

DESCRIPTION OF POST SECTIO CAESAREA PATIENTS WITH CONVENTIONAL METHODS AND ERACS (ENHANCED RECOVERY AFTER CESAREAN SURGERY) METHODS

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ABSTRACT

Background : There are 2 types of Sectio Caesarean delivery methods, namely the usual conventional Sectio Caesarea and Sectio Caesarea ERACS (Enhanced Recovery After Caesarean Section) method. The ERACS method of delivery has now become phenomenal in the community, especially for pregnant women. The problem that often arises in postoperative Sectio Caesarea patients is that patients complain of pain in the incision area caused by tearing tissue in the abdominal wall and uterine wall. Pain is still felt in post Sectio Caesarea mothers for 2-3 days after surgery so that the pain makes the mother reluctant to move her body. The purpose of this study was to describe the pain level of post section caesarea patients with conventional methods and ERACS methods in the Melati Room of Immanuel Way Halim Hospital Bandar Lampung.

Research method : The design of this research is descriptive research. The population of this study were conventional post-caesarean section patients and in patients with the ERACS method. The number of samples was 48 patients, 36 conventional post section caesarea patients and 12 post-caesarean patient with the ERACS method. This reseach used accidental sampling. The research variable is the level of pain. The analysis of this study uses a good frequency distribution including general data and special data. The research variable is a single variable. It used Numeric Rating Scale (NRS).

Results : of the study showed that the pain level of patients with conventional sectio caesarea methods was mostly severe pain amounting to 26 people (72,2 %), middle painful amounting to 8 people (22,2 %) and mild pain amounting to 2 people (5,6 %), whereas the pain level of section caesarea patients with ERACS method was mostly middle pain amounting to 10 people (83,3 %) and sereve pain amounting to 2 people (16,7 %).

Conclusion : This study obtained a picture of the pain level of post Sectio Caesarea patients with conventional methods mostly severe pain levels, while post Sectio Caesarea patients ERACS method mostly moderate pain levels. So it can be done effective early obilization action for post partum patients ERACS method.

Keywords : Caesarean Section, Conventional, ERACS, Pain

1. INTRODUCTION

Sectio Caesarea is an artificial delivery, in which the fetus is born through an incision in the abdominal wall and uterine wall with the uterine incision intact and the fetal weight above 500 grams (Zuleikha, 2023). The problem that often arises in postoperative Sectio Caesarea patients is that patients complain of pain in the incision area caused by tearing tissue in the abdominal wall and uterine wall. The pain is still felt 2 - 3 days after Sectio Caesarea, making the mother reluctant to move her body which causes poor early mobilization of the mother.

Sectio Caesarea surgery has increased worldwide, as evidenced by a report from WHO (World Health Organization) which said that Sectio Caesarea surgery increased to 21% from only 7% in 1991 (WHO, 2021). Based on the Basic Health Research (Kemenkes Direktorat Jendral Pelayanan Kesehatan, 2022) report, in 2018 the Sectio Caesarean birth rate in Indonesia was 17.6% with the highest prevalence in DKI Jakarta. Based on research by (Nisak, Ana Zumrotun Kusumastuti, Diah Andriani Munawati, 2023), it was found that respondents in the post Sectio Caesarea group with the ERACS method had mild pain as many as 6 respondents (20.0%), moderate pain as many as 20 respondents (66.7%), severe pain as many as 4 respondents (13.3%). Whereas in the post Sectio Caesarea group with the non-ERACS method, mild pain was found to be 1 respondent (3.3%), moderate pain was 18 respondents (60.0%) and severe pain was 11 respondents (36.7%).

According to pre-research data conducted on February 14 - February 28, 2023 by researchers in the Jasmine Room of Imanuel Way Halim Hospital, Bandar Lampung, 5 mothers of Sectio Caesarea with the ERACS method were obtained, 5

respondents (100%) complained of mild pain in the operating wound.

The impact of pain if left untreated can affect psychological aspects including anxiety, fear, personality changes, behavior and sleep disturbances. The physiological aspect of pain affects the increase in morbidity and mortality rates (Ratnasari, 2020) Another impact of pain is limited mobilization, bonding attachment (bond of affection) is disrupted, Activity of Daily Living (ADL) is disrupted in the mother so that the baby's nutrition is reduced due to delayed breastfeeding from the start, and can affect Early Breastfeeding Initiation / IMD (Nisak, Ana Zumrotun Kusumastuti, Diah Andriani Munawati, 2023)).

