

Volume: 12
Issue: 04
Years: 2022

Research Article

Psychological Adaptation: Taking Hold of Post Sectio Caesarian Primiparous Mother

Emmelia Astika Fitri Damayanti¹, Tety Mulyati Arofi²

¹Akper Yaspen Jakarta

Email Corespondent : ns.emmelia@gmail.com



Editor: KS
Received: 28/09/2022
Accepted: 16/12/2022
Published: 29/12/2022
Available Article:
10.33221/jiiki.v12i04.2130

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Conflict of interest statement: The researcher declares that this research is free from conflicts of interest of individuals and organizations.

Funding: Research grants of Akper

Abstract

Background: Primiparous mothers after SC surgery need support from their families and health workers, especially in adapting to their new roles. The mother will feel worried about her inability and sense of responsibility in caring for her baby. Mothers who cannot adapt well can be at risk of experiencing postpartum blues to postpartum depression.

Objectives: The purpose of this study is to describe the experience of psychological adaptation: taking hold of post SC primiparous mothers.

Methods: This study is a qualitative study with a phenomenological approach. The research sample was taken by purposive sampling, namely primiparous mothers after SC surgery as many as 10 mothers. Data collection is based on interview guidelines and observation notes.

Results: The results showed that all mothers (100%) had never been taught breast care and oxytocin massage during hospitalization; 7 mothers (70%) had little milk production; 8 mothers (80%) mastered breastfeeding techniques; all mothers (100%) were not ready to take care of their own babies; 5 mothers (50%) feel anxious; 8 mothers (80%) experienced changes in sleep patterns; all mothers (100%) did early mobilization; all mothers (100%) received support from their husbands and families

Conclusion: Primiparous mothers have no previous experience so they need support from health workers and families in achieving their new role as mothers. Health workers are expected to provide support in the form of education and counseling, especially to primiparous mothers about the problems experienced by mothers during the postpartum period.

Keywords: psychological adaptation, primiparous mother, post sectio caesarean

Introduction

The postpartum period is often called the puerperium, which is the period after childbirth for the recovery of the reproductive organs and lasts 6 weeks. Mothers who are in the postpartum period, especially primiparous mothers, need support from both their

families and health workers to cope with physiological and psychological changes. Postpartum care is needed in the early period because it is a critical period for the mother. It is estimated that 40% of postpartum deaths occur in the first 24 hours. Postpartum is a physiological process, but improper care and management can make a pathological process that can endanger the safety of the mother.¹

Indonesia Health Profile shows the coverage of postpartum visits in Indonesia in 2019 was 78.78% and the highest visit coverage was in DKI Jakarta and West Java areas. Health services for postpartum mothers in West Java have high coverage. Postpartum visits called KF are carried out according to the postpartum visit schedule, namely, KF 1 is carried out in a period of 6 hours to 2 days after delivery; KF 2 is carried out in the period of 3 days to 7 days after delivery; KF 3 is carried out in the period of 8 days to 28 days postpartum. Indonesia Health Profile shows the coverage of KF 1 of 101%, KF 2 of 100.5%, and KF 3 of 99.6%. This shows that postpartum maternal services in the West Java region have been very good. However, most postpartum maternal services focus more on physiological needs and often ignore psychological changes.² Some of the psychological changes experienced by mothers are a form of adaptation to a new environment. Primiparous mothers often experience emotional and psychological changes during the postpartum period. This is due to several factors, namely the existence of new environmental adjustments, social expectations, work problems, and disharmony in family relationships.³

Psychological changes experienced by postpartum mothers include several phases, namely taking in, taking hold, and letting go. In the taking hold phase, the mother feels worried about her inability and sense of responsibility in caring for her baby. The results of Astuti's research in 2019 showed that there were differences in the psychological adaptation of primiparous and multiparous postpartum mothers at Dewi Sartika Hospital Kendari. Primiparous postpartum mothers have no experience so this is the first time they are exposed to this condition. When compared to multiparous mothers, they become more adaptable by learning from previous experiences.⁴ Rasmi et al. research (2018) showed that there were 2 main problems in the psychological adaptation process of primiparous postpartum mothers. Problems faced by mothers include the emotional changes that mothers feel after becoming a mother and seeing their baby for the first time, as well as the experience of caring for the baby.⁵ The unpreparedness of primiparous mothers in caring for their babies shows that mothers need support from their families and health workers in achieving their new roles.

