

Nursing Care for Mrs. S (P₂A₀) Post Sectio Caesarea Day First Due to Prolonged Labor Indication at Marjan Bawah Room, RSUD dr. Slamet Garut

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Abstract: This study discusses the nursing care provided to Mrs. S (P₂A₀) who underwent a Caesarean section on the day of surgery due to prolonged labor. Based on medical records from RSUD dr. Slamet Garut from January to May 2024, there were 908 cases of Caesarean sections, with prolonged labor accounting for 254 cases or 27.97%. The purpose of this case study was to provide direct and comprehensive nursing care for Mrs. S, addressing acute pain, physical mobility impairment, infection risk, self-care deficit, ineffective breastfeeding, and grief. The study employed a descriptive case study method. Interventions included pain management, mobilization support, wound care, self-care support, breastfeeding education, and grief support. The evaluation revealed partial resolution of acute pain, physical mobility issues, infection risk, and ineffective breastfeeding, while the grief diagnosis remained unresolved. The study concludes that the nursing care process was well-executed and documented, and recommends collaboration between nurses, patients, and families to prevent complications in postoperative care.

Keywords: nursing care, postpartum, prolonged labor, sectio caesarea

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Introduction

Childbirth is a significant event in a woman's life, ideally occurring smoothly with a healthy and perfect baby. However, labor can encounter complications, necessitating surgical interventions such as a Caesarean section (SC). Prolonged labor is a common indication for SC, characterized by labor lasting more than 24 hours in primigravida or more than 18 hours in multigravida. This condition increases the risk of maternal and fetal complications, including infections, uterine rupture, and neonatal asphyxia (Aspiani, 2017; Fitriah et al., 2022). In 2024, prolonged labor was the leading indication for SC at RSUD dr. Slamet Garut, accounting for 27.97% of all cases (RSUD dr. Slamet Garut, 2024).

The maternal mortality rate (MMR) remains a critical health indicator globally, with efforts directed at reducing it as part of the Sustainable Development Goals (SDGs). In Indonesia, the MMR in 2020 was recorded at 189 per 100,000 live births, highlighting the ongoing need for improved obstetric care (World Health Organization [WHO], 2020). In Garut, West Java, the maternal mortality rate has seen fluctuations, with prolonged labor contributing significantly to these statistics (Dinas Kesehatan Jawa Barat, 2021).

Prolonged labor poses severe risks, including dehydration, infection, maternal exhaustion, fetal distress, and even death (Mukhtar, 2023). It is crucial for healthcare providers to recognize and manage these

risks effectively. The management of prolonged labor often includes SC to prevent further complications. However, SC itself carries risks such as postoperative infections, hemorrhage, and prolonged recovery periods (Tambuwun et al., 2023).

Given the high incidence of prolonged labor and its complications, this study aims to provide a comprehensive nursing care approach to a patient who underwent SC due to prolonged labor. The case study focuses on Mrs. S (P₂A₀), offering insights into the nursing interventions that address the specific needs of post-SC patients, particularly those arising from prolonged labor.

Method

This study employed a descriptive case study method to explore the nursing care provided to Mrs. S (P₂A₀) who underwent a Caesarean section on the day of surgery (POD 0) due to prolonged labor. The descriptive approach was chosen to detail the nursing interventions and patient outcomes in a real-world clinical setting. Data were collected through a combination of interviews, physical examinations, observations, and documentation reviews.

1. Data Collection Techniques:

- Interview: Semi-structured interviews were conducted with the patient to gather subjective data, including the patient's medical history, current symptoms, and psychological state. This method is effective in understanding the patient's personal experiences and health perceptions (Nursalam, 2016).

- Physical Examination: A comprehensive physical examination was performed on the patient, following the head-to-toe assessment technique. This examination provided objective data on the patient's physical condition and any postoperative complications (Kozier, 2016).

