

Comprehensive Postpartum Midwifery Care for Mothers Experiencing Uterine Subinvolution Using Hot Herbal Compress Therapy

Asrin ^{1*}, Bdn. Syastriani Isna Putri Syarif ^{*} ²Bdn. Risnawati

¹ Politeknik Baubau, Indonesia

ARTICLE INFORMATION

Received: 3 October 2025
Revised: 11 November 2025
Accepted: 15 December 2025
DOI:

KEYWORDS

Midwifery Care; Postpartum; Puerperium; Uterine Subinvolution; Hot Herbal Compress; Uterine Involution.

CORRESPONDING AUTHOR

Nama : Syastriani Isna Putri Syarif
Address: Jl. Murhum, kel. lamangga,
Kec. Murhum, Kota Baubau
E-mail : isnaputri01@gmail.com

A B S T R A C T

Background: The postpartum period is the time following childbirth characterized by the process of uterine involution. Abnormal involution can lead to uterine subinvolution and increase the risk of postpartum hemorrhage. **Objective:** This case study aims to describe postpartum midwifery care for Mrs. "N," who presented with uterine subinvolution, utilizing hot herbal compress therapy.

Methods: A case study design was employed, utilizing Varney's seven-step midwifery management approach and SOAP documentation. Care involved monitoring vital signs, assessing fundal height, uterine contractions, and lochia discharge, providing education, and administering hot herbal compresses.

Results: The mother's condition improved following the care, evidenced by enhanced uterine involution, increased maternal comfort, and the absence of hemorrhage or further complications. The application of hot herbal compresses supports the uterine involution process in postpartum women with uterine subinvolution.

Conclusion: Hot herbal compresses can serve as a complementary therapy in postpartum midwifery care to support the mother's recovery process.

INTRODUCTION

The postpartum period is the time following childbirth that lasts for approximately six weeks (Rohmah et al., n.d.). During this period, the mother undergoes various physical and psychological changes as part of the adjustment process following childbirth (Tinggi et al., n.d.). One significant physiological change is uterine involution, the process by which the uterus gradually returns to its pre-pregnancy size and condition. A successful involution process helps prevent complications during the postpartum period. Uterine involution is characterized by a decrease in fundal height, uterine contractions, and gradual changes in lochia discharge (Lestari et al., 2025). If this process does not proceed normally, uterine subinvolution may occur. This condition is characterized by a slow reduction in the height of the uterine fundus and can increase the risk of postpartum hemorrhage and other complications. One factor that can disrupt involution is weak uterine contractions or uterine atony (Marbun et al., n.d.).

Maternal health during the postpartum period remains a key focus in efforts to reduce maternal mortality. The period following childbirth carries a continued risk of various complications, necessitating ongoing monitoring and healthcare services for mothers. Data cited in the final project report indicate that, according to the WHO, approximately 295,000 women died during pregnancy or childbirth in 2020. In Indonesia, the maternal mortality rate in 2022 was recorded at 183 per 100,000 live births. These figures demonstrate that maternal healthcare is essential not only during pregnancy and delivery but must also continue into the postpartum period to facilitate the early detection and prevention of complications (Rahmah et al., n.d.).

One of the physiological changes that requires monitoring during the postpartum period is the process of uterine involution. Uterine involution is the process by which the uterus gradually shrinks after childbirth through uterine muscle contractions. The success of this process can be assessed by examining the height of the uterine fundus (fundal height), uterine consistency and contractions, and changes in lochia discharge. Physiologically, the height of the uterine fundus decreases gradually after delivery. A decrease in fundal height that follows the expected physiological progression indicates that the uterus is undergoing proper involution. Conversely, if the uterus does not shrink within the expected timeframe, complications such as impaired involution or uterine subinvolution may occur (Rahmadini et al., n.d.).

