



## Nursing Care for Spontaneous Head-Back Postpartum Patients in Hospital

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### ABSTRACT

Normal labor and birth is the process of expelling a fetus that occurs at term pregnancy (37-42 weeks), spontaneous birth with a posterior presentation, without complications for either the mother or fetus. The aim of the research is to be able to provide and implement nursing care for mothers with spontaneous post partum back of the head at Barru Hospital. The research method used was a case study method where the sample used was 1 respondent diagnosed with a mother with postpartum spontaneous back. The results of Spontaneous Post Partum Nursing Care for the Back of the Head at Barru Hospital found 2 nursing problems, namely Acute Pain and Risk of Infection. Providing nursing care lasts 2 x 24 hours. The conclusion is that the problem of post partum spontaneous back of the head nursing in hospitals can be resolved.

**Keywords :** Nursing Care, Post Partum, Acute Pain, Risk of Infection, Hospital

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### 1. Introduction

The postpartum or postpartum period is the period after delivery of up to 6 weeks or 42 days. After the postpartum period, the reproductive organs will slowly experience changes like before pregnancy. During the postpartum period, more attention needs to be paid because 60% of maternal deaths occur during the postpartum period. The maternal





mortality rate (MMR) is caused by a lack of observation during post partum (Maritalia, 2012).

According to the World Health Organization (WHO) report quoted in Priharyanti Wulandari and Prasita Dwi Nur Hiba, the maternal mortality rate (MMR) in Southeast Asian countries including Indonesia reached 214 per 100,000 live births, the Philippines 170 per 100,000 live births, Vietnam 160 per 100,000 live births, Thailand 44 per 100,000 live births, Brunei 60 per 100,000 live births, and Malaysia 39 per 100,000 live births (WHO, 2014).

According to the Indonesian Ministry of Health (2015), the three factors that cause maternal death during childbirth are bleeding 28%, eclampsia 24%, and infection 11%. Maternal Mortality Rate (MMR) is one of the most important indicators of the level of public health. The maternal mortality rate (MMR) describes the number of women who died from a cause of death related to pregnancy disorders or treatment (excluding accidents or incidental cases) during pregnancy, childbirth and in the postpartum period (42 days after giving birth) without taking into account the length of pregnancy per 100,000 births. life. The Maternal Mortality Rate (MMR) based on the Central Statistics Agency (BPS) in 2013 was 177.

According to the Indonesian Ministry of Health, as an effort to reduce maternal mortality (MMR), the government through the Ministry of Health since 1990 has launched the safe motherhood initiative, a program that ensures all women receive the care they need so they are safe and healthy during pregnancy and childbirth.

Postpartum or postpartum nursing care helps new mothers and their families successfully adapt to the transition period after the birth of a child and the demands of being a parent. The emphasis of nursing care during this period is on the assessment and modification of factors that influence the mother's recovery from the postpartum period. Based on this, it is of course necessary to improve health services and also increase competent nursing staff to achieve successful postpartum maternal care.





The postpartum period is the period after labor and birth of the baby, placenta and membranes which are needed to restore the uterine organs to their pre-pregnancy levels in approximately 6 weeks (Walyani & Purwoastuti, 2015).

The postpartum period ( *puerperium* ) is period recovery return, start from labor finished until the uterine organs return to their pre-pregnancy state, the postpartum period is 6-8 weeks (Amru, 2012).

#### 1. Stage period postpartum

The postpartum period ( *puerperium* ) is a period of recovery after going through period pregnancy And labor Which in start since after birth of the placenta And end when tools reproduction return to the condition of a woman who is not pregnant. Several stages of the postpartum period are must be understood according to (Esti Handayani Wahyu Pujiastuti)

##### 1) Period postpartum (based on level recovery):

1. Early puerperium is a period of recovery when the mother is allowed to stand and walk around.
2. Intermedial puerperium is a period of complete recovery of the genital organs which takes 6-8 weeks.
3. Remote puerperium is a period of time needed to recover and be perfectly healthy, especially if it lasts pregnant or time labor have complications. The time to be perfectly healthy takes weeks, months, or years.

