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Nursing Care for Mrs. N Post Sectio Caesarea with Ineffective Breastfeeding Nursing Problems in the Rose Room of Waled Hospital

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Abstract

Recovery from Sectio Caesarea takes time, so breastfeeding early in the baby's life will be difficult. Breast milk is one of the best food sources for newborns because it has many important substances that increase immunity to diseases. The purpose of this study is to ensure students are able to provide nursing care to Mrs. N Post SC with ineffective breastfeeding nursing problems. Method: using descriptive case studies compiled from the results of observation, interviews, and data analysis to intervention and evaluation. The research was conducted in the Rose Room of Waled Hospital, Cirebon Regency in February 2024. The sample in this study is postpartum mothers with SC delivery, which focuses on nursing problems, namely ineffective breastfeeding. Breast care is done 1 time a day within 2 days. Results: based on the research that has been carried out, breast milk production increases after breast treatment.

Keywords: Sectio Caesarea, Breast Care, Breast Milk

INTRODUCTION

Sectio Caesarean (SC) section is a surgical procedure to remove the fetus by opening the abdominal wall and uterine wall (Santiasari et al., 2021). The SC section occurs due to an imbalance in the size of the baby's head and the mother's pelvis, abnormal baby position, placenta previa, large fetuses, and the birth of twins, pregnancy at an advanced age (Pitriani et al., 2023). This SC section is also caused by preeclampsia, eclampsia, a history of SC surgery, having certain diseases, genital infections, and others. SC section is performed to save the mother and baby if the patient is unable to give birth normally (Kartilah et al., 2022). WHO (Word Health Organization) said that in 2016, data obtained on the rate of childbirth using the SC method increased by 10-15% since 30 years ago; this phenomenon occurred in developing countries (M et al., 2022).

Recovery from SC takes time, so breastfeeding early in the baby's life will be difficult. Breast milk is one of the best food sources for newborns because it has many important substances to increase immunity to diseases (Garwolińska et al., 2018; Kalbermatter et al., 2021; Lyons et al., 2020; Sánchez et al., 2021). Based on Word Health Organization

(WHO) data in 2016, exclusive breastfeeding coverage in the world is only 39%. This achievement is still below the exclusive breastfeeding coverage target set by WHO, which is 50%. According to Riskesdas data taken from 2018, the coverage of exclusive breastfeeding in Indonesia in 2014 was 37.3%; in 2015, it was 55.7%; in 2016, it was 54%; in 2017, it was 61.33%; and in 2018, it experienced a significant decrease of 37.3%. When compared to the target set by the Indonesian Ministry of Health, which is 80%, the achievement of exclusive breastfeeding in Indonesia level still does not meet the target.

According to Widiastuti & Jati (2020), mothers with SC delivery experience unsmooth breast milk production. The results of the study showed that as many as 82% of mothers with the SC delivery method experienced problems with smooth milk production. In line with another study by Lubis et al. (2020) titled The Implementation of Breast Care for post-SC mothers in the Flamboyant Room of Prof. Dr. Margo Soekarjo Hospital, the results of post-SC were obtained as expected, the client's breastfeeding status could improve on the third day. The milk drops/emissions are quite increased, the adequate milk supply is quite increased, and the baby's fussiness is quite reduced. Seeing the obstacles in breastfeeding post-SC mothers and the benefits for mothers and babies. The researcher wanted to present a case study to find out if nursing care with breastfeeding problems was not effective in post-SC mothers.

SC is a surgical procedure to deliver a baby by making incisions in the mother's abdominal and uterine walls (Santiasari et al., 2021). This procedure is typically indicated due to disproportionate size between the baby's head and the mother's pelvis, abnormal fetal positioning, placenta previa, large fetuses, multiple births, and pregnancies in older women (Pitriani et al., 2023). Other causes include preeclampsia, eclampsia, previous SC surgeries, certain maternal diseases, and genital infections. SC is performed to ensure the safety of both the mother and baby when vaginal delivery is not feasible (Kartilah et al., 2022).

According to the World Health Organization (WHO), the global rate of SC deliveries increased by 10--15% over the past 30 years, with this rise particularly evident in developing countries (M et al., 2022). Recovery from SC requires significant time, often complicating early breastfeeding efforts. Breast milk is vital for newborns as it contains essential nutrients that bolster immunity. WHO data from 2016 indicated that the global coverage of exclusive breastfeeding was only 39%, falling short of the 50% target set by WHO. In Indonesia, the Basic Health Research (Riskesdas) data showed fluctuating exclusive breastfeeding rates: 37.3% in 2014, 55.7% in 2015, 54% in 2016, 61.33% in 2017, and a significant drop to 37.3% in 2018. These figures are well below the Indonesian Ministry of Health's target of 80%.

Widiastuti & Jati (2020) found that 82% of mothers who underwent SC experienced difficulties with smooth milk production. Similarly, a study by Lubis et al. (2020) on breast care for post-SC mothers at Prof. Dr. Margo Soekarjo Hospital reported improvements in breastfeeding status by the third-day post-SC, with increased milk emission and reduced infant fussiness. Given the challenges of breastfeeding for post-SC mothers and its benefits for both mother and baby, this study aims to present a case study to evaluate the effectiveness of nursing care in addressing breastfeeding issues among post-SC mothers.