Uterine involution can be assessed through several indicators, primarily the decrease in uterine fundal height (TFU), uterine contractions, and changes in lochia discharge. Following childbirth, TFU normally decreases gradually as the postpartum period progresses. Effective uterine contractions also facilitate the reduction of uterine size and support the recovery process. Therefore, monitoring TFU, uterine contractions, and lochia is essential to determine whether involution is proceeding in accordance with the physiological state of the postpartum mother (Azizah2, n.d.).

If the process of involution does not proceed normally, a mother may experience uterine subinvolution. Subinvolution is a condition characterized by a delay in the uterus shrinking back to its pre-pregnancy size following childbirth. This condition is indicated by a fundal height that fails to decrease appropriately during the postpartum period and a uterus that contracts poorly. Subinvolution requires attention because it can increase the risk of postpartum hemorrhage and other complications (Rahmadini et al., n.d.).

Uterine subinvolution is a condition in which the uterus is delayed in returning to its pre-pregnancy size and state. This condition is indicated by a uterine fundal height that does not decrease in accordance with the postpartum period, a uterus that feels soft upon palpation, and poor uterine contractions. Uterine subinvolution is a postpartum complication that requires attention, as a suboptimal involution process can increase the risk of postpartum hemorrhage. Therefore, regular monitoring of uterine fundal height, uterine contractions, and lochia discharge is necessary to assess the progress of the involution process in the postpartum woman (Anindia et al., n.d.).

Uterine subinvolution can be influenced by several factors, one of which is uterine atony. Uterine atony is a condition in which uterine muscle contractions are suboptimal following childbirth, preventing the uterus from contracting effectively. Additionally, factors such as retained placental fragments or blood clots, postpartum infection, excessive uterine distension, a lack of early mobilization, and suboptimal breastfeeding stimulation can also interfere with the process of involution. Inadequate uterine contractions can slow the process of uterine shrinkage and increase the risk of postpartum hemorrhage (Mudlikah, n.d.).

Uterine subinvolution can be caused by several factors, including infection, retained placental fragments, lack of mobilization, and weak uterine contractions or uterine atony (Maryam, 2023). This condition can prevent the uterus from contracting optimally, resulting in a slower reduction of the uterine fundal height and potentially disrupting lochia discharge. If not managed properly, subinvolution can increase the risk of postpartum hemorrhage, which endangers the mother's health. This highlights that the postpartum period requires the same level of attention as pregnancy and childbirth (Dini & Uteri, n.d.). Improperly managed uterine subinvolution can lead to complications, particularly postpartum hemorrhage. A uterus that fails to contract effectively prevents optimal compression of the blood vessels at the placental implantation site, thereby increasing the risk of bleeding. Consequently, early detection of involution disorders is crucial in midwifery care. Monitoring vital signs, uterine fundal height, uterine contractions, and lochia discharge is essential for assessing the condition of the postpartum mother. Appropriate and early management is expected to prevent subinvolution from progressing into more severe complications.

Proper management of postpartum mothers with subinvolutio uteri is necessary to help accelerate the recovery process and prevent complications. In addition to routine midwifery care, complementary therapy can be used as one of the supporting efforts in the process of uterine involution (Christiawan et al., n.d.). One therapy that can be applied is a hot herbal compress, which involves applying a warm compress made of herbs to a specific area, which is expected to provide comfort and help support contractions as well as the involution process of the uterus (Widiyanti et al., n.d.).

One complementary effort that can be used to help the process of uterine involution is a hot herbal compress (Yin & Liu, n.d.). Previous research shows that giving a hot herbal compress can help speed up the reduction of the uterine fundus height compared to using a binder or stagen. This therapy can also help make lochia discharge smoother and support uterine contractions, so it can be one of the options in midwifery care for postpartum mothers with subinvolution of the uterus (Widiyanti et al., n.d.).

