



## NURSING CARE WITH AROMATHERAPY IMPLEMENTATION FOR ACUTE PAIN IN PATIENTS POST SECTIO CAESAREA

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Research Report

### ABSTRACT

**Introduction:** Post Sectio Caesarea pain is normal for every woman because Cesar delivery is a way of giving birth to a fetus by making an incision in the uterine wall through the front wall of the abdomen or vagina. Every surgery is associated with an incision, a trauma for the patient who handles complaints such as pain. This research is a case study research with participants of post-section postpartum mothers with pain aromatherapy nursing actions. **Methods:** The data collection method was done by interview, observation, and medical records for four days in the Melati room of Dr Soegiri Lamongan. The data are presented in tabular form and descriptive analysis using the nursing stages. **Results:** The results of this case study indicate that the assessment, diagnosis, intervention, implementation, and evaluation of Post Sectio Caesarea patients are consistent with the diagnosis of primary pain. **Conclusion:** The reference of this study is the patient P2002 Post Sectio Caesarea can be carried out in nursing care following the theory. Suggestions for authors, nurses, hospitals, patients, and families can add relaxation techniques with lemon aromatherapy and distraction methods by watching television to deal with pain in Post section Caesarea patients.

### INTRODUCTION

Post sectio caesarea pain delivery is a way of giving birth by making an incision in the uterine wall through the front wall of the stomach or vagina (Nurjanah et al., 2013). The cause of post section cesarean pain is due to mechanical trauma due to damaged free nerve endings.

Based on data from the World Health Organization (WHO) in 2015 for almost 30 years, the rate of delivery by cesarean was 10% to 15% of all birth processes in developing countries (WHO, 2015). The results of the 2015 RISKESDAS showed 9.8% of the total 49,603 births using the sectio caesarea operation method from 2010 to 2015 (Riset Kesehatan Dasar, 2013). Data obtained from the Medical record of Dr. Soegiri Lamongan, patients with sectio cesarea in Melati Room in 2016 were 523 mothers (38.7%) of 1351 mothers, in 2017 as many as 550 mothers (48.2%) of 1141 mothers and in 2018 in January as many as 48 mothers (21.6%) of 222 mothers, in February there were 39 mothers (23.8%) from 164 mothers. These data show an increase in sectio cesarea in the Melati Room Dr. Soegiri Lamongan, namely in 2017 as many as 48.2%.

The surgery associated with an incision or incision can be traumatic for the sufferer, causing

various complaints and symptoms. One of the complaints raised is pain due to abdominal incisions and uterine contractions. If the pain experienced by the post-cesarean section is not handled, it will have an impact on the mother's psychological adaptation process, such as the taking in period and taking hold period.

Giving a stimulus to the skin area, namely the provision of hot and cold compresses around the wound, massage around the wound, acupressure, distraction techniques, and relaxation techniques (Zakiyah, 2015).

In this study, the authors conducted the management of acute pain patients in non-pharmacological treatment with lemon aromatherapy relaxation techniques which was carried out for 5 minute. The mechanism of action of aromatherapy in the human body goes through two physiological systems, namely the body circulation and the olfactory system. Lemon aromatherapy is a type of aromatherapy that can be used to treat pain and anxiety. One of the substances contained in lemon is linalool which is useful for stabilizing the nervous system so that it can have a calming effect on the organizations that breathe it (Ina Rahmawati, 2015).

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## MATERIALS AND METHODS

The research design used in this study is the final study report. The final study report explores a problem or phenomena with detailed boundaries, has in-depth data retrieval and includes multiple sources of information. The research of this study was to explore the problem of nursing care with aromatherapy implementation for acute pain in patient post sectio caesarea in the Jasmine Room of Dr. Soegiri Lamongan

Data collection techniques used in the preparation of the Final Study Report are interviews, observation, documentation. The data validity test emphasizes validity and reliability. Data validity is a measure that shows the validity or validity of an instrument. The participant in this case study is a patient with the diagnose of post sectio caesarea in Melati room Dr. Soegiri Lamongan.

## RESULTS

The assessment is the most decisive stage for the next stage. The ability to identify nursing problems that occur at this stage will determine a nursing diagnosis. The diagnosis appointed will determine the established planning design. Furthermore, nursing actions and evaluations follow the plans made (Rohmah & Wliid, 2016). The assessment of the patient's identity is 34 years old and following the theory. The most appropriate age for pregnancy is 20-35 years (Indiarti & Wahyudi, 2014). There is no gap between literature review and case review because this age can be said to be mature in a physiological sense for pregnancy and childbirth.

In the resting pattern, the patient can only sleep and sometimes tilted right and left after 6 hours of cesarean delivery. Postpartum mothers really need quality rest to recover their physical condition (Sulistyaningsih, 2011). Families are advised to allow mothers to get enough rest at least 8 hours a day which can be fulfilled through night and day rest. Lack of rest in the postpartum mother will result in several disadvantages, namely, the reduced amount of milk produced slows down the process of uterine involution and increases bleeding, causing depression and discomfort in caring for the baby and himself. There is a discrepancy between literature review and case review because the patient has just moved from the operating room for 3 hours, the patient has not been able to sleep optimally, then in the morning, the patient can rest  $\pm$  8 hours which can be fulfilled through night and day rest.

