

POSTPARTUM DAY 4 MIDWIFERY CARE FOR MRS. "D" WITH PAIN FROM POST-CESAREAN SECTION (SC) IN BUNGI HEALTH CENTER

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ARTICLE INFORMATION	A B S T R A C T
Received: Date, Month, Year Revised : Date, Month, Year Accepted: Date, Month, Year DOI:	<p>Background: Post SC suture wound pain is discomfort or pain felt by the mother at the suture wound in the abdomen after SC surgery care to deliver a baby. Objective: This study aims to provide midwifery care to postpartum women with post-SC suture wound pain at the Baubau City Bungi Health Center using Varney's 7-step documentation and SOAP. Methods: This type of research is a case study report, using Varney's 7-step midwifery approach and SOAP documentation method. Results: Evaluation of the mother has known her condition, uterine contractions. Mother understands the condition of her wound and is willing to take medicine, relaxation, light activity, good nutrition. Maintain personal hygiene, change pads, and check herself if there are danger signs of puerperium. Husband and family provide support. Mother will return in 3 days for dressing change. Actions have been documented. Conclusions : Post partum midwifery care on day 4 on Mrs. "D" with post SC suture wound pain is carried out according to midwifery service standards.</p>
KEYWORDS <i>Pain; Incision; Post; Caesarean Section.</i>	
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INTRODUCTION

The postpartum period is a crucial phase that begins immediately after the delivery of the placenta and continues until the mother's reproductive organs return to their pre-pregnancy (Setiyowati & Maringga, 2022). Typically, this period lasts for 6-8 weeks, during which mothers may face various challenges, one of which is pain from surgical wounds, particularly for those who underwent a cesarean section (C-section).

According to data from 2021, the World Health Organization (WHO) reported that 21.1% of global births were performed via C-section. In the following year, WHO noted that 60-80% of mothers who had a C-section experienced pain at the surgical site within the first week postpartum. In Indonesia, 70% of mothers who delivered via C-section faced similar (Arrif Zulhani & Rossa, 2020a).

In Southeast Sulawesi, 68.2% of mothers who had a C-section in 2022 reported pain at the surgical site (Dinas Kesehatan Provinsi Sulawesi Tenggara, 2022), while in Baubau City in 2023, this figure increased to 71.8 (Dinas Kesehatan Kota Baubau, 2023). At the Bungi Health Center in Baubau City that same year, approximately 75% of mothers with a C-section experienced surgical wound (Puskesmas Bungi Kota Baubau, 2023).

During comprehensive practice at the Bungi Health Center, the researcher encountered six postpartum mothers, but only two cases were selected for the study, focusing on those with postpartum complications. Patient satisfaction with healthcare services, including the management of post-C-section wound pain, may vary between urban and rural health centers. This comparative evaluation is important for improving service quality and ensuring that all mothers receive optimal care. (Wa Ode Sitti Justin, 2022).

The cases observed included a mother with tuberculosis and a mother with post-C-section wound pain. From these cases, the researcher obtained consent from Mrs. "D," who experienced post-C-section wound pain, to be the subject of the study, following the informed consent signed by the mother.

Midwifery care for a mother on the 4th day postpartum with post-C-section wound pain involves several critical stages: assessment, planning, implementation, evaluation, and documentation. On February 22, 2024, Mrs. "D," who was on her 4th day postpartum, complained of pain at the post-

C-section wound site. Previously, she had undergone a C-section in 2013 due to premature rupture of membranes (PROM).

On February 19, 2024, she delivered her fourth child via C-section again, with the incision made at the same location. The pain was felt whenever she moved, such as when turning or walking, which interfered with her activities. Examination showed normal vital signs, with blood pressure of 110/80 mmHg, a pulse rate of 80 beats per minute, a temperature of 36.9°C, a respiratory rate of 24 breaths per minute, a weight of 71 kg, and a height of 144.5 cm. The post-C-section wound was vertical and not yet dry.

Midwifery care on the 4th day postpartum after a C-section is crucial for managing pain due to the surgical wound. A C-section involves an incision in the abdominal wall and uterus, and post-C-section wound pain can be caused by tissue trauma, inflammation, and the activation of nociceptors, triggering pain sensations.

Midwifery care on the 4th day postpartum aims to facilitate the mother's physical and psychological recovery, including monitoring uterine involution, lochia discharge, and hormonal changes, as well as effective pain management.

Post-C-section wound pain is a common issue faced by mothers after giving birth via C-section. This pain can affect the mother's comfort and recovery process, requiring special attention from healthcare providers. This study aims to understand and provide effective solutions to this issue at the Bungi Health Center in Baubau City, using Varney's 7-step approach and SOAP in midwifery care.

