



THE DESCRIPTION OF THE NEED FOR HOME CARE FOR POSTPARTUM WOMEN WITH CESAREAN SECTION DELIVERY DURING THE COVID-19 PANDEMIC

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ABSTRACT

Background: Childbirth requires a physiological process, but pathological conditions or complications can arise from pregnancy to delivery such as Cesarean Section. The purpose of this study was to identify the description of home care for postpartum mothers with Cesarean Section during the Covid-19 Pandemic.

Methods: The design of this research is descriptive quantitative, was carried out at Udayana Hospital Denpasar with 30 respondents post Cesarean Section. The sampling technique is purposive sampling. Data was collected by questionnaire and data analysis was carried out by descriptive statistics

Result: The results showed that half 50% of respondents needed vital sign monitoring during the postpartum period post Cesarean Section, most of the 60% respondents needed physical examination monitoring during the postpartum period post Cesarean Section, most of the 66.67% respondents needed psychological care during the postpartum period post Cesarean Section, almost entirely 86.67% of respondents require treatment for mobilization needs during the postpartum period post Cesarean Section, most 53.3% of respondents require treatment for family planning services during the postpartum period post Cesarean Section, almost 90% of respondents require breast care during the postpartum period post Cesarean Section, almost a total of 83.33% of respondents require wound care during the postpartum period post Cesarean Section.

Conclusion: Based on the results of the study it was found that the postpartum women who had Cesarean Section, needed a home care during the pandemic.

Keywords: Home care, Post Cesarean Section, Covid-19

INTRODUCTION

Riskesdas shows the proportion of deliveries assisted by health workers or medical personnel^[1] were as follows; assisted by gynecologists (39.4%), general practitioners (0.8%) and midwives (59.8%). The method of delivery based on Ministry of Health is normal delivery at 81.5%, delivery by Cesarean Section at 17.6%^[2]. Furthermore, the proportion of delivery methods in Bali Province with normal delivery was 67.9% and delivery by Cesarean Section was 30.2%.

Childbirth requires a physiological process, but pathological conditions or complications can arise from pregnancy to delivery. One of the deliveries that often occurs is delivery by Cesarean Section. One of the effects of post Cesarean Section surgery is pain in the spine, pain at the stitches, pain from the incision and also nausea and vomiting due to the anesthetic effect. In post Cesarean Section patients, it is also possible to feel confusion and fear in activities and also with the circumstances experienced by the client, they also need to adapt to accept the situation from post-surgery^[3].

Health services that can facilitate practicality at low costs are an option at this time and are also very much needed during the pandemic. Homecare treatment aims to improve, maintain, restore health and minimize the effects of disease. These services are needed according to the needs of the patient/family that are planned and coordinated by the service provider^[3].

The era of this pandemic is a very difficult obstacle for postpartum mothers to re-control. Postpartum mothers are vulnerable to be infected with Covid 19 so that postpartum mothers choose to not visit health care facilities or do seek for help their symptom to health professionals. For this reason, homecare services can be an alternative for postpartum mothers so that they can still get health services during the postpartum period^[3].

Based on the above background, researchers are interested to know Home Visits Needs (Homecare) for Postpartum Mothers with Cesarean Section Delivery During the Covid-19 Pandemic at Udayana Hospital Denpasar in 2021.

METHODS

This study is a quantitative descriptive study with a cross sectional research design to identify the description of the need for home visits (Home care) for postpartum mothers with Cesarean Section deliveries during the Covid-19 pandemic. The sampling technique used was purposive sampling with some inclusion criteria which were; mothers who gave birth by cesarean section, were willing to be respondents, without complications and who has average age of the respondents was < 35 years were included in this research. Exclusion criteria for respondents were, mothers who are sick during the study and are not willing to be respondents. The study was conducted at Udayana Hospital Denpasar with a sample of 30 post Cesarean Section mothers. The measuring instrument in this research is a questionnaire.

The method of collecting data during research is by submitting a research letter, collecting research subjects who meet the inclusion criteria. Respondents were given an explanation about filling out the questionnaire, after the questionnaire was filled in, followed by checking for completeness of the questionnaire before data tabulation was carried out. The questionnaire given to respondents contained statements about the basic needs of the mother after giving birth by cesarean section, such as the need for elimination, rest and activity, personal hygiene, eating and drinking or dieting, monitoring vital signs, physical examination, psychological needs, sexual consultation, mobilization, family planning services, breast care, and wound care. The data used descriptive statistics,

frequency distribution, and percentage (%) of each variable.

RESULT

Univariate Analysis

Univariate analysis was used to determine the distribution of research variables which include characteristic variables, and postpartum needs.