In addition to routine midwifery care, complementary therapy can be given as a supportive effort in the mother's postpartum recovery process. One of them is hot herbal compress, which is applying a warm compress with herbal ingredients to the appropriate area (Mufidati & Saidah, n.d.). This therapy can provide comfort and help support the contraction process of the uterus. Previous studies have shown that the use of a hot herbal compress can help speed up the lowering of the uterine fundal height and

support the uterine involution process, so it has the potential to be used as part of complementary care for postpartum mothers (Sutran & Handayani, n.d.). Based on these conditions, the author conducted a case study titled "Postpartum Midwifery Care for Uterine Subinvolution Using Hot Herbal Compress Therapy at Mawasangka Health Center." This study aims to describe the implementation of midwifery care for postpartum mothers with uterine subinvolution through the stages of assessment, problem identification, planning, implementation, evaluation, and documentation (Mufidati & Saidah, n.d.). This study is expected to provide benefits for the authors in applying midwifery knowledge and serve as informational material for educational institutions and healthcare workers in providing care to postpartum mothers (Azhari & Triana, n.d.).

Based on observations at Mawasangka Health Center, cases of postpartum hemorrhage due to uterine atony are still being found. In 2024, there were 104 cases of postpartum hemorrhage recorded, while in 2025, there was a case of uterine subinvolution in Mrs. "N" related to uterine atony. This situation shows that uterine involution disorders are still one of the issues that need attention in midwifery services. Therefore, the author is interested in conducting a case study on postpartum midwifery care with uterine subinvolution issues using hot herbal compress therapy at Mawasangka Health Center.

METHODOLOGY

This study uses a descriptive method with a case study approach on postpartum mothers with subinvolution of the uterus at Mawasangka Health Center, conducted from December 1, 2025, to January 23, 2026. The data used consisted of primary data obtained through interviews, observations, and direct examinations, as well as secondary data obtained from medical records and relevant literature sources. Midwifery care was provided using Varney's seven-step midwifery management and documented in the form of SOAP notes. The intervention given was hot herbal compress therapy, followed by an evaluation of changes in the mother's condition, especially the uterine involution process, fundal height, uterine contractions, and lochia discharge.

RESULTS & DISCUSSIONHASIL

Subjective Data

Mom said she gave birth on December 21, 2025, at 1:40 AM Central Indonesia Time. During the first visit, she complained of pain in her abdomen. She also mentioned that her uterus didn't seem to be contracting well. Over the next visits, the pain gradually decreased, and by the third visit, she no longer felt any abdominal pain.

On the next visit, the mother still said she was experiencing abdominal pain, but her condition was gradually starting to improve. She has received an explanation about her condition and is beginning to understand how to do hot herbal compress therapy at home. She is also advised to continue eating nutritious food and maintaining personal hygiene during the postpartum period.

Objective Data

The mother's general condition is good, and she is fully conscious. Vital signs are within normal limits, with blood pressure at 110/70 mmHg, pulse 80 beats per minute, temperature 36.6°C, and respiration 20 breaths per minute. Initial examination showed that the uterine fundal height was still at the level of the navel, uterine contractions were weak, and there was lochia rubra discharge. On the following visits, the fundal height decreased, and uterine contractions improved, until by the last visit, the fundal height had returned to what is expected during the postpartum period.

Analysis

Based on subjective and objective data, the analysis for Mrs. 'N' on the third day postpartum with subinvolution of the uterus showed that the fundal height was still at the level of the navel, uterine contractions were weak, and she experienced abdominal pain. The mother's vital signs were within normal limits, and no bleeding or shock was observed. After receiving care during four visits, her condition improved, marked by reduced pain until it disappeared, decreasing fundal height, and better uterine contractions that returned to normal for the postpartum period.

