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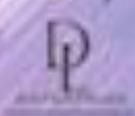


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RELATIONSHIP BETWEEN EARLY MOBILIZATION AND FIRST URINARY ELIMINATION ON MOTHER POSTPARTUM

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ABSTRACT

Background: Early mobilization presents the ability to move freely on postpartum woman less than 4 hours postpartum with the motion of sitting, standing, and then get up to bed. However, in fact generally, postpartum mothers tend to hold urine to avoid pain in wounds on birth canal. Meanwhile, the first urine can be done with early mobilization

Aims: This is to analyse the relationship between early mobilization with the first elimination urine on mothers postpartum.

Methods: This was a cross-sectional study that involved 48 respondents, selected through a purposive sampling method. Data collection was done using observation sheet and fisher's exact test for statistical analyse.

Result: Of the 29 puerperal women who show early mobilization less than 4 hours postpartum, there were 23 puerperal women (53.5%) with normal urinary elimination (≤ 6 hours postpartum). While from 14 postpartum mothers who did early mobilization ≥ 4 hours postpartum mothers there are 10 (23.25%) with abnormal urinary elimination (≥ 6 hours postpartum). By fisher's exact test we found a relationship between early mobilizations with first urinary elimination on mothers postpartum (p value = 0.002)

Conclusion: It can conclude the faster the first postpartum mothers mobilise, the faster the mothers can do urinary elimination. Otherwise, the longer postpartum mothers did early mobilization lasts longer than the first urinary elimination.

Keywords: Early mobilization, first elimination urine, postpartum

INTRODUCTION

Postpartum (puerperal) is started after delivery of the placenta and ends when the reproductive organs back in such a state before pregnancy [1]. The puerperal period lasts approximately 6-8 weeks, and it is very necessary for light exercises to facilitate healing of muscles, especially the uterine muscle that has been stretched during pregnancy [2].

Elimination is an essential human need no exception to the postpartum mother, emptying the bladder on postpartum mother will minimise the risk of problems such as bleeding or infection of the uterus changes [3]. But in fact generally, postpartum mother to hold urine for fear of the pain in wounds on birth canal. Meanwhile, the first urine can be done with early mobilization [4], due to lack of early mobilization or due to lying down too long resulting in difficult urination, constipation (elimination pattern), and the muscles are so weak that the healing process interrupted. But in fact present in the community is still a lot of postpartum mothers who have not do early mobilization, this is because the mother is still experiencing pain in the stitches that can lead to maternal fear of doing early mobilization.

In the data of BPS (Badan Pusat Statistik) Surabaya in 2009 showed that 60% of postpartum mothers experience urinary disorders (difficulty urinating) during postpartum. While based on the initial data collection in one of private hospitals in Surabaya Jawa Timur Indonesia, the number of postpartum mothers from January to April 2011 there are 374 normal postpartum mothers, within two weeks of 47 physiological puerperal women, 57.45% of mothers experience postpartum urinary disorders.

Urination will increase the first 24-48 hours until about the 5th day of birth, this occurs because of increased blood volume during pregnancy is no longer needed after childbirth. In the first 6 hours postpartum, the patient should be able to urinate. Urinary incontinence will cause dam urine and impaired contraction of the uterus so that the lochia is not smooth, the longer the urine retained in the bladder can lead to difficulties in urinary organs, for example, infections. By doing early mobilization as soon as possible, micturition difficulties can be overcome [5].

Early mobilization of mother postpartum performed immediately after delivery and done gradually will make the mother feel healthier and stronger because of the circulation of blood in his body to be smooth. Besides that early mobilization may also reduce the incidence of complications of the bladder, venous thrombosis puerperal, and pulmonary embolism as well as improving blood circulation, which will accelerate recovery and reduce suffering constipation hemorrhoids for fear of defecation, as well as many fewer complaints about the urinary system [6].

Lack of early mobilization, then the wound healing process and discharge or blood clot gross take effect from the mother's womb [7]. Even mother could receive unexpected side effects like scars, surgical wound in the abdomen that is not aesthetically pleasing, postpartum infection and fistula. Moreover, due to lying down too long resulting in difficult defecation, constipation (elimination pattern), and the muscles are so weak that the healing process interrupted [8].

