

MIDWIFERY CARE FOR POSTNATAL MRS. "S" WITH A CESAREAN SECTION (CS) WOUND INFECTION AT MAWASANGKA COMMUNITY HEALTH CENTER

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ABSTRACT

Background: Surgical Wound Infection (SWI) is a complication in postpartum women after Caesarean Section that may delay wound healing and increase the risk of further complications. It may be characterized by wound pain, pus discharge, and delayed healing. **Objective:** To provide midwifery care for a postpartum woman with SWI after Caesarean Section using Varney's seven-step midwifery management and SOAP documentation, supported by complementary snakehead fish protein and lavender oil aromatherapy at Mawasangka Community Health Center, Central Buton Regency. **Methods:** A descriptive case study using Varney's seven-step management and SOAP approach was conducted on Mrs. "S". Data were collected through interviews, observation, physical examination, documentation, and supporting examinations. Care included vital-sign monitoring, aseptic wound care, personal hygiene education, high-protein nutrition, particularly snakehead fish, lavender oil aromatherapy, and collaborative administration of antibiotics and analgesics. **Results:** Following care, wound pain decreased, the wound appeared cleaner without pus, vital signs remained within normal limits, and the mother understood and followed the recommendations. **Conclusion:** Midwifery care was implemented according to Varney's management and SOAP documentation. Snakehead fish protein and lavender oil aromatherapy supported wound healing and improved maternal comfort. **Keywords:** Postnatal care; cesarean section; snakehead fish; wound healing; postpartum mothers

INTRODUCTION

Childbirth is a physiological process that requires the mother's physical and psychological readiness. One widely used method of delivery is Caesarean Section (CS), whether based on medical indications or at the request of the mother or family. The rising trend of CS procedures needs attention because it can increase the risk of maternal complications, one of which is surgical wound infection (Gurusinga, 2022). Globally, the rate of CS deliveries has increased from around 7% in 1990 to 21% today and is projected to reach 29% by 2030 (WHO, 2021).

In Indonesia, the proportion of CS deliveries reaches around 17.6% and has exceeded the WHO recommendation of 5–15%, with various indications such as premature rupture of membranes, prolonged labor, umbilical cord entanglement, hypertension, and hemorrhage. In Southeast Sulawesi, most deliveries are still assisted by midwives (71.02%), while those handled by physicians account for 21.81% (BPS, 2020). Meanwhile, specific data on the incidence of CS in Central Buton Regency are not yet available in detail, so attention is needed regarding care for post-CS mothers, particularly in preventing postpartum complications (Dinas Kesehatan, 2025).

Midwifery care during the postpartum period includes monitoring the mother's general condition, checking vital signs, evaluating uterine involution and lochia discharge, meeting nutritional and fluid needs, supporting breastfeeding, recommending gradual mobilization, and providing education on self-care. In addition, wound healing is an important aspect that needs attention, particularly for mothers who undergo delivery by Caesarean section (CS). Proper and optimal surgical wound care is needed to support the healing process and reduce the risk of infection and complications during the postpartum period (Risnawati, 2024).

For mothers after CS surgery, wound care is an important part of the postpartum period. Poor wound care can cause infection and slow healing. Post-operative pain can also make it difficult for the mother to move, carry out daily activities, breastfeed, and care for her baby. Therefore, the mother needs midwifery care in the form of condition monitoring, wound care, pain reduction, gradual mobilization, nutrition and fluid fulfillment, and self-care education. Appropriate care can help accelerate recovery and prevent complications after surgery (Mutia, 2026).

Surgical Wound Infection (SWI) is one of the post-CS complications that can hinder wound healing and increase the risk of morbidity if not treated appropriately. Wound care, personal hygiene, and adequate nutrition, particularly protein intake, are important components in supporting the recovery of post-CS mothers (Jessica, 2024). If not properly managed, surgical wounds can lead to infection, bleeding, anesthesia complications, and even death (Pujiana and Putri, 2022). Management can be carried out through pharmacological and non-pharmacological therapy, including high-protein nutrition intake such as snakehead fish (Rahayu, Wulandari and Pangestuti, 2021).

