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Analysis of Nursing Care in Post SC Mothers for Indications of KPD and Breech Location by Implementation of Early Mobilization to Accelerate TFU Reduction

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Abstract. *Sectio Caesaria is an artificial birth in which the fetus is born through an incision in the front wall of the abdomen and uterine wall. The uterus must be intact and the fetus must weigh more than 500 grams before the procedure can be performed. Spontaneous leakage of amniotic fluid from the amniotic cavity, where the fetus is housed, is known as premature rupture of membranes. The extended position with the buttocks at the lowest point (breech presentation) is known as the breech position. A downward shift of the uterus that reduces the size of the uterus is known as uterine involution. Early mobility is a postoperative activity that can be carried out in stages, starting with light exercise in bed until you can get out of bed, use the bathroom, and leave the room. By implementing early mobilization to accelerate the decrease in TFU, this study aims to provide nursing care, intervention, implementation, and evaluation for post-cesarean section mothers for indications of premature rupture of membranes and breech presentation at the lowest point. The research method used is observation and descriptive with a nursing care process approach through interviews, observation and documentation. The result of this study, after mobilization interventions the post SC mothers improved or returned to normal and the TFU decreased.*

Keywords: *Physical Mobilization, TFU, Caesarean Section, Premature Rupture of Membrane, Breech Position*

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INTRODUCTION

Childbirth is the release of the result of labor that is very months (37-42 weeks) and can live outside the stomach through the birth canal or alternative ways. As is known, there are two types of childbirth, namely normal delivery and through medical procedures (Section caesarea). Sectio Caesaria is an artificial birth in which the fetus is born through an incision in the front wall of the abdomen and uterine wall, provided that the uterus remains intact and the fetus weighs more than 500 grams (Ardan, 2022).

Signs of sectio caesaria are premature rupture of membranes and breech location, premature rupture of membranes is the rupture of the membranes before there is a sign of labor starting and waiting one hour before inpartu occurs. Most of the premature rupture of membranes are pregnant at term above 37 weeks, while under 36 weeks there

are not too many. In terms of its cause, premature rupture of membranes is a subject of obstetric controversy. Whereas births in children with breech where the child is located according to the mother's body, the head is in the fundus uteri while the back is the smallest part (in the area of the entrance or pelvis/symphysis). The extended position with the buttocks at the lowest point (breech presentation) is known as the breech position.

Absolute and relative indications are two types of indications for caesarean section. Absolute signs of abdominal sectio, such as a very narrow pelvis and a tumor blocking the birth canal. While a vaginal delivery can be performed under certain circumstances, a cesarean delivery is safer for the mother, baby, or both. Severe pre-eclampsia and eclampsia, severe pregnancy poisoning, breech and cross-sectional anomalies, placenta previa, twin pregnancies, and pregnancy in elderly mothers are the causes (Ira & Eko, 2016). The World Health Organization (WHO) states that the global average for caesarean section is between 5 and 15 percent per 1000 births. The 2018 Basic Welfare Exploration Information (Riskesdas) in Indonesia shows that deliveries at the age of 10-54 years reach 78.73% with the birth rate using the sectio caesarea technique of 17.6%. Information and data from Riskesdas (Republic of Indonesia Health Service 2019) 2019 shows that births with the SC strategy in Indonesia account for 9.8% of a total of 49,603 births from 2014 to 2019, with the DKI Jakarta area having the most (19.9%) and Southeast Sulawesi at least (3.3%) (Sciences, 2016)

Uterine involution is the downward shift of the uterus which reduces the size of the uterus is known as uterine involution. Postpartum involution focuses solely on reducing the size of the uterus. During the time spent involution of the uterus followed by a decrease in the size of the TFU where the size of the TFU will continue to experience shrinkage or shrinkage as before pregnancy. Every day, the decrease in TFU will decrease by one centimeter. It will gradually shrink until it reaches a pre-pregnant state in the end (Fallis, 2018).

There are three cycles that play a role in uterine involution, especially with uterine retraction, removal of lochia, in lowering the level of the uterine fundus. Bleeding will occur and the TFU will gradually decrease if uterine contractions cannot function properly. To determine the TFU, especially by palpating from the navel downwards, the TFU decreases by one centimeter each day. implementation that contributes to the process of getting the uterus to a state similar to that before pregnancy through early mobilization, bladder emptying, lactation, and uterine fundal massage (Shofyan, 2019).