From the description above should do a study to determine whether there is a relationship early mobilization with the first elimination postpartum mothers, so the results of this research can provide input to the midwives provide care in the mothers postpartum.

METHODS

This is a cross-sectional study. The population in this study is entire postpartum mothers within 2 hours postpartum were treated for a month in a private hospital in Surabaya Jawa Timur Indonesia, sampling by way of non-probability sampling and purposive sampling technique. Samples used in this study is 43 of 48 mothers postpartum in hospital. The inclusion criteria for this study is the mother postpartum primi and multigravida, Postpartum mothers with stitches grade 1 and 2, postpartum mothers with a history of physiological childbirth, Postpartum mothers are willing to become respondents. Exclusion criteria in this study are the postpartum mother with a history of labour with action, postpartum mother with stitches grade 3 and 4. The independent variable is early mobilization and the dependent variable is urinary elimination.

In this research instrument used is the Observation Sheet on ≤ 6 hours postpartum mothers who have the criteria for inclusion in hospital. The observed component is a general data such as age, educational stage, work and parity. On early mobilization variable is asking time start doing early mobilization, ranging from right oblique, left oblique until walk. In variable urinary elimination is spending time there urine elimination, whether ≤ 6 hours or > 6 hours. Data were analyzed using software (SPSS, version 16.0), for the type of research is an analytic using statistical tests of correlation, and both variables are nominal data were performed using fisher's exact test. For all test, a P value < 0.05 indicated statistical significance.

RESULT

Characteristics of mothers postpartum

Table 1. Distribution of mothers postpartum's characteristic

Parameters	Number of respondents (N)	Percentage (%)
Age		
17 – 19 y	3	7
20 – 22 y	10	23
23 – 25 y	7	16
26 – 28 y	13	30
29 – 31 y	5	12
32 – 34 y	1	2
35 – 37 y	4	9
Total	43	100
Educational stage		
Elementary school	12	28
Junior High school	8	19
Senior High school	21	49
University	2	5
Total	43	100
Pekerjaan		
work	14	33
no work	29	67
Total	43	100
Paritas		
Primiparous	23	53
Multiparous	20	47
Total	43	100

As in table 1, show that of the 43 respondents aged 26-28 years as many as 13 postpartum (30.23%) and those aged 17-19 years there are 3 mothers postpartum (6.98%). Based on the educational stage 49% mothers's last education is high school and 5% graduate from university programe. respondents who do not work as many as 29 mothers postpartum (67.44%) while the private work as many as 14 women post partum (32.56%). as many as 23 post partum mothers is primiparous (53.49%), while as many as 20 mothers multiparous post partum (46.51%).

Early mobilization

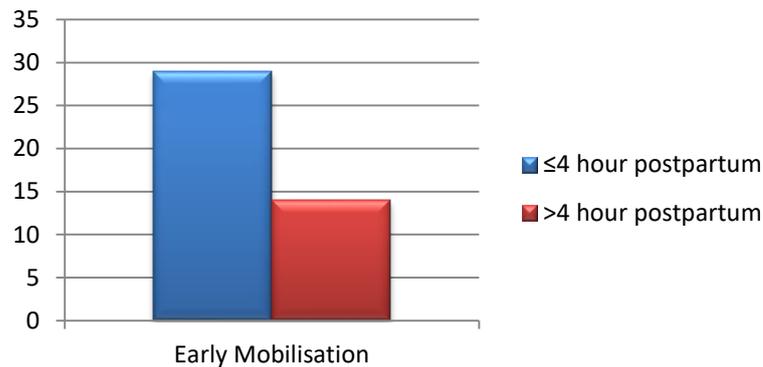


Figure 1 Frequency Distribution of Early Mobilization On Mother Postpartum

Show on figure 1, obtained from 43 postpartum mothers who did early mobilization immediately after delivery (≤4 hours postpartum) were 29 maternal postpartum (67.44%) while those not doing early mobilization (> 4 hours postpartum) as many as 14 women postpartum (32.56%).

