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The relationship between mobilization and husband's support with the healing of post sectio secarea surgical wounds

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Abstract

Background: Labor is a physiological process characterized by coordinated and effective involuntary uterine contractions that progressively cause cervical dilatation and effacement, followed by fetal descent, delivery of the baby, and expulsion of the placenta. Quality postpartum care for mothers after caesarean section (CS) plays an important role in efforts to reduce maternal morbidity and mortality. Aspects of care for post-CS mothers that need attention, in addition to monitoring vital signs, dressing changes, wound care, and administration of analgesics, include early mobilization and psychological support from the family, particularly from the husband as the partner.

Purpose: To determine the relationship between mobilization and husband's support and wound healing after caesarean section surgery.

Method: This study used an analytical survey design with a cross-sectional approach. The population consisted of all postpartum mothers who visited Mapilli Public Health Center for post-CS wound care from April to July 2024, totaling 45 mothers. The sampling technique used was total sampling. Data were collected using questionnaires and a wound assessment observation sheet. The collected data were processed using SPSS version 23 and analyzed with the Chi-Square test.

Results: The Chi-Square test showed a relationship between mobilization and post-CS wound healing with a p-value of 0.02 ($\alpha = 0.05$), indicating that H_a was accepted and H_o was rejected. Furthermore, the Chi-Square test for husband's support yielded a p-value of 0.03 ($\alpha = 0.05$), which also indicates that H_a was accepted and H_o was rejected. Thus, there is a significant relationship between husband's support and wound healing after caesarean section.

Conclusion: The study demonstrates that both mobilization and husband's support are associated with wound healing in mothers after caesarean section. The findings are expected to provide information and enrich references for delivering optimal care to postpartum mothers during their physical and psychological recovery period.

Keywords: Family Support; Mobilization; Post-Caesarean Section; Postpartum Mother.

INTRODUCTION

Early mobilization involves guiding the mother out of bed as soon as possible and guiding her to walk gradually as soon as possible. For this mobilization process to run smoothly, it is very important for the mother to have knowledge about postpartum care after a cesarean section and support from her husband (Futriani & Janati, 2019). Cesarean section is a surgical procedure to deliver a fetus through an incision in the abdominal wall and uterine wall. Early

mobilization is a prominent factor in accelerating post-surgical recovery (Sholikha, S. (2019).

Childbirth is a physiological process characterized by coordinated and effective involuntary uterine contractions, which progressively cause dilation and effacement of the cervix, fetal descent, and the delivery of the baby and placenta. With the increasing number of diseases and complications accompanying pregnancy, normal vaginal delivery may not be

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possible. One mode of delivery that can be performed when there are many complications during labor is Caesarean section (CS). High-quality postpartum care for mothers after CS plays an equally important role in efforts to reduce maternal mortality and morbidity. Aspects of care for postpartum mothers after CS that require attention, in addition to initial care such as monitoring vital signs, dressing changes, wound care, and administration of analgesics, include the implementation of early mobilization. Post-CS wound pain tends to make mothers remain in bed, keeping their bodies rigid and avoiding movement of the surgical area. This makes it difficult for them to find a comfortable position while breastfeeding, causing delays in initiating breastfeeding, which in turn reduces the baby's nutrient intake and may lead to respiratory problems and low immune response in the infant. Lack of early mobilization can cause joint stiffness, poor posture, muscle contractures and tenderness, delayed wound healing, prolonged length of stay, increased treatment costs, and other social problems (Astuti, Indanah, & Rahayu, 2019).

The number of cesarean deliveries is increasing worldwide (Betran, Ye, Moller, Souza, & Zhang, 2021). Early mobilization is an important factor in accelerating recovery after cesarean section and can prevent complications after cesarean section (Susanti & Sari, 2022). For mothers after a cesarean section, they require close monitoring and adequate nursing interventions (Herman, Santoso, & Yunitasar, 2019).