The results of observations in the Babussalam Room in October and November 2021, the average number of mothers post-SC surgery per month was 40 people. Interviews with 2 post-SC primiparous mothers in October 2021 obtained data that mothers still did not understand newborn care well; the mother is still not ready to take care of their babies; and mothers still feel anxious about the change in their role as mothers. Primiparous mothers post-SC surgery who cannot adapt well to psychological changes are at risk of experiencing postpartum blues to postpartum depression. Therefore, the success of postpartum mothers in making psychological adaptations is very important. Researchers are interested in describing the experience of psychological adaptation: taking hold of post-SC primiparous mothers during the postpartum period.

Methods

This study is a qualitative study with a phenomenological approach. This study was conducted to gain an in-depth understanding and interpretation of the meaning, reality, experience, and relevant facts about psychological adaptation in the taking hold phase experienced by post-SC primiparous mothers. This study was carried out in the postpartum care room, Babussalam Room, Rumah Sakit Tugu Ibu, from April to June 2022. The sample was taken by purposive sampling of as many as 10 mothers based on data saturation.

The inclusion criteria were primiparous postoperative mothers with Sectio Caesarea; treated in the second-day postpartum ward; with no postpartum complications. Exclusion criteria were mothers with complications of childbirth, bleeding, and infection.

Data collection was based on interview guidelines and observation notes to obtain as much information as possible to be able to answer the research objectives. Interviews in this study used in-depth interview techniques based on interview guidelines that had been prepared. The researcher also made field notes containing a description of the date, time, and basic information about the atmosphere during the environmental setting interview, social interactions, and informant activities that took place during the interview. The observation method used in this study is unstructured observation without using observation guidelines. The research instruments are interview guides and observation notes. The tools used are writing aids and voice recorders.

The validity of the data in this qualitative study includes credibility, transferability, dependability, and confirmability. Data analysis in this study used a phenomenological approach. The process of data analysis in this study is to collect all data from interviews, observation notes, and field notes to informants and then compare them with existing theories, literature, and assumptions. This research has passed the ethical test of the ethics committee of Rumah Sakit Tugu Ibu. The researcher has explained informed consent and has obtained the written consent of the research respondents.

Results And Discussion

Characteristics of Respondents

Respondents in this study were primiparous mothers after Sectio Caesarea (SC) surgery with 10 respondents. Respondents did not have previous experience of giving birth so the adaptation of the mother during pregnancy until delivery was only felt at this time. A woman, who is experiencing pregnancy for the first time until the postpartum period will feel physical and psychological changes coupled with the experience of SC surgery. Mothers are expected to adapt well to fulfill their role as mothers. Postpartum mothers who are over the age of 20 years should have a mature psychological condition to deal with moral and emotional demands and burdens during pregnancy and postpartum.⁶ The age characteristics of all respondents are in the age range of 25-35 years. The maternal age indicates that the mother is in the mature age range to undergo the process of achieving maternal roles. Mothers are expected to be able to adapt more easily to the changes experienced, especially psychological changes during pregnancy to postpartum. All mothers underwent the birth process through SC surgery. Caesarean section surgery is a type of delivery through surgery by making an incision in the abdomen (laparotomy) and an incision in the uterus (hysterectomy).⁷ Several different studies provide information, where the majority of cesarean sections (50%) were performed as an emergency during labor, 35% as elective surgery, and 15% of all single cesarean sections in primiparous women, and among primiparas, emergencies during labor responsible for 35% sectio caesarean operations.⁸ This is to the characteristics of the respondents in this study where all mothers were primiparous with the type of cesarean delivery due to pregnancy complications and emergencies during delivery. All mothers do not have preparation and planning when undergoing SC surgery.