Early mobility is an activity that can be carried out in stages postoperatively starting with light exercises on the bed until you are able to get out of bed, go to the bathroom and walk out of the room. Early mobilization has an important role to prevent the effects of immobilization. To avoid the impact or consequences of immobilization, namely by doing it according to his ability (Fallis, 2018).

Early mobilization is recommended for post sectio caesarea mothers so that uterine contractions run smoothly, uterine involution occurs quickly, venous thrombus can be prevented, and the mother's actions towards the baby are not disturbed. To quickly reduce TFU, early mobilization can speed up bleeding and residual umbilical cord (Fabian, 2019).

According to research (Khasanah, 2019) it was found that most (60.6%) experienced a delay in decreasing the TFU in post-sectio caesarea mothers. This is due to the pain response that appears in postoperative suture wounds and can be caused by

nutritional factors limiting early mobilization in post sectio caesarea mothers. so that proper early mobilization is needed. Early mobilization is a postoperative activity that can be carried out in stages, starting with light exercises in bed until you can get out of bed and use the bathroom until you can leave the room.

The benefit of the assembly is that it can withstand the protection from the blood flow, facilitating discharge from the vagina so that the most common way of uterine return (uterine involution) goes quickly. Uterine involution can be disrupted by delays in mobilization, leading to abnormal uterine return and a condition known as subinvolution. Subinvolution is an abnormality in involution that causes bleeding to become obstructed during the process of shrinking or retracting the uterus (Solehati, 2017).

Nurses should be trained in early mobilization, based on previous discussions about managing the process of returning the uterus to its pre-pregnancy state. With this, the creators are interested in elevating this case to become the Final Scientific Work of Nurses (KIAN). Therefore the nurse is given the title "Analysis of Nursing Care in Post Sectio Caesarea Mothers for Indications of Premature Ruptured Amniotic fluid and Breech Position with the Implementation of Early Mobilization to Accelerate the Decline of TFU in Dr. Mm Dunda Limboto".

METHODS

Recorded as the Final Scientific Work of Nurses, scientists use different types of observational and descriptive research as contextual analysis with a process approach to nursing care in Post sectio Caesarea patients in utilizing early preparation to accelerate the decrease in TFU. The methodology used is a nursing care approach which includes assessment, nursing findings, preparation, implementation, and assessment. Analyzing the collected data allows identification of patient nursing problems, implementation of mobilization, and evaluation of the efficiency of actions taken to reduce TFU.

The objects in this study were patients in the postpartum room who had undergone medical surgery ± 6 hours after SC and did not have the option to make early preparations or could not move. The information sorting strategy used in this study utilizes meetings, perceptions and documentation. The interview was directed to collect investigative data on nursing care. the interviewee, also known as the interviewer, who responds to the questions posed by the interviewer. In this examination, respondents use clients, families, and other health teams as sources of information. After early mobilization, it was seen that the patient's TFU decreased more rapidly. Respondents as a source of information in this examination use clients, families and other health teams. Observations were made to see the acceleration of the patient's TFU decline after early mobilization. documentation is a complement to the use of perceptions and interview techniques in research. If the observations or interviews used in research are supported by source documents, the results will be more credible and reliable.

RESULTS AND DISCUSSION

Early Mobilization the first 6 hours after SC

The Early Mobilization nursing intervention performed on the two respondents for sectio caesarea surgery obtained the following results:

Table 1. Early mobilization for the first 6 hours after SC

Steps	Patient 1		Patient 2	
	Yes	No	Yes	No
Perform abduction and adduction movements on the fingers, forearms and elbows for half a minute	√		√	
Position your arms straight above your head with your palms facing up	√		√	
Alternating upward pulling movements 5-10 times	√		√	
Do abduction and adduction exercises and leg rotations	√		√	

In the table above in patients 1 and 2 early mobilization examination, for the first 6 hours on 29/12/2022 at: 17.30 WITA the results obtained with the help of the family and nurses the patient was able to move his hands by doing abduction and adduction movements on the fingers, arms and elbows for half a minute, Positioning both arms straight above the head with palms facing up, pulling the other hand 5-10 times, Practicing leg movements with abduction and adduction and rotation movements on all parts of the legs. The TFU measurement in patient 1 was 13 cm and the results of the TFU examination in patient 2 were 13.3 cm.