The 2020 Riskesdes results showed that the rate of births by Caesarean section in Indonesia was 9.8%. Preliminary observations in the operating room of Andi Depu Hospital found that among 6 postpartum mothers 24 hours after CS surgery, 2 (33.3%) were not yet able to perform early mobilization and 4 (66.6%) postpartum mothers after CS were able to turn to the left and right sides. These data indicate that there are still postpartum mothers after Caesarean section who have not carried out early mobilization according to the recommended stages. Caesarean section surgery results in an incision wound in the abdominal area that can cause pain. The onset of pain can prolong the recovery period because it interferes with the initiation of activity or early mobilization in postpartum mothers. This is one of the contributing factors causing patients to delay

movement needed for early mobilization (Ministry of Health of the Republic of Indonesia, 2021).

Pain is an unpleasant sensation that is emotional in nature, both actual and potential, which is related to damage caused by surgery (incision). The pain experienced by each individual varies greatly in terms of frequency and location, and only the client can explain and express the pain they are experiencing. The mother's reluctance to perform early mobilization is usually caused by the client's fear of the abdominal sutures, often due to the persistent pain felt, causing the client to be reluctant to perform early mobilization, not only sitting in bed but also walking (Sibagariang, 2023).

Post-Cesarean section scars are permanent scars caused by a C-section when a woman is unable to give birth normally. This procedure is performed due to obstacles to normal delivery, such as the mother's lack of strength to give birth, weak fetal heartbeat, excessive fetal size, and others (Puspitasari & Sumarsih, 2011). The presence of a cesarean section scar causes pain in the patient, so the patient tends to lie down, keeping the entire body stiff and ignoring the surgical area, which causes joint stiffness, poor posture, muscle contractures, and pressure pain if early mobilization is not performed (Suhartini, 2023).

RESEARCH METHOD

The type of research used in this study was an analytical survey. This study sought to explore how and why a health event occurred, using a cross-sectional design, which is a research design in which measurements and observations are conducted simultaneously at a single point in time. The population in this study consisted of all postpartum mothers who visited the Mapilli Community Health Center for post-sectio wound care from April to July 2024, totaling 45 postpartum mothers. Sampling was conducted using purposive sampling. Data collection was carried out using questionnaires and wound assessment observation sheets. The collected data were then processed using the SPSS version 23 statistical program and analyzed with the chi-square test.

This study used questionnaires and wound observation sheets as instruments. The questionnaire consisted of 20 questions about maternal mobilization and 20 questions about post-cesarean wound

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healing, which also included items describing spousal support, along with wound observation sheets. The mobilization questionnaire uses a scoring system in which correct answers are given a score of 1 and incorrect answers are given a score of 0. For the

wound healing questionnaire, the Puskesmas SOP is used: wounds are categorized as normal if the score is 9/10, and abnormal or not yet healed if the score is < 9.

RESEARCH RESULT

Table Frequency Distribution of Respondents (N=45)

Variable	Results	P-value
Mobilization (n/%)		0.03
Good	21/46.66	
Poor	24/53.33	
Husband's Support (n/%)		0.02
Yes	17/37.8	
No	28/62.2	
Wound Healing (n/%)		
Normal	19/42.2	
Abnorml	26/57.8	

The table shows that 21 respondents (46.66%) had good mobilization and 24 respondents (53.33%) had poor mobilization; this category is more frequent than the good mobilization category. the frequency of husband's support in the supportive category is 17 (37.77%), while in the non-supportive category it is 28 (62.22%), frequency of recovery in the normal category is 19 people (42.22%), and in the abnormal category is 26 people (57.78%) the results of the statistical test using the Chi-Square test showed a p-

value of $0.02 < \alpha = 0.05$. This means that H_a is accepted and H_o is rejected, indicating that there is a relationship between husband's support and wound healing in post-caesarean section (post-SC) mothers and the results of the statistical test using the Chi-Square test showed a p-value of $0.03 < \alpha = 0.05$. This means that H_a is accepted and H_o is rejected, indicating that there is a relationship between husband's support and wound healing in post-caesarean section (post-SC) mothers.