Urinary elimination

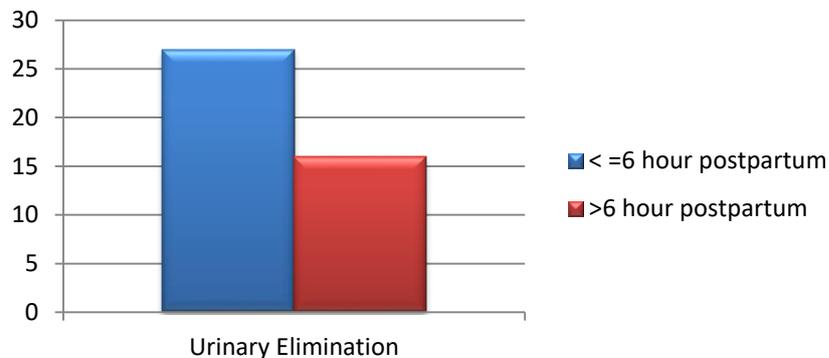


Figure 2 Frequency Distribution First Urinary Elimination on Mothers Postpartum

Show on figure 2, found 43 postpartum mothers with normal urinary elimination (≤6 hours postpartum) by 27 postpartum mothers (62.8%), abnormal urinary elimination (> 6 hours postpartum) as many as 16 women postpartum (37.2%).

Relationships between early mobilizations with first urinary elimination

Table 2. Cross table on relationship between early mobilization with First Urinary Elimination Mothers Postpartum

Early Mobilizations	First Urinary Elimination				Total	
	≤6 hour postpartum		>6 hour postpartum		N	%
	N	%	N	%		
≤4 hour postpartum	23	53,5	6	13,95	29	67,44
>4 hour postpartum	4	9,3	10	23,25	14	32,56

Based on Table 2 shows that of the 29 postpartum mothers who do ≤ 4 early mobilization as much as 23 hours postpartum mother post partum (53.5%) with a first urinary elimination ≤ 6 hours postpartum. While the 14 post partum mothers who did early mobilization > 4 hours post partum mothers as much as ten post partum (23.25%) with a first urinary elimination > 6 hours post partum. Based on the results of statistical analysis using fisher's exact test with SPSS 16.0 with an error rate of $\alpha = 0.05$ is obtained $p = 0.002$. So $p < 0.05$ then purchase $0,002 < 0,05$ so that H_0 rejected, meaning there is relation between early mobilization with urinary elimination first postpartum mothers.

DISCUSSION

Postpartum mothers should have immediately mobilised early because of early mobilization will help proper blood flow which also ultimately affect on the downsizing of the uterus, lochia expenditure, stitching the wound healing process as well as the first elimination in the postpartum mother. But it also can reduce the incidence of complications of the bladder, constipation, puerperal venous thrombosis, pulmonary embolism, bowel and bladder function better [9]. Early mobilization is affected by factors, among others: the general state of the mother, perception, motivation, fatigue, fear, and other types of labour.

Maternal postpartum early mobilization provides many benefits one of which prevent complications of the bladder, one of the things that can trigger postpartum mothers too soon mobilization is the motivation of the midwife and the family to help do. This is evident from the results of research in hospital which showed that 67.44% of postpartum mothers who did early mobilization. But there is also a postpartum mother who understand the benefits of early mobilization but did not do so because of the fearful pain in the perineum stitches and fatigue as a result of childbirth.

Usually at 2 hours post-partum, mother has been able to get out of bed and perform activities as usual. Mobilization carried out in stages starting from the sloping to the right or to the left, sit and walk. Based on post-partum care standard by WHO that within 2 hours postpartum, midwives should provide education in the mother to begin to mobilize gradually. The government's policy has been made, if any postpartum mothers who didn't early mobilization, the role of midwives in providing an explanation must be improved, in order to reduce the risk of others, because not mobilize.

In the first 6 hours post partum, the patient should be able to urinate. The longer urine retained in the bladder can lead to difficulties in urinary organs, for example infections. Emptying the bladder minimize the risk of problems such as bleeding or infection of the uterus venue change [3]. Things that can affect the urinary elimination expenditure that position, perineal wound pain, childbirth, early mobilization, fluid intake, muscle tone and anesthesia.

Based on the results of research and theory above it can be concluded that urinary elimination first post partum mothers in Surabaya Muhammadiyah Hospital is normal. This is due to post partum mothers awareness about the consequences of urine were arrested, also due to the motivation of midwives and family to do so early mobilization can help smooth expenditure urinary elimination first.