Early Mobilization 10 hours post SC

Table 2. Early mobilization 10 hours after SC

Steps	Patient 1		Patient 2	
	Yes	No	Yes	No
Exercise left and right obliques	√		√	
Make a sideways motion to one side first, holding on to the bed guard. Hold for 1 minute then repeat on the opposite side	√		√	

In the early mobilization examination, for the first 10 hours in patients 1 and 2 on 29/12/2022, the results obtained that both patients were able to make left and right tilt movements by tilting one side first and holding on to the bed protector then hold for 1 minute then repeat on the opposite side with the help of a family or nurse. And on the TFU examination for patient 1, the measurement results were 13 cm and in patient 2, the TFU examination obtained a measurement result of 13.3 cm.

Mobilization on day 2 after SC

Table 3. Early morning mobilization 2

Steps	Patient 1		Patient 2	
	Yes	No	Yes	No
Reposition the patient to a semi-Fowler's position 30-40 degrees for one to two hours	√		√	

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If there are no complaints after the specified time, change the patient's position to a sitting position	√		√	
Practice sitting independently	√		√	
If you feel strong, you are allowed to stand independently	√		√	

In the early mobilization examination, for the second day in patient 1 on 30/12/2022 at: 11.00 WITA the results showed that the patient was able to slowly adjust the semi-fowler position 30-400 after a period of one to two hours, the patient was able to change position to a sitting position with the help of nurses and family within a certain time, the patient also begins to train himself to sit independently and train himself to stand even though he is not yet able to stand independently. For the TFU examination, the measurement results were 11.5 cm, the patient experienced an accelerated decrease in the TFU by 1.5 cm according to theory (Kasanah & Altika, 2020) it was said that the decrease in the TFU would decrease by 1 cm each day.

In the early mobilization examination, for the second day in the second patient Mrs.G.A on 01/01/2023 at: 12.35 WITA it was found that the patient had not been able to adjust the semi-fowler position 30-400 and change positions to a sitting position, but after being taught and Given motivation, the patient begins to train himself to adjust the semi-Fowler's position 30-400 and change positions to a sitting position slowly with help from the family or nurse and begins to train himself to stand even though he is not yet able to stand independently. For TFU examination, the measurement results were 12.6 cm, the patient experienced a decrease in TFU of less than 1 cm, namely 0.7 where in theory (Kasanah & Altika, 2020) it was said that the slowing down of TFU decline in Mrs. G.A's patients was influenced by mobilization which was rarely done.

Early Day 3 mobilization after SC

Table 4. Early morning mobilization on the 3rd day

Steps	Patient 1		patient 2	
	Yes	No	Yes	No
Practice walking around your own bed	√		√	
Train yourself to walk to the bathroom	√		√	

In the early mobilization examination, for the third day in patient 1 on 31/12/2022 at: 11.35 WITA it was found that the patient was able to walk around your own bed walking alone to the bathroom with help from nurses and family. The TFU examination result was 9.7 cm.

At the early mobilization examination, for the third day in patient 2 on 03/01/2023 at: 10.35 WITA the results showed that the patient was not able to stand independently and had to be assisted by family and nurses, the patient was also not able to walk around the bed and walk to the bathroom independently and must be assisted by

nurses and their families. Patients are always given motivation and always practice early mobilization slowly, after about 3 hours the patient can walk around the bed and walk to the bathroom slowly without help from nurses and family. The results of the TFU examination were 11.6 cm experiencing a change in acceleration of 1 cm.

Patient TFU Measurement Results

Since the Early Mobilization nursing intervention was carried out on the two respondents who underwent sectio caesarea surgery for 3 days, there have been changes in the process of reducing the TFU, namely as follows:

Table 5. Results of patient's TFU measurements 1

No.	Date	TFU in CM	TFU Measurement Results
1.	29/12/2022	13 cm	There was a decrease in TFU 1.5 cm/day
2.	30/12/2022	11.5 cm	
3.	31/12/2022	9.7 cm	

Table 6. Results of patient 2 TFU measurements

No.	Date	TFU in CM	TFU Measurement Results
1.	01/01/2023	13.3 cm	There was a decrease in TFU on the second day of 0.7 and on the third day 1 cm
2.	02/01/2023	12.6 cm	
3.	03/01/2023	11.6 cm	

