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The Effectiveness Of Early Mobilization On The Healing Of Post-Caesarean Section Patients In The Obstetrics Ward Of Karel Sadsuitubun Hospital Langgur In 2023

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ABSTRACT

Background: Early mobilization is an activity movement or position change carried out by the patient several hours after surgery.
Purpose: Evaluating the effectiveness of early mobilization on the healing process of patients after cesarean section in the Midwifery Room at RSU Karel Sadsuitubun Langgur in 2023.
Methods: The research design used was quasi-experimental with the selection of a control group. This research uses a quantitative research approach with a quasi-experimental method. Where a total of 52 respondents were divided into two groups: the intervention group who underwent early mobilization and the control group did not receive this intervention. Observations were made on the length of healing time, complication rates, and patient satisfaction levels.
Results: The results showed that the intervention group with early mobilization had a shorter healing time and a lower complication rate compared to the control group. Additionally, patients in the intervention group experienced higher levels of satisfaction with their healing process.
Conclusion: There is a positive influence of early mobilization on the recovery of patients after cesarean section.

Keywords:
Early Mobilization; Healing; Patients; Caesarean Section

1. Introduction

Public and state health indices are measured through the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). In 2010, MMR in Indonesia reached 228 per 100,000, and one of the main causes was infection, which contributed around 11 percent of all causes of MMR according to 2007 SDKI data. Infection is often a common complication in mothers after undergoing cesarean section, childbirth via cesarean section operation shows that the incidence of infection is around 40-80 per 100,000 births, based on data from the Ministry of Health in 2006. Findings from research conducted by Creasy et al (1994) show that the incidence of infections, such as endometritis, can increase by around 12-51% at birth via cesarean section, even when the patient has received prophylactic antibiotics.

According to the World Health Organization (WHO), the number of births using the cesarean section method is quite large, namely around 10% to 15% of all births (WHO, 2010). The World Health Organization (WHO) states that births by cesarean section are around 10 - 15% of all births in developing countries. Based on Riskesdas 2013, the percentage of deliveries by cesarean section in Indonesia is still large, namely 9.8%.

Cesarean section is a surgery to give birth to a child through an incision in the abdominal wall and uterus (Oxom, 2010). The risk of giving birth using a cesarean section is that the risk of maternal death is 4-6 times greater than giving birth vaginally. Apart from that, the effects of cesarean section delivery are also quite numerous, including disrupting the breastfeeding process, and causing quite long surgical wounds. Surgical wounds resulting from cesarean section must receive good care, to prevent the possibility of infection. Often mothers limit their body movements due to surgical wounds so that the wound-healing process and the removal of dirty fluid or blood clots from the mother's uterus will be affected (Bobak, 2005).

Post-cesarean section surgical wounds are a type of surgical wound that is at high risk of bleeding and infection. It is not uncommon for procedures that are not sterile during surgery or after surgery to result in infection and more fatal complications. According to Noviwati, Rita and Melanie (2023), post-cesarean section is a surgical procedure commonly performed in the field of obstetrics to treat various complications of pregnancy or childbirth. The varying numbers of cesarean sections in all hospitals can reflect that cesarean sections are now a necessity and even a mother's choice in the birthing process, but it is not impossible that with cesarean section deliveries, there will be no complications. Although the cesarean section has become a routine and relatively safe procedure, post-operative procedures are often accompanied by various complications and healing challenges. Complications that can occur include venous thrombosis (Prawihardjo, 2008).

The increase in the number of cesarean sections in Indonesia, including at RSU Karel Sadsuitubun Langgur, shows the importance of research on post-operative recovery strategies. The high rate of cesarean sections can contribute to an increased risk of postoperative complications, such as wound infections and bowel movement disorders.

Early mobilization or movement as soon as possible can prevent blood flow from being obstructed. Obstruction of blood flow can cause deep vein thrombosis and cause infection. Early mobilization is an effort to maintain independence as early as possible by guiding sufferers to maintain physiological function (Bobak et al, 2005). Early mobilization, which includes physical activity and patient care immediately after surgery, has been known as an effective strategy for improving the healing process after a cesarean section.