Pain can be overcome with pain management which aims to reduce pain (Labibah et al., 2022). Sectio Caesarea postoperative pain management can use pharmacological or non-pharmacological methods (Labibah et al., 2022). There are several examples of non-pharmacological methods, namely, deep breath relaxation techniques, finger grip relaxation techniques, and progressive muscle relaxation techniques (Labibah et al., 2022). Pharmacological methods are carried out by administering analgesics, which are to reduce / eliminate pain (Ratnasari, 2020). The purpose of this study was to describe the pain level of post Sectio Caesarea patients with conventional methods and the ERACS method in the Melati Room of Imanuel Way Halim Hospital, Bandar Lampung.

2. METHODS

The research design used in this study was descriptive research, namely research that describes the pain level of post Sectio Caesarea patients with conventional methods and ERACS methods in the Jasmine Room of Imanuel Way Halim

Hospital, Bandar Lampung. Research data were collected on June 10, 2023 - July 10, 2023 in the Jasmine Room of the Imanuel Way Halim Hospital in Bandar Lampung. The population of this study were post Sectio Caesarea conventional and ERACS method patients who were hospitalized. The sample size was 48 patients, 36 conventional post sectio caesarean patients and 12 patients post sectio caesarean ERACS method. The sampling technique used accidental sampling. The variable of this study is the level of pain. using the Numeric Rating Scale. The analysis of this study is grouped into general data and specific data. General data of respondents included name, age, last education, occupation, ethnicity, number of children/parity, frequency of Sectio Caesarea. Specific data of respondents was pain level.

The stages of data collection are as follows: After the researcher obtains Ethical Clearance approval Number 035/16/V/Prog.Sarjana/STIKES/2023 and obtains ethical approval from the Chairman of the Health Research Ethics Commission (KEPK) STIKES RS. Baptist Kediri Number 047/30/V/EC/KEPK - 2/STIKES RSBK/2023. Furthermore, the researcher obtained a research permit from STIKES RS. Baptist Kediri Number 0379/30/V/STIKES/RSBK/2023 and approval from the Research Ethics Committee of Imanuel Way Halim Hospital Bandar Lampung Number

826/SDM/RSIM/VI/2023. After the researcher gets potential respondents, namely post Sectio Caesarea patients on the second day of treatment, both patients with conventional methods and ERACS methods who are being treated, then the researcher approaches the respondent to obtain consent as a respondent by explaining the purpose, purpose, and benefits of conducting research to respondents according to research ethics.

After the respondent agreed, the researcher asked for approval or informed consent to the respondent who was admitted to the Jasmine Room of the Imanuel Way Halim Hospital in Bandar Lampung. The data collection process is carried out by means of researchers conducting interviews with respondents, then respondents fill out a pain scale measurement questionnaire sheet using the NRS (Numeric Rating Scale) instrument from the interval 0 - 10 by checking the NRS instrument sheet in the column provided. The duration of pain scale measurement is \pm 15 - 20 minutes. After all respondent identity sheets and questionnaires were filled in completely, the researcher continued with data processing and data analysis, data presentation, and conclusion drawing. Tables cannot be captured, they must be re-made tables if quoting and must give sources, or homemade tables if they are original ideas. Tables and figures must not be cut on different pages or columns.

3. RESULTS

Based on the results of the study, it was found that the age characteristics of respondents of Sectio Caesarea patients with conventional methods were more than 50% aged > 30 years, totaling 20 people (55.6%), the characteristics of the respondent's work more than 50% were as housewives, totaling 19 people (52.8%), the characteristics of the last education of respondents more than 50% were college, totaling 20 people (55.6%), the characteristics of the patient's tribe more than 50% were Javanese / Sundanese,

totaling 19 people (52.8%), In the characteristics of the number of children/parity of respondents less than 50% each is the number of children 2 people, totaling 14 people (38.9%), the number of children 1 person as many as 13 people (36.1%), then the number of children 3 people (19.4%), and the number of children > 3 people as many as 2 people (5.6%). In the characteristics of the frequency of Sectio Caesarea, 50% or half of the respondents were the frequency of Sectio Caesarea 1 time,

totaling 18 people (50.0%), Based on the results of the study, it was found that the age characteristics of respondents of Sectio Caesarea patients with the ERACS method were more than 50% aged > 30 years, totaling 7 people (58.3%), the characteristics of the respondents' work were less than 50% each as private employees, totaling 5 people (41.7%), the characteristics of the last education of the respondents were mostly college, totaling 9 people (75%), The ethnic characteristics of the respondents were less than 50% each, namely the Javanese / Sundanese tribe totaling 4 people (33.3%) and the Batak Nias tribe as many as 4 people (33.3%), the Lampung tribe as many as 2 people (16.7%), and the Chinese tribe as many as 2 people (16.7%). In the characteristics of the number of children/parity of respondents less than 50% each is the number of children 1 person, totaling 5 people (41.7%) and the number of children 2 people as many as 5 people (41.7%), the number of children 3 people as much as 1 person (8.3%) and the number of children > 3 people as much as 1 person (8.3%). Characteristics of the frequency of Sectio Caesarea respondents more than 50% is the frequency of Sectio Caesarea 1 time, which amounted to 7 people (58.3%).