On the TFU examination, 2 fingers were found below the center, based on (Sulistyaningsih, 2011) on the first day of TFU as high as the center. There is no gap between literature review and case review because the patient has been actively mobilizing so that it affects the involution process.

Nursing diagnoses are statements that describe the human response (health conditions or changes in actual or potential interaction patterns) of individuals or groups where nurses legally

identify and nurses can provide definite interventions to maintain health status or to reduce, eliminate, or prevent change (Rohmah & Wliid, 2016).

In P2002 post-cesarean patients, the authors found 2 nursing diagnoses, namely 1) Acute pain associated with physical injury agents (surgery, birth canal trauma, episiotomy), 2) Knowledge deficit: postpartum care is associated with a lack of information about postpartum management. A literature review found 7 nursing diagnoses, namely

1) Ineffective airway clearance related to airway obstruction (an excessive amount of locus), allergic airway (response to anesthesia), 2) Acute pain associated with physical injury agents (surgery, birth canal trauma, episiotomy), 3) The risk of infection is related to risk factors: episiotomy, laceration of the birth canal, assisted delivery 4) Constipation associated with weakness of the abdominal muscles (post-anesthesia), 5) Sleep disturbances associated with weakness, 6) Deficit in self-care: Bathing / personal hygiene, eating, toileting is related to postpartum fatigue, 7) Knowledge deficit: postpartum care is related to a lack of information about postpartum handling (Nurarif & Kusuma, 2015). So that there are no gaps due to the diagnosis of acute pain and knowledge deficits following literature review, while the 5 diagnoses were not found because the patient experienced to there is a physiological one.

## DISCUSSION

### Nursing diagnosis

The diagnosis of acute pain associated with the agent of physical injury (surgery, birth canal trauma, episiotomy) did not exist in the gap between the literature review and the case review. Obtained at the time of the patient's assessment said that the pain in the lower abdominal surgery scar is long  $\pm$  15cm in a horizontal direction, and the pain scale is

5. This is following the theory (Nurjanah et al., 2013) that cesarean delivery is a way of giving birth to a fetus by making an incision in the uterine wall through the front wall of the stomach, as a result of this incision it can cause a rupture. the tissue on the skin causing pain.

In the case review, it was found that the patient did not appear to have an infection diagnosis associated with risk factors: episiotomy, birth canal laceration, delivery assistance. This is not following the theory (Mubarak et al., 2015) that there are 4 basic principles of wound healing, namely hemostasis, inflammation, proliferation (proliferation, granulation, and contraction), and remodeling or maturation. In the case review, there was no diagnosis of ineffective airway clearance related to airway obstruction (excessive focus), allergic airway (anesthetic response). It is proven in the literature review based on (Sulistyawati, 2009) that the state of breathing is always related to temperature and pulse. In the

case review, it was not found that the diagnosis of constipation was related to weakness of the abdominal muscles (post- anesthesia), because, at the time of the 3-hour post- cesarean assessment, there were no subjective or objective data that matched the criteria for the diagnosis of constipation, based on (Saleha, 2009) postpartum mothers are expected to defecate (defecation) after the second postpartum day. In the case review, there was no diagnosis of sleep disorders associated with weakness. Based on (Sulistiyawati, 2009) postpartum mothers really need quality rest to restore their physical condition, at least 8 hours a day which can be fulfilled through night and day rest. The case review also did not find a diagnosis of deficits in self-relational relationships, eating, toileting, care associated with the post office. It is proven in a literature review based on (Saleha, 2009) that in the postpartum period, personal hygiene is very important to prevent infection, including body hygiene, clothing, bedding, and the environment. The case review found a knowledge deficit diagnosis, postpartum care that deals with information on postnatal care. It is proven in the literature review based on (Saleha, 2009) that postoperative patients need health education about personal, physical, and psychological health care so that patients can understand post-partum handling correctly.

### **Nursing Interventions**

Intervention or planning is the development of a design strategy to prevent, reduce, and resolve problems that have been identified in a nursing diagnosis (Rohmah & Wlid, 2016). There is no discrepancy between the literature review and case review interventions. Evidenced by (Nurarif & Kusuma, 2015) diagnosis of acute pain is related to physical injury agents (surgery, birth canal trauma, and episiotomy), the interventions given are: 1) Provide an explanation to patients about the causes of pain, 2) Observation of the scale of pain experienced by patients every 4 hours, 3) Teach and encourage distraction and relaxation techniques, 4) Observation of vital signs every 8 hours 5) Collaborate analgesic administration, 6) Select and implement a variety of measures (eg pharmacological, non-pharmacological, interpersonal). In a case review of the interventions given: 1) give HE to patients about the causes and ways of dealing with pain, 2) teach and encourage patients to do distraction and relaxation techniques when pain comes, 3) observation of pain scales and signs of pain every 4 hours, 4) Take TTV every 8 hours, 5) Observe wounds and do wound care, 6) Observe TFU every 4 hours, 7) collaborate with the medical team in administering analgesic drugs.