From the results of the TFU measurements in the two patients, the first patient, Mrs.S.M, experienced a decrease in TFU of 1.5 cm, while the second patient, Mrs.G.A, experienced a decrease in TFU of 0.7 cm. After being given mobilization measures routinely and slowly, the acceleration of the decrease in TFU from patient 2 Ny.G.A has progressed to reduce the TFU with a result of 1 cm. according to theory (Kasanah & Altika, 2020) where the decrease in TFU will decrease by one centimeter per day. It will gradually shrink until the TFU is not palpable, returning it to its pre-pregnancy state.

Assessment

Based on a study conducted on Mrs. S.M (patient 1) is 32 years old and Mrs.A.G (patient 2) is 23 years old for 3 days from 29 December 2022 – 3 January 2023, the results obtained on the first day after SC had the same main complaint, namely complaining of difficulty moving so may affect the acceleration of TFU decline. In accordance with the theory According to (Fitria, 2019) there are several factors that affect the height of the uterine fundus, namely age, parity, postpartum exercise, breastfeeding, early mobilization, nutrition and psychology. One of the factors that influence the decrease in TFU is early mobilization. Early mobilization is one of the factors that contribute to a decrease in TFU. After giving birth, mothers can do early mobilization, namely moving from sitting to walking, lying on their side, and so on. Furthermore, mothers who move earlier experience a faster decline in the uterine fundus, the pulling force of the uterus compared to mothers who do not move/do not make preparations.

On objective data Mrs.S.M (patient 1) and Mrs.G.A (patient 2) obtained by the author during the study, it was found that the patient had not been able to move his body for <6 hours after post op SC, had not been able to sit and walk independently or be assisted by family because they are afraid and feel pain when they move due to post SC injuries. The TFU examination result for Mrs.S.M (patient 1) was 13 cm and for Mrs.G.A

(patient 2) was 13.3 cm. according to theory (Kasanah & Altika, 2020) where the decrease in TFU will decrease by 1 cm each day.

In each respondent Mrs.S.M (patient 1) and Mrs.G.A (patient 2) had difficulty moving on the first to third day after SC. For assessment on the first day in the first 6 hours after SC each patient was trained and assisted to move their hands by doing abduction and adduction movements on the fingers, arms and elbows for half a minute, practicing leg movements with abduction and adduction and rotation of all parts of the legs with the help of family members and nurses, positioning both arms straight above the head with palms facing up, alternately doing pull ups five to ten times.

Nursing diagnoses

Given the assessment directed at Mrs. S.M (patient 1) and Mrs. G.A. (patient 2), for whom the author developed a nursing diagnosis of impaired physical mobility in relation to post-SC abdominal pain, According to (Team POKJA SDKI DPP PPNI, 2017), the diagnosis is consistent with a nursing diagnosis.

The data that supports the formulation of this nursing diagnosis is that on the first day after SC the patient said he complained that it was difficult to move his body due to the SC operation that had been carried out. bad attitude, muscle shape, smoothness if you don't do early mobility so that it can inhibit the acceleration of the TFU reduction to return to normal size or shrink to normal size.

Nursing Intervention

As a guide to direct nursing actions in an effort to help, relieve, solve problems, or meet patient needs, nursing interventions are part of the nursing process. The nursing plan carried out on Mrs.S.M (patient 1) and Mrs.G.A (patient 2) carried out mobilization support.

Intervention regarding nursing actions is to carry out Mobilization Support. In this case Mobilization Support is helping patients participate in more physical activity. Explain the importance of physical mobility by creating a comfortable environment, discuss patient with family about physical mobility, instruct to monitor physical mobility and monitor physical mobility every day, and collaborate if necessary.

According to (Antameng1 et al., 2019) Physical mobility is the easiest way to increase activity to accelerate the reduction of TFU independently besides carrying out physical mobility this does not require a lot of costs and is easy to do, physical mobility is carried out in stages starting from the first stage on six first hour of bed rest. The physical mobilization that must be made possible is moving the arms, hands, moving the toes and rotating the lower leg, lifting the heel, stretching the lower leg muscles and rotating and moving the foot, until the third stage is being able to carry out independent activities. The impact that will be caused if not doing physical mobility, namely: increased level of internal heat, unusual death, unfavorable involution, obstructed blood flow, acute pain, slow wound healing.

