

## **MIDWIFERY CARE FOR PUBLIC WOMEN IN NY.RG : IP : IA : O POST OF CAESAREA SECTIO WITH INDICATIONS LATEST LOCATION AT PERMATA HEART RSU ASAHAN DISTRICT RANGE YEAR 2023**

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### **Abstract**

Transverse pregnancy is a condition where the fetus is transverse in the uterus with the head on one side while the buttocks are on the other side. In latitude, the child's long axis is perpendicular or almost perpendicular to the mother's long axis. According to Leion J. Dunn, a caesarean section is a delivery to give birth to a fetus weighing 500 grams or more, through abdominal surgery by cutting the uterine wall (Kasdu, 2023). According to the World Health Organization (WHO) 2019, the incidence of caesarean sections with latitude indication has increased. The national rate of cesarean delivery is 45.3% and the remainder is vaginal delivery. The caesarean section birth rate increased from 43.9% to 45.5%, one of which was due to latitude. The postpartum period is the period after the placenta is born and ends when the uterine organs return to their pre-pregnancy state. The postpartum period or puerperium starts from 1 hour after the birth of the placenta to 6 weeks (42 days).

This case study research aims to provide education to postpartum mothers post Sectia cesarea regarding mobilization, making it easier for mothers to care for their babies. Makes it easier for mothers to act as new mothers who can give love to their babies without having to be hindered by pain.

**Keywords:***Latitude of Pregnancy, Post of Sectio Caesarea*

### **INTRODUCTION**

According to the World Health Organization (WHO) 2019, the incidence of caesarean sections with latitude indication has increased. The national rate of cesarean delivery is 45.3% and the remainder is vaginal delivery. The caesarean section birth rate increased from 43.9% to 45.5%, one of which was due to latitude. Based on survey results at Permata Hati General Hospital, the number of births from January to April 2023 was 135, and the number of normal births was 21 (15.5%), the number of post-cesarean sections was 114 (84.4%), and the number of post-section caesareas with indications. Latitude location was 3 cases (2.63%). This shows that cases of latitude are still relatively low at Permata Hati RSU. The postpartum period is the period after the placenta is born and ends when the uterine organs return to their pre-pregnancy state. The postpartum period or puerperium starts from 1 hour after the birth of the placenta to 6 weeks (42 days).

Factors that can cause latitudinal abnormalities are uterine abnormalities (uterus subseptus, uterus arcuatus and uterus bicornis), condition of the placenta 2 (placenta previa), birth canal (CPD, tumor), prolonged labor and multiparity, multiple pregnancies, hydramnios, oligohydramnios and prematurity . Another cause of latitude is the relaxation of the abdominal wall in the hanging stomach causing the uterus to move forward, causing a deflection of the longitudinal axis and the baby moving away from the axis of the birth canal, causing an oblique or transverse position (Oxorn, 2010).

### **METHOD**

This research is in the form of a case study (Case Study) which discusses the mobilization of postpartum women after sectio caesarean with an indication of latitude. The research was carried out at the Permata Hati General Hospital, Kisaran District. Sharpening. The research lasted for 1 month (May 2023).

## RESULTS AND DISCUSSION

In this discussion the author will describe the gap between theory and cases in the field in midwifery care for post partum mothers Mrs. RG: IP: IA: 0 Post Sectio Caesarea with an indication of latitude at Permata Hati Kisaran General Hospital using Varney's 7 steps which include:

### 4.1. Assessment

Assessment is a step in collecting all accurate and complete data from all sources relating to the client's overall condition. For midwives to carry out assessments effectively, they must use a standardized assessment format so that the questions asked are more focused and relevant.

#### 4.1.1 Chief Complaint

In the case of Mrs.

According to Kasdu (2023), on the first day, pain or soreness in the stomach begins to be felt, after the effect of the anesthesia has worn off.

The author's assumption is that there is no gap between theory and cases encountered in the field.

#### 4.1.2. Mobilization

In the case of Mrs. R post sectio caesarea with an indication of latitude, data was obtained that Mrs. Only able to move the legs.

At this time, the body movements that can be done are moving the arms, hands, feet and fingers so that the work of the digestive organs immediately returns to normal. However, if this still feels heavy, at least 12 hours after the operation you will be able to move your feet and lower legs. Starting from here, the mother can start to sit 8 to 12 hours after surgery. Mothers can walk if they are able 24 hours after surgery (kasdu, 2023).

According to the author's assumption, there is a gap between the theory and the cases encountered, this is due to the pain in the surgical wound.

#### 4.1.3. Condition of Stitched Wounds

In the case of Ny.

According to Kasdu (2023), the suture scar on the mother's stomach will be covered with soft gauze. Abdominal gauze should be seen one day after surgery. If it is wet and bleeding it must be opened and replaced. Generally, stomach gauze can be replaced 3-4 days before going home and then the patient changes it every day. Wounds can be given a little betadine.

According to the author's assumption, there is no gap between theory and the cases encountered.

#### 4.1.4. Vaginal Expulsion

In the case of Ny.

According to Nurjannah (2020) lochea is the excretion of uterine fluid during the postpartum period. Lochea has a fishy (rancid) odor, although it is not too strong and the volume varies from woman to woman. Lochea rubra is dark red and contains blood from tears/wounds in the placenta and remaining residue. amniotic membrane, for 3 days.

The author's assumption from the description above is that there is no gap between theory and cases in the field.