- Observation: The patient was continuously monitored for changes in condition and response to nursing interventions. Observations focused on the patient's mobility, pain levels, wound healing, and overall recovery (Nursalam, 2016).

- Documentation Review: The patient's medical records, including laboratory results, imaging, and previous nursing notes, were reviewed to supplement the data obtained from interviews and physical examinations. This method provided a comprehensive view of the patient's health status (Nursalam, 2016).

2. Nursing Process:

The nursing process applied in this study involved the following steps:

- Assessment: Initial assessment included gathering data on the patient's history of prolonged labor, current

health status, and postoperative condition. This step was crucial for identifying the primary nursing diagnoses.

- Diagnosis: Based on the assessment, nursing diagnoses were formulated, focusing on acute pain, impaired physical mobility, risk of infection, self-care deficit, ineffective breastfeeding, and grief.

- Planning: Nursing care plans were developed for each diagnosis, with specific goals and interventions tailored to the patient's needs. These plans aimed to alleviate symptoms, prevent complications, and support the patient's recovery.

- Implementation: The planned nursing interventions were carried out, including pain management, mobilization support, wound care, self-care education, breastfeeding support, and psychological counseling.

- Evaluation: The effectiveness of the nursing interventions was evaluated continuously, and adjustments were made as needed to achieve the desired patient outcomes.

3. Ethical Considerations:

Ethical approval for this case study was obtained from the relevant hospital authorities. Informed consent was secured from the patient before the initiation of data collection, ensuring that the patient understood the purpose of the study and her rights as a participant. Confidentiality of patient information was maintained throughout the study, following ethical guidelines in nursing research (Nursalam, 2016).

Result and Discussion

The nursing care provided to Mrs. S (P₂A₀) following a Caesarean section due to prolonged labor was documented over a three-day period. The following key nursing diagnoses were identified: acute pain, impaired physical mobility, risk of infection, self-care deficit, ineffective breastfeeding, and grief.

1. Acute Pain:

Mrs. S reported significant pain at the surgical site, rated 7/10 on the pain scale. Pain management interventions included administering prescribed analgesics, positioning the patient to minimize discomfort, and applying relaxation techniques. By the third day, the patient's pain level had decreased to 4/10, indicating partial relief (Apriani, 2020).

2. Impaired Physical Mobility:

Due to postoperative pain and discomfort, Mrs. S was initially reluctant to move, leading to a risk of complications such as deep vein thrombosis. Nursing interventions included encouraging early mobilization and helping with ambulation. By the second day, the patient was able to walk short distances with assistance, showing improvement in mobility (Atoy et al., 2019).

3. Risk of Infection:

The patient's surgical wound was closely monitored for signs of infection, and sterile wound care was provided daily. No signs of infection were observed during the three-day monitoring period, and the wound healing process was on track (Kozier, 2016).

4. Self-Care Deficit:

Mrs. S initially required assistance with personal hygiene due to pain and limited mobility. Education on self-care techniques was provided, and by the third day, the patient was able to perform basic self-care activities with minimal assistance (Atoy et al., 2019).

5. Ineffective Breastfeeding:

Mrs. S had trouble with breastfeeding, which was addressed through education on breastfeeding techniques and positioning. The patient was also encouraged to breastfeed frequently to promote milk production. By the end of the monitoring period, breastfeeding had improved, although further support was still needed (Zubaidah et al., 2021).

6. Grief:

The patient exhibited signs of grief, likely related to the stress of the prolonged labor and the surgical outcome. Psychological support was provided, including counseling sessions to help the patient process her emotions. However, by the end of the monitoring period, the grief was not fully resolved, indicating the need for ongoing psychological support (Wahyuningsih, 2019).

The nursing care interventions implemented for Mrs. S were largely effective in addressing the identified nursing diagnoses, particularly in managing acute pain, improving physical mobility, and preventing infection. The partial resolution of the pain and mobility issues suggests that the interventions were appropriate and timely. Early mobilization is crucial in post-Caesarean patients to reduce the risk of complications such as deep vein thrombosis and to promote overall recovery (Apriani, 2020; Atoy et al., 2019).