##### 2) Stage period postpartum (Based on time)

1. Immediate puerperium is until 24 O'clock postpartum
2. Early puerperium is the period after 24 hours to the first week
3. Late puerperium is after 1 Sunday until finish.
4. Adaptation psychology period postpartum

According to (Sulastri, 2014) said that psychological adaptation during the post partum period is divided into three, namely:

##### a. Period taking – in

The talking-in period takes place on days 1-2 after giving birth. During





this period, mothers usually experience anxiety.

b. Period taking- hold

The taking-hold period takes place on the 2-4th week of giving birth, during this period the mother may experience post partum depression because she feels unable to raise her baby.

c. Period letting- go

The letting-go period is on stage this is depression post partum often occurs at this time.

d. According to Sugesti Larasati (2014), there are several complications during the postpartum period, namely

e. Bleeding post partum (if lost blood more than 500 mL during the first 24 hours after birth)

f. Infection

1) Endometrist (inflammation endometrium)

2) Myometritis or metritis (inflammation muscles uterus)

3) Perimetritis (inflammation peritoneum in around uterus)

4) Caked breasts / dam breast milk (breast experience distension, becomes hard and lumpy)

5) Mastitis (mama is enlarged and painful in one place, skin is red, slightly swollen and painful to touch if there is no treatment, obesity can occur)

6) Thrombophlebitis (formation of blood clots in the veins varicose superficial Which cause stasis and hypercoagulation in pregnancy and the puerperium, which is characterized by redness or pain)

7) Perineal wound (characterized by: local pain, dysuria, temperature rise to 38.3 pulse 100x/minute, edema, inflammation and redness at the edges, greenish pus or pus, brownish or moist wound, the wound is widespread).

g. Disturbance psychological





- 1) Depression postpartum
  - 2) Post partum blues
  - 3) Post party psychosis
2. Management Nursing
- Breastfeeding mothers should get an additional 800 nutritional supplements calories Which used produce breast milk And For activity own mother.
- a) Energy  
Breastfeeding mothers require an average of 80% of the energy contained in food to become milk energy with a range of 76-94%, so you can think about the amount of energy Which in need For produce 100cc milk around 85kcal.
  - b) Proteins  
During breastfeeding, mothers need additional protein above normal as big as 20 grams/ day. Base provision This is 100 cc breast milk contains 1.2 grams of protein.
  - c) Ambulation early  
Early ambulation does not have a bad effect and does not cause significant bleeding abnormal, does not affect healing wound episiotomy and no increase the possibilities happen prolapse profit from ambulation early include:
    - a) Sufferer feel healthier
    - b) Function intestines And birth urinary become better
    - c) Enables nurses to provide guidance to mothers on how to care for their babies more economically
  - d) Elimination (BAB/BAK)  
In the first 6 hours post partum, the patient must be able to urinate, usually the patient holds urine because he is afraid of it feel pain in birth canal injuries. In the first 24 hours, the patient must also be able to defecate because the longer the feces are in the intestine, the more difficult it will be to defecate smoothly.
  - e) Cleanliness self  
Post partum mothers must maintain personal hygiene. Several important steps in post





partum personal hygiene care include:

1. Maintain cleanliness throughout the body to prevent skin infections and allergies in babies.
2. Clean blood sex with soap And water.
3. Replace bandage every time blood Already full or at least 2 times a day.
4. Wash hand with soap And water every time after finishing cleaning the genital blood.
5. If you have an episiotomy wound, avoid touching the wound area

f) Rest

Post partum mothers really need rest quality to restore his physical condition.

g) Sexual

Physically, it is safe to have sexual intercourse once the red blood stops and the mother can insert one or two fingers into the vagina without pain. Many cultures and religions prohibit sexual relations for a certain period of time.

h) Practice/or exercise postpartum

By doing postpartum exercises to train the return of abdominal and pelvic muscle strength and reduce complaints of back pain that can be experienced by postpartum mothers.

3. Management medical

- a. Give education health.
- b. Guidance breast-feed early.
- c. Guidance monitor contraction uterus to patient and family.
- d. Giving tablet vitamin A And substance iron roborantia.
- e. Guidance method breast Care.
- f. Guidance method maintenance self.
- g. Collaboration with doctor expert content.
- h. Collaboration with psychology.
- i. Collaboration expert nutrition.
- j. Collaboration with physiotherapist.





k. Collaboration with doctor expert disease in.

## 2. Research Methods

The design for planning this case study aims to carry out a case study so that it can obtain a logic in making conclusions. This case study is a study to explore the problem of nursing care in patients with spontaneous post partum back of the head.

