

THE RELATIONSHIP OF EARLY MOBILIZATION AND NUTRITION FACTORS WITH THE WOUND HEALING PROCESS OF POST SECTIO CAESAREA AT PUTRI HIJAU HOSPITAL, WEST MEDAN DISTRICT, MEDAN CITY IN 2021

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ABSTRACT

It is estimated that 60% of maternal deaths due to pregnancy occur after delivery and 50% of postpartum mass deaths occur within the first 24 hours. Nationally, the incidence of infection during the puerperium reached 2.7% and 0.7% developed towards acute infection. The cause of the high rate of infection is the decrease in the immune system of pregnant women who are susceptible to infection. Infection can occur because mothers give birth in health workers who use non-sterile tools. The infection that usually occurs in postpartum mothers is puerperal sepsis (Hastuti, 2012). This type of research is quantitative with a survey research design using a cross sectional approach. The population is all postpartum mothers who gave birth by caesarean section at Putri Hijau Hospital totaling 35 people and a sample of 30 people, using acideental sampling technique. The data collected in this study is primary data, namely data obtained directly from respondents by using a questionnaire. Data analysis using Chi Square statistical test. The results of the statistical analysis of early mobilization, the majority did not mobilize as many as 17 (56.7%) respondents with slow post Sc wound healing as many as 15 (50%) with $0.001 < 0.05$. The majority of nutrition is normal nutrition as many as 12 (40%) respondents with fast post sc wound healing as many as 12 (40%). Based on statistical results using Chi-Square shows a p value of 0.000 which is smaller than the level of error ($0.000 < 0.05$). So H_0 was rejected and H_a was accepted, meaning that there was a relationship between early mobilization and nutrition with the Post Sectio Caesarea Wound Healing Process at Putri Hijau Hospital in 2021. The wound healing process of each individual varies, but early mobilization must still be carried out after SC surgery considering the many benefits obtained. Without ignoring other supporting factors such as nutrition, oxygenation, drug use and so on

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1. Introduction

In the world, childbirth complications can increase the risk of maternal and fetal death. In 2015 more than 99% of maternal deaths occurred in low- and middle-income countries with around 302,000 people, 201,000 cases occurring in Saharan Africa and 66,000 cases in South Asia. The main priority of the Sustainable Development Goals (SDGs) is to reduce the world's Maternal Mortality Rate to less than 70/100.00 live births by 2030 (Who, 2018).

In Indonesia, who experienced complications of childbirth (23.2%), where there was a transverse/breech position of the fetus (3.1%), bleeding (2.4%), seizures (0.2%), premature rupture

of membranes (5.6. %), prolonged labor (4.3%), umbilical cord entanglement (2.9%), placenta previa (0.7%), lagging placenta (0.8%), hypertension (2.7%), other (4.6%) (Riskesdas, 2018).

Sectio caesarea (SC) continues to increase throughout the world, especially in middle and high income countries and has become a major and controversial public health issue (Torloni, 2014). According to WHO (2014), these countries include Australia (23%), Brazil (54%) and Colombia (43%). Caesarean section as much as 25% of the number of births that are carried out to mothers who do not have a high risk for normal delivery or childbirth complications (Depkes, 2012).

The results of Riskesdas in 2018 showed births by Caesarean section of 17.6% with the highest proportion in DKI Jakarta (31.1%) and the lowest in Papua (6.7%). In general, the pattern of delivery by Caesarean section according to the characteristics shows the highest proportion of living in urban areas (22.1%), Employment as a government employee (33.6%), Higher education/University (33.2%), and age 40- 44 years (24.7%). It is estimated that 60% of maternal deaths due to pregnancy occur after delivery and 50% of postpartum mass deaths occur within the first 24 hours. Nationally, the incidence of infection during the puerperium reaches 2.7% and 0.7% develops towards an acute infection. The cause of the high infection rate is due to decreased immune system in pregnant women who are susceptible to infection. Infection can occur because mothers give birth in health workers who use non-sterile tools. Infections that usually occur in postpartum women are puerperal sepsis (Hastuti, 2012).