### 4.2. Data Interpretation

Obstetric diagnosis in the case of Mrs. RG: IP: IA: 0 post partum with Sectio caesarea with indication of Latitude. The problems that arise are pain, anxiety and difficulty mobilizing. According to Kasdu (2023) On the first day, pain or soreness in the stomach begins to be felt, after the effects of the anesthesia have worn off. However, the feeling usually decreases slightly the next day. The pain comes from a wound in the stomach.

The author's assumption in this case is that the author does not find a gap between theory and practice.

#### 4.3. Potential Diagnostics

In the case of Mrs. RG: IP: IA: 0 post partum with post caesarean section with indication of latitude, no infection occurred.

According to Walyani (2021), diagnosis or potential problems are an anticipatory step, so that in carrying out midwifery care, we anticipate problems that will arise from existing conditions.

The author's assumption is that the potential diagnosis did not occur in Mrs.

#### 4.4. Identify Immediate Action/Collaboration

In the case of Ny. , metronidazole tab, etabion tab, and treating post-caesarean section wounds with sterile gauze.

The doctor may ask for bed rest and give an injection to reduce pain so that it is easier to rest due to the excitement and tension of labor (Kasdu, 2023).

The author's assumption based on the data above is that there is no gap between theory and practice

#### 4.5. Care Plan

In the case of Mrs. RG: IP: IA: 0 post partum with post caesarean section, the planning carried out included:

- a. Check the mother's general condition and vital signs.
- b. Check for uterine contractions, bleeding, locheal discharge, and signs of infection.
- c. Check the suture wound for signs of infection.
- d. Provide wound care according to the therapy program and keep the wound area clean and dry.
- e. Monitor fluid input or output, namely by replacing infusion fluids that have run out, monitoring infusion drips and urine output.
- f. Teach the mother to mobilize early, namely to move the legs and arms or tilt left and right

After leaving the operating room, the patient will be taken to the recovery room. In this room, various examinations will be carried out, including checking the level of consciousness, respiratory circulation, blood pressure, body temperature, the amount of urine collected in the urine bag, the amount of blood in the body, and the amount and form of lochia fluid. The condition of the uterus (uterus) and cervix (cervix) will also be checked to ensure that both are in normal condition (kasdu, 2023)

The author's assumption based on the data above is that there is no gap between theory and practice.

#### 4.6. Implementation

Implementation is carried out based on the plans that have been made. In this step the author found a gap between theory and practice in post caesarean section wound care, suture removal and pain.

In field cases, the pain is felt on the first day and is reduced on the third day by administering medication. This may be due to the mother's physical condition/her immune system being less stable.

On the first day, pain or soreness in the stomach begins to be felt, after the effect of the anesthesia has worn off. However, the pain usually subsides somewhat the next day. The pain felt came from a wound in the stomach (Kasdu, 2023).

According to the author's assumption, in this case there was no problem because it did not affect the healing process of the post caesarean section wound.

#### 4.7. Evaluation

In this case, what can be obtained from the final evaluation before the patient goes home includes: Evaluation of the final results, namely the mother's general condition is good, the mother's consciousness is good, and the mother's vital signs are normal. There were no signs of infection in the post caesarean section wound. The patient was allowed to go home on the third day with one week of control.

3-4 days of treatment at the hospital is enough to restore the physical condition of a mother who has just given birth through surgery. Usually, patients are asked to come back to the doctor for monitoring of wound care 7 days after returning home (Kasdu, 2023).

The author's assumption based on the description above can be concluded that there is no gap between theory and practice.

### CONCLUSION

After conducting research on "Midwifery Care for Postpartum Mothers Post of Sectio Caesarea for Mrs. RG: IP: IA: 0 With an Indication of Latitudinal Location at the Permata Hati Kisaran General Hospital in 2023" it can be concluded that, Mothers are able to carry out mobilization smoothly without any pain, so that the mother can freely care for the baby and give breast milk to the baby.

### BIBLIOGRAPHY

- Damayanti, Ika Putri. 2019. "Midwifery Care for Pregnant Women with the Discomfort of Frequent BAK." *Encyclopedia of Journals* 1(4): 185–90. <http://jurnal.ensiklopediaku.org>.
- Dewi., Vivian NL, & Unarsih, T. 2016. *Midwifery Care for Postpartum Women*. Jakarta: Salemba Medika
- Fauziyah, Yulia, et al. 2021. *Obstetric Pathology*. Yogyakarta: Nuha Medika
- Kasdu, Dini. 2023. *Caesarean section*. Jakarta: Puspa Swara
- Nurjannah, Siti Nunung, et al. 2020. *Post Partum Midwifery Care*. Bandung: PT. Refika Aditama.
- Saputra, Lyndon, et al. 2022. *Midwifery Care during the Postpartum Physiological and Pathological Period*, South Tangerang: Binarupa Aksara.
- Walyani, Elisabeth, et al. 2021. *Midwifery Care during Postpartum and Breastfeeding*. Yogyakarta: PT. Pustaka Baru.
- <http://eprints.poltekkesjogja.ac.id/5789/3/3.chapter%201.pdf>
- <http://eprints.umsb.ac.id/573/1/SRIRAHMAH%20KARTIKA.pdf>
- [https://data.asahankab.go.id/c\\_utama/detail\\_dataset/276](https://data.asahankab.go.id/c_utama/detail_dataset/276)
- <https://www.tvonenews.com/lifestyle/kesehatan/105407-tahun-2022-angka-kematian-ibu-dan-bayi-di-sumut>.
- <http://repo.stikesalifah.ac.id/id/eprint/506/2/BAB%20I%20natasya.pdf>