FACTORS INFLUENCING ANXIETY IN EARLY MOBILIZATION OF MOTHERS AFTER CAESAREAN DELIVERY AT PERMATA HOSPITAL, MEDINA, MANDAILING NATAL REGENCY, NORTH SUMATERA PROVINCE

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ABSTRACT

The trend of childbirth with SC has led to an increase in sectio caesarea procedures in a number of hospitals, both in private hospitals and government hospitals. About 18.5 million caesarean section births are performed each year worldwide. Postoperative patients of sectio caesarea usually feel various discomforts, one of which is pain. This study aims to find out the factors that affect anxiety in carrying out early mobilization in postpartum mothers after cesarean section at Permata Madina Hospital in 2024. Quantitative research with cross-sectional design. The technique of taking samepl with purposive sides, a sample of 52 people. Data analysis with chi square. almost 29 of the mothers who received family support were able to have mild anxiety to mobilize, almost 29 people (87%), almost all of the post-SC mothers with a mild labor pain scale had mild anxiety to mobilize as many as 29 people (87%), most of the primipara mothers had severe anxiety to mobilize as many as 24 people (46.1%). The results of the chi square test, p value = 0.02, were found to be related between family support, post SC pain with parity with the independence of the mother to do early mobilization. It is hoped that it can be improved in accompanying and observing the mother post-cesarean section surgery in carrying out early mobilization as well as the level of anxiety and pain felt by the mother.

Keywords: Preeclampsia, Pregnant Women, Blood Pressure

Introduction

Caesarean section (CS) delivery has seen a significant increase globally and nationally. The World Health Organization (WHO) records approximately 18.5 million CSs performed annually worldwide, and the prevalence in Indonesia in 2016 reached 31%, far exceeding the WHO's recommended threshold of 5-15% (Betran, A. P.; Ye, J.; Moller, A. B.; Souza, J. P.; Gulmezoglu, 2021). The increasing trend in CSs is driven not only by medical indications but also by elective factors and patient preferences (Sinaga, S. N.; Sembiring, 2022).

While CSs can be lifesaving, they also carry the risk of postoperative complications, including acute pain and anxiety, which can hinder early mobilization (Nations, 2024). Early mobilization is a crucial postoperative intervention to accelerate recovery, prevent deep vein thrombosis, improve blood circulation, and reduce the risk of respiratory tract and wound infections (Nelson, G.; Altman, A. D.; Nick, A.;

Meyer, L. A.; Ramirez, 2016). However, many post-CS mothers experience high levels of anxiety which causes delays in early mobilization due to fear of tearing the stitches or increasing pain (Sinaga, S. N.; Batu Bara, Z.; Barus, 2024).

Despite its role in reducing maternal and neonatal mortality in high-risk cases, a Caesarean Section remains a major abdominal surgery that entails complex physiological recovery. Postoperative patients typically encounter a spectrum of physical discomforts, with acute surgical pain at the incision site being the most prevalent. This pain is not merely a physical sensation but a catalyst for psychological distress. If pain management is suboptimal, it often triggers severe anxiety, creating a mental barrier that prevents mothers from attempting physical movement. This psychological hesitation is the primary obstacle to early mobilization—a practice where patients are encouraged to move out of bed within 24 hours post-surgery. Many mothers suffer from the fear of movement (kinesiophobia), believing that even minor physical exertion will cause the surgical sutures to rupture or lead to unbearable pain (Miller, 2024).

Factors suspected of increasing post-cesarean anxiety include lack of family support, high pain levels, and parity (Shorey, S.; Chee, C. Y. I.; Ng, E. D.; Chan, Y. H.; Tam, 2018). Excessive anxiety can negatively impact the mother's psychological and physiological state, as well as slow uterine involution, lochia expulsion, and breast milk production (RI, 2022). Therefore, it is necessary to identify factors that influence maternal anxiety regarding early mobilization (Xia et al, 2025).

In the context of Permata Hospital, Madina, located in the Mandailing Natal Regency, several factors may influence this level of anxiety. These factors range from individual internal elements, such as pain tolerance and prior surgical experience, to external influences like the quality of nursing support, family encouragement, and cultural beliefs regarding rest after childbirth. In many regions of North Sumatra, traditional views on "absolute bed rest" after labor often conflict with modern clinical protocols, further complicating the mother's willingness to mobilize early.

Understanding the specific factors that contribute to this anxiety is crucial for improving nursing care standards at Permata Hospital. By identifying whether the anxiety stems from a lack of information, fear of pain, or environmental stressors, healthcare providers can implement more targeted interventions such as pre-operative education, effective pain management strategies, and empathetic psychological support.