Table 1 Overview of Pain Levels of Post Sectio Caesarea Patients with Conventional Methods in the Jasmine Room of Imanuel Way Halim Hospital Bandar Lampung on June 10 to July 10, 2023

No	Pain Level	Quantity	Percentage (%)
1	Not Painful	0	0
2	Mild Pain	2	5,6
3	Moderate Pain	8	22,2
4	Severe Pain	26	72,2
Total		36	100

Based on table 1, it was found that the pain level of respondents of Sectio Caesarea patients with conventional methods was mostly severe pain, totaling 26 people (72.2%), moderate pain as many as 8 people (22.2%), and mild pain as many as 2 people (5.6%).

Table 2 Overview of Pain Levels of Post Sectio Caesarea Patients with the ERACS Method in the Jasmine Room of Imanuel Way Halim Hospital Bandar Lampung on June 10 to July 10, 2023

No	Pain Level	Quantity	Percentage (%)
1	Not Painful	0	0
2	Mild Pain	0	0
3	Moderate Pain	10	83,3
4	Severe Pain	2	16,7
Total		12	100

Based on table 2, it was found that the pain level of respondents of Sectio Caesarea patients with the ERACS method was mostly moderate pain, totaling 10 people (83.3%), and severe pain as many as 2 people (16.7%).

Table 3 Cross Tabulation of Age with Pain Level of Post Sectio Caesarea Patients with Conventional Methods in the Jasmine Room of Imanuel Way Halim Hospital Bandar Lampung on June 10 to July 10, 2023

No	Age	Pain Level						Total
		Mild Pain		Moderate Pain		Severe Pain		
		n	%	n	%	n	%	
1	< 20 Years Old	0	0	0	0	0	0	0
2	20 - 25 Years Old	0	0	1	25,0	3	75,0	100,0
3	26 - 30 Years Old	1	8,3	2	16,7	9	75,0	100,0
4	>30 Years Old	1	5,0	5	25,0	14	70,0	100,0
Total		2	5,6	8	22,2	26	72,2	100,0

Based on table 3, it was found that the respondents with severe pain level of Sectio Caesarea patients with conventional methods were mostly aged > 30 years, totaling 14 people (70.0%).

Table 4 Cross Tabulation of Number of Children/Parity with Pain Level of Post Sectio Caesarea Patients with Conventional Methods in the Jasmine Room of Imanuel Way Halim Hospital Bandar Lampung on June 10 to July 10, 2023

No	Number of Children/Parity	Pain Level						Total
		Mild Pain		Moderate Pain		Severe Pain		
		n	%	n	%	n	%	
1	1	0	0	2	15,4	11	84,6	0
2	2	1	7,1	3	21,4	10	71,4	100,0
3	3	1	14,3	3	42,9	3	42,9	100,0
4	> 3	0	0	0	0	2	100,0	100,0
Total		2	5,6	8	22,2	26	72,2	100,0

Based on table 4, it was found that the severe pain level of respondents of Sectio Caesarea patients with conventional methods mostly had the number of children / parity 1 child, totaling 11 people (84.6%).

Table 5 Cross Tabulation of Number of Children/Parity with Pain Level of Post Sectio Caesarea Patients with ERACS Method in the Jasmine Room of Imanuel Way Halim Hospital Bandar Lampung on June 10 to July 10, 2023

No	Number of Children/Parity	Pain Level				Total
		Moderate Pain		Severe Pain		
		n	%	n	%	
1	1	4	80,0	1	20,0	100,0
2	2	5	100,0	0	0	100,0
3	3	1	100,0	0	0	100,0
4	> 3	0	0	1	100,0	100,0

Total	10	83,3	2	16,7	100,0
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Based on table 5, it is obtained that the moderate pain level of respondents of Sectio Caesarea patients with the ERACS

method is having the number of children / parity of 2 children, totaling 5 people (100%).

4. DISCUSSION

Identifying the Pain Level of Post Sectio Caesarea Patients with Conventional Methods in the Jasmine Room of Imanuel Way Halim Hospital Bandar Lampung

Based on the results of research obtained from 36 respondents of post Sectio Caesarea patients with conventional methods obtained severe pain levels as many as 26 respondents (72.2%), moderate pain as many as 8 respondents (22.2%), and mild pain as many as 2 respondents (5.6%). Conventional methods have more than double the pain level of about 27.3%, Sectio Caesarea can have negative effects that cause pain in similar areas to be lower by about 9%.