Nursing Implementation

Nursing practices carried out according to a predetermined plan on the first day to the third day in patients 1 and 2 are identifying pain or other physical complaints, determining physical tolerance for movement, monitoring heart rate and blood pressure before starting mobilization, monitoring general condition during mobilization, facilitate mobilization activities with assistive devices (such as bed railings), involve the family to

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help the patient improve movement, explain the goals and procedures for mobilization, and teach simple mobilization to be carried out (such as sitting in bed, moving from bed) is the implementation or nursing action carried out on the first day to the third day in patients 1 and 2.

The act of providing physical mobility is Nursing Care, in this case the officer shows the patient how to actually do physical mobilization in stages starting from the first day post SC in the first 6 - 10 hours post SC the patient must be on bed rest first. Patients carry out early mobilization slowly by practicing lifting and stretching arms and legs, monitoring heart rate and blood pressure before starting mobilization, and monitoring the patient's general condition during mobilization. Physical mobility is done by identifying pain or other physical complaints, determining the patient's physical tolerance for movement during the first six hours after SC. general condition of the patient is still weak with circulatory pressure: 110/80 mmHg, pulse: 89 beats per minute, 22 beats per minute, and 36 degrees Celsius moving with preparatory exercises with assistive devices (eg bed railings) for the initial 10 hours after The patient's SC does exercises to the left and right in a relaxed manner by gripping the bed, including the family to help the patient in further development, understands the purpose and assembly of the technique, suggests initial preparations, helps with basic activation that must be done (for example: sitting on the bed, sit up, and move from bed to chair). Collaborating on TFU measurements with the results: Ny. S.M (patient 1) TFU 13 cm and for Mrs.G.A (patient 2) TFU 13.3 cm. In accordance with the theory (Kasanah & Altika, 2020) where the decrease in TFU will decrease by 1 cm each day.

Implementation of the second day of nursing on Mrs. S.M (patient 1) and for Mrs.G.A (patient 2) namely recognizing pain or other actual pain, filtering general conditions during assembly, especially mobilization, being able to control blood pressure: 110/90 mmHg, rate: 86x/minute, Breath 20x /minute, heat level within 36ºC, work with preparatory exercises with assistive devices (eg: bed railings), involve the patient's family to help them move better, explain the purpose and process of mobilization, suggest early mobilization, and teach how to do simple mobilization (such as: sitting in bed, sitting, moving from bed to chair). On the second day the patient is taught to sit with the help of holding on to a bed post or assisted by nurses and family. Collaborating on TFU measurements with the results: Mrs. S.M (patient 1) TFU 11.5 cm and for Mrs.G.A (patient 2) TFU 12.6 cm. while the normal value of TFU decreased by 1 cm/day.

Implementation of the third day of nursing on Mrs. S.M (patient 1) and for Mrs.G.A (patient 2) is the implementation of the third day of nursing implementation for Mrs.S.M (patient 1) and for Mrs.G.A (patient 2), especially recognizing actual pain, checking the general condition during activation, being able to control general conditions: good with blood pressure: 120/90 mmHg, pulse: 80x/minute, respiratory rate 19x/minute, body temperature: 36C. Facilitate mobilization activities with assistive devices (such as bed rails), involve the family to help patients improve their movements, explain the goals and procedures for mobilization, and instruct patients on how to perform simple mobilizations (such as: sitting on the side of the bed, moving from bed to chair, and sleeping in place). For 2-5 days the patient trains himself to walk slowly with the help of nurses and family. Performs a collaboration of TFU measurements with the results: Ny. S.M (patient 1) TFU 9.7 cm and for Mrs.G.A (patient 2) TFU 11.6 cm. In accordance with the theory (Kasanah & Altika, 2020) where the decrease in TFU will decrease by 1 cm every day.

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Nursing Evaluation

The last step in the nursing process is evaluation, which aims to compare the results of nursing based on the goals and criteria for the expected results of implementing nursing based on the goals and criteria for the expected results. The author got the results of the two post SC patients who underwent nursing interventions to support mobilization for 3 days from 29 December 2022 – 03 January 2023, namely that the mobilization had improved or returned to normal, that is, on day 3, the patient was able to walk slowly to the bathroom slowly. because their mobilization has improved or returned to normal.