Management

Over the course of four visits, Mrs. "N" received care that included monitoring her general health, vital signs, fundal height, uterine contractions, lochia discharge, and any complaints that were reported. She received information regarding uterine subinvolution and instructions on how to apply hot herbal compresses during the initial visit. Additionally, she was instructed to eat a healthy diet, stay hydrated, get enough sleep, and maintain proper personal cleanliness during the postpartum phase. She

was also informed about postpartum warning signals and instructed to get medical help right away if she saw any alarming symptoms.

Mrs. "N" made good progress during the four appointments. Her initial stomach ache gradually went away, and by the third appointment, she was pain-free. Additionally, the examination results showed improved uterine contractions compatible with the postpartum stage and a steady decline in fundal height. She received family planning and postpartum self-care coaching at the end of her care. Overall, Mrs. "N"'s condition became better, and there were no issues to report.

DISCUSSION

Subjective Data

Based on the initial assessment, Mrs. "N" gave birth on December 21, 2025, at 01:40 WITA. During the first visit on December 23, 2025, the mother complained of abdominal pain and felt that uterine contractions were inadequate. Following the provision of care, the pain gradually subsided, and by the third visit, the mother no longer experienced abdominal pain. These data serve as the basis for evaluating the mother's postpartum uterine involution.

The complaints reported by the mother indicate postpartum discomfort that requires attention when monitoring uterine involution. Under normal conditions, the uterus contracts and gradually decreases in size following childbirth. If the mother experiences issues regarding uterine contractions, the situation warrants further assessment through objective examination—specifically, measuring the height of the uterine fundus and assessing uterine consistency. This is crucial, as uterine contraction is an integral part of the uterine recovery process after delivery.

Abdominal pain and poor uterine contractions may be observed in mothers experiencing impaired uterine involution. Uterine subinvolution is a condition characterized by a delay in the uterus returning to its pre-pregnancy state. This condition may manifest as inadequate uterine contractions and a fundal height that fails to decrease appropriately during the postpartum period (Anugrah Rosando Siwyl, n.d.).

During the subsequent visit, the mother began to notice positive changes. Her abdominal pain gradually subsided, the discomfort diminished, and she began to understand how to perform the herbal hot compress therapy independently at home. This indicates an increase in her knowledge and active involvement in the recovery process.

Objektive Data

Initial assessment results for Mrs. "N" indicate a good general condition and a fully conscious state (*compos mentis*). Vital signs are within normal limits: blood pressure 110/70 mmHg, pulse 82 beats/minute, temperature 36.7°C, and respiratory rate 20 breaths/minute. Obstetric examination reveals the uterine fundal height is still at the level of the umbilicus, and uterine contractions are poor (the uterus feels soft). Lochia discharge is lochia rubra, and no signs of hemorrhage are observed (WHO 2022).

The lochia remained consistent with the postpartum stage, uterine contractions had improved, and the fundal height had dropped to two finger-widths below the umbilicus during the second visit. These modifications show that uterine involution is progressing favorably. Improved uterine contractions and a decrease in fundal height are important markers for tracking uterine recuperation throughout the postpartum phase. These modifications also show a favorable reaction to the midwifery care given. According to research (Widiyanti et al., n.d.) applying hot herbal compresses can stimulate the process of uterine involution and help postpartum mothers reduce their fundal height.

The uterine contractions improved, the fundal height (TFU) gradually dropped to a level halfway between the symphysis and the umbilicus between the third and fourth visits, and the stomach pain eventually went away. At the last appointment, there was no bleeding or difficulties, uterine contractions were normal, and the fundal height was suitable for the postpartum stage. These objective changes show that uterine involution has improved since the surgery. This is consistent with studies by (Karimah & Sumarni, 2022), which showed that applying hot herbal compresses can enhance uterine involution, reduce fundal height more quickly, and ease postpartum moms' discomfort.