### a) Subject Studies Case

In this sub-chapter, the characteristics of the participants/analyst units/cases are described will be researched. Units analysts / participants in nursing are generally clients and their families. The subjects used in this case study were spontaneous postpartum mothers with two established diagnoses.

### b) Focus Case study

Subject in studies case This is Mother with post partum spontaneous back of head.

### c) Definition Operational Studies Case

Postpartum mothers with spontaneous postpartum back of the head who delivered vaginally on the first day.

### d) Instrument Studies Case

Instruments Which used on studies case the with sheet assessment and observation sheet.

### e) Method Collection Data.

f) Assessment (collecting data by carrying out examinations according to patient complaints.

### g) Interview

The results of the anamnesis contain the client's identity, main complaint, current – past – family history, etc. Source data from patients, families, other caregivers.

h) Observation and physical examination (with the IPPA approach: inspection, palpation, percussion, auscultation) of the client's body systems.

i) Documentation studies (results of diagnostic examinations and other relevant data).  
Collection data Also can held with use questionnaires if necessary.

j) Information sheet . Proof of consent made by the patient or family for medical action.





k) Sheet agreement (informed consent)

Informed consent is a sheet containing a request for approval from the patient's family that they are willing to be a resource in this case study by proving the informed consent sheet.

### 3. Results and Discussion

Discussion Which intended in matter This is analyze theory which exists And the implications with process nursing in a way real. Problems Which arise, through a process of assessment, diagnosis, planning, implementation and evaluation. The description is adapted to the 5 stages of the nursing process.

a. Assessment

Assessment is the first step in the nursing process which is carried out through interviews, observations, physical examinations and documentation studies. In theoretical review, the data that appear in post partum mothers are lochea discharge, lactation, uterine contractions (+), mammary areola hyperpigmentation, prominent nipples, breast milk production, colostrum go out, swelling breast no there is, painful in episiotomy wounds or perineal suture wounds, TFU 2 fingers below the center.

The results of the study obtained data that the mother said there was pain in the perineal suture wound after giving birth, the pain was felt like cuts with a pain level of 4 from 0 - 10 on the scale given, the pain was felt when walking. The mother seemed to grimace when walking, there were stitches of approximately 4 cm, which gave rise to the problem of acute pain and the risk of infection.

1. Diagnosis Nursing

In reviewing this theory, 8 nursing diagnoses emerged whereas on review case appear appear two nursing diagnoses. A diagnosis that is in accordance with the diagnosis in the review theory that is painful I relate with traumatized secondary network consequence wound stitching perineum be marked with painful in the perineal suture wound after giving birth, the pain is felt as cutting, a pain scale of 4 from 0 – 10 is given, and the pain is felt moment walk and move and risk Infection associated with the entry of secondary microorganisms, marked with there is used





stitching perineum  $\pm 4$  cm, circumstances wound dry, stitches intact, no redness, no edema. This happens because on moment assessment complaint and data which found in the mother according to data that supports the emergence of these diagnoses.

Diagnosis Which tidal appear on case post partum Spontaneous back of the head is a risk of fluid volume deficiency related to decreased and inadequate input or replacement, increased urine output and increased invisible losses, for example bleeding because they say they have drunk approximately 3 glasses (approximately 600cc) since this morning, lochea output is within limits. normal approximately 40 cc, pink conjunctiva. Impaired urine elimination is related to weakness of the pelvic floor muscles due to giving birth because you have urinated twice after giving birth. Ineffectiveness breast-feed No lifted Because says expenses breast milk lacer, breast No swell And No there are blisters on the nipples. The risk of constipation was not raised because they said they had anticipated the occurrence of constipation by drinking water and consuming fruit and vegetables. said he could only defecate on the first day after giving birth. The knowledge deficit was not removed because the mother already had experience having given birth before. Anxiety was not removed because she had given birth before.

## 2. Planning

Planning is the third stage of the nursing process, where in this case study problems have been prioritized nursing on that is painful i and risk infection. Problem nursing painful I that is reason from emergence pain (provocative/palliative), quality of pain (quality), location of pain felt (region), pain scale (scale), when pain is felt (timing) and nursing problems, risk of infection, namely the cause of episiotomy wounds/perineal suture wounds.