Mothers who are in the postpartum period will experience physiological and psychological changes. Physiological changes experienced by mothers during the postpartum period are changes in body organ systems that will adapt again to adjust to postpartum conditions.⁹ All of the respondents who underwent caesarean section delivery affected the mother's adaptation during the postpartum period. In addition to the physiological changes experienced by the mother, the mother also experiences post-operative effects that appear in post-SC surgery patients. The impact of SC surgery is the presence of postoperative wounds so there are problems with the risk of infection,

postoperative pain, and impaired early mobilization. The postoperative wound healing time for SC is longer than normal delivery, so it will affect the adaptation of the mother in psychology change in the taking-in phase.

This study has 8 themes namely the mother's ability in breast care, the mother's milk production, the mother's ability in breastfeeding babies, the mother's ability to take care of babies, the mother's emotional changes after childbirth, mother's sleep pattern after childbirth, early mobilization after childbirth, and support from husband and family in caring for babies. The themes found were processed to build the psychological adaptation phenomenon of post sectio caesarea mothers.

Mother's Ability in Breast Care

Breast care is an action to care for the breasts, especially during the puerperium to facilitate the release of breast milk. Breast care can be done from pregnancy to postpartum. The benefits of breast care include: maintaining the cleanliness of the mother's breast so that the baby is easy to breastfeed; flexing and strengthening the nipple so that the baby suckles easily; reducing the risk of injury while the baby is breastfeeding; stimulating the mammary glands so that milk production becomes smooth; physical preparation of nursing mothers and maintaining the shape of the breasts; and prevent blockage in the breast.¹¹ This study showed all mothers (100%) had never received education about breast care and oxytocin massage during pregnancy and postpartum from health workers.

"Never been here before. When she was pregnant, she was treated privately. Use warm water. Squeezed." (R4)

"Never been taught." (R5)

"There aren't any. Just drink milk...which is for pregnant women." (R8)

This study showed all mothers (100%) had never been taught breast care and oxytocin massage while being treated in the room. This causes the mother not to do breast care while being treated in the postpartum room. Health workers, especially midwives and nurses, have an important role in providing education to help prepare for lactation for pregnant and lactating women. Midwives or nurses in the postpartum room should be able to perform their role as educators.

"As long as we've never been treated for her breasts here." (R2)

Breast care is one of the most important aspects of preparing for lactation. Breast care can start from the last trimester of pregnancy to the postpartum period. The results of this study are on the research of Soleha, et al, in 2019 where most of the mothers as many as 18 people (60%) did not do breast care in the postpartum period. Breast care that is done regularly can stimulate the release of milk and reduce the occurrence of sores or blisters on the nipples when breastfeeding.¹⁰

Mother's Milk Production

One of the problems that usually arise in primiparous mothers is low milk production in the early postpartum period. The results showed that as many as 7 mothers (70%) had little or no milk production.

"The milk doesn't want to come out. So this is confusing. I don't want to give milk, I want to be given breast milk later. It's just that the milk doesn't want to come out.

I've been trying to breastfeed since this morning but the baby doesn't want to come out, the baby keeps crying."(R3) "The milk still hasn't come out."(R5)

"Slightly out. Hard to get out."(R6)

"The milk doesn't come out....so confused too...the baby keeps crying. Do you just give formula milk... what do you do?" (R9)

A little milk production will cause the mother to feel panicked and anxious because her baby is always crying. Mothers will feel sorry for their babies because they are considered not getting enough breast milk. This can cause parents to switch to formula milk to meet the baby's food intake. This is one of the beginnings of the failure of exclusive breastfeeding. Breast milk or mother's milk is a food that has complete nutritional content so it is most suitable to be given to newborns. Breastfeeding in early life can reduce infant morbidity and mortality. Breast milk production in sufficient quantities is the best food for babies and can meet their needs of babies. Exclusive breastfeeding is very important so it is recommended to be given to infants during the first 6 months of life.¹¹

Information about the importance of exclusive breastfeeding should be conveyed to parents, especially mothers. Mothers' knowledge is an important aspect of the success of the exclusive breastfeeding program. Health workers, especially nurses and midwives, have a role as educators to convey this health information to postpartum mothers. The amount of milk production is also an important determinant of lactation. Good lactation preparation since pregnancy can affect the mother's milk production in the postpartum period. One of the efforts in preparation for lactation is breast care during pregnancy plus oxytocin massage in the postpartum period.