Snakehead fish is a protein source with a high albumin content that plays a role in tissue regeneration and wound healing. Consumption of snakehead fish can be a nutritional option for post-CS mothers because it contains albumin, amino acids, minerals, zinc, copper, and iron that support tissue repair. Snakehead fish prepared in various ways, such as boiling or frying, can be used as one way to meet the mother's nutritional needs during the recovery period. Administering snakehead fish protein therapy as a complementary therapy can also support care for mothers with impaired wound healing.

Based on the above description, surgical wound infection in post-CS postpartum mothers requires comprehensive midwifery care through wound care, nutritional fulfillment, and therapy according to the mother's condition. Snakehead fish protein administration can be one complementary therapy to support tissue regeneration and wound healing. Therefore, the authors were interested in providing midwifery care to Mrs. "S" with surgical wound infection following Caesarean Section through the application of midwifery management and complementary snakehead fish protein therapy at Mawasangka Community Health Center, Central Buton Regency.

METHODS

This Final Report uses a descriptive method with a case study approach for a postpartum mother with Surgical Wound Infection (SWI) following Caesarean Section at Mawasangka Community Health Center, Central Buton Regency. Midwifery care was carried out using Varney's seven-step midwifery management, which includes assessment, identification of diagnosis or problems, identification of potential problems, need for immediate action, planning, implementation, and evaluation. Documentation of care progress was carried out using SOAP (Subjective, Objective, Assessment, Planning).

The case study was conducted at Mawasangka Community Health Center, Central Buton Regency, from December 2, 2025, to January 23, 2026. The subject of this case study was Mrs. "S", a postpartum mother with Surgical Wound Infection following Caesarean Section who received direct midwifery care. The care provided included monitoring the mother's condition and the surgical wound, wound care, personal hygiene education, and fulfillment of high-protein nutrition through consumption of snakehead fish as a complementary therapy.

The data used consisted of primary and secondary data. Primary data were obtained directly through interviews, physical examination, and observation, covering the mother's complaints, general condition, vital signs, condition of the surgical wound, pain scale, lochia discharge, nutritional pattern, and progress of wound healing and response to the care provided. Secondary data were obtained from medical records, the delivery register book, and postpartum service records at Mawasangka Community Health Center. The collected data were analyzed descriptively by identifying problems based on the assessment results, then organized using Varney's seven-step midwifery management and documented in SOAP format.

The implementation of the case study observed research ethics principles, including informed consent, anonymity, and confidentiality. Consent was given after the subject received an explanation of the purpose, benefits, and actions to be carried out during the provision of care. The patient's identity was kept confidential by using the initial Mrs. "S" and ensuring that all data obtained were used only for the purposes of the final report.

RESULTS AND DISCUSSION

Subjective Data

The assessment of Mrs. "S" showed that she had given birth by Caesarean Section on December 21, 2025, at 09:45 WITA. At the initial assessment, the mother reported pain and discomfort in the suture wound area, which had been felt since approximately one hour after surgery. The mother said she had been able to breastfeed her baby and perform light mobilization. During the postpartum period, the mother ate three times a day and drank about eight glasses of water a day. After receiving

care, the mother reported that the surgical wound pain had decreased, the wound felt more comfortable, she regularly consumed snakehead fish every day, and she was able to carry out light activities and breastfeed well.

Objective Data

At the initial assessment, the mother's general condition was good with a *compos mentis* level of consciousness, blood pressure 120/70 mmHg, pulse 80 beats/minute, temperature 36.5°C, and respiration 22 breaths/minute. Uterine contractions were good, firm and round on palpation, fundal height four fingers below the umbilicus, with pink serous lochia discharge. The surgical wound had not yet healed optimally, still showing signs of inflammation and a small amount of pus discharge without a strong odor. At the follow-up examination on December 31, 2025, the general condition and vital signs remained within normal limits, fundal height was three fingers below the umbilicus, lochia was serosa, while the surgical wound appeared cleaner, with no pus, and the healing process showed good progress.

Analysis

Mrs. "S", P1A0, post Caesarean Section with surgical wound infection accompanied by wound pain. After receiving midwifery care, the mother's condition showed good progress, marked by decreased pain, a cleaner wound appearance, absence of pus, vital signs within normal limits, good uterine involution, and the mother being able to carry out light activities and breastfeed her baby.