On obtained problem nursing painful I from mother's data says pain in the perineal suture wound after giving birth, painful felt like sliced – iris with time pain 4 from 0 – 10 on a scale given, pain felt when walking. The mother appeared to grimace when walking and the nursing problem of acute pain was obtained from the data that there were suture marks of approximately 4 cm.





### 3. Implementation

Nursing implementation is the realization of the nursing plan Which has arranged Where objective from this implementation is fulfil need Mother optimally as well as Helping mothers to be independent with care at home.

In its implementation Already cooperate with midwife and nurses in the Kemuning Room of BRSU Tabanan, but the nursing actions were not in accordance with the nursing plan that had been prepared during 3 x 24 O'clock Because Mother only get treatment in the room for 2 x 24 hours then the implementation is only carried out 2 x 24 hours. In practice, everything can be done from observing circumstances general And signs vital, assessing the patient's pain level with the PQRST technique, teaching the mother how to control painful with technique distraction And relaxation, provide a comfortable position for the mother, assess for signs of infection, carry out wound care in the perineum, encourage the mother to wash her hands before and after cleaning the perineum, teach the mother to care for wounds around perineum, And carry out action delegative administration of analgesic drugs. In carrying out nursing actions, the mother is very cooperative in carrying out the nursing actions given.

### 4. Evaluation

Evaluation is the final step in the nursing process to assess the achievement of goals so that it can determine the success of the nursing care provided. The evaluation used in cases uses formative evaluation (daily evaluation).

In the evaluation of the problems that arise, it is in accordance with the time criteria and outcome criteria made in the nursing plan with the evaluation results: the mother said it hurts on wound stitching perineum reduce, scale painful 2 from 0-10 on the pain scale given, the mother said the pain had decreased when walking or moving, the mother seemed to no longer grimace, the mother looked calm, the mother said she had followed the instructions to wash her hands before and after cleaning on perineum, And Mother say already caring for wounds around the perineum.

From evaluation on with problem nursing acute pain and risk infection already





resolved and mother allowed went home because the mother's condition had improved but the mother was advised to go to the gynecology clinic for control and advised the mother to take medication according to the doctor's instructions.

#### 4. Conclusion

Based on the description above, the author obtains an overview of maternity nursing care for post partum mothers:

- a. Spontaneous Back of the Head performed on patients includes assessment, diagnosis, planning, implementation and evaluation.
- b. In this case study report, data is found that has appeared in the theoretical review. In the theoretical review there were 8 nursing diagnoses that emerged, however in the case review only 2 diagnoses were prioritized, namely Acute Pain and Risk of Infection.
- c. In planning there are two steps, namely: prioritizing diagnoses and creating a nursing plan. In the theoretical review, priority nursing diagnoses are arranged based on the main complaint felt by the mother at the time of the assessment. In the review of diagnostic priority cases, only 2 diagnoses were raised, namely Acute Pain and Risk of Infection. In the case review, the nursing plan for Acute Pain and Risk of Infection given to the patient was in accordance with the theory and the nursing plan given.

#### 5. Compliance with ethical standards

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##### Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

##### Statement of informed consent

Every action we take as authors is a mutual agreement or consent.