Post cesarean section patients usually require hospitalization for about 3-5 days after surgery. Complications after surgery, can also prolong the length of treatment and recovery in the hospital. One of the factors in the wound healing process in post-section caesarea patients can be influenced by nutrition, mobilization. Based on a preliminary study conducted at the Putri Hijau Hospital in Medan in May 2021, 17 cases of SC in 2021 were found and 2 people were infected. The normal post-SC wound healing process is 6-7 days postpartum. Wound healing normally requires proper nutrition. Consume more foods rich in protein, carbohydrates, fats, Vitamins A and C and minerals that play a very important role in the formation of new tissue in the wound healing process.

However, there are still a lot of assumptions from the public and patients who undergo surgery if they eat foods that contain protein such as eggs, fish, meat, stitches will become itchy and the wound will take a long time to heal. The provision of nutrition is related to the type of food eaten, the frequency and schedule of feeding (Tarwoto, 2015). In addition to nutrition, mobilization is important to speed up the mother's recovery so that she can return to normal daily activities. Delay in early mobilization will make the mother's condition worse and recovery after caesarean section surgery will be delayed (Marfuah, 2015).

2. Method

One form of statistics used to find the relationship between two or more variables is done quantitatively. The quantitative approach used aims to determine the correlation between the independent variable and the dependent variable (Hidayat, 2010) with a cross-sectional research design that is analytic.

The population in this study were all postpartum mothers who gave birth by sectio caesarea at the Putri Hijau Hospital, West Medan District, Medan City in 2021 totaling 35 people. The sampling technique in this study was acidic sampling, where the researcher happened to meet with postpartum mothers who gave birth by sectio caesarea at the Poly Obgyn to come control as many as 30 people. Researchers conducted research for 7 days

Univariate analysis in this study was to analyze the frequency distribution and presentation of demographic data (age, gender, religion, status, education), both Early Mobilization, Nutrition and the third Post SC Wound Healing. Bivariate analysis was used to determine the relationship between each independent variable and the dependent variable using the chi square formula (kai squared) to estimate or evaluate the frequency under investigation to have a significant relationship or not, with a 95% confidence degree.

3. Analysis And Results

TABEL 1
UNIVARIATE ANALYSIS EARLY MOBILIZATION OF POST SECTIO CAESAREA MOTHERS AT PUTRI HIJAU HOSPITAL, WEST MEDAN DISTRICT, MEDAN CITY IN 2021

No	Early Mobilization	Jumlah	Persentase (%)
1	Do not do	17	56,7
2	To do	13	43,3
	Total	30	100

Based on the frequency distribution table for early mobilization of post sectio caesarea mothers at Putri Hijau Hospital, West Medan District, Medan City in 2021 from 30 respondents (100%), the majority of respondents did not mobilize early as many as 15 respondents (60%)

According to the researcher's assumption, postpartum mothers are expected not to worry about the presence of stitches because early mobilization is good for stitches, so that swelling does not occur due to clogged blood vessels. For post partum mothers with cesarean section but delayed mobilization can cause impaired organ function, blocked blood flow and muscle function will be blocked. One solution is to provide self-mobilization for 2-4 hours and 6-8 hours to accelerate wound healing in postpartum mothers.

TABEL 2
ANALISIS UNIVARIAT NUTRITION FOR POST SECTIO CAESAREA MOTHERS AT PUTRI HIJAU HOSPITAL, WEST MEDAN DISTRICT, MEDAN CITY IN 2021

No	Nutrition	Jumlah	Persentase (%)
1	More (>25,1)	8	26,7
2	Thin (>18,5)	10	33,3
3	Normal (18,6 - 25)	12	40
	Total	30	100

Based on the nutrition frequency distribution table for Post Sectio Caesarea at the Putri Hijau Hospital, Medan Barat District, Medan City in 2021, from 30 respondents (100%), the majority of respondents with normal nutrition were 12 respondents (40%).

According to the researcher's assumption that nutritional status (BMI) is one of the factors that directly affect a person's health condition, which is influenced by food consumption that is not in accordance with the body's needs, both in quality and quantity. If the food does not contain enough nutrients needed and this condition lasts a long time it will affect the wound healing process and increase susceptibility to infection and contribute to an increased incidence of complications and will result in a longer treatment.