Previous research has shown that early mobilization can improve blood flow, reduce the risk of blood clots, and speed up the wound healing process. Apart from that, early mobilization can also improve the function of the respiratory system, prevent pneumonia, and speed up the recovery of intestinal function.

Based on the results of research conducted (Netty, 2013), it was found that 33 respondents (78.6%) carried out early mobilization well and 9 respondents (21.4%) carried out early mobilization poorly. In the process of healing caesarean section wounds, 35 respondents (83.3%) reported that the wounds healed normally, while 7 respondents (16.7%) did not experience normal healing. The results of this statistical analysis show that there is a significant relationship between early mobilization and wound healing after cesarean section surgery, with a p-value = 0.028. Apart from that, in Mahesh's (2009) research, it was found that as many as 1000 respondents underwent mobilization after 6 hours after surgery, and it was found that the patient's condition recovered well.

Immediate mobilization, step by step, is very useful in supporting the patient's healing process. Apart from the physical aspect, psychologically, mobilization also reflects the patient's confidence that the healing process has begun. Explanations regarding changes in movement and position must be conveyed clearly to the patient and/or accompanying family. Mobilization also has an important role in preventing thrombosis and embolism. However, it is necessary to avoid mobilizing too early, because this could potentially affect the healing process of the surgical wound. Therefore, it is recommended to carry out mobilization regularly and gradually, which is then balanced with periods of rest, as the most recommended approach (Mochtar, 2022).

Obstetrics has a crucial role in supporting the early mobilization of patients after cesarean section. Obstetric nurses at RSU Karel Sadsuitubun Langgur must have adequate knowledge and skills to provide optimal care and support patients in carrying out physical activities as soon as possible after surgery.

Therefore, researchers are interested in reviewing further the importance of early mobilization in the recovery of patients after cesarean section. So the main aim of this research is to assess and determine the relationship between the effectiveness of early mobilization on the recovery of patients after cesarean section in the obstetrics room at Karel Sadsuitubun Langgur Hospital. By understanding the positive impact of early mobilization, it is hoped that treatment guidelines can be developed that can improve the quality of patient care and reduce postoperative complications.

2. Methods

The method should be structured as follows:

2.1 Research design

This research explains the methodology used to test the effect of the effectiveness of early mobilization on the recovery of patients after cesarean section in the obstetrics room at Karel Sadsuitubun Langgur Hospital in 2023. This research was conducted using a quantitative approach and used a structured survey method to collect data from randomly selected respondents.

This research method is experimental research with a pre-experimental type, post-test design only with a control group design, namely a design that carries out observations that occur after the experiment (treatment). This study was divided into 2 groups, namely the control group and the group given the intervention.

2.2 Setting and Samples

The samples in this study were post-cesarean section patients in the Obstetrics Room at Karel Sadsuitubun Regional Hospital. The sampling technique used is a probability sampling technique, namely simple random sampling, namely taking all samples that match the inclusion and exclusion criteria randomly. The number of samples was 26 people in the treatment group and 26 people in the control group in samples that met the criteria.

3. Results

Table Captions

Table 1 Distribution of Respondents Based on Gender

Gender	**Number of Respondents**	
	Experiment Groups	Control Groups
Female	26	26

Total	52

Table 2 Distribution of Respondents Based on Age

Age	**Number of Respondents**	
	Experiment Groups	Control Groups
17 - 30 year	14	15
31 - 40 year	8	8
> 40 year	4	3
Total	26	26

Table 3 Distribution of Respondents Based on Occupation

Work	**Number of Respondents**	
	Experiment Groups	Control Groups
Housewife	21	20
Honor Power	4	3
Government employees	0	2
Private sector employee	1	1
Total	26	26

Table 4 Distribution of Respondents Based on Education

Education	**Number of Respondents**	
	Experiment Groups	Experiment Groups
Elementary School	2	2
Junior High School	2	4
Senior High School	14	9
College D3 - S1	8	11
Total	26	26

From Table 1, it describes the characteristics of respondents in terms of gender. Of the 52 respondents taken, 26 respondents were in the experimental group, or 50% and the remaining 50 respondents, or 50% were in the control group.