## References

- Icesmi Sukanti K Margareth ZH, (2013). Pregnancy book, childbirth and postpartum. Yogyakarta. NUHA MEDIKA.
- Japan International Cooperation Agency (JICA). Efforts Undertaken According to the Government Reduces MMR and IMR.
- Ministry of Health of the Republic of Indonesia. (2017). Profile of the Kalimantan Health Service East 2016.
- Ministry of Health of the Republic of Indonesia. (2018). Main Results of Riskesdas 2018. <https://id.scribd.com/document/393406572/hasil-riskesdas-2018>.
- Maritalia D, (2012). Postpartum and Breastfeeding Midwifery Care. Yogyakarta: 55167.
- Mufida, M., Rabiah, R., Tuti, M., Damayanti, F., Vista, N., Asril, KC, & Nusi, O. (2023). Educate Students About the Dangers of Smoking for Health. *Social Friends: Journal of Community Service*, 1(4), 133–141. <https://doi.org/10.59585/sosisabdimas.v1i4.116>
- Nursalam, (2013). Nursing Process and Documentation. Jakarta : SALEMBA MEDIKA.
- Rukiyah, Y&Lia, Y (2018). Midwifery care for postpartum women, Jakarta: Trans Info Media.
- Sudarti, (2012). Book on pregnancy care for neonates, delivery of babies and toddlers. NUHA MEDIKA.
- Swarjana, K, (2015) Health research methodology, Revised Edition. Yogyakarta: ANDI
- Handayani.E & Pujiastuti.W. (2016) Textbook of nursing care based on diagnosis MEDIC TRANS.
- Suwartono, (2014) Case Study Design Obtained on February 18 2020 from: World Health Organization (WHO). (2014). WHO, UNICEF, UNFPA, The World Bank. Trends in maternal mortality: 1990 to 2013. Geneva: World Health Organization.
- Rosdiana, R., Djunaedi, D., & Aditia, D. (2023). Parents' Knowledge of Elementary School Children Regarding Persistent Health Cases. Barongko: *Journal of Health Sciences*, 1(3), 122–128. <https://doi.org/10.59585/bajik.v1i3.109>
- Resti Wijayanti, FE, HB, E., Ratu, M., Arfah, A., Hartati, A., & Werdyaningsih, E. (2022). Factor Analysis of the Implementation of Nursing Care Standards in Community Health Center Inpatient Rooms. Barongko: *Journal of Health Sciences*, 1(1), 47–49. <https://doi.org/10.59585/bajik.v1i1.39>
- Rasmun, SKp, *Psychiatric mental health nursing integrated with the family*,  
 Stuart, GW and Sundeen, SJ, *Principles and practice of psychiatric nursing* (5th<sup>ed</sup>) St Louis: Mosby Year Book, 1995.





- Stuart, GW and Laraia, MT, *Principles and practice of psychiatric nursing* (6<sup>th</sup> ed) St Louis: Mosby Year Book, 1998.
- Srianingsih, S., Wijaya, A., Pannyiwi, R., Anto, S., Muhajrin, M., & Rauf, NI (2022). Family Nursing Care with Environmental Health Problems. Barongko: Journal of Health Sciences, 1(1), 53 –56. <https://doi.org/10.59585/bajik.v1i1.41>
- Susiandari, A. (2024). Tool Use Contraception Implants on Knowledge of Couples of Childbearing Age in the Mamuju Community Health Center Work Area. JIMAD: Multidisciplinary Scientific Journal, 1(2), 125–131. <https://doi.org/10.59585/jimad.v1i2.292>
- Susanti, R., Imran, A., Brihannita, A., Akbar, A., Yermi, Y., B, M., Pannyiwi, R., & Rasyid, D. (2023). Counseling on clean and healthy living behavior in Minasatene District, Pangkajene Islands Regency. Social Friends: Journal of Community Service, 1(3), 92–98. <https://doi.org/10.59585/sosisabdimas.v1i3.70>
- Townsend, MC, *Nursing diagnoses in psychiatric nursing: guidelines for making nursing plans*, EGC, Jakarta, 1998.
- Toalu, A., Alwy, SNA, Baharuddin, B., & Nurhartati, A. (2023). Analysis of the Quality of Refillable Drinking Water Depots in the Tamalanrea Community Health Center Area. JIMAD: Multidisciplinary Scientific Journal, 1(1), 30–37. <https://doi.org/10.59585/jimad.v1i1.154>
- Wulandari, S., Jamila, S., Rabiah, R., Mardini, RS, Magelo, WG, & Pratiwi, A. (2023). Educational Outreach on the Dangers of Smoking at SMP Negeri 11 Sigi. Social Friends: Journal of Community Service, 1(4), 152–159. <https://doi.org/10.59585/sosisabdimas.v1i4.127>.

### Book Source:

- Ali Imran; Dr. A. Nursinah; Verawati; Rusnita Textbook of HEALTH COMMUNICATION (Key to Success in Hospital Administration). ISBN: 978-623-10-0088-0. <https://agdosi.com/2024/04/04/buku-ajar-komunikasi-kesehatan-kunci-sukses-administrasi-rumah-sakit/>
- Donny Aditia; Fransina Tubalawony; Son; Mochamad Robby Fajar Cahya; Nur Febrianti; Risca Hamdanesti; Goddess Kokmesa; Israeli ; Kurniati Nawangwulan; Yusnita Yusufik. Wound Care And Treatment For Health. No. ISBN: 978-623-09-8231-6. <https://agdosi.com/2024/01/10/wound-care-and-treatment-for-health/>
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