

CHAPTER 1

BACKGROUND

1.1 Background

There are two processes in childbirth nowadays, childbirth in "normally" and caesarean section. Word "normal" is being bias definition because the measurement of abnormal birth processes becomes difficult and complex, whether the normal concept is really ontological meaningful or the normal concept is simply socially our constructed prejudice and ignorance. Every woman wants to their childbirth goes effortlessly and delivers babies safely. There are two process of childbirth such as childbirth through vagina or known as natural childbirth and caesarean section which is done by operation action to take out the baby through incision in abdominal wall and cervix with the condition of the uterus in intact condition and the weight of the fetus above 500 grams. Operation action is the first option for medical personnel to save mother and fetus. (Redaksi Jurnal Perempuan, 2015)

There are some indication for doing operation action that is fetal distress, Cephalopelvic Disproportion (imbalance fetal head and mother pelvis), childbirth is not advanced, placenta previa (the placenta sticks on under uterus), cord prolapse, malpresentation of the fetus / location of latitude, narrow pelvis. Cephalopelvic disproportion is disproportion between size of fetal and pelvis, certain pelvis size is not big enough to accommodate the fetal out through pelvis until vaginal birth. And when mother with CPD is not handled quickly and delivered correctly. It will give impact to baby so the treatment is important. (Varner, 2009)

Section caesaria is surgery to give birth fetal through open the abdominal wall and uterine wall or trans abdominal incision of the uterus.(Umi sholikhah, 2011)

Section Caesaria is an artificial childbirth where the fetal is born through an incision on abdominal wall and uterus with uterine nerves intact and weighing over 500 grams (Mitayani, 2009)

According to statistics about 3,509 SC cases compiled by Peel and Chamberlain, the indications for SC were fetal disproportion 21%, 14% fetal distress, placenta previa 11%, caesarean section 11%, fetal placement 10%, pre-eclampsia and hypertension 7%. In China one country with SC increased drastic from 3,4% in 1988 to 39,3% in 2010. (WHO, 2010)

In Indonesia caesarean section is generally doing if there is certain medical indication, as an action to end the pregnancy with complication. In addition, caesarean section is being an alternative childbirth without medical indication because it is more easy and comfortable. Caesarean section is around 25% from childbirth amount which is done by mother who has no high risk to give birth normally or other childbirth complications. (Depkes, 2012)

Number of childbirth through caesarean section in Indonesia is also high, It is around 35,7%-55,3%. With cesarean section because there is complication of Cephalopelvik Disproportion (Depkes RI, 2010)

The data which is obtained from Dr. Moch Anshari Saleh hospital Banjarmasin in 2016 until 2017, there are 10 big cases in Mutiara room. It is being one of childbirth process through caesarean section with 76% percentage. Case childbirth incident through caesarean section in 2016-2017 as much 989 cases. Caesarean section process is done in some cases pregnancy complication, one of which is Cephalopelvic Disproportion (CPD). Pregnancy complication incident Cephalopelvic Disproportion (CPD) in 2016-2017 as much 308 cases with 24% percentage. It shows that pregnancy with Cephalopelvik Disproportion (CPD) indication doesn't include the major 10

disease in the Nifas ward. (Medical records of RSUD Dr. H. Moch Anshari Saleh Banjarmasin)

The impact that frequently appears while SC childbirth such as infection which is known as post-operative morbidity. More or less 90% from postoperative morbidity is caused by infection such as; uterine infection, bladder infection, intestinal infection and wound infection. If infection is not handled quickly in the long term can cause dissolved infections up to sepsis that can cause death to the mother. Complication can be caused by childbirth with premature rupture of membranes, anemia, hypertension, very fat, poor nutrition, already suffering from prenatal infection, and can also be caused by other diseases such as mothers suffering from diabetes mellitus. By giving prophylactic antibiotics can overcome the infection. (Indiarti, 2011)

In nursing assessment cases of pregnant mother with Post OP SC indication Cephalopelvic Disproportion (CPD) or narrow pelvis is found nursing problem with an acute pain diagnosis, impaired physical mobility , and risk for infection

Then, it is done nursing action by reviewing characteristics of the cause of pain, pain location, scale of pain and time of pain appears and reviewing sign - symptom of the infection on wound areas post Op Caesarean section (SC).