Table 1. Characteristics of Respondents

Characteristics of Respondents	(f)	%
Age		
<35 years old	25	83,33
≥ 35 years old	5	16,67
Education		
>High School	20	66,67
≤ High School	10	33,33
Parity		
1	18	60
>1	12	40
Working status		
Work	19	63,33
Does Not Work	11	36,67

Table 1 shows that almost all of them are respondents aged < 35 years (83.33%), most of them are (66.67%) respondents have education more than high school, most of them are (60%) respondents who have 1 child, and most of them are workers (63.33%).

Table 2. Distribution of the frequency of maternal care in Post Cesarean Section mothers

Statement	Mother's needs			
	Yes		No	
	F	%	f	%
Elimination needs during the postpartum period post Cesarean Section	10	33,3	20	66,67
The need for rest and activity during the postpartum	10	33,3	20	66,67

period post Cesarean Section

Personal hygiene needs during the postpartum period after Cesarean Section

Dietary needs during the postpartum period post Cesarean Section

Monitoring vital signs during the postpartum period post Cesarean Section

Monitoring physical examination during the postpartum period post Cesarean Section

Psychological needs during the postpartum period post Cesarean Section

The need for sexual consultation during the postpartum period after Cesarean Section

The need for mobilization during the postpartum period after Cesarean Section

The need for family planning services during the postpartum

period after Cesarean Section				
Breast care during the postpartum period post Cesarean Section	27	90	3	10
Wound care during the postpartum period post Cesarean Section	25	83,33	5	16,67

Table 2 shows almost half of them, requiring elimination, rest and activity care during the postpartum period post Cesarean Section (33.33%). Almost half of them, requires personal hygiene and diet care (30%). Half of the respondents require treatment for monitoring vital signs (50%) and most of them require maintenance monitoring physical examination (60%). The majority of respondents require treatment for psychological needs (66.67%), and almost half of the respondents require treatment for sexual consultation (33.33%). Almost all respondents require mobilization care (86.67%). Most of the respondents needed treatment for family planning services (53.33%). Almost all of the respondents needed breast care (90%) and needed wound care (83.33%).

DISCUSSION

Based on the results of the analysis of 12 variables/statements regarding the need for maternal care during the postpartum period post Cesarean Section during the pandemic, it was found that most of the 58.33% mothers needed homecare care and almost half of them 41.67% did not need treatment. Homecare treatment aims to improve, maintain, restore health and minimize the effects of disease. These services are needed according to the needs of the patient/family that are planned and coordinated by the service provider. The target of homecare services carried out in

several homecare service providers are patients who have just undergone hospital treatment, but require a visit from a medical officer (Nurse or Doctor) to control their health. It is hoped that homecare can reduce the cost of health services [3].

This study is in line with previous study, showing the need for care during the postpartum period in the need for monitoring vital signs during the postpartum period by 73.8%, physical examination monitoring during the puerperium was 57.1%, the need for family planning services was 66.7%, post Cesarean Section wound care was 64.3% [3].

The results of the previous study found out that home care service given to the women who gave birth by cesarean delivery had a reducing effect on maternal problems after postpartum early discharge [4]. Therefore, it may be recommended according to the results of the study that women who were early discharged from the hospital after cesarean section be provided with care and counseling through planned home visits.

One hundred percent of the participants reported that sitting down and standing up were limited by the pain, and 75% of them felt limited when trying to walk [5]. This study enabled a quantitative and qualitative pain assessment which recommend to also assess pain relief in the future studies.

Based on the results of the study “A study of Post Caesarean Section Wound Infections in a Regional Referral Hospital, Oman” it was found The total number of PCS wound infections was 211 (2.66%). There was a four-fold higher incidence of premature rupture of the membranes (37, 17.53%) and a three-fold higher incidence of diabetes (32, 15.16%) in the PCS cases compared with controls. The most common organisms responsible for SSI were Staphylococcus aureus (66, 31.27%) and the Gram-negative Escherichia coli

group (40, 18.95%). The most sensitive antibiotics were aminoglycoside and cephalosporin. Polymicrobial infections were noted in 42 (19.90%), while 47 (22.27%) yielded no growth. A high incidence of associated risk factors like obesity, hypertension, anaemia and wound haematoma was noted^[6].

The result of the study “Personal Hygiene and its Effect on the Treatment of After Cesarean Section Debridement in NTB General Hospital” it was found the results showed that personal hygiene in after cesarean patients was mostly good category of 40 respondents (76.9%), cesarean section wound healing in after cesarean patients most of the categories were cured as much as 46 respondents (88.5%) and obtained a p-value of 0.002 < 0.05. The results of the study confirmed the relationship between personal hygiene and healing of after cesarean wounds in the NTB General Hospital^[7].