Analysis

Mrs. "N" P5A0 presented with postpartum uterine subinvolution, characterized by a persistently high fundal height, weak uterine contractions, and abdominal pain. Her general condition was good, vital signs were stable, and there was no hemorrhage or shock. Following midwifery care involving hot herbal compresses, her condition showed significant improvement: fundal height decreased appropriately for the postpartum stage, uterine contractions improved, and abdominal pain subsided.

completely. These results align with existing theory and research indicating that hot herbal compresses are effective in accelerating uterine involution, facilitating lochia discharge, and enhancing maternal comfort (Ida & Rahmawati, n.d.).

The condition known as uterine subinvolution prevents the uterus from returning to its expected size during the postpartum period by slowing down the process of uterine involution. In addition to inadequate uterine contractions and a uterine fundal height that remains above normal levels, this condition may also be accompanied by abnormalities in lochia discharge. Given that subinvolution can be associated with various complications such as postpartum hemorrhage suboptimal postpartum recovery requires clinical attention. Therefore, monitoring the progression of uterine involution in postpartum women necessitates routine evaluation of uterine contractions and uterine fundal height (Widiyanti et al., n.d.).

Involution is the physiological process by which the uterus gradually reverts to its pre-pregnancy state after childbirth. Both the size of the uterus and the height of the uterine fundus diminish during this phase. This healing process is aided by uterine contractions, which also reduce postpartum hemorrhage. Uterine contractions during involution can cause pain for the mother; this is referred to as "afterpains." This is consistent with studies (Fatimah et al., 2024) showing that uterine involution, which is linked to uterine contractions and the lowering of the uterine fundus, is an essential physiological process during the postpartum period.

To track the development of uterine involution, it is crucial to regularly examine the mother's condition during the postpartum period. Fundal height, uterine contractions, bleeding, and lochia discharge can all be assessed. A successful involution process is indicated by a steady decrease in fundal height and effective uterine contractions; on the other hand, a delayed drop in fundal height may indicate defective uterine healing. This is consistent with Lestari and Azizah's research, which shows that tracking fundal height, uterine contractions, bleeding, and lochia is an essential part of evaluating the mother's health during the postpartum phase (Azizah2 & 1, 2022).

Periodic monitoring is also essential for following changes in the mother's health and early detection of postpartum problems. Changes in fundal height must be monitored throughout the postpartum period since an inefficient uterine involution process can raise the risk of problems. According to research (Darji et al., 2023), fundal height and lochia discharge are useful markers for evaluating postpartum moms' recuperation. As a result, checking fundal height and lochia on a regular basis can help assess how well uterine involution is going and how well the woman is recovering after giving birth.

The mother's condition significantly improved after receiving midwifery care using Varney's seven-step method and a hot herbal compress intervention. Abdominal pain fully disappeared, uterine contractions improved, and fundal height reduced in line with the postpartum stage. These findings are consistent with earlier studies showing that hot herbal compresses are superior to conventional techniques like abdominal binding (*bengkung*) in terms of speeding uterine involution, facilitating lochia discharge, and improving maternal comfort. Therefore, this case study demonstrates that using hot herbal compresses as a supplemental intervention is a safe and efficient way to treat uterine subinvolution (Karimah & Sumarni, 2022).

Management

The management of Mrs. "N" was based on the identified issue: uterine subinvolution associated with poor uterine contractions. Care involved monitoring her general condition, vital signs, fundal height (TFU), uterine contractions, and lochia discharge. This monitoring aimed to track the progress of uterine involution and detect potential complications at an early stage. The care provided for this case utilized Varney's seven-step midwifery management approach and SOAP documentation.

In addition to routine monitoring, mothers receive education regarding postpartum care and the importance of engaging in physical activity suited to their physical condition. Early mobilization supports the recovery process by enhancing physical activity and circulation after childbirth; it is also a measure that can help prevent and manage uterine subinvolution. Education is also essential to ensure mothers can recognize postpartum danger signs and promptly seek assistance if they experience symptoms indicative of complications.

