

CHAPTER 1

INTRODUCTION

1.1. Background

Labor is the process by which the baby, the placenta, and the amniotic membrane get out of the mother's uterus. Labor is called normal if the process occurs at the age of months (after 37 weeks) without any complications or without assistance (self strength). The classification of labor can be divided into spontaneous labor when all deliveries take place with the mother's own strength, assist delivery when labor is delivered with the help of external labor, and the delivery of advice when the force required for labor is aroused from the outside by stimulation (Johariyah & Ningrum, 2012).

There are several factors that affect spontaneous labor, one of which is mother factors such as his, parity, and age. Factors mentioned above are very influential on the fast or duration of a delivery. Labor is called prolonged if labor lasting more than 18 hours starting from the signs of labor. Complications of prolonged labor are the occurrence of post partum urine retention resulting from stretching or trauma from the base of the bladder with trigonum edema (Ardhiyanti, 2016).

Padlilah (2017) describes urinary retention as a urinary disorder, in which urinary fluid weakness, not smooth and a sense of remaining and dissatisfaction, may be accompanied by a desire to strain or suppress the suprapubic during urination. The main signs of acute urinary retention are the absence of urine expenditure for several hours and there is a distended bladder. Before entering into labor, when the pregnant woman stands, the enlarging uterus suppresses the vesica urinary. The pressure becomes doubled when the gestational age enters 38 weeks. This emphasis increases as the baby is born, allowing intrapartum trauma to

the urethra and urinary vesicles and causing obstruction. This pressure disappears once the baby is born, causing the urinary vesica to be no longer limited by its capacity. This retention usually results from dissynergy between the detrusor sphincter muscle with an imperfect urethral relaxation which then causes pain and edema, so that the post partum mother can not empty her bladder properly.

The effects of postnatal urine retention can cause permanent detrusor damage and parasympathetic nerve fibers in the bladder wall, which can lead to impaired detrusor function. In general, urinary retention complications are as follows: The residual urine may cause cystitis, spontaneous cleft rupture, uremia, sepsis, and postpartum sixth day (Anugerah, 2017).

Reviewing obstetric records of all single vaginal deliveries at the Japan Katsushika Maternity Hospital from January 2016 to December 2017. There were 58 women (2.4%) experiencing postpartum urinary retention complications (Suzuki, 2018). The incidence of post partum urine retention in Indonesia is at 14.8% with an occurrence range between 1.7-17.9% (Anugerah, 2017).

Data obtained from Maternity Ward RSUD Ulin Banjarmasin Hospital during the year 2017 got the incidence of urinary retention incidence as much as 0.5% of the 1945 patients. Based on the description of the data obtained above although the percentage of postpartum urine retention is only 0.5% but if not given treatment and therapy the impact experienced is very dangerous and can even cause death. Therefore one of the efforts to overcome this is by giving nursing care.

1.2. General Purpose

Provide nursing care to postpartum women with urinary retention at the maternity ward in RSUD Ulin Banjarmasin independently and collaboratively through a nursing management approach and documented in the form of S (subject), O (object), A (analysis), and P (planning).

1.3. Special Purpose

Expected after carrying out nursing care on postpartum with retention urine authors are able to:

- 1.3.1. Perform a complete assessment by collecting all the data that includes subjective and objective data on postpartum with urine retention at the maternity ward in RSUD Ulin Banjarmasin.
- 1.3.2. Interpret data and find a diagnosis or major problem and need for postpartum with urinary retention at the maternity ward in RSUD Ulin Banjarmasin.
- 1.3.3. Determine the potential diagnoses from the results of nursing care assessment on postpartum with urinary retention at the maternity ward in RSUD Ulin Banjarmasin.
- 1.3.4. Give nursing care to the postpartum mother with urinary retention at the maternity ward in RSUD Ulin Banjarmasin.
- 1.3.5. Plan for comprehensive care according to the review of the puerperal mother with urinary retention at the maternity ward in RSUD Ulin Banjarmasin.
- 1.3.6. Implement planning maternal nursing care with urine retention at maternity ward in RSUD Ulin Banjarmasin.
- 1.3.7. Evaluate and documenting the effectiveness of midwifery care in postpartum with urinary retention at the maternity ward in RSUD Ulin Banjarmasin.

1.4. Benefits of Case Study

1.4.1. Theoretical Benefit

The results of this report can be used as an information material for the development of nursing science, especially in providing nursing care to postpartum women with urinary retention at maternity ward in RSUD Ulin Banjarmasin.

1.4.2. Practical Benefits

1.4.2.1. For Client

Doing nursing care for postpartum, it is expected that mother can pass through postpartum without complication.

1.4.2.2. For Profession

Can be a material consideration as an effort to improve quality in providing nursing care, especially in postpartum women with urinary retention.

1.4.2.3. For Hospital

As an input material in nursing care to improve nursing services to client comprehensively, so that client can feel satisfied and happy for the services that have been given especially in RSUD Ulin Banjarmasin.

1.4.2.4. For Education

In order for the institution to assess the extent to which the ability of students in applying the knowledge that has been in can by practicing and applying to patient / client directly by clinical attachment.

1.4.2.5. For Writer

This case study as an input or information for students is able to apply all theories of science that have been in the course during lectures on nursing care on postpartum in clinical attachment.

1.5. Method of Writing

The writer used the descriptive method which reported results of nursing care process approach, which begins assessment, nursing diagnosis, implementation, and evaluation. The result of the whole process of nursing has been documented.

1.6. Organization Of Writing

This paper consists of:

- 1.6.1. Chapter 1 Introduction : background, general purpose, special propose, benefits of research, and method of writing.
- 1.6.2. Chapter 2 Theoretical Background of spontaneous labor with urinary retention : anatomy and physiology of reproductive system and urinary system, definition of urinary retention , etiology of urinary retention , patophysiology , pathway, supporting investigations and management . Theoretical review of nursing care includes: clinical manifestation, nursing care management, nursing diagnose, nursing intervention and rational.
- 1.6.3. Chapter 3 nursing care report on includes: client's identity, assessment, supporting examination, focus data, additional data, analisa data, intervention, implementation and evaluation , and progress note also home care progress note.
- 1.6.4. Chapter 4 Closing: conclusion and suggestion.