DISCUSSION

Based on table above, the results of the statistical test using the Chi-Square test showed a p-value of $0.02 < \alpha = 0.05$. This means that H_a is accepted and H_o is rejected, thus indicating that there is a relationship between early mobilization and wound healing in post-caesarean section (post-CS) mothers. According to the theory put forward by previous researchers, early mobilization is a policy to guide patients out of bed as soon as possible and help them start walking as early as 2 hours after delivery to 8 hours after delivery (Octavia, Panjaitan, Lumbantoruan, & Napitupulu, 2020). Early mobilization or activity is carried out immediately after

the mother has rested for several hours by getting out of bed (in normal delivery) (Manuaba, 2011).

This is in line with previous research which shows that early mobilization affects wound healing and there is a relationship between early mobilization and wound healing duration, with a p value of 0.02. This shows that the two are closely related, whereas in reality many postpartum mothers are still reluctant to move, for reasons such as fear of disturbing the wound, feeling unprepared, and simply not wanting to do it. There are many contributing factors, including maternal knowledge, parity, and previous experience (Fitriahadi & Utami, 2018). In accordance with the literature mentioned by other researchers, the earlier

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mobilization is carried out in postpartum mothers, the greater the relationship with accelerated wound healing in mothers (Fitriani & Wahyuni, 2021).

Husband's support for the mother includes physical and psychological support provided by the husband in the form of encouragement, motivation, moral support, and advice to the pregnant woman (Baroroh, 2019). The husband is the most important person for a pregnant woman. Many pieces of evidence show that women who are cared for and loved by their partners during pregnancy exhibit fewer emotional and physical symptoms, adjust more easily during pregnancy, and have a lower risk of labor complications. This is believed to be related to two main needs expressed by women during pregnancy: the need to feel loved and valued, and the need for their partner's acceptance of the baby (Mertasari, 2018).

Early mobilization is part of non-pharmacological treatment methods, not a substitute for medication. This action is necessary to shorten episodes of pain that last only a few seconds or even minutes. In such cases, especially when severe pain persists for hours or days, combining non-pharmacological methods with medications may be the most effective way to control pain (Potter & Perry, 2005). Non-pharmacological pain management is more affordable, simpler, effective, and without harmful side effects. Previous studies have shown that respondents who mobilized early did very well (61.2%) and experienced a decrease in pain intensity in the mild category (75%). The p-value of 0.004 is less than the significance level of 0.05. This means that there is a relationship between early mobilization and a decrease in pain intensity in mothers after cesarean section surgery (Rachman, Purnamasari, & Trihandini, 2023).

Previous studies have shown that the majority of postpartum mothers in this hospital perform early mobilization well. However, spousal support remains a crucial factor in the success of early mobilization. In conclusion, postpartum mothers who receive good

spousal support, whether emotional, instrumental, or informational, are proven to have a higher tendency to perform early mobilization optimally. These findings reinforce the importance of the husband's role during the postpartum period, particularly in supporting early mobilization (Mulazimah, Yanti, Wati, & Febrianti, 2025).

From the explanation above, it can be understood that the husband's role as a source of support for his wife is crucial in accelerating wound healing. The psychological and physiological support provided by the husband can help reduce stress and physical and psychological trauma, promote smooth breastfeeding, and support the health of both mother and baby so that they can recover more quickly after childbirth.

CONCLUSION

The results of this study demonstrate that there is a relationship between mobilization and husband's support with wound healing in post-CS mothers. The findings are expected to serve as input and reference related to the issues studied and to become an up-to-date reference that can make a positive contribution to the development of midwifery science, particularly in the provision of care for postpartum mothers.

SUGGESTION

The results of this study are expected to provide input as a reference regarding the issues examined and to serve as an updated reference that can make a positive contribution to the development of midwifery science, especially in improving the quality of care provided to postpartum mothers.

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