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EDUCATIONAL INTERVENTION ON EARLY MOBILIZATION COMPLIANCE AMONG POST-CESAREAN MOTHERS

Nidya Comdeca Nurvitriana¹, Karunia Wijayanti², Devi Maya Arista³

^{1,2,3} Lecturer of Surabaya State University

nidyanurvitriana@unesa.ac.id

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Abstract:

Many mothers lack awareness of the benefits of early mobilization following caesarean section (post-Sc). This study aimed to assess the influence of educational intervention on early mobilization among post-Sc mothers at RSAD Level III Brawijaya Surabaya, utilizing a pre-experimental design with a single cohort. The sample consisted of 43 mothers who underwent caesarean section from December 2023 to January 2024, selected through purposive sampling. Early mobilization served as the dependent variable, with education as the independent variable. Results revealed a positive shift post-education, with 20 participants (47%) improving from the "good" category to only 2 (5%) post-education. Additionally, 22 respondents (51%) moved to the "sufficient" category, up from 19 (44%) previously. Conversely, the "less" category decreased from 22 (51%) to 1 (3%) post-education. Statistical analysis ($p=0.001$, $\alpha=0.05$) confirmed significant impact of counseling on early mobilization post-caesarean section, rejecting H_0 . In conclusion, educational intervention positively affected maternal compliance with early mobilization after caesarean section at RSAD Level III Brawijaya Surabaya. Suggestions include integrating comprehensive early mobilization content into midwife education curriculum.

Keywords: Education, Early Mobilization, Caesarean Section

INTRODUCTION

The caesarean delivery process is currently undergoing methodological development. One of the newest methods is the ERACS (Enhanced Recovery After Caesarean Section) delivery method. The ERACS delivery method has been proven to work wonders for the community, especially pregnant women, because it is claimed to be able to reduce post-operative pain and the recovery process is faster compared to traditional caesarean section (Warmiyati & Febi, 2022). After a traditional caesarean section, the patient is usually not allowed to move for 12 hours, but with the ERACS method, the patient can sit comfortably just four hours after the caesarean section. In fact, within 24 hours, patients can independently carry out light activities such as urinating and walking without fear of pain (Karunia, 2016). However, researchers collected preliminary data and found that of the 20 mothers who underwent caesarean section, 13 (65%) did not get out of bed early because of fear or other reasons, even though using ERACS surgery there were still patients who were reluctant to mobilize early. Early mobilization is the first step in the post-operative wound healing phase. Saleh's research (2020) explains that early mobilization has an effect on the wound healing process after caesarean section and further explains that early mobilization can facilitate the removal of lochea and others (Metasari and Sianipar, 2018). Therefore, early mobilization is more effective in increasing the mother's independence in recovering her condition after a caesarean section. This is because the impact of not carrying out early mobilization in caesarean section patients can cause psychological and physiological risks (Warmiyati & Feb. 2022).

The problem now that often arises is that sometimes mothers feel afraid to make movements after giving birth. Fear or worry about moving makes mothers feel afraid of pain and makes them unable to carry out smooth activities such as giving breast milk or caring for their baby well (Novita and Saragih, 2019). If the pain felt by the mother is not resolved properly, it will have an impact on the length of healing, infection will occur and will result in a long treatment time (Black Joiyce, 2020). In fact, currently the ERACS delivery that has been carried out in several hospitals is a Sectio Caesarea operation method with a special care approach to optimize the mother's health after undergoing a Sectio Caesarea operation, so that this delivery process can speed up the healing or recovery process through early mobilization so that there is no pain in the post-operative mother.