Pain felt by post Sectio Caesarea mothers comes from the post Sectio Caesarea surgical incision wound which is under the abdomen. The severity of pain felt by post Sectio Caesarea mothers depends on the psychological and physiological individual mother and the tolerance of pain (Nisak, Ana Zumrotun Kusumastuti, Diah Andriani Munawati, 2023). In the process of surgery, anesthesia is used so that the patient does not feel pain during surgery. However, after the operation is complete and the patient begins to wake up, he will feel pain in the incision area which makes him very disturbed (Morita et al., 2020)

Many of the postoperative patients complain of pain in the former stitches, this complaint is actually still reasonable because the body is experiencing a long and deep wound. The pain in the incision area is very disturbing and the patient feels uncomfortable. This is in line with

the research of (Nisak, Ana Zumrotun Kusumastuti, Diah Andriani Munawati, 2023) which explains that in the Post Sectio Caesarea group with the non-Eracs method, mild pain was obtained as many as 1 respondent (3.3%), moderate pain 18 respondents (60.0%) and severe pain 11 respondents (36.7%).

According to the researcher, postoperative Sectio Caesarea patients with conventional methods complain of moderate - severe pain because the respondents of this study are post Sectio Caesarea patients on the second day of treatment. When the respondent is performed Sectio Caesarea surgery, there is an incision wound in the patient's abdomen and uterus which causes tissue disconnection in the abdomen and uterus. This resulted in the onset of pain. Although post Sectio Caesarea patients are always given analgesic drugs to reduce the pain that arises, patients will still feel pain and each patient has a different perception of the pain obtained. This depends on the patient's pain threshold. Pain will increase if the patient will move / mobilize. The pain that arises is also caused by the effect of the anesthetic / anesthetic that begins to decrease / disappear which can affect the comfort of the body. Therefore, the more the anesthetic/anesthetic to relieve pain begins to gradually disappear/reduce, the more pain will increase.

From the research data, severe pain felt by post Sectio Caesarea patients with conventional methods is caused by age and number of parities. Respondents with

severe pain were mostly respondents aged > 30 years as many as 14 respondents (70%). According to (Ratnasari, 2020) which explains age and stage of development is one of the factors affecting pain. This is in line with research from Smaltzer (2013) in (Nisak, Ana Zumrotun Kusumastuti, Diah Andriani Munawati, 2023) which says that the older a person gets, the more reactions to pain he feels. According to researchers, age is very important in perceiving and expressing pain. A person's age can affect how they respond to pain. With the increasing age of the mother, the mother will experience difficulties during labor because the uterine muscle tissue is no longer good enough to accept pregnancy and perform the labor process, so the response to pain will also increase. This is because pain is something subjective that is felt by everyone with their own perceptions. The pain felt by each person is different depending on their pain threshold. But besides that, the age factor can also be used as a standard for measuring a person's pain threshold even though it cannot be generalized. The older a person gets, the higher the reaction/response to pain. From the research data, severe pain felt by post Sectio

Identifying the Pain Level of Post Sectio Caesarea Patients with the ERACS Method in the Jasmine Room of Imanuel Way Halim Hospital, Bandar Lampung

Based on the results of research obtained from 12 respondents of post Sectio Caesarea patients, the ERACS method obtained moderate pain levels as many as 10 respondents (83.3%) and severe pain as many as 2 respondents (16.7%).

The ERACS method is a procedure to help patients feel better after a cesarean section. The surgical method in ERACS delivery is performed with a small and very sharp scalpel, allowing the first incision to directly reach the fascia or

Caesarea patients with conventional methods was mostly respondents with the number of first child parity/primiparous as many as 11 respondents (84.6%). According to (Metasari & Sianipar, 2018) one of the factors that influence pain is pain experience. A person with pain experience will form better coping than someone who first feels pain. According to the researcher, the less the number of parities, the higher the level of pain felt by the patient. This is because the patient has not had a history of previous pain experience, so the patient has not been able to interpret the pain obtained and tolerance to pain that cannot be endured. Thus the reaction / response of postoperative patients to pain makes patients feel afraid and anxious to do early mobilization which can reduce pain. From the results of interviews with respondents that have been conducted by researchers during data collection, it is found that multiparous patients with severe pain are caused by additional indications of Sectio Caesarea, such as MOW (Female Contraceptive Method) or known as tubectomy which causes the pain felt to increase.

muscle membrane. By doing so, tissue damage can be reduced, so that the wound can recover more quickly and trauma to the skin can also be minimized (Ministry of Health, 2022). In Sectio Caesarea surgery with the eracs method, the type of anesthesia used is spinal anesthesia by combining anesthetic drugs with additional pain medications such as morphine or fentanyl (Nisak, Ana Zumrotun Kusumastuti, Diah Andriani Munawati, 2023).