Management

The care provided included explaining the mother's condition, monitoring vital signs and the progress of the surgical wound, aseptic wound care, personal hygiene education, high-protein nutrition intake particularly consumption of snakehead fish, adequate fluid intake and rest, gradual mobilization, and relaxation techniques to reduce pain. Collaboration with a physician was carried out for the administration of antibiotics and analgesics as indicated, along with education on medication adherence and postpartum danger signs. The mother was advised to continue consuming nutritious food, especially snakehead fish, to maintain wound cleanliness, to have follow-up checkups, and to immediately go to a health facility if fever, severe pain, pus discharge from the wound, or excessive bleeding occurred. The mother understood the explanation and was willing to follow all the recommendations given.

DISCUSSION

Subjective Data

The assessment of Mrs. "S" on December 24, 2025, at 09:20 WITA at her home found that she was 18 years old, had completed senior high school education, worked as a housewife, and her husband worked as a casual daily laborer. The mother reported that she had given birth by Caesarean Section on December 21, 2025, at 09:45 WITA and complained of pain in the suture wound area since approximately one hour after surgery. The mother also stated that the wound felt uncomfortable. The assessment covered identity, chief complaint, pregnancy and delivery history, health history, basic needs patterns, and psychosocial condition as a basis for determining the diagnosis and providing midwifery care (Jannah *et al.*, 2021).

The pain felt by Mrs. "S" is a response resulting from tissue damage during the surgical procedure. The post-surgical inflammatory process can stimulate pain nerve endings, causing discomfort in the wound area. In Mrs. "S"'s case, the pain complaint was accompanied by a small amount of pus on the wound, indicating a disturbance in the wound healing process (Karcz *et al.*, 2024).

Objective Data

The examination results showed that the mother's general condition was good with a *compos mentis* level of consciousness. Vital signs were within normal limits: blood pressure 120/70 mmHg, pulse 80 beats/minute, temperature 36.5°C, and respiration 22 breaths/minute. Uterine contractions were good, fundal height 4 fingers below the umbilicus, with serous lochia discharge. Examination of the surgical wound found that it had not yet healed optimally and there was a small amount of pus.

During the postpartum period, good uterine contractions are marked by a firm, round uterus on palpation, along with a gradual process of uterine involution (Cunningham, 2021). Changes in lochia are also part of the physiological process of the postpartum period, and in the following days it can

change into serous lochia (Asyima and Ruqaiyah, 2026). A decrease in fundal height of about 1–2 cm per day, reaching around 3–4 fingers below the umbilicus by the 4th day, also indicates a normal involution process (Supriyanti, 2024). Thus, the results of the examination of uterine involution and lochia in Mrs. "S" are consistent with theory.

Analysis

Based on the subjective and objective data, the diagnosis for Mrs. "S" is P1A0, 4th day postpartum following Caesarean Section with surgical wound infection accompanied by pain. This diagnosis is supported by complaints of wound pain, a wound that has not yet healed optimally, and the presence of a small amount of pus. Surgical wound infection can be characterized by pain, purulent discharge, and delayed wound healing (Sánchez-Rodríguez, Pastor and Tejedor, 2025). Thus, the diagnosis established for Mrs. "S" is consistent with the condition found.

Potential problems that may occur include delayed wound healing, increased pain, spread of infection to sepsis, and disruption of the mother's activities. Surgical wound infection that is not properly managed can develop into more severe complications, including sepsis. Persistent infection can also inhibit the formation of new tissue, thereby prolonging the wound healing process and increasing the risk of dehiscence. Therefore, the potential problems in Mrs. "S" need to be anticipated through appropriate monitoring and management.

Management

Midwifery care for Mrs. "S" was carried out by monitoring vital signs, observing the wound condition, performing aseptic wound care, maintaining personal hygiene, meeting nutritional and fluid needs, and recommending rest and gradual mobilization. Aseptic wound care aims to reduce the risk of microorganism entry and prevent the spread of infection (Asyima and Ruqaiyah, 2026). Collaboration with a physician was carried out in administering antibiotics and analgesics as indicated, since the selection of infection therapy needs to consider the clinical condition and drug safety for breastfeeding mothers (Ardiansyah, 2023).