The result of the study “Relationship between early mobilization and first urinary elimination on mother post partum” it was found Of the 29 puerperal women who show early mobilization less than 4 hours postpartum, there were 23 puerperal women (53.5%) with normal urinary elimination (≤ 6 hours postpartum). While from 14 postpartum mothers who did early mobilization ≥ 4 hours postpartum mothers there are 10 (23.25%) with abnormal urinary elimination (≥ 6 hours postpartum. By fisher’s exact test we found a relationship between early mobilizations with first urinary elimination on mothers postpartum (p value = 0.002) with the conclusion It can conclude the faster the first postpartum mothers mobilise, the faster the mothers can do urinary elimination. Otherwise, the longer postpartum mothers did early mobilization lasts longer than the first urinary elimination^[9].

The result of the study “ Analysis the implementation of early mobilization, breast care and oxytocin massage on

production ASI in Primipara Post Partum Mother in Dongko Health Center Trenggalek City” the results showed: 6 respondents (100%) before the early mobilization of ASI production was lacking, and after them normal, 6 respondents (100%) before breast care had less milk production and after them normal, 6 respondents (100%) before oxytocin massage had less milk production, and after them was normal. There is an effect of early mobilization, breast care and oxytocin massage on breast milk expenditure in post partum mothers where the value of $p = 0,000$ where $p < \alpha (0.05)$. Massage oxytocin has the highest mean value. This shows that the highest increase in breast milk expenditure in the Dongko Health Center in Trenggalek Regency is the oxytocin massage treatment. By doing oxytocin massage, the oxytocin reflex will increase and will work with the prolactin reflex in the formation of sufficient milk. Oxytocin will cause the muscle cells surrounding the milk making channel to contract or contract so that the milk is pushed out of the milk production channel and flows ready to be sucked by the baby^[10].

Based on the result of the study “The Role of early Mobilization on wound healing after section caesarea” showed the implementation of early mobilization is very effective in post-caesarean recovery^[11].

The results of the study “Effect of planned early ambulation on selected postnatal Activities of post caesarean patients” showed that there was significant difference in the activities carried out by the study subjects of experimental and control group, as evidenced by better activities of experimental group. This indicated the beneficial effect of planned early ambulation on resumption of activities of post caesarean patients^[12].

The results of the study “The effect of non-sugared gum chewing with early ambulation versus early ambulation

only on recovery of bowel function after elective cesarean section” showed statistically significant improvement in all bowel functions among intervention group compared to control. Where, The mean time hours to the first bowel sound (3.90 ± 0.893 compared to 5.34 ± 0.939), onset of gas passage (6.78 ± 0.996 compared to 7.06 ± 1.105), feeling of hunger time (7.98 ± 1.134 compared to 9.40 ± 1.212), begins oral fluids (3.98 ± 0.775 compared to 5.78 ± 0.996), feeding time (10.16 ± 0.817 compared to 11.92 ± 1.712), onset of defecation (12.180 ± 1.240 compared to 14.48 ± 1.403) were significantly shorter in the non-sugared gum chewing with early ambulation group than early ambulation only. Furthermore, abdominal distention and nausea are significantly higher among control group than intervention. Conclusion: Non-sugared gum chewing with early ambulation significantly enhance regain of all bowel functions post CS than early ambulation only. In addition, abdominal distention and nausea were significantly higher in non-sugared gum chewing with early ambulation group than early ambulation only^[13].

Based on the researchers, some of articles were discussed where the results of previous studies found that home care services provided to mothers who gave birth by cesarean section had an effect on reducing maternal problems after early delivery. Therefore, it can be ascertained according to the results of the study that women who were discharged early from the hospital after cesarean section were provided with care and counseling through planned home visits. Care for needs can be carried out for mothers with cesarean section include helping to mobilize such as sitting and standing so as to help reduce pain, help treat cesarean section wounds and personal hygiene to prevent infection and accelerate post cesarean section healing. The basic needs of post-cesarean section mothers who can be assisted include urinary elimination.

Independent activities after cesarean section that cannot be done by mothers are breast care and oxytocin massage so that they need to be assisted to increase milk production. The basic needs of the post cesarean section that need to be monitored include vital signs, physical examination, and family planning services so it can be concluded that the research related to the needs of home care services needed by mothers post cesarean section.

CONCLUSION

Based on the results of the study, it was found that the post Cesarean Section homecare needs during the pandemic were needed by the mother, especially in monitoring vital signs during the postpartum period.

SUGGESTION

For Health Workers

Health workers are expected to be able to carry out home care and guide and help mothers according to the basic needs of the mother during the postpartum period.

For Postpartum Mothers and Society

Expected to be able to carry out independently or assisted by the family, especially the husband in meeting the basic needs of the postpartum period and get support from the family in meeting the basic needs of the postpartum period.

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