Addressing these factors is not merely a matter of clinical efficiency; it is a matter of maternal quality of life. Prolonged immobility due to anxiety can lead to a cycle of chronic pain, increased risk of postpartum depression, and delayed physical restoration. By 2025, modern nursing care at Permata Hospital must evolve to integrate psychological screening alongside physical monitoring. This study seeks to bridge the gap between surgical success and functional recovery by providing a data-driven understanding of why mothers hesitate to move. Ultimately, the goal is to transform the postpartum experience into one where the mother feels empowered, informed, and physically capable of transitioning into her role as a caregiver without the burden of debilitating fear.

This study aims to determine the relationship between family support, post-cesarean pain, and parity on anxiety levels

regarding early mobilization among post-cesarean mothers at Permata Medina Hospital, Mandailing Natal Regency, North Sumatra Province, in 2024.

Research Method

A cross-sectional design within a quantitative framework was employed to conduct this research. The study location was the postpartum inpatient ward at Permata Medina Hospital, Mandailing Natal Regency. The study was conducted from May to June 2024.

The population in this study was all 118 mothers who underwent CS and were hospitalized at Permata Medina Hospital between January and April 2024. The sampling technique used the Slovin formula, and 52 respondents were selected using purposive sampling based on the inclusion criteria: post-CS mothers who were currently hospitalized, breastfeeding in a group setting, and willing to participate.

Univariate analysis was conducted to describe respondent characteristics, pain, and anxiety. Statistical associations between the dependent variable (anxiety level) and independent variables (family support, pain, and parity) were examined using Chi-square tests at a 5% significance level ($p<0.05$).

Result

Respondent Characteristics:

The majority of respondents were in the 20–35 age group (73.1%), had a secondary education (78.8%), and were employed (55.8%). The majority were grandemultiparas (35.5%).

Family Support and Anxiety:

73.1% of mothers did not receive optimal family support. Of this group, 66.6% experienced severe anxiety during early mobilization. Conversely, 87% of mothers who received family support experienced mild anxiety ($p=0.02$).

Post-Cesarean Pain and Anxiety:

The majority of mothers experienced moderate pain (57.6%), and of this group, 66.6% also experienced severe anxiety. Only 30.7% experienced mild pain ($p=0.02$).

Parity and Anxiety:

46.1% of primiparas experienced severe anxiety, compared to multiparas and grandemultiparas, who showed milder levels of anxiety ($p=0.02$)

Discussion

The Relationship between Family Support and Anxiety

Family support plays a crucial role in maternal psychological well-being. Mothers who feel supported will be more confident in engaging in activities, including mobilization (Simamora, L.; Sinaga, 2022). Family support increases psychological resilience and accelerates recovery. This study shows that mothers with family support tend to have less anxiety during early mobilization (Shorey, S.; Chee, C. Y. I.; Ng, E. D.; Chan, Y. H.; Tam, 2018).

The Relationship between Pain and Anxiety

Post-operative pain is a common cause of anxiety. Severe pain makes mothers reluctant to move for fear of increasing the pain or disrupting the stitches. Effective pain management in post-CS mothers is essential not only for physical comfort but also for psychological stability. Uncontrolled pain triggers a stress response that elevates anxiety, creating a vicious cycle where anxiety further lowers the pain threshold. This reinforces the findings that pain perception is deeply influenced by psychological factors and previous clinical experiences (Nelson, G.;

Altman, A. D.; Nick, A.; Meyer, L. A.; Ramirez, 2016).

The Relationship between Parity and Anxiety

Primiparas tend to be more anxious due to their lack of previous birth experience. The lack of information and skills to deal with post-cesarean delivery makes them more susceptible to anxiety. Meanwhile, multiparas are calmer due to their previous experience (Sembiring, I. S.; Ginting, 2021).

Conclusion and Suggestion

Based on the research findings and statistical analysis conducted at Permata Madina Hospital, it can be concluded that there is a significant relationship between family support, post-cesarean pain, and parity with the level of maternal anxiety regarding early mobilization. The results indicate that family support plays a vital role in psychological well-being, where mothers receiving optimal support tend to experience lower anxiety levels compared to those without such support. Furthermore, post-operative pain remains a major obstacle; high pain intensity creates a psychological barrier that makes mothers reluctant to move for fear of increasing discomfort or damaging surgical sutures. Parity also significantly influences the mother's mental state, as primiparous mothers show higher anxiety levels due to a lack of previous birth experience and skills in handling post-cesarean recovery compared to multiparous mothers.

Consequently, it is suggested that healthcare providers at Permata Madina Hospital improve their quality of care by intensifying the monitoring of both the physical pain and psychological anxiety felt by post-cesarean mothers. It is highly recommended to implement more effective pain management strategies and provide comprehensive education to mothers to reduce kinesiophobia or the fear of movement. Additionally, hospitals should encourage active family involvement in the recovery process to build the mother's confidence. By addressing these internal and external factors, early mobilization can be carried out safely and optimally, which will ultimately accelerate the mother's recovery and prevent long-term postoperative complications.

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