A preliminary study conducted at the Brawijaya Level III Hospital in Surabaya showed that the ERACS method of delivery was introduced in 2021. Since its introduction, the demand for Sectio Caesarea deliveries using the ERACS method has continued to increase until now. It was recorded that 63 women gave birth using the ERACS method using the ERACS method in June - August 2023, and from the results of interviews with 10 mothers. The results showed that 6 patients did not carry out early mobilization or early activities after SC surgery because they were afraid that if they moved they would get pain, soreness, swelling and even fear that the stitches would open. while the other 4 patients were able to carry out early mobilization activities such as moving their hands, shaking their legs or being moved because they felt that if they didn't move, their hands and feet would get stiffer. Then there were four patients, some of whom were already on their third day of treatment but didn't want to go home because they still felt pain, so the mother felt more comfortable in the hospital, especially when she was in pain. From the description above, it shows that there are still many post-caesarean section postpartum mothers who do not comply with early mobilization. The reason the researcher chose the title the influence of education on the implementation of early mobilization in Post Section Caesarea ERACS mothers was because the researcher wanted to know whether there was an effect of providing education on the implementation of early mobilization in post Caesarean section mothers.

METHODS

This research approach uses a quantitative research design with a pre-experimental research design with a one group pre-posttest design where in this study one group is given treatment so as to compare the groups before and after being given education about early mobilization in post caesarean section. The sample in this study was all ERACS post-caesarean section mothers in Brawijaya Hospital in Surabaya A total of 43 people met the research criteria. The sampling technique in this research is purposive sampling. Purposive sampling is a technique for determining samples with certain considerations, meaning that each subject taken from the population is chosen deliberately based on certain objectives and considerations. In this research the author used an observation sheet (check list) as a research instrument which includes written statements used for data from observations of respondents. This research was conducted from December 2023 to January 2024.

RESULTS AND DISCUSSIONS

Characteristics of respondents based on parity in post section caesarean eracs patients were found. Most 61% had their first child, most (58%) of the respondents were aged (20 years - 35 years), most (74%) of the respondents were highly educated. Frequency distribution of respondents based on prior to providing education to ERACS post section cesarean patients.

Table 1. Implementation of mobilization before providing education and after providing education to post section caesarea eracs patients

Mobilitation	Pretest		Posttest	
	Frequency	(%)	Frequency	(%)
Good	2	5%	20	47%
Enough	19	44%	22	51%
Less	22	51%	1	3%
Total	43	100%	43	100%

Data Analysis

Based on the analysis of the data above, it can be interpreted that those who were given education, the majority were able to carry out it well in accordance with the checklist or provisions that apply in the implementation of early mobilization, 22 (55%) to carry it out in the sufficient category after being given education for those who carried it out in the sufficient category, namely only 19 (44%) did 5-10 movements and only 1 respondent (3%) did less. Based on the results of statistical tests using Wilcoxon, at $\alpha 0.05$, p value = 0.01, so the p value is <0.05 . This means (H_0) is rejected and (H_1) is accepted. So the conclusion is that there is an influence of providing education on the implementation of early mobilization in patients post sectio caesarea eracs. So it can be concluded that there was an increase in the good category (11 movements) in the implementation of early mobilization, namely 20 respondents compared to 2 (5%) before being given education.

DISCUSSION

The main aim of this research is to determine the impact of early mobilization education on the implementation of early delivery. The analysis uses the Willcoxon test to compare data from mothers who received pre-education with those who did not.

Based on the results of the research, it is known that the before and after groups had the same general characteristics in the same sample and were given the most education in terms of age at ages that were not at risk, namely the age range of 20 - 35 years as much as 58%. Age will influence the acquisition of knowledge provided through education, if age is not at risk, it will influence the success of education in implementing early mobilization. Most of the respondents (74%) are highly educated. If the respondents are in higher education then the capture of educational information will be better and faster so that the process of carrying out mobilization is in accordance with procedures and has good performance.

In the age category, it is found that to carry out surgery at this age, the psychological level will be much better prepared because they already know the information and are much more receptive. In the education category obtained in the higher education group, namely high school and tertiary education, almost entirely, namely 74%, in terms of education, it will have an influence because higher education will be more able to accept whatever has been informed and will immediately apply it, in contrast to those with low education, they will think in the future. past and experience, previous experience and up-to-date information have not yet been received. The number of children who give birth to more than 1 (one) child is almost the largest, namely 61%. This is supported by research by Dan, M et al (2019) that knowledge is related to the level of education of the mother post cesarean eracs as well as the age itself with the interest of the mother after childbirth and the support of health workers so that motivation will arise in the mother herself to carry out early mobilization. Proving that health knowledge is very necessary so that it will influence respondents' attitudes and behavior. (Kristensen L, 2018).