The mother was also given education on meeting high-protein nutritional needs, particularly consumption of snakehead fish as a complementary therapy. Protein and albumin play a role in tissue regeneration and the wound healing process. In addition, the mother was advised to perform gradual mobilization to help improve blood circulation and support the recovery process. Adequate nutrition, including vitamins, minerals, and fluids, also supports collagen formation and the body's resistance to infection.

Implementation was carried out according to plan, including observation of the mother's condition and the wound, wound care, personal hygiene education, provision of information about nutrition and snakehead fish consumption, relaxation techniques to reduce pain, gradual mobilization, and collaborative medication administration. High-protein and albumin nutrition can support tissue regeneration and the wound healing process. Proper wound care is also needed to prevent the spread of infection (Suastika, 2023).

At the follow-up on December 31, 2025, the mother reported that the wound pain had decreased, the wound felt more comfortable, she regularly consumed snakehead fish, and she was already able to carry out light activities and breastfeed. Examination results showed a good general condition, vital signs within normal limits, fundal height 3 fingers below the umbilicus, serous lochia, and a surgical wound that appeared cleaner without pus. This condition indicates positive progress in the wound healing process.

Evaluation showed that the care provided was carried out well. Pain decreased, the surgical wound appeared cleaner and free of pus, the mother was able to perform light mobilization, and understood the recommendations regarding wound care, nutrition, personal hygiene, and postpartum danger signs. The improvement in wound condition indicates that the inflammatory process is increasingly controlled and progressing toward the proliferative phase of healing.

Consumption of snakehead fish as a complementary therapy can support the fulfillment of protein and albumin needed in the tissue repair process (Nurhikmah, Widowati and Kurniati, 2020). The mother's adherence to maintaining wound cleanliness, taking medication as directed, meeting nutritional needs, and resting also supports the success of the healing process (Alam, Altahira and Risnawati, 2022). Thus, the midwifery care for Mrs. "S" has been carried out in accordance with Varney's seven-step management and SOAP, showing consistency between theory and practice.

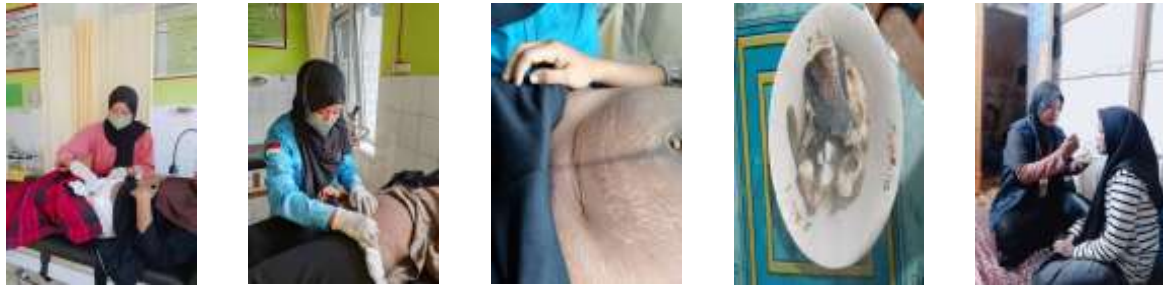


Figure 1. Surgical Wound Infection (SWI) Care

CLOSING

Midwifery care for Mrs. "S", P1A0, post Caesarean Section with surgical wound infection at Mawasangka Community Health Center was carried out using Varney's seven-step approach, starting from basic data assessment, identification of diagnosis and actual problems, potential problems, immediate action, planning, implementation, and evaluation. The assessment results showed that the mother experienced pain in the surgical wound with a small amount of pus, while vital signs and general condition were within normal limits. Care was provided through monitoring the mother's condition and the wound, aseptic wound care, personal hygiene education, high-protein nutrition intake particularly snakehead fish, rest, gradual mobilization, relaxation therapy, and collaborative administration of antibiotics and analgesics. The evaluation results showed that pain decreased, the wound appeared cleaner and free of pus, and the mother was able to carry out light activities and breastfeed well. Thus, the objective of the case study was achieved, and midwifery care was implemented in accordance with theory and practice. A limitation of this case study is that monitoring was carried out on a single subject with a limited observation period, so the effectiveness of the complementary snakehead fish therapy and lavender aromatherapy on the wound healing process could not be more broadly assessed.

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