Mother's Ability in Breastfeeding Babies

One of the adaptations of maternal psychology in achieving the mother's role is infant care. A mother who has fulfilled her role can be seen from her ability to care for her baby. One of the newborn care skills that mothers must master is effective infant feeding techniques. The mother's ability to breastfeed her baby will affect the fulfillment of the baby's nutritional needs. This will be seen in the satisfaction of the baby while breastfeeding. Breastfeeding is a physiological process to provide optimal nutrition to infants. There is nothing more valuable in a child's life than getting quality nutrition early in life. Mother's milk is an ideal nutrient to support the health, optimal growth, and development of infants. Breastfeeding is carried out in various levels of society around the world because breast milk is the best and most complete nutrition compared to formula milk and there are many benefits obtained from breast milk. Breast milk contains the right amount of fat, protein, and water for digestion, brain development, and baby growth. Its unique nutritional content causes breast milk to have advantages that cannot be imitated by any formula milk.¹²

A primiparous mother does not have experience in caring for babies, especially how to breastfeed babies, so the role of health workers is very important in providing education about breastfeeding techniques, especially for primiparous mothers. The results showed that as many as 8 mothers (80%) had mastered good breastfeeding techniques.

"It's okay... it's still a bit stiff. It's still stiff when I carry it." (R1)

"I've tried breastfeeding. Today, the milk is just starting to come out."(R4)

"Tried breastfeeding this morning." (R10)

The results of the interview showed that 1 mother said she had never been taught how to breastfeed and 1 mother had never breastfed because her baby was still in the nursery. The results of the observation of R5 while breastfeeding the baby found that the position when breastfeeding was not right. The position of the baby and the areola do not fully enter the baby's mouth. The nipples don't stick out either. The patient still seems to have difficulty breastfeeding.

"You can't sit up yet, so you can breastfeed while lying down. Never been taught." (R2)

"The baby is still in the nursery. So I've never breastfed. Never been taught." (R5)

The results of Dindy's research (2016) showed an overview of breastfeeding patterns in post-SC surgery mothers. Several factors influence the breastfeeding pattern of post-SC operation mothers, namely the implementation of IMD and rooming in.¹³ These results are from this study where all mothers said that after the baby was born, IMD was carried out. The results of observations in the room showed that the baby was treated with the mother if she did not have a pathological condition. There is 1 mother (R5) who has not been treated with her baby because the baby has a pathological condition. Different results were shown in the study of Amaniyah and Pratiwi (2019) where the factors that influenced the breastfeeding pattern of post-SC mothers were breast pain, cracked nipples, feeling tired, and breast milk did not come out; with the dominant factor, namely fear of movement/fear of loose stitches. This shows the importance of the role of health workers to provide education about effective breastfeeding and motivate mothers so that there is an increase in effective breastfeeding attitudes and behaviors.¹²

Mother's Ability to Take Care of Babies

Other newborn care skills include bathing the baby and caring for the umbilical cord. The purpose of this action is to keep the baby clean and prevent infection. The results showed that all mothers (100%) were not ready to take care of their newborns themselves. The mother said she still needed the family's help to bathe the baby and take care of the umbilical cord. Mothers are not ready and do not dare to take care of their babies. Interview results from the question: How is the mother's ability to care for the baby? Are you ready to bathe your baby yourself? Are you ready to take care of the baby's umbilical cord? Is as follows:

"There will be parents at home who can help teach the baby to bathe. I'm also afraid when I change diapers. I want to change my bowel movements... I'm afraid the baby will cry loudly." (R1)

"Still don't know how to clean the umbilical cord. Most at home, call the midwife." (R3)

"Same mother first. Still not brave. Never bathed a baby before. Still haven't recovered yet." (R4)

Bathing a baby is an effort made to keep the baby clean, feel fresh, and prevent the possibility of infection. The principle in bathing a baby to pay attention is to keep the baby from getting cold and getting water into the nose, mouth, or ears which can lead to aspiration. In addition to bathing the baby, umbilical cord care is also very important, especially for mothers giving birth because mothers are more aware of the baby's development every day.¹³ The umbilical cord is the main route of entry for systemic

infection in the newborn. Umbilical cords that are not treated using antiseptics will be infected by *Staphylococcus aureus* in the first 72 hours after birth.¹⁴ Newborn care aims to maintain the cleanliness of the baby, provide freshness to the baby and prevent infection. Based on the results of interviews conducted with postpartum mothers, especially primigravida mothers at RSI Yarsi Bukittinggi, it was found that in general mothers and husbands do not know how to bathe newborns and care for the umbilical cord, so when they return home, other families are expected to help, even though every postpartum mother must be able to carry out newborn care if they get an education when preparing for the birth of a baby.¹⁵

These results are the results of this study where all mothers (100%) are not ready to take care of their newborns themselves and expect the family to help bathe the baby and care for the umbilical cord when they return home. Based on this, health workers, especially nurses and midwives, have an important role in providing education and training mothers on how to bathe their babies since the final trimester of pregnancy so that when the baby is born, the mother is ready and able to bathe her baby.

Mother's Emotional Changes After Childbirth

The results of the interview showed that 5 mothers (50%) were happy with the birth of their baby; 4 mothers (40%) feel more anxious because their milk production is low and their babies are always crying, and 1 mother (10%) felt anxious because her baby was still being cared for in the nursery with pathological conditions and could not be cared for together with the mother.

"Yeah... panic too. Says the baby is a little blue. Thank God, I'm okay now." (R1)

"Happy to continue dizzy too. But I'm dizzy because my sleeping pattern has changed, right? I should be able to sleep at night and get up early. This night I can't sleep, so my sleep pattern is a mess." (R2)

"Worry... panic too. The problem is the baby keeps crying...the milk won't come out. Poor baby." (R3)

"Happy... but it still hurts. still feel the pain." (R4)

"I'm happy... because that's what I hoped for, right." (R7)

The mother's feelings after giving birth indicate the mother's adaptation to her maternal role. The feelings of pleasure and happiness that the mother feels after giving birth will affect the emotional changes the mother later. The results of the interview showed that as many as 6 mothers (60%) experienced emotional changes after giving birth because of the condition of their babies.

"At least when he (the baby) hasn't arrived yet." (R1)

"Yes, it's just panic because the milk doesn't want to come out...then the nipples are also like that...it's hard to breastfeed. If it's sad, there isn't any." (R3)

"Because of the operation, I want to recover quickly. I feel tired. But you have to feel it." (R4)

"I'm worried because the baby is still in the nursery. Never looked there." (R5)

Pregnancy, childbirth, and being called "mother" are important experiences for a woman. The experience gained by women is physiological, psychological, and spiritual, both felt by the mother and her family. These experiences also have different meanings that are felt by each mother and her family. That is, for some mothers, pregnancy, and childbirth are fun/happy processes and have a positive impact on their lives. But there are some mothers for whom pregnancy and childbirth are one of the most stressful transitional stages in life. If the mother is in an uncomfortable zone, the response that arises is feelings of discomfort so she is in a crisis condition that causes stress to the mother.¹⁶