Subsequent management involved the administration of complementary therapy in the form of hot herbal compresses. This therapy served as a supportive measure for the recovery of a postpartum mother experiencing uterine subinvolution. The hot herbal compress was used to facilitate uterine involution, promote uterine contractions, aid the expulsion of lochia, and enhance the mother's comfort. The therapy was administered alongside monitoring of the mother's condition, allowing for the gradual

evaluation of any changes. The hot herbal compresses utilized ingredients such as (Java ginger), (white turmeric), (black turmeric), citrus, and lemongrass. These ingredients were processed, wrapped in gauze, and applied warm to the abdominal area for approximately 15–20 minutes. This therapy was employed as a complementary intervention to support uterine involution and provide comfort to the postpartum mother (Resty Aulia 2026).

In addition to complementary therapy, the mother is advised to meet her nutritional and fluid needs, get adequate rest, maintain personal hygiene, and be vigilant for postpartum danger signs. Family support is also provided to assist the mother during the recovery process following childbirth. The application of hot herbal compresses yielded positive results; the abdominal pain initially experienced by the mother gradually subsided until it was no longer felt. A reduction in fundal height TFU was observed, and uterine contractions improved (Widiyanti et al., n.d.). These findings align with research indicating that hot herbal compresses can help accelerate the reduction of fundal height and support the process of uterine involution in postpartum mothers.

Evaluation results indicate positive progress following the provision of care. Complaints of abdominal pain gradually subsided and were no longer present by the third visit. Additionally, the fundal height decreased from the initial assessment to a level between the symphysis and the umbilicus, while uterine contractions improved. No signs of hemorrhage or further complications were observed during monitoring. Based on the care outcomes, Mrs. “N”’s condition improved over the course of the visits; there was no hemorrhage or shock, abdominal pain resolved, fundal height decreased, and uterine contractions improved. Thus, the provision of midwifery care combined with hot herbal compresses can support the recovery process and uterine involution in postpartum women experiencing uterine subinvolution.



Picture 1. First Visit



Picture 2. Second Visit

CONCLUSION

Following the provision of midwifery care to Mrs. “N,” who presented with uterine subinvolution at the Mawasangka Community Health Center Puskesmas from December 23–26, 2025, it is concluded that the care was administered using Varney’s seven-step approach, tailored to the mother’s condition. Assessment findings indicated abdominal pain, a uterine fundal height (TFU) remaining at the level of the umbilicus, and suboptimal uterine contractions; however, vital signs were within normal limits, and there were no signs of hemorrhage or shock. The care provided included monitoring vital signs, TFU, uterine contractions, and lochia; administering hot herbal compresses; advising on nutritious nutrition and personal hygiene; educating the mother on postpartum danger signs; and offering psychological and family support. After four visits, the mother’s condition showed improvement: abdominal pain subsided completely, the TFU decreased, and uterine contractions improved to a state appropriate for the postpartum period. Thus, the care provided facilitated the monitoring and recovery of the mother’s health. The mother is encouraged to maintain her health, adhere to the recommendations provided, and seek medical attention should any complaints arise during the postpartum period.

The application of midwifery care using Varney’s seven-step approach and SOAP documentation, combined with complementary therapy in the form of hot herbal compresses, yielded

positive results. Over the course of four visits, a gradual decrease in fundal height was observed, uterine contractions improved, and abdominal pain subsided until it was no longer felt. These findings align with previous research indicating that hot herbal compresses are effective in accelerating uterine involution, facilitating lochia discharge, and enhancing maternal comfort.

Thus, it can be concluded that hot herbal compresses serve as a safe, practical, and effective complementary intervention to support the process of uterine involution in postpartum women experiencing uterine subinvolution. Furthermore, education regarding nutrition, personal hygiene, and early mobilization, along with family support, plays a crucial role in the success of midwifery care. This study is expected to serve as a reference for healthcare professionals in improving the quality of postpartum care, particularly in primary healthcare facilities such as Community Health Centers Puskesmas.