The phenomenon of post-C-section pain is quite common and can impact the quality of life for mothers after childbirth. This pain can hinder daily activities and prolong the recovery time, ultimately negatively affecting mother-baby interactions and the breastfeeding process. Increasing understanding of postoperative pain management is essential to enhance the quality of midwifery care and accelerate the mother's recovery process.

Post-C-section wound pain management should be approached holistically. Pharmacological methods, including the use of analgesics like mefenamic acid, are effective in reducing pain. Meanwhile, non-pharmacological therapies such as relaxation techniques, heat or cold therapy, and emotional support help alleviate the mother's discomfort (Evrianasari & Yosaria, 2019). The midwife's role is crucial in applying these approaches to reduce postoperative pain in Mrs. "D" by stimulating endorphin release, which helps reduce pain and accelerate the healing of post-C-section wounds (Alam, 2020).

This research is urgent because post-C-section pain can disrupt the mother's physical and emotional well-being, which, in turn, can affect their ability to care for the newborn. Effective pain management will aid in faster recovery and enhance the mother's experience during the postpartum period. Therefore, this study aims to develop and implement effective pain management strategies in healthcare facilities.

This research offers an approach to managing post-C-section pain using Varney's 7-step approach combined with SOAP. This approach has not been widely applied in health centers and is expected to yield better results in reducing pain and accelerating the mother's recovery. Initial findings suggest that this approach is effective in reducing the level of pain experienced by mothers after a C-section. Mothers who received midwifery care with this method showed faster recovery and improved quality of life during the postpartum period.

Based on the above data, the author is interested in conducting a study entitled "Midwifery Care on the 4th Postpartum Day for Mrs. 'D' with Post-Cesarean Section Wound Pain," with the hope that post-C-section wound pain in mothers on the 4th postpartum day can be well-managed, the mother's recovery process can proceed optimally, and the mother can better care for her baby.

METHODOLOGY

In composing this final report, the method utilized is a case study approach, employed as part of midwifery management. Midwifery management is a problem-solving process used to structure thoughts and actions based on scientific theories, findings, and skills in a logical sequence to make client-focused decisions. A case study involves an intensive focus on a specific subject by analyzing it as a case. Dalam penulisan laporan tugas akhir ini, metode yang digunakan ialah pendekatan studi kasus. The documentation method used by the author is SOAP (Subjective, Objective, Analysis, Plan). This method aids in detailing a case or incident according to the theoretical framework applied to real-life situations.

Subjective data refers to documentation derived from anamnesis with Mrs. S or through interviews. Objective data involves documentation obtained from physical examinations and supporting tests, which serve as focal data for guiding care. Analysis represents the interpretation of findings from both subjective and objective data. Plan outlines the documentation of the planned actions to be carried out both immediately and in the future. This approach facilitates the creation of a systematic and focused report, enhancing decision-making in midwifery practice.

Research Location and Time

The research was conducted at Puskesmas Bungi in Baubau City from February 22 to March 27, 2024.

Research Subject and Object

The subject of this study is Mrs. "D," who is on the fourth day postpartum and experiencing pain from a post-cesarean section wound.

Data Collection Techniques

Data were collected through interviews using a structured interview guide based on Varney's seven steps to gather subjective information from the mother. Additionally, direct observation was conducted to obtain objective data regarding the mother's physical and clinical condition. The data collection involved using instruments designed to gather firsthand information from the field. The process varied depending on the type of research conducted. In this study, data collection methods included observation, interviews, document collection, physical examinations, and consultation discussions with midwives.

Data Analysis

For data analysis, the researcher collected data directly from the field using various methods such as observation, physical examination, interviews, and documentation. During data collection, direct observation was conducted at the research site, focusing on the target clients. The purpose of data collection was to obtain the necessary information firsthand and to summarize the findings from all collected data. Lokasi tempat penelitian ini adalah di Puskesmas Bungi Kota Baubau pada tanggal 22 Februari – 27 Maret 2024.

RESULTS AND DISCUSSION

Subjective Data

On February 19, at 04:49 AM WITA, subjective data was collected concerning the identities of the patient, Mrs. "D," and her husband, Mr. "L." Both are 31 years old, have been married for approximately 12 years, and follow the Islamic faith. Mrs. "D" is of Javanese descent with a junior high school education, while Mr. "L" is from the Buton ethnic group and has an elementary school education. Mrs. "D" is a homemaker, and Mr. "L" works as a driver. They reside in Wamembe.