In the treatment of postpartum mothers need to be done early mobilization (early ambulation) is less than 4 hours after delivery, because of early mobilization can restore pelvic muscles and back to normal. Mum will feel stronger, and this causes stomach muscles to be strong, so that reduce back pain [12]. Within the first 6 hours postpartum, the patient should be able to urinate. The longer urine retained in the bladder can lead to difficulties in urinary organs, such as an infection. A smooth blood circulation will accelerate recovery and reduce suffering constipation haemorrhoid for fear of

defecation as well as many fewer complaints about the urinary system, by early mobilization as soon as possible to help smooth micturition and defecation can overcome [5,10].

As health workers, especially midwives should provide education from an early age about the importance of early mobilization for postpartum mothers. These services can be given during antenatal care during labour and after childbirth. From the research and put forward the theory that there is conformity so that it can say that the postpartum mothers who do well early mobilization can indirectly help expedite the urinary elimination first postpartum mothers.

Many factors affect the volume, quality of the urine and the client's ability to urinate. One of which is the muscle tone. Muscle tone which has an important role in helping the process of urination are the bladder, muscles of the abdomen, and pelvis. These three things are very important role in controlling contraction of urine. ⁽¹¹⁾ Early mobilizations start from the simple movement, as like right oblique, left oblique, sit and walk, so as to stimulate muscle movement of the abdomen and pelvis, because of these factors the speed of a mother's ability to mobilize early will accelerate the ability eliminisai urine.

The strength of this study is the study sample were mothers who give birth normally, so that the bias due to post sc wound pain can be avoided. he weakness of this study is the small sample number.

CONCLUSION

Most of the mothers postpartum've done as many as 29 early mobilization post partum mothers, and the first normal urinary elimination (≤ 6 hours post partum). There is a relationship early mobilization with urinary elimination first post partum mothers. From the above results the researchers have a suggestion for Further Research Expected to add and develop knowledge in the field of health so that it can be used as an advanced research related to early mobilization with a first urinary elimination postpartum mothers

As a profession that is closest to the people, especially women and children should bear the midwives to early to provide education on the importance of early mobilization after childbirth. This information can be provided since the late trimester of pregnancy, especially in primigravida. For health agencies can make a SOP (Standart Operating Procedures) for a midwife working in order to teach the mother post partum to mobilize early because it can help smooth the elimination of urine, thereby reducing the incidence of bladder infections.

REFERENCES

- [1] Prawirohardjo. Ilmu Kandungan. Jakarta. Yayasan Bina Pustaka Sarwono Prawirohardjo; 2007.
- [2] Mochtar, R. Sinopsis Obstetri: Obstetri Fisiologi, Obstetri Patologi. Jakarta. EGC;1998
- [3] Johnson, R. BukuAjar Praktik Bidan. Jakarta. EGC; 2004.
- [4] Manuaba, Ida Ayu C. Buku Ajar Patologi Obstetri Untuk Mahasiswa Kebidanan. Jakarta. EGC; 2008
- [5] Mansjoer, A. Kapita Selekta Kedokteran. Jakarta. Media Assculapius; 2000
- [6] Manuaba, Ida Bagus G.. Memahami Kesehatan Reproduksi Wanita. Jakarta. Arcan; 1999
- [7] Murkoff, H, et al. Mengatasi Trauma Pasca Persalinan. Jakarta. Image Press; 2007.
- [8] Manuaba, Ida Bagus G.. Kapita Selekta Penatalaksanaan Rutin Obstetri Ginekologi dan KB. Jakarta. EGC; 2001
- [9] Bahiyatun. Buku Ajar Asuhan Kebidanan Nifas Normal. Jakarta. EGC; 2009.
- [10] Diana, Ida. Mobilisasi Dini pada Ibu Post Partum. www.digilib.unimus.ac.id, date of access 15 Mei 2011. Universitas Muhammadiyah Semarang; 2009
- [11] Hidayat, A. A. A. Pengantar Kebutuhan Dasar Manusia: Aplikasi Konsep dan Proses Keperawatan. Jakarta. Salemba Medika; 2006
- [12] Saifuddin. Buku Panduan Praktik Pelayanan Kesehatan Maternal dan Neonatal. Jakarta. YBP-SP; 2002