ACKNOWLEDGMENTS

The author extends sincere gratitude to Mrs. “N” and her family for agreeing to serve as clients and for their cooperation and participation throughout the provision of midwifery care. The author also expresses appreciation to the Head of the Mawasangka Community Health Center (Puskesmas) and the entire staff for granting permission, welcoming the author, and providing assistance during the research and the delivery of midwifery care at the facility. Furthermore, the author wishes to thank the Director of Baubau Polytechnic, the Head of the Health Department, the Head of the Midwifery Study Program, as well as all lecturers and teaching staff at Baubau Polytechnic, for the knowledge, guidance, support, and assistance provided throughout the author's studies and the completion of this final project.

REFERENCES

- 2022, W. H. O., & Some. (n.d.). *WHO recommendations on maternal and newborn care for a positive postnatal experience*.
- Anindia, R., Wahyu, P., & Safitri, R. (n.d.). *Pengaruh Pemakaian Bengkung terhadap Involusi Uterus pada Ibu Nifas Primipara di Kecamatan Tajinan Kabupaten Malang The Effect of Bengkung Usage on Uterine Involution among Primiparous Postpartum Mothers at Subdistrict Tajinan Malang* (Vol. 10, Issue 1, pp. 48–60). <https://doi.org/10.18860/jim.v10i1.41358>
- Anugrah Rosando Siwy1, I. P. F. I. W. (n.d.). No Title. *Subinvolusi Uterus*, 4(1), 89–94.
- Azhari, T., & Triana, A. (n.d.). *Jurnal Kebidanan Terkini (Current Midwifery Journal) Percepatan Involusi Uterus Pasca Persalinan Melalui*, 1, 29–36.
- Azizah2, G. I. L. L. N. (n.d.). No Title. *Uterus Involution And Psychological Adaptation*, 1(2), 2.
- Azizah2, G. I. L. L. N., & 1, 2Poltekkes. (2022). *UTERUS INVOLUTION AND PSYCHOLOGICAL ADAPTATION*. 8(2), 469–477.
- Christiawan, R., Salim, L. A., & Christiawan, S. (n.d.). *Cakupan Hubungan Pelayanan Kesehatan Ibu Hamil, Angka Kematian, Antenatal Care, “Maternity Care”, and Postnatal Care with Maternal Mortality Rate in East Java Province* (Vol. 9, Issue ue November, pp. 448–55).
- Darji, P., Prakasam, A., Patel, H., Hetvi, P., Patel, H., & Patel, J. (2023). *ISSN: 2277 – 4998 EFFECTIVENESS OF KEGEL EXERCISE AND PRONE POSITION ON AFTERPAINS AND INVOLUTION OF UTERUS AMONG POSTNATAL MOTHERS AT SELECTED TERTIARY CARE HOSPITAL OF VADODARA DISTRICT – A QUASI EXPERIMENTAL STUDY*. 12(12), 189–195.
- Dini, M., & Uteri, I. (n.d.). *Hubungan Inisiasi Menyusu Dini Dan Mobilisasi Dini Terhadap Involusi Uteri Pada Ibu Nifas Di Upt Puskesmas*.
- Fatimah, S., Kebidanan, P., Palembang, P. K., Selatan, S., Info, A., History, A., & Uteri, I. (2024). *Literature Review : Pengaruh Pijat Oksitosin terhadap Involusi*. 7, 51–62.
- Ida, A. S., & Rahmawati, R. (n.d.). *Efektivitas Mobilisasi Dini Terhadap Involusi Uterus Pada Postpartum Sectio Caesarea Effectiveness Of Early Mobilization On Uterine Involution In Postpartum Sectio Caesarea* (Vol. 4, Issue 2, pp. 108–115).
- Karimah, N., & Sumarni, S. (2022). *The Effectiveness of Hot Herbal Compress in Accelerate Uterine Involution and Recovery of Afterpains on the Postpartum Mothers*. 5(1), 1–18.
- Lestari, D., Wulandari, R., Surbakti, R. S., Tinggi, S., Kesehatan, I., & Husada, P. (2025). *No Title*. 1(1), 12–14.
- Marbun, U., Sari, L. P., Tinggi, S., Kesehatan, I., Hasanuddin, N., Maros, P. T., Uteri, I., & Dini, M. (n.d.). *Mobilisasi Dini Terhadap Proses Involusio Uteri Pada Ibu Nifas* (Vol. 1, pp. 28–35).
- Maryam. (2023). *Hubungan inisiasi menyusu dini dan mobilisasi dini terhadap involusi uteri pada ibu*