Table 2 shows the characteristics of respondents in terms of age, namely 17 to more than 40 years, of the 52 respondents taken, 29 respondents were aged 17-30 years, 16 respondents were aged 30-40 years, and 7 respondents were aged more than 40 years in experimental group and control group. So it can be concluded that patients who undergo caesura sections are dominated by those aged 17 to 30 years.

Table 3, shows the characteristics of the respondents in terms of the respondent's work background, namely students, of the 56 respondents taken, 41 respondents had a background as housewives, 7 respondents had a background as honorary workers, 2 respondents had a background as a civil servant, and 2 respondents are private employees. So it can be concluded that patients who undergo caesura sections are dominated by patients who have a background as housewives.

Table 4 shows the characteristics of respondents in terms of their educational background. Of the 52 respondents taken, 4 respondents had an elementary education

background, 6 respondents had a junior high school background, 13 respondents had a high school education background, and 19 respondents had a D3 to S1 background. So it can be concluded that patients who undergo caesura sections are dominated by patients with a D3 to S1 educational background.

From the results of the statistical analysis in this study, it can be seen from the individual t-test that the variable early mobilization (X) has a significant influence on the patient recovery variable after cesarean section (Y). This statement of results is proven by the probability value of the early mobilization variable, namely 0.013, which shows a smaller value compared to the significance value of 0.05 (0.013 < 0.05).

The coefficient of determination in this study has a value of 0.582 or 58.20%, where this figure shows that the dependent variable (patient recovery) can be explained by the independent variable (early mobilization), namely 58.20%, while the remaining 41.80% can be explained by other variables outside the research variables.

The results of the independent sample test calculation show that with a significance level of 0.05, the probability value (Sig. 2-tailed) is 0.000 (0.000 < 0.05), indicating that there is a difference in the length of recovery time for patients after cesarean section between the experimental group and the control group. So, it can be concluded that early mobilization is said to be effective in improving patient recovery at RSU Kaler Sadsuitubun Langgur.

4. Discussion

Based on the results of simple linear regression carried out in this study, shows that there is an influence of early mobilization on the recovery of patients after cesarean section at RSU Kaler Sadsuitubun Langgur. The regression results in this study show a probability value of 0.013 which is smaller than the significance value of 0.05, so it can be concluded that it has a significant effect on patient recovery. The relationship between these variables shows that there is a positive relationship between early mobilization and patient recovery. The positive relationship explains that if the implementation of early mobilization at RSU Kaler Sadsuitubun Langgur increases by one percent, it will increase the recovery of patients after caesarean section by 0.682 percent.

This research can also be proven from the test results in the independent sample test, where the research has a probability value of 0.000 which is smaller than the significance value of 0.05, so it can be interpreted that between before and after the implementation of early mobilization at RSU Kaler Sadsuitubun there are differences, where patients who carry out early mobilization are much faster in healing surgical wounds compared to those who have not carried out early mobilization.

From the results of the research conducted, it can be observed that of the 52 respondents, the healing process achieved a success rate of 90%, while 10% experienced a less than optimal healing process.

This is also in line with the results of research conducted by Tarigan and Huda (2023) which shows that there is a significant relationship between early mobilization and the healing process of cesarean section wounds. The results of the research can conclude that there is a relationship between early mobilization and the healing process of cesarean section wounds at RSHB. With a research probability value of 0.000 <0.05.

5. Implication and limitations

It is necessary to educate patients and families about the importance of early mobilization in the healing process, and providing a good understanding can increase patient awareness and participation in early mobilization programs.

6. Conclusion

Early mobilization not only provides physiological benefits by speeding up the healing process, but also has a positive psychological impact by increasing the patient's confidence in their ability to overcome the recovery process.

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