The author evaluates the results obtained in patient 1 Ny.S.M, that the problem of Physical Mobility Impairment has been resolved, because it was found that patient data was able to carry out physical mobility and be able to do activities independently and the decrease in TFU also decreased by 1.5 cm/day vital signs: Blood Pressure: 120/90 mmHg, Pulse: 90 x/minute, Temperature: 36.5ºC, Respiration: 18 x/minute. Whereas in patient 2 Mrs.G.A from the final result of the problem of impaired physical mobility it was found that she was able to carry out physical mobilization but experienced a slight delay or was still assisted by her family so that it affected the decrease in TFU where the TFU from Mrs.G.A decreased only 0.7/day according to theory (Kasanah & Altika, 2020) where the decrease in TFU will decrease by 1 cm every day. Vital signs: Blood Pressure: 120/90, mmHg, Pulse: 90 x/minute, Temperature: 36.5ºC, Respiration: 18 x/minute.

CONCLUSION

Based on the results of the case study Analysis of Nursing Care in post sectio Caesarea mothers for indications of KPD and breech position with the application of early mobilization to accelerate the reduction of TFU in dr. MM Dunda Limboto can draw the following conclusions:

Assessment

Is the stage to obtain information on patients and family members who are fostered. From the results of the nursing assessment and examination of the two patients Mrs.S.M (patient 1) and Mrs.G.A (patient 2) it was found that both patients had difficulty moving after SC.

Main Diagnosis/Problem

The main problem that arises in both patients Mrs.S.M (patient 1) and Mrs.G.A (patient 2) is difficulty moving so that the Nursing Diagnosis based on the 2018 IDHS (Indonesian Nursing Diagnostics Standards) is impaired physical mobilization

Intervention

The intervention planned by the researcher was to provide mobilization support for both Mrs.S.M (patient 1) and Mrs.G.A (patient 2) who had difficulty moving, namely by identifying pain or other physical complaints, determining physical tolerance for movement, monitoring heart rate and blood pressure before starting mobilization, monitoring the general condition during mobilization, facilitating mobilization activities with assistive devices (such as bed railings), involving the family to help patients improve movement, explaining the goals and procedures for mobilization, encouraging early mobilization, teaching simple mobilization tasks (such as: moving from bed to chair, sitting on the side of the bed, and so on), TFU measurement collaboration.

Implementation

The implementation planned by the researchers was to support mobilization for both patients Mrs.S.M (patient 1) and Mrs.G.A (patient 2) who had impaired physical mobilization by identifying pain or other physical complaints, monitoring general conditions during mobilization, namely the condition general: good with blood pressure: 120/90 mmHg, pulse: 80x/minute, respiration 19x/minute, body temperature 36°C move around, facilitate mobilization activities with assistive devices (eg: bed railings), involve the family to help further development continue the patient, understand the reasons and preparation systems, assist direct assembly to be performed (eg sitting in bed, sitting in bed, moving from bed to seat). For 2-5 days the patient trains himself to walk slowly with the help of nurses and family. Performs a collaboration of TFU measurements with the results: Ny. S.M (patient 1) TFU 9.7 cm and for Mrs.G.A (patient 2) TFU 11.6 cm. normally the TFU decreases every day by 1 cm/day.

Evaluation

Overall evaluation, after nursing actions were carried out on both patients Mrs.S.M (patient 1) and Mrs.G.A (patient 2) was obtained, namely the patient data was able to carry out physical mobility and was able to do activities independently and the decrease in TFU also decreased by 1.5 cm / day vital signs: Blood Pressure: 120/90 mmHg, Pulse: 90 x/minute, Temperature: 36.5 ºC, Respiration: 18 x/minute. Whereas in patient 2 Mrs.G.A from the results of evaluating the problem of impaired physical mobility it was found that she was able to carry out physical mobilization but experienced a slight delay or was still assisted by her family so that it affected the decrease in TFU where the TFU from Mrs.G.A decreased only 0.7/day while the results normally is 1 cm/day. Vital signs: Blood Pressure: 120/90, mmHg, Pulse: 90 x/minute, Temperature: 36,5 ºC, Respiration: 18 x/minute.