Psychological conditions such as anxiety and stress can continue in the mother after giving birth, which is a form of developing fear reactions that are felt from pregnancy until delivery. Postpartum stress tends to be experienced by most mothers who are giving birth for the first time. This stressful condition shows that some new mothers experience emotional changes, namely sometimes feeling happy and at the same time feeling sad for no reason. This emotional change is characterized by worries about the attention of the husband or close family being diverted due to the presence of the baby, the fear that his body is no longer ideal, the fear of not being able to breastfeed the baby, anxiety, and loss of interest in carrying out daily activities that were previously liked and done, feeling neglected by husband and close family, feeling tired and losing energy, decreased ability to think and concentration, feeling guilty and useless, and having trouble sleeping. The results of Ningrum's research (2017) showed that the dominant factors that influence the emergence of postnatal emotional changes to the occurrence of postpartum blues are self-adjustment (56.3%), stress coping (46.1%), and social support (30.2%).¹⁶

The emotional changes experienced by mothers after giving birth can lead to postpartum blues condition if not treated immediately. Mothers who feel sad and anxious continuously can cause mothers to feel depressed after giving birth. The support of a good husband and family will help the mother cope with the emotional changes that are felt. Postpartum mothers are expected to be able to express their feelings to their husbands, family, and closest friends so that they can help mothers adapt to the changes experienced and their conditions after giving birth.

Mother's Sleep Pattern After Childbirth

The results of interviews about maternal sleep patterns after giving birth showed that as many as 8 mothers (80%) experienced changes in sleep patterns. The mother said that she had not been able to adapt to the changes in sleep patterns experienced after giving birth. Most mothers experience changes in sleep patterns due to the presence of a baby where the baby often cries at night and asks to be breastfed.

"Yes really. It was maybe eleven o'clock already able to sleep. It's eleven o'clock and I'm still staying up late breastfeeding." (R2)

"Like not being able to sleep at night. Yes, the baby likes to cry at night. So often wake up too." (R3)

"Can not sleep. I don't know why I can't sleep. Still messed up sleep patterns. Still adapting. If it's late, breastfeed too." (R4)

"Can't sleep at night. Still always thinking about the baby." (R5)

"At night I often wake up. If the baby is crying, it asks to be breastfed. But the breast milk also comes out a little." (R6)

"Last night I couldn't sleep. The baby also cries so he wakes up at night." (R7)

Sleep disorders are disorders that can cause problems with sleep patterns, either due to not being able to fall asleep, frequent awakenings during the night, or an inability to return to sleep after awakening. This sleep disorder can be caused by several factors, including pain in the perineal stitches, discomfort in the bladder, and disturbances / crying babies. Midwives or nurses can provide health education during postpartum visits about the need for rest/sleep in postpartum mothers. In addition, mothers can ask husbands/family to help take care of the baby, reduce caffeine, and sleep adjust the baby's sleep pattern using approximately 1-2 hours during the day/while the baby is asleep while at night the mother is tried to sleep while the baby sleeps so that the lack of sleep at night can be resolved.¹⁷

The results of the research by Septianingrum and Damawiyah showed that almost all postpartum mothers (93.3%) had poor sleep quality.¹⁸ The results of Haahap and Adiyanti's research (2017) show that sleep quality and sleep patterns simultaneously affect postpartum blues by 57.5%, sleep quality partially affects postpartum blues by 41%, and sleep patterns partially affect postpartum blues by 33%. This shows that sleep quality and sleep patterns are associated with the occurrence of postpartum blues.¹⁹

The results of Hasna et al (2018) research show that there is a relationship between sleep disturbances in postpartum mothers with postpartum blues in the Karangmalang Public Health Center, Sragen. Results of direct interviews with 7 postpartum mothers on 3-5 days. Five postpartum mothers said they could not sleep because they often got up to breastfeed their babies or change diapers. 1 postpartum mother said she often wakes up suddenly at night and finds it difficult to start sleeping again, and 1 postpartum mother said she couldn't sleep because she felt tired due to household activities carried out throughout the day and had to continue breastfeeding her baby at night. This is in line with this study where 8 mothers (80%) experienced changes in sleep patterns due to the presence of babies where babies often cried at night and asked to be breastfed.²⁰ Abdullah and Rahayuningsih's research (2017) also shows that the problem of sleep pattern disorders is related to the responsibility of providing care for the baby and anxiety because breast milk has not come out giving birth until the second day after giving birth.²¹

Based on this, health workers, especially nurses and midwives, have an important role in helping mothers adapt to their new roles. Education about the importance of quality and sleep patterns after childbirth and efforts to manage sleep pattern disorders that have emerged since the early postpartum period is very important to be given to postpartum mothers, especially primiparous mothers. Postpartum mothers who can adapt well to psychological changes that occur, especially changes in sleep patterns can prevent the occurrence of postpartum blues.