The novelty of this study lies in its focus on the practical application of nursing care interventions to improve breastfeeding outcomes for post-SC mothers. While previous research has documented breastfeeding challenges and general interventions, this study will provide a detailed case analysis, offering insights into specific nursing care practices and

their direct impact on breastfeeding success. This approach will fill a gap in the literature by linking nursing care practices with measurable breastfeeding outcomes, thereby contributing to the development of more effective post-SC care protocols.

RESEARCH METHODS

This study uses a descriptive case study method, which is compiled from the results of observation, interviews, and data analysis for intervention and evaluation (Algozzine & Hancock, 2017; Baxter & Jack, 2008; Hancock et al., 2021; Kim et al., 2017). This method describes the application of breast care (breast massage) in post-SC patients carried out for 1 time a day within 2 days. The sample in this study is a post-SC mother. This research was carried out in February 2024 at Waled Hospital, Cirebon Regency.

RESULTS AND DISCUSSION

Based on the results of the examination of the patient through anamnesis and physical examination, the results of the patient said that the breast milk had not come out, the breast felt a little hard and a little painful, and the patient said that he had never received counseling about breast care. Obstetric status of P3A0 with Sectio Caesarea procedure. The results of the physical examination were blood pressure 150/90 mmHg, pulse 88 x/min, Temperature 36.8°C, respiration 20x/min, and SPO2 99%. The objective data found did not show breast milk production; the breasts felt a little hard.

Table 1. Data Analysis

Data	Etiology	Problem
DS: The patient said that his breast milk has not come out DO: - No breast milk expenditure has been seen - Breast milk seems a little hard - Blood pressure: 150/90 mmHg - Pulse: 88 x/min - Temperature: 36.8°C - Respiration: 20 x/min - SPO2: 99%	Post Sectio Caesarea ↓ Physiological changes ↓ Lactase ↓ Hormone estrogen ↓ Prolactin increases ↓ Breast Milk Formation ↓ Constriction of the ductus antivirus ↓ Breast milk does not come out ↓ Ineffective breastfeeding	Ineffective breastfeeding

The patient reported an issue with the production of breast milk following a cesarean section. Despite the expected physiological changes associated with lactation, such as increased prolactin levels and breast milk formation, the patient's breast milk has not yet come in. Observations show no breast milk expenditure, with the milk appearing a little

hard. The patient's vital signs are mostly stable: blood pressure is 150/90 mmHg, the pulse is 88 beats per minute, the temperature is 36.8°C, respiration rate is 20 breaths per minute, and SpO2 is 99%.

The underlying etiology involves a series of physiological changes post-SC. These changes affect lactase activity and hormone levels, particularly estrogen and prolactin, which are crucial for breast milk formation. The constriction of the ductus antiverus seems to be hindering milk flow, resulting in ineffective breastfeeding.

After the researcher analyzed the data to establish a nursing diagnosis. The researcher applied the intervention in accordance with evidence-based nursing practice (EBP), namely breast care or breast care. This breast treatment is carried out for 1 time a day in 2 days. The evaluation obtained the result that after being given breast care measures, there was breast milk production.

Discussion

This case study was chosen by 1 person as the subject of the case study, namely a postpartum patient with a SC delivery, a postpartum mother with complaints of difficulty in expelling breast milk, a postpartum mother who is able to communicate well, a mother who is willing to be a respondent. Decreased milk production and production in the first days after childbirth can also be caused by a lack of stimulation of the hormones prolactin and oxytocin, which play a very important role in the smooth production and production of breast milk. There are several factors that can affect the smooth production and production of breast milk, namely breast care, breastfeeding frequency, stress parity, maternal illness or health, cigarette or alcohol consumption, contraceptive pills, and nutritional intake (Lubis et al., 2020).

In this study, researchers provide breast care therapy; this action is carried out for 1 time a day, which is carried out for 2 days. As a result of the implementation carried out, there is a small amount of breast milk expenditure. This is in line with the research of Setyaningsih et al. (2020), which shows that breast care affects the smooth production of breast milk in postpartum mothers with SC sections. Breast care is an effective way to increase milk production, making it easier for babies to consume breast milk, which has extraordinary nutritional value for babies in addition to reducing milk flow blockage, maintaining breast cleanliness and nipple laxity so as to prevent blisters during breastfeeding.

The application of breast care is carried out by means of massage, treatment, and compression of the nipple. According to research by Nurhasanah (2022), there is an increase in breast milk production in mothers who receive breast care; this is because breastfeeding actions can stimulate the breast glands, such as the production of the hormones prolactin and oxytocin. Movement during breast treatment will stimulate nerve cells in the breast so that it will affect the production of breast milk.

CONCLUSION

Nursing diagnosis in postpartum patients, namely ineffective breastfeeding, is related to inadequate milk supply characterized by breast milk not coming out. Planning and implementation are carried out, including oxytocin massage for 2x24 hours. Ineffective breastfeeding problems related to inadequate milk supply are starting to come out, and patients say that after breast care is carried out by doing a massage on the breast, the patient feels comfortable.

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