### **Nursing Implementation**

Implementation is the realization of an action plan to achieve predetermined goals. Activities in implementation also include

assessing sustainable data, observing patient responses during and after the implementation of actions (Rohmah & Wlid, 2016). The implementation of nursing actions is carried out following the plan that has been made, namely, from 25 April 2018 to 28 April 2018 all actions were taken against patients are documented in nursing records.

The implementation of nursing for the patient on the first day of 6 items according to the intervention, namely giving HE (Health Education) to patients about pain due to surgical scars and how to overcome it by inhaling lemon aromatherapy, measuring vital signs, giving antraine injection 1000 mg/iv, observing pain, teaching patients to do distraction techniques (watching television) and relaxation (inhaling lemon aromatherapy), and observing TFU. For the second day, 5 items were carried out, which was not done, namely giving HE to patients about the causes and ways of dealing with pain. On the third day, 5 items were carried out, and on the fourth day, 4 items were carried out plus the "DiSesarharge Planning". So that there is no burden, all actions have been carried out except on the next day HE (Health Education) is not given because on the first day the item has been resolved, so the next action is to adjust the development of the patient.

### **Nursing Evaluation**

Evaluation is a measurement by comparing the patient's condition (observed results) with the objectives and outcome criteria made at the planning stage (Rohmah & Wlid, 2016). After carrying out the nursing care that has been given to the patient, the final results obtained are following the time specified in the planning with the appropriate time from the same planning for 4 days. This is evidenced by the results: the patient's face is relaxed, there is a surgical scar on the lower abdomen with a length of  $\pm 15$  cm in a horizontal direction, covered in dry and clean gauze, no pus, pain scale 2, TTV within normal limits, and TFU 2 is obtained. Finger under center. This success is likely due to the good cooperation between the researcher, the patient, the family, and the midwife who was in the room

### **CONCLUSIONS**

After discussing the description of Nursing Care for P2002 Post-Cesarean Patients with Acute Pain, it can be concluded that the assessment of Post- Cesarean patients with Acute Pain Aromatherapy Nursing Actions found subjective and objective data following the literature review. In nursing diagnoses, two actual diagnoses were found following the literature review, and five diagnoses in the literature review were not found in the case review. The author takes one priority diagnosis, namely acute pain. In the planning of nursing actions in patients P2002 Post Caesarean with Acute Pain Aromatherapy

Nursing Actions are prepared based on the needs of the patient. Nursing action is carried out according to the plan made in the case review. At the evaluation stage, all nursing diagnoses in the patient are resolved according to the time criteria specified in the outcome criteria. The author has documented the final report of the study, on April 25-April 28 2018, consisting of an assessment to an evaluation of the P2002 Post Caesarean Patients with Acute Pain Aromatherapy Nursing Actions in the Melati Room, Dr. Soegiri Lamongan.

## REFERENCES

- Ina Rahmawati, D. H. (2015). Efektifitas Aromaterapi Lavender dan Aroma Terapi Lemon Terhadap Intensitas Nyeri Post Sectio Caesarea (SESAR) Di Rumah Sakit Budi Rahayu Kota Magelang. *Journal Of Holistic Nursing Sesarience*.
- Indiarti, M. ., & Wahyudi, K. (2014). *Buku Babon Kehamilan*. Indoliterasi.
- Mubarak, W. I., Indrawati, L., & Susanto, J. (2015). *Buku Ajar Ilmu Keperawatan Dasar*. salemba medika.
- Nurarif, A. H., & Kusuma, H. (2015). *Aplikasi Asuhan Keperawatan Berdasarkan Diagnosa Medis dan NANDA NIC-NOC Edisi Revisi Jilid 3*. Mediacion Jogja.
- Nurjanah, S. N., Maemunah, A. S., & Badriah, D. L. (2013). *Asuhan Kebidanan Postpartum Dilengkapi dengan Asuhan Kebidanan Post Sectio Caesarea*. PT Refika Aditama.
- Riset Kesehatan Dasar. (2013). *Badan Penelitian dan Pengembangan Kesehatan Kementerian RI tahun 2013*.
- Rohmah, N., & Wlid, S. (2016). *Proses Keperawatan Teori & Aplikasi*. Ar-Ruzz Media.
- Saleha, S. (2009). *Asuhan Kebidanan pada Masa Nifas*. salemba medika.
- Sulistyaningsih. (2011). *Metodelogi Penelitian Kebidanan Kuantitatif dan Kualitatif*. Graha Ilmu.
- Sulistyawati, A. (2009). *Buku Ajar Asuhan Kebidanan pada Ibu Nifas*. C.V Andi Offset.
- WHO. (2015). *Global Journal Of Medical Research*.
- Zakiyah, A. (2015). *Nyeri Konsep dan Penatalaksanaan dalam Praktik Keperawatan Berbasis Bukti*. salemba medika.