Early Mobilization After Childbirth

Postpartum mothers, especially post-SC surgery mothers are required to carry out early postnatal mobilization. The results of Supingah's research (2017) show that the implementation of early mobilization of postpartum mothers in the good category is 12 respondents (40%), the sufficient category is 14 respondents (46.7%), and the less category is 4 respondents (13.3%).²² The results of this study are in line with the research of Damayanti and Arofi (2021) which showed that all respondents (100%) had done early post-SC surgery mobilization. This shows that there is a good attitude towards early mobilization which is shown through the behavior of the respondents. One of the influencing factors is the existence of good knowledge about early mobilization where all research respondents have good knowledge. The respondent's good knowledge about early mobilization is because, before the respondent's action, health education has been carried out on the importance of early mobilization for post-SC mothers. This is by the Standard Operating Procedure (SOP) of the room where nurses are required to provide information to all postpartum patients about the implementation of early mobilization actions.²³ Dewi and Batubara's research (2018) also shows that most of the mothers' knowledge about early

mobilization is good, as many as 83 mothers (87.4%). Good knowledge will affect the behavior of mothers in implementing early mobilization actions.²⁴

The results of the interviews showed that all mothers (100%) had carried out early mobilization well. Early mobilization of post-SC operation mothers is carried out in stages. Early mobilization steps that are taught in the room are moving the legs and arms, tilting right, tilting left, sitting, standing, and walking.

"Already... but little by little because it still hurts to walk. The pain is still heavy. The middle... moderate pain. If I can sit down already. It doesn't hurt that much. But if you still walk...you get dizzy too."(R1)

"You can walk. There isn't any pain, it's just that it hurts. Since yesterday, there hasn't been any pain. It just hurts like that." (R2)

"Can't sit yet. But it's tilted. Can't walk yet. The pain is still on a scale of 5....if you just move."(R3)

"It's down. It's already running too." (R4)

"You can sit. But it still hurts when I move. Can't walk yet."(R5)

The results of the interview showed that one of the obstacles experienced by mothers in carrying out early mobilization was the pain they felt. The mother feels the most severe postoperative wound pain on the first and second post-delivery days. The presence of post-SC pain causes mothers to be afraid to move so they must be given education and motivation on the importance of early mobilization after childbirth.

Obstacles that arise during the implementation of early mobilization are the fear of moving. This is because respondents are less exposed to information about the benefits of early mobilization. Implementation of early mobilization in postoperative SC patients will assist patients in reducing pain so nurses are expected to provide this information. Nurses are expected to be able to motivate postoperative SC patients who are afraid to move because of the pain they feel.²³

Support From Husband and Family in Caring For Babies

Husbands and family are one of the supports needed by primiparous mothers, especially in caring for their babies. The results of the interviews showed that all mothers (100%) received good support from their husbands and families in the care of their babies.