According to researchers, the level of pain in patients post Sectio Caesarea ERACS method is mostly moderate pain due to smaller incision wounds and the type of anesthetic used in Sectio Caesarea, namely spinal anesthesia with a

combination of anesthetic drugs and additional anti-pain drugs such as morphine or fentanyl and anti-nausea / vomiting drugs, so that the level of pain felt is minimal. With a smaller incision wound, the wound will heal faster. The lower the level of pain felt by post Sectio Caesarea patients can immediately mobilize so that patients can quickly adapt to overcome the perceived postoperative wound pain. This is also in line with the research of (Nisak, Ana Zumrotun Kusumastuti, Diah Andriani Munawati, 2023) which explains that in the post Sectio Caesarea group with the eracs method, 6 respondents (20.0%) said mild pain and moderate pain as many as 20 respondents (66.7%).

From the data of post Sectio Caesarea patients with the ERACS method who complain of moderate pain are patients who have given birth to children / the number of parity 2 children (100%). According to (Sembiring, 2022), one of the factors that influence pain is pain experience. Someone with pain experience will have better coping than someone who first feels pain. Individuals who have multiple and prolonged experiences will be less anxious and more tolerant of pain than people who only experience a little pain (Metasari & Sianipar, 2018). Thus, according to the researcher, the greater the number of parities, the lower the pain level felt by the patient. Patients with a history of Sectio Caesarea with conventional methods previously felt lower pain because of the ERACS method of Sectio Caesarea. Someone with previous pain experience will more easily form better coping. Someone who has successfully coped with pain before, and now the same pain arises, then he will more easily cope with the pain. Whether or not it is easy for someone to cope with pain depends on past experience in coping with pain. Past childbirth experiences can affect a mother's pain threshold. This can

be influenced by psychological maturity and the experience of pain that multiparous mothers have suffered during previous births.

From the results of the study, it was found that post Sectio Caesarea patients with the ERACS method complained of severe pain as many as 2 respondents (16.7%). Pain is a subjective sensation or discomfort that is often associated with actual or potential tissue damage. In general, pain is defined as an unpleasant condition that occurs due to physical stimuli or from nerve fibers in the body to the brain, and is followed by physical, physiological and emotional reactions (Nisak, Ana Zumrotun Kusumastuti, Diah Andriani Munawati, 2023).

The use of opioids is an important aspect of postoperative pain control in patients undergoing Sectio Caesarea, where excessive use of opioids will bring many side effects that affect the health of mothers and newborns (Hidayati, Annisa (Program Studi Kedokteran & Mu'ti, Abdul (Laboratorium Ilmu Radiologi, Fakultas Kedokteran Universitas Mulawarman, Samarinda) Nur, Muhammad Ikhwan (Laboratorium Anestesiologi & Terapi Intensif, Fakultas Kedokteran Universitas Mulawarman, 2022). According to the researcher, post Sectio Caesarea patients with ERACS method with pain levels due to patients unable to adapt to the pain obtained and accompanied by several complaints, such as nausea, vomiting, dizziness as a side effect of Sectio Caesarea and the use of anesthetic drugs. From the results of the study, it was found that post Sectio Caesarea patients with the ERACS method complained of severe pain with a number of parities > 3 children as many as 1 person (100%). According to Rochjati in Ulfa's quote, 2020, parity has an influence on uterine resistance. The grandemultipara group is one of the risks of pathological labor. According to researchers, mothers who are often

pregnant and give birth will cause uterine resistance to decrease, characterized by the condition of the abdominal wall and uterus / mother's uterus becoming thin

5. CONCLUSION

The level of pain in conventional post Sectio Caesarea patients in the Jasmine Room of Imanuel Way Halim Hospital Bandar Lampung mostly said the level of severe pain. While the level of pain in post

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and loose, so that pain in the incision wound in the abdomen increases.

Sectio Caesarea patients with the ERACS method in the Jasmine Room of the Imanuel Way Halim Hospital in Bandar Lampung mostly said the level of pain was moderate.

Dr. Daniel Novian Dharma Setia Budi, MARS as Director of Imanuel Way Halim Hospital Bandar Lampung who has given permission to conduct this research.

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