The patient's primary complaint is pain at the site of her post-cesarean section (C-section) stitches, which she began experiencing on February 19, 2024, at 04:49 AM WITA, immediately after the operation. She also reported bleeding from the birth canal. The medical history shows that Mrs. "D" delivered her fourth child via C-section and has never had a miscarriage (P4A0). The post-C-section wound pain is her main complaint following childbirth.

Mrs. "D" has no history of communicable diseases such as HIV, syphilis, HBsAg, or AIDS. She also has no family history of hereditary conditions like asthma or diabetes mellitus and no chronic illnesses such as heart disease, hypertension, or tuberculosis. Regarding her reproductive history, Mrs. "D" had her first menstruation at age 14, with a regular 28-day cycle and 7-day duration, without any issues like dysmenorrhea. She has had four pregnancies, all resulting in live births, with no history of miscarriage (P4A0). Mrs. "D" has not used any form of contraception.

During the postpartum period, Mrs. "D" has a nutritional intake that includes three meals a day, consisting of rice, tofu, tempeh, and eggs, and drinks five glasses of warm water daily. She avoids eating fish during this period. Her obstetric history indicates that she has had four successful pregnancies and deliveries, including the most recent one via C-section on February 19, 2024.

Objective Data

Mrs. "D" is in generally good condition, with *compos mentis* consciousness, a weight of 71 kg, a height of 149 cm, and a mid-upper arm circumference (MUAC) of 30 cm. A physical examination revealed normal vital signs, with blood pressure at 110/80 mmHg, a pulse rate of 80 beats per minute, a temperature of 36.9°C, and a respiratory rate of 24 breaths per minute. A head-to-toe examination showed no significant abnormalities, though the surgical wound had not yet dried and was covered with a dressing.

Analysis

P4A0, Postpartum Day 4 with post-C-section wound pain

Management

On February 22, 2024, at 09:40 AM WITA, a series of assessments and interventions were carried out for the postpartum patient with a surgical wound from a C-section. The initial assessment involved explaining the condition of her wound, which had not yet dried, to the patient, who understood this information well. Pain assessment was conducted using a pain scale, and the patient reported a pain score of 4, indicating moderate pain with symptoms such as guarding the affected area, reduced movement, and complaints of pain. The patient was advised to take the prescribed medications, Mefenamic Acid 3x1 and Cefixime Trihydrate 2x1, which aligns with the treatment theory emphasizing patient compliance for optimal outcomes (Nurhasanah et al., 2019).

The patient was also taught relaxation techniques, such as slow and deep breathing exercises, which she understood and practiced when experiencing pain. Recommendations for light physical activity were given and followed by the patient. Additionally, she was advised to consume high-protein foods (such as fish, meat, eggs, chicken, tofu, and tempeh), carbohydrates (such as rice, potatoes, and cassava), and to drink 2-3 liters of water per day, especially while breastfeeding. The patient understood and adhered to these dietary recommendations well (Evrianasari & Yosaria, 2019).

Maintaining personal hygiene, particularly around the C-section wound area, was emphasized to prevent infection. The patient was instructed to change sanitary pads regularly to maintain cleanliness. She was also counseled on postpartum danger signs, such as postpartum hemorrhage, breast engorgement, mastitis, calf pain, shortness of breath, chest pain, emotional disturbances, fever, headaches with blurred vision, and infections at the C-section site, as well as difficulty with urination or defecation. The patient committed to seeking medical attention if any of these signs occurred (Puspitasari et al., 2021).

The patient's family, especially her husband, was informed of the importance of supporting and assisting her in caring for the baby and managing household tasks, and they expressed their willingness to help. The patient was also advised to visit the health center every three days for dressing changes, which she agreed to do. All actions and interventions were thoroughly documented (Sulistyaningsih & Wijayanti, n.d.).

To ensure optimal postpartum care, Mrs. "D" was informed about the condition of her wound, which had healed well after the C-section. Pain assessment using the pain scale indicated that she was experiencing mild pain with a score of 2, characterized by a neutral expression, and she was able to play and speak without difficulty.

Mrs. "D" was also advised to follow her doctor's instructions regarding the use of medications such as Mefenamic Acid and Cefixime Trihydrate. She understood the importance of following the prescribed medication regimen and agreed to adhere to it. Additionally, she was taught deep and slow breathing techniques to help manage pain when necessary, and she has effectively implemented these techniques during painful episodes.

The patient followed the recommendations for light physical activity, maintained a healthy diet with adequate protein and carbohydrate intake, and increased her water intake as advised. She also diligently maintained personal hygiene, particularly around the surgical wound area, and was provided with information about potential danger signs during the postpartum period. The entire process, including regular dressing changes at the health center every three days, has been carefully documented to ensure an optimal recovery for Mrs. "D".