- nifas di upt puskesmas baraka kabupaten enrekang tahun 2023. *Jurnal Pendidikan Keperawatan Dan Kebidanan*, 2.
- Mudlikah, S. (n.d.). *Hubungan Paritas Dan Mobilisasi Dini Dengan Percepatan Involusio Uteri Ijmt : Jurnal Kebidanan | 35 Pendahuluan Masa nifas merupakan masa setelah melahirkan placenta , dilanjut masa pemulihan alat reproduksi (Involusi uteri) berlangsung selama enam ming* (Vol. 2, Issue 1, pp. 35–40).
- Mufidati, D., & Saidah, S. (n.d.). *Pengaruh Bantal Compress Herbal Terhadap Peningkatan Involusi Uteri Pada Ibu Nifas* (Vol. 5, Issue 2, pp. 223–225).
- Rahmadini, F., Elly, N., Buston, E., & Yoalwan, T. (n.d.). Effect of Puerperal Exercises and Auricular Acupressure on Uterine Involution Politeknik Kesehatan Kementerian Kesehatan. *(Correspondence Author Email, 18(1), 69–76.
- Rahmah, S., A., L., & Christiawan, S. (n.d.). *Maternity Care , and Postnatal Care with Maternal Mortality Rate in East Java Province* (Vol. 9, Issue November, pp. 448–455).
- Resty Aulia^{1*}, Novalia Widiya Ningrum², Siti Noor Hasanah³, P. Y. (2026). *Efektivitas Kompres Hangat Berbahan Herbal Terhadap Involusi Uteri Pada Ibu Nifas Di Wilayah Kerja Puskesmas Resty*. 9, 32–36.
- Rohmah, M., Anggraeni, S., Istighosah, N., Hutagaol, I. O., Syarif, S. I. P., Mufida, R. T., Argaheni, N. B., Yuliana, W., Ekawati, N., & Astuti, F. (n.d.). *Asuhan Kebidanan Pada Ibu Nifas*.
- Sutran, D. S., & Handayani, T. Y. (n.d.). *Comparison of Oxytocin Massage And Warm Compress Herbal Results In Reducing Uterine Fundus Heightfor Post-Partum Mothers at TpmB Midwife Rosida Purwakarta Plered* (pp. 641–646).
- Tinggi, S., Kesehatan, I., Husada, P., Info, A., & Exercise, P. (n.d.). The effectiveness of postpartum exercise on uterine involution in postpartum women in Aek Haruaya village. *Portibi District , North Padang Lawas Regency In*, 15(01), 40–45. <https://doi.org/10.54209/jurnaleduhealth.v15i01>
- Widiyanti, D., Destariyani, E., & Yulyana, N. 2024. (n.d.). *Efektifitas Hot Herbal Compress Dan Penggunaan Bengkung Terhadap Penurunan Tinggi Fundus Uteri* (Vol. 6, Issue 3, pp. 443–51).
- Yin, X., & Liu, X. (n.d.). Dynamic serum metabolomic changes during Chinese herbal hot compress therapy for postpartum uterine involution: pathway analysis and candidate biomarker identification. *April*. <https://doi.org/10.3389/fmed.2026.179195>