TABEL 3
ANALISIS UNIVARIAT FREQUENCY DISTRIBUTION OF POST SECTIO CAESAREA WOUND HEALING PROCESS AT PUTRI HIJAU HOSPITAL, WEST MEDAN DISTRICT, MEDAN CITY IN 2021

No	Post SC. Wound Healing	Jumlah	Persentase (%)
1	Fast	12	40
2	Slow	18	60
	Total	30	100

Based on the frequency distribution table of the Post Sectio Caesarea Wound Healing Process at Putri Hijau Hospital, West Medan District, Medan City in 2021 from 30 respondents (100%), the majority of respondents who experienced slow post sc wound healing were 18 respondents (60%)

One of the complications that are often found in the hospital is infection. Surgical wound infection is a nosocomial infection that can be caused by several factors, including ignoring the lack of protein consumption due to lack of knowledge or maybe public belief about protein consumption will hinder the wound healing process. If infection occurs it will automatically slow down the wound healing process and have an impact on morbidity and mortality which will affect the length and cost of treatment (Smeltzer, 2001)

TABEL 4
ANALISIS BIVARIATE THE RELATIONSHIP BETWEEN EARLY MOBILIZATION FACTORS AND THE PROCESS OF WOUND HEALING FOR POST-SECTION CAESAREA AT THE PUTRI HIJAU HOSPITAL, WEST MEDAN DISTRICT, MEDAN CITY IN 2021

No	Early Mobilization Do not do	Post SC . Wound Healing						P (value)
		Fast		Slow		Total		
		F	%	F	%	F	%	
1	Early Mobilization	2	6,6	15	50	17	56,7	0,001
2	Do not do	10	33,4	3	10	13	43,3	
TOTAL		12	40	18	60	30	100	

Based on the results of the cross tabulation of 30 respondents (100%), the majority did not do early mobilization as many as 17 (56.7%) respondents with slow post Sc wound healing as many as 15 (50%) with a p value of 0.001 which is smaller than the error level ($0.001 < 0.05$).

According to the researcher's assumption, respondents who do not do early mobilization are caused by psychological factors. There is a fear that the wound will bleed or the stitches will break if you make a lot of movement. What's more, on day 3, you still often feel pain which could cause your mother's motivation to mobilize to decrease. The wound healing process of each individual varies, but early mobilization must still be carried out after SC surgery considering the many benefits obtained. Without ignoring other supporting factors such as nutrition, oxygenation, drug use and so on.

TABEL 5
ANALISIS BIVARIAT THE RELATIONSHIP BETWEEN NUTRITION AND THE WOUND HEALING PROCESS OF POST SECTIO CAESAREA AT PUTRI HIJAU HOSPITAL, WEST MEDAN DISTRICT, MEDAN CITY IN 2021

No	Nutrition	Post SC . Wound Healing						P (value)
		Fast		Slow		Total		
		F	%	F	%	F	%	
1	More (>25,1)	0	0	8	26,7	8	26,7	0,000
2	Thin (>18,5)	0	0	10	33,3	10	33,3	
3	Normal (18,6 - 25)	12	40	0	0	12	40	
TOTAL		12	40	18	60	30	100	

Based on the results of cross tabulation of 30 respondents (100%), the majority of normal nutrition were 12 (40%) respondents with fast post sc wound healing as many as 12 (40%) showing a p value of 0.000 which is smaller than the error level ($0.000 < 0,05$).

The results of the questionnaire distribution showed that the nutritional status of postpartum mothers who underwent Sectio Caesaria during treatment tended to have normal intakes seen from the absence of food residue during the treatment process. This is possible because when being treated the respondent feels pain during the wound healing process as well as a comfortable environment, thus causing an increase in appetite in the respondent.

4. Conclusion

That of the 30 respondents, there were 15 respondents (60%), who did not mobilize 15 respondents (60%), normal nutrition 12 respondents (40%), who experienced slow post sc wound healing as many as 18 respondents (60%), 17 respondents did not mobilize early (56.7%) respondents with slow post Sc wound healing as many as 15 (50%) with a p value of 0.001 which is smaller than the error level ($0.001 < 0.05$), normal nutrition as many as 12 (40%) respondents with wound healing post sc quickly as much as 12 (40%) with a p value of 0.000 which is smaller than the error level ($0.000 < 0.05$).

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