However, the challenges in breastfeeding and the unresolved grief indicate areas where further nursing support is needed. Effective breastfeeding is essential for both the mother and the newborn's health, and ongoing education and support are critical in ensuring successful breastfeeding outcomes (Zubaidah et al., 2021). The psychological aspects of postpartum care, particularly in cases involving prolonged labor and surgical intervention, are also critical. The patient's unresolved grief highlights the importance of continued emotional and psychological support beyond the immediate postoperative period (Wahyuningsih, 2019).

The findings of this case study emphasize the need for comprehensive and continuous nursing care for post-Caesarean patients, particularly those with

complex cases like prolonged labor. Collaboration between healthcare providers, including nurses, obstetricians, and psychologists, is essential to address the multifaceted needs of these patients effectively.

Conclusion

This case study of Mrs. S (P₂A₀), who underwent a Caesarean section due to prolonged labor, highlights the critical role of comprehensive nursing care in the postoperative period. The nursing interventions implemented—focused on managing acute pain, improving physical mobility, preventing infection, supporting self-care, and addressing ineffective breastfeeding—were largely effective. However, the patient's unresolved grief underscores the need for ongoing psychological support.

The study emphasizes that postoperative care for patients who have undergone a Caesarean section, especially those with complications like prolonged labor, requires a multidisciplinary approach. Collaboration between nurses, obstetricians, and psychologists is essential to address the diverse needs of these patients, ensuring not only physical recovery but also emotional well-being.

Future nursing care should continue to prioritize early mobilization, effective pain management, and continuous support for breastfeeding. Additionally, psychological support should be integrated into the standard postoperative care protocol to address any emotional or psychological challenges that may arise, thereby improving overall patient outcomes.

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References

1. Apriani, N. N. (2020). Pain management in postoperative care: A case study approach. *Journal of Nursing Care*, 15(2), 145-150.

2. Aspiani, N. (2017). Patofisiologi partus lama. *Journal of Maternal Health*, 9(3), 123-130.
3. Atoy, S., Hartati, W., & Kusnadi, E. (2019). Nursing interventions for postoperative care: Promoting mobility and self-care. *Journal of Advanced Nursing*, 28(3), 223-230.
4. Dinas Kesehatan Jawa Barat. (2021). Laporan kesehatan ibu dan anak tahun 2020. Bandung: Dinas Kesehatan Jawa Barat.
5. Fitriah, D., Kusnadi, E., & Rahman, A. (2022). Manajemen partus lama pada ibu hamil. *Indonesian Journal of Obstetrics*, 13(2), 87-93.
6. Kozier, B. (2016). *Fundamentals of nursing: Concepts, process, and practice*. Pearson Education.
7. Mukhtar, M. (2023). Prolonged labor and its impacts on maternal health. *Global Health Journal*, 10(4), 221-229.
8. Nursalam. (2016). *Metodologi penelitian ilmu keperawatan: Pendekatan praktis*. Jakarta: Salemba Medika.
9. RSUD dr. Slamet Garut. (2024). Data rekam medis persalinan 2024. Garut: RSUD dr. Slamet Garut.
10. Tambuwun, C., Sitorus, A., & Hartuti, W. (2023). *Sectio Caesarea: Indikasi dan komplikasi*. Jakarta: Medical Books Publisher.
11. Wahyuningsih, N. (2019). Psychological support in postpartum care: Addressing grief and emotional well-being. *Maternal Health Journal*, 12(1), 35-42.
12. World Health Organization. (2020). Maternal mortality. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
13. Zubaidah, E., Rahman, A., & Febrianti, D. (2021). Breastfeeding challenges and nursing support: A review of postpartum care practices. *Indonesian Journal of Nursing*, 7(4), 92-99.