After taking nursing action, nurse should be able to give instruction to the client to understand the pain control method. It is important to teach about the effectiveness of muscle movement and increased muscle strength and scale of client activity, and nurse is able to teach client about the importance of wound hygiene in order to avoid infection.

According the description above, the writer is interested to choose the title "Nursing care for Mrs.M with medical diagnosis Post Op caesarean section

(SC) with CPD indication in Nifas Ward RSUD Dr. Moch Anshari Saleh Banjarmasin". This case can manage the care of the medical team and to find out more knowledge about post-operative (SC) with an indication of Cephalopelvic Disproportion (CPD), is important for my guidelines while providing care to reduce the number of Cephalopelvic Disproportion (CPD).

1.2 General purpose

The general purpose of this report with Post Op Caesarean section Cephalopelvic Disproportion (CPD) indication or narrow pelvis is to do nursing care activities for clients in comprehensive care include Biopsychosocial in nursing process.

1.3 Spesific Purpose

The specific purpose of nursing writing is to obtain the following specific goals :

- 1.3.1 Do to assesment of the client with post operation section caesaria with an indication of CephaloPelvic Disproportion (CPD) or a narrow pelvic
- 1.3.2 Determine the nursing diagnosis to the client.
- 1.3.3 Planning nursing actions on the client.
- 1.3.4 Giving the implementation of nursing according to the plan that has been done
- 1.3.5 Taking the evaluation the action.
- 1.3.6 Arranging the document of nursing care.

1.4 Benefit

In writing this nursing care activity, the writer hopes can get benefits such as :

1.4.1 Practical

1.4.1.1 Client and family

They will get the good care in spiritual biopsychosocial which can improve their health and knowledge about caesarean care. Family can participate and give support for recovery.

1.4.1.2 Nurse or medical health.

To improve quality of nursing care to client SC post-operative with Cephalopelvic Disproportion (CPD) indication.

1.4.1.3 Health care or hospital

Especially for nurse, improving nursing care for client who has post-operation SC with Cephalopelvic Disproportion (CPD) indication that quality of service can be improved.

1.4.2 Academic

In particular, students can improve patient's knowledge about SC post-operation with Cephalopelvic Disproportion (CPD) indication. Nursing care for client with SC post-operation with Cephalopelvic Disproportion (CPD) indication can be improved.

1.4.3 Theoretical

The result of this writing is expected can give the information in field of maternity about nursing care in caesarean section post-operative with Cephalopelvic Disproportion (CPD) indication and can apply the knowledge in lectures especially in research and give more suggestion and comparison for the next research. This research is expected can give more new relevant data related to managing client in section

caesaria post-operative with Cephalopelvic Disproportion (CPD) indication.

1.5 Method of Writing

The writer is using descriptive method which reports the result of approach process nursing care, which begins the assessment, nursing diagnoses, interventions, implementation, and evaluation. The results of the entire nursing process have been documented.

1.6 Sistematic of Writting

To give the clear description to arrange this papers, the writer elaborates systematic as follows :

Chapter 1 : Preface, this chapter consists of background, general purpose, specific purpose, research method

Chapter 2 : Theoretical background of Cephalopelvic Disproportion (CPD) includes : pelvic anatomy and physiology, anatomy and physiology of the reproductive system, the definition of Cephalopelvic Disproportion (CPD), etiology of Cephalopelvic Disproportion (CPD), signs and symptoms of Cephalopelvic Disproportion (CPD), pathofisiology, patway, medical management, and The theoretical review of nursing care includes : assessment, physical examination, nursing diagnosis, nursing intervention and rational .

Chapter 3 : Nursing Care Report as follows :

Assesment, health history, supporting examination, focus data, data analysis, nursing diagnosis, nursing intervention, nursing implementation, nursing evaluation, progress note in hospital, and progress note home care

Chapter 4 Closing : Conclusions and suggestions.