Table 1. History of Previous Pregnancies, Childbirths, and Postpartum Periods

No	Year	Pregnancy	Gender	Birth attendant	Birthing place	Birth weight	Gender	Post partum
1.	2013	Aterm	SC	Doctor	RS Metro	3.200 gram	L	Good
2.	2016	Aterm	PPN	Midwifery	Polindes waliabuku	3.100 gram	L	Good
3.	2017	Aterm	PPN	Midwifery	Polindes wonco	3.200 gram	L	Good
4.	2024	Aterm	SC	Doctor	RS Siloam	3.000 gram	P	Good

Source: Primary Data, 2024

CONCLUSION

Based on the anamnesis results, subjective data were obtained from the patient, Mrs. "D", and her husband, Mr. "L". Both are 31 years old, have been married for approximately 12 years, and practice Islam. Mrs. "D" is of Javanese ethnicity with a middle school education, while Mr. "L" is of Butonese ethnicity with an elementary school education. Mrs. "D" is a homemaker, and Mr. "L" works as a driver. They reside in Wamembe.

The patient's main complaint is pain at the site of the stitches following her cesarean section (C-section), which she has experienced since February 19, 2024, at 04:49 WITA, right after the surgery. She also reported blood discharge from the birth canal. Her medical history shows that Mrs. "D" delivered her fourth child via C-section and has never had a miscarriage (P4A0). The post-surgical stitch pain is the main complaint she has been experiencing after giving birth. Objective data from the examination revealed that the mother's general condition is good, with a compos mentis level of consciousness. She has a weight of 71 kg, a height of 149 cm, and a mid-upper arm circumference of 30 cm. Physical examination shows that the patient's vital signs are normal, with blood pressure at 110/80 mmHg, a pulse rate of 80 beats per minute, a temperature of 36.9°C, and a respiratory rate of 24 breaths per minute. Examination from head to extremities showed no significant abnormalities, although the surgical wound had not yet dried and was covered with a bandage. Based on the subjective and objective data obtained, the analysis for Mrs. "D", 31 years old, P4A0, on postpartum day 4, is post-C-section stitch pain.

The management plan includes: explaining to the patient the condition of her wound, which has not yet dried; assessing the pain using a pain scale; advising the mother to take medication as prescribed by the doctor, including Mefenamic Acid 3x1 and Cefixime Trihydrate 2x1; teaching relaxation techniques such as deep and slow breathing exercises, which the patient has understood and practiced when feeling pain; recommending light activities, which the patient has accepted and followed; advising the patient to consume high-protein foods (such as fish, meat, eggs, chicken, tofu, and tempeh), carbohydrates (such as rice, potatoes, and cassava), and to drink 2-3 liters of water per day, especially after breastfeeding; advising the mother to maintain personal hygiene, particularly around the C-section wound, which is the main focus to prevent infection; recommending changing sanitary pads whenever they are full to maintain cleanliness; providing counseling on warning signs during the postpartum period, such as postpartum hemorrhage, breast engorgement, mastitis, calf pain, shortness of breath or chest pain, emotional disturbances, high fever, headaches and blurred vision, as well as infection of the C-section wound, and difficulty controlling urination and bowel movements; advising the mother to seek medical attention if these signs are observed. The family, especially the husband, was advised to support and assist the patient in caring for the baby and household chores. The mother was also advised to visit the health center every three days for bandage changes, which the patient agreed to. All actions and interventions were well documented.

ACKNOWLEDGMENT

We express our gratitude to ALLAH SWT for His blessings, grace, and guidance, which enabled us to complete this Final Project Report titled "Midwifery Care on Postpartum Day 4 in Mrs. "D" with Post-Cesarean Section (C-Section) Stitch Pain at Bungi Health Center, Baubau City." This report is one of the requirements to complete the Associate Degree in Midwifery at the Midwifery Diploma Program of Baubau Polytechnic.

The author received considerable assistance from various parties during this process. Therefore, I would like to express my deep gratitude to my supervisors, Mrs. Hilda Sulistia Alam,

SST., M.Tr.Keb, and Mrs. Wa Ode Sitti Justin, SKM., M.Kes, who have greatly assisted me in the preparation of this final report. My heartfelt thanks are also extended to my beloved parents, Mr. La Ode Hazaruni and Mrs. Wa Ode Armawati, for their unwavering support. Without their hard work, I would not have been able to reach this point and complete this report. I offer my prayers for their continued health and well-being. Additionally, I would like to thank Mrs. "D" and her family for their cooperation and participation in helping me provide care.

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