"Alhamdulillah, there is a lot of support from the family."(R1)

"Meanwhile, after the birth, he lived with his parents first. Yes mom. Waiting mother. Change with husband. Husband is taking care of others first."(R2)

"My husband is always waiting. Sometimes gentian and parents too."(R3)

"My mother accompanied me because her husband worked. Later in the afternoon it will be gentian."(R6)

"Taking care of babies here is assisted by in-laws. The patient's husband said: 'The important thing is to help later to take care of the baby.' Mom will help me at home later. Mama came from Medan."(R8)

Husband's support is the existence, willingness, and care of people who can be relied on, appreciate, and loved, in this case, "the husband". The results of Arianti's research (2019) showed that the interview results obtained data by the theory, where all respondents (100%) expected and needed support from their husbands in taking care of their babies, especially in the postpartum period of their first baby. The birth of the first baby is not an easy thing. Some of them certainly do not have experience and also equip themselves with information on caring for babies so that when the baby is born their unpreparedness becomes a problem for themselves and their husbands.²⁵

Husband and family support given to postpartum mothers can help the mother adapt to achieving her role. Primiparous mothers who do not have experience giving birth and caring for babies are more prone to experiencing postpartum blues. This is in line with the research of Fitrah and Helina (2017) which showed the incidence of postpartum blues was 26.7%, the frequency distribution of husband's support was 57.8%, and there was a relationship between husband's support and the incidence of postpartum blues.²⁶ Wulandari and Yumni's research (2019) also shows the same thing, namely most of the respondents have good husband support with no postpartum blues as many as 46 mothers (61.3%) and a small proportion of respondents have less support with the occurrence of postpartum blues as many as 2 people (2.7%). The study showed that there was a relationship between the husband's support and the occurrence of postpartum blues in the mother. Mothers who do not experience the postpartum blues tend to have strong husband support.²⁷

Mothers need support in the form of attention and assistance in caring for their babies. This can be seen from the results of interviews in this study which showed that all mothers (100%) needed support and assistance in undergoing postpartum and caring for their babies at home. Health workers, especially nurses and midwives, should be able to motivate husbands to play an active role in providing support and assistance to mothers from pregnancy to postpartum, including in baby care at home.

Lubis' research (2019) shows that there is a significant relationship between the support of health workers and the incidence of postpartum blues. The support of health workers is very much needed by postpartum mothers, for example by providing adequate information about the process of pregnancy, and childbirth until the puerperium including complications that may arise during this period. It is hoped that health workers are expected to be more active in providing clear information or health education about postpartum mothers or signs of postpartum blues in postpartum mothers. Health workers are also expected to provide support to husbands so that husbands are more active in accompanying mothers during childbirth, postpartum, or taking care of babies.²⁸

Conclusion

The experience of primiparous mothers after SC surgery shows that mothers do not have preparation and planning when undergoing SC surgery. All mothers (100%) had never received education about breast care and oxytocin massage during pregnancy and postpartum from health workers; 7 mothers (70%) had little or no milk production; 8 mothers (80%) had mastered good breastfeeding techniques; all mothers (100%) were not ready to take care of their newborns themselves; 5 mothers (50%) were happy with the birth of their baby and 5 mothers (40%) felt anxious; 8 mothers (80%) experienced changes in sleep patterns; all mothers (100%) had carried out early mobilization well; and all mothers (100%) received good support from their husbands and families in the care of their babies. Mothers with low milk production do not know about breast care and oxytocin massage to launch breast milk production. Mothers are not yet ready to take care of their babies at home. Mothers experience changes in sleep patterns during the postpartum period due to changes in the new environment.

This study is expected to develop nursing knowledge, especially maternity nursing in providing nursing care in the postpartum period, especially for primiparous mothers. The

results of this study are expected to be the basis for the preparation and development of psychological adaptation models to assist postpartum mothers in achieving their role as mothers.

Maternity nurses have an important role in helping primiparous mothers adapt to their new roles as mothers. Primiparous mothers do not have experience in giving birth and postpartum so they need support from health workers, families, and their groups in helping to achieve the role of mothers. Maternity nurses are expected to provide support and education, especially to primiparous mothers about newborn care at home. Maternity nurses are expected to be able to provide counseling to primiparous mothers who have problems with changes in sleep patterns, postpartum emotional changes, and postpartum blues symptoms.

Conflict of Interest Declaration

The researcher declares that this research is free from conflicts of interest of individuals and organizations.

Acknowledge

Not Mentioned.

Funding

Research grants of Akper Yaspen Jakarta.

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