Antenatal care experience, family practices regarding early mobilization, and understanding of its

benefits collectively influence mothers' choices at birth. Support from health professionals, including midwives and doctors, as well as close relatives, had a significant impact on this decision. This is very important for mothers who are undergoing a cesarean section for the first time. Initial experience of caesarean section generally shows a lack of understanding about early mobilization compared to labor conditions in general. There is evidence to show that employment for pregnant women has an impact, because working mothers, especially those working in the formal sector, have more information, including insight into the importance of early mobilization after giving birth (Aneta. Al, 2020).

Education, which is defined as providing guidance towards a goal, shows a correlation with the level of knowledge. Understanding the importance of early mobilization after cesarean section is positively correlated with education level. The level of educational attainment also influences the extent to which individuals are able to assimilate and understand information related to early mobilization. With an emphasis on family well-being, education emerges as an important determinant in fostering acceptance of early mobilization behavior and rapid action.

Of the 43 respondents who were given education before being given education, there were only 2%, this proves that without information, knowledge causes attitudes and behavior to be lacking. In the education process, it is very important for the respondent's knowledge because the respondent thinks that with surgery it will be very difficult to carry out movement as early as possible and they do not understand the benefits they will get if they carry out early mobilization. Each respondent, before being given education, complained that they would not be able to move as nimbly as before the operation, there were also those who did not want to move for several weeks. If early mobilization is carried out too late, it will cause late onset of weakness in the body's muscles and the healing of surgical wounds will be hampered. Meanwhile, after being given education, there were 20 respondents in the good category, 47% mobilized well in accordance with the SOP that had been determined, while in the sufficient category, those who had not been given education were from 19 (44%) until after being given education there was an increase of (54%).) whereas only 3% of respondents after being given education were in the poor category, this proves that health knowledge is very necessary so that it will influence respondents' attitudes and behavior.

The statistical test yielded a p value of less than 0.05, which provides support for accepting the hypothesis. These findings indicate that there is a real difference in the effect of providing early mobilization education on respondents before and after treatment. The education obtained has been upgraded to a "good" level. This is in accordance with Yani's (2018) statement that health education includes the distribution of information, instilling self-confidence, and increasing knowledge, understanding, readiness and capacity to comply with health-related guidelines. This research provides support for the idea that education has a constructive impact on respondents' behavior, leading to increased compliance with early mobilization practices.

The participants were motivated to research the personal benefits of early mobilization because of the educational sessions. Early mobilization, defined as initiating movement and leaving the bed immediately after delivery, provides several benefits. This includes increasing physical strength, accelerating child rearing, protecting against thrombosis and thromboembolism, preventing abnormal bleeding, temperature spikes, and increasing uterine involution (Anggraini, 2016). Educated individuals demonstrate increased levels of knowledge, which in turn inspires them to engage in early stages of mobilization.

Health education includes three main goals: achieving ideal health status in the long term; medium-term promotion of healthy behaviour; and instilling short-term knowledge, attitudes and standards

(Citrawati, 2021). The basic advantage of education is that it empowers people to manage their health better by encouraging the adoption of healthy lifestyles and engaging in health-related activities (Solehati, 2015). After each observation, researchers will provide an evaluation. It is hoped that in this evaluation the patient will understand how important it is. early mobilization from education and proven by the patient himself from several stages of the checklist carried out directly by the patient. In this way, the patient can measure whether the level of pain is pure pain or whether it is just an imagination and assumption.

CONCLUSION

The results of this study show that there is an influence of providing education on the implementation of early mobilization in mothers post ERACS caesarean section

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