmur was detected. Digestive System: inspection, palpation, percussion, and auscultation examinations were normal with no signs of abnormalities. Sensory System: eye examination showed good pupil reflexes, ear examination showed symmetrical shape and clean condition; however, the patient had hearing impairment. Nose examination showed a symmetrical and normal shape. Nervous System: physical examination of the nervous system showed all conditions were normal with no abnormalities.

Based on the assessment, the author established a nursing diagnosis of ineffective breastfeeding related to inadequate breast milk supply characterized by breast milk not flowing (D.0029). Based on the nursing diagnosis, after nursing actions were carried out for 2×8 hours, it was expected that the ineffective breastfeeding problem could be resolved with outcome criteria including increased breast milk flow, improved adequate milk supply, increased maternal confidence, and decreased maternal anxiety. The interventions prepared by the author to overcome ineffective breastfeeding problems in the patient included breastfeeding education (1.12393). The implementation consisted of observation by identifying the patient's ability and readiness to receive information, identifying goals related to breastfeeding intentions, therapeutic actions by providing health education materials and media, scheduling health education according to agreement, providing opportunities for questions, supporting the mother to increase confidence in breastfeeding, involving the support system, and educational actions including providing breastfeeding counseling and teaching oxytocin massage and lactation massage.

Evaluation was conducted daily after nursing implementation and at the end of the meeting. After nursing care in the form of breastfeeding education and oxytocin massage was provided for 2×8 hours, the patient understood the importance of breast milk and reported that breast milk flowed smoothly after oxytocin massage was performed. Objectively, breast milk flow appeared smooth. Breast milk supply gradually increased toward adequacy, and the mother appeared more confident and no longer felt anxious regarding breastfeeding. The patient's husband was able to perform oxytocin massage on the patient. After oxytocin massage was performed, the achieved criteria included the release of previously obstructed breast milk, increased adequate milk supply, increased maternal confidence, and decreased maternal anxiety. This indicated that part of the nursing care objectives had been achieved and showed the influence of oxytocin massage therapy on the ineffective breastfeeding problem in the patient.

Discussion

Analysis of the nursing care plan was conducted to overcome ineffective breastfeeding. To address the nursing problem, the author determined a time criterion of two meetings within 8 hours. It was expected that after nursing actions were carried out, breastfeeding status would improve. Breastfeeding education included identifying readiness and ability to receive information, identifying breastfeeding goals or desires, providing health education materials and media, scheduling health education according to agreement, providing opportunities to ask questions, explaining the benefits of breastfeeding for both mother and baby, and teaching oxytocin massage and lactation massage to the mother and husband. After preparing the nursing care plan to overcome ineffective breastfeeding related to inadequate breast milk supply, the implementation carried out included explaining correct breastfeeding techniques to the patient, teaching oxytocin massage and lactation massage techniques to the patient, and directly teaching the patient proper breastfeeding techniques.

Oxytocin massage is a massage action performed on the vertebral column starting from the seventh cervical vertebra to the fifth–sixth ribs, which accelerates the work of the parasympathetic nerves to send signals to the posterior brain to produce oxytocin. Breast milk production and release are two factors that influence milk flow. The hormone prolactin affects breast milk production, while

the hormone oxytocin influences breast milk release (Fatrin et al., 2022). Oxytocin massage is a spinal massage from the fifth–sixth costa to the scapula that accelerates parasympathetic nerve activity and stimulates the posterior pituitary gland. Oxytocin massage is performed to stimulate the oxytocin reflex or let-down reflex (Fasiha and Sahrani, 2022).

Based on research conducted by Manurung (2020) regarding the effect of oxytocin massage in facilitating breast milk production, testing results showed a p-value of 0.045 < 0.05, meaning H0 was rejected and Ha was accepted. Thus, it can be concluded that there was a significant difference or influence of oxytocin massage on the smooth production of breast milk in postpartum mothers at Sitinjo Public Health Center, Dairi Regency, North Sumatra Province. This was also stated by Pratiwi (2023) in the journal entitled "Application of Oxytocin Massage in Stimulating Breast Milk Production in Post Sectio Caesarea Mothers," which reported that oxytocin massage can increase comfort and stimulate oxytocin hormone activity in promoting breast milk production.

Evaluation is an assessment conducted by comparing changes in the patient's condition (observed outcomes) with the objectives and outcome criteria established during the planning stage. Evaluation refers to assessment, stages, and improvement processes (Hadinata & Abdillah, 2021). In this case, the author used evaluation through observation, interviews, and physical examination results using the SOAP approach. Because outcome evaluation was conducted at the end of nursing actions for the client and SOAP consists of subjective responses, objective responses, analysis, and planning, the results indicated the influence of oxytocin massage therapy on the ineffective breastfeeding problem in the patient.

By combining appropriate massage techniques and a family-centered approach, oxytocin massage becomes an effective nursing intervention, easily accessible, and free from pharmacological side effects. Therefore, it is recommended for maternity nursing practice to improve the continuity and quality of breastfeeding among postpartum mothers experiencing ineffective breastfeeding.

CONCLUSION

Based on the results of nursing care provided to a patient with post-cesarean section (SC) due to *presbo primitiva* indication, it can be concluded that the assessment findings showed the patient experienced post-operative SC pain, ineffective breastfeeding, and risk of falls. The patient reported that post-SC pain was still present and she was unable to breastfeed properly because she still felt afraid to hold the baby during breastfeeding.

The diagnosis established by the author in this case study was ineffective breastfeeding related to inadequate breast milk supply. The determined diagnosis was adjusted to the Indonesian Nursing Diagnosis Standards (SDKI).

The nursing care plan was prepared using the Indonesian Nursing Outcome Standards (SLKI) and Indonesian Nursing Intervention Standards (SIKI), with the expected outcome in this case study being improved breastfeeding status. The intervention applied in this study was breastfeeding education.

Evaluation of nursing actions conducted over three days showed that the problem of ineffective breastfeeding was still found in the patient.

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