Suggestion

For nursing services in hospitals

The consequences of this contextual analysis can be used as a contribution to administration in the clinic with the aim of being able to carry out procedural actions according to the existing Standard Operations in the Hospital regarding the importance of Early Mobilization to accelerate the reduction of TFU.

For researchers

The results of this study can apply the information obtained in education and increase knowledge and real involvement by completing the examination as one of the references for the following specialists, who will lead the contextual analysis of nursing care by determining Post SC on indications of PROM and breech position.

For the health profession

In addition to information and additional knowledge for the nursing profession, it is very likely to be a reference for developing further exploration and providing a superior understanding of nursing care by determining Post sectio Caesarea for KPD indications and breech position

REFERENCES

Agustina, S. (2020). Literature Review :Asuhan Keperawatan Pada Ibu Post Operasi Sectio Caesarea Yang Mengalami Nyeri Dengan penerapan Biologic Nurturing

Baby Led Feeding Di Rumah Sakit Umum Daerah Pandan Kabupaten Tapanuli Tengah. *Politeknik Kesehatan Medan*, 1–67.

Ardani, A. N. (2022). *Asuhan keperawatan antenatal care pada ny. s usia 31 tahun giii p2001 ab000 usia kehamilan 38-39 minggu dengan letak sungsang*.

Fabiana Meijon Fadul. (2019). *Febiana Merijon Fadul*. Asuhan Keperawatan antenatalcare.

Fallis, A. . (2018). Mobilisasi Dini. *Journal of Chemical Information and Modeling*, *53*(9)**.**

Ira, D., Priyatin, S., & Eko, S. (2016). *3 Abstrak Pengaruh MobilisasiDini Terhadap Penurunan TFU pada Ibu Post Caesa Sesarea*. 35–39.

Kasanah, U., & Altika, S. (2020). *Efektifitas Mobilisasi Dini Dalam Mempercepat Involusi Uteri Ibu Post Partum* (Vol. 8, Issue 1).

Khasanah, R. (2019). *Asuhan Keperawatan Pada Ny R Dengan Post SC Atas Indikasi Janin Letak Sungsang Di Ruang Dewi Kuthi Rsud Kota Semarang*.

Oktaviano, S. M. (2020). Asuhan Keperawatan Pada Ny. R Dengan Diagnosa Medis "Post Operasi Sectio Caesarea Dengan Indikasi Letak Sungsang" Di Ruang Mawar Merah Rsud Bangil Pasuruan. *Jurnal Keperawatan*, *2016*, 1–2.

PPNI. (2017). Standar Diagnosis Keperawatan Indonesia:Definisi dan Indikator Diagnostik, Edisi 1 Cetakan III (Revisi). Jakarta: PPNI.

PPNI. (2018). Standar Intervensi Keperawatan Indonesia: Definisi dan Tindakan Keperawatan, Edisi 1 Cetakan II. Jakarta: PPNI.

PPNI. (2019). Standar Luaran Keperawatan Indonesia: Definisi dan Kriteria Hasil Keperawatan, Edisi 1 Cetakan II. Jakarta: PPNI.

Ramadhanti, N. A., Juniartati, E., Barlia, G., Suhariyanto, & Agustina, M. (2022). Asuhan Keperawatan pada Pasien Post Operasi Sectio Caesarea dengan Indikasi Partus Lama: Studi Kasus. *Jurnal Keperawatan Mandira Cendikia*, *1*(1), 100–107.

Sciences, H. (2016). *Asuhan Keperawatan Ibu Post Partum Dalam Pemenuhan Kebutuhan Aman Nyaman Dengan Penerapan Mobilisasi Dini Untuk Mempercepat Penyembuhan Luka Post sectio Caesarea*. *4*(1), 1–23.

Sofyan, K. S. (2019). *Karya Tulis Ilmiah Asuhan Keperawatan Pada Ibu Nifas Post Sectio Caesarea*.

Solehati, T. (2017). *Konsep Relaksasi Dalam Keperwatan Maternitas*, Bandung, Pt Refika Aditama**.**

Tri Nida Amaliyah, & Merida Simanjuntak. (2019). Asuhan Keperawatan Pasien Post Partum Sectio Caesarea Atas Indikasi Letak Sungsang. *Buletin Kesehatan: PublikASI*

