

The Effect of Early Mobilization Assistance on Pain in Post-Caesarean Section Patients at Prof. Dr. R.D. Kandou General Hospital Manado

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Abstract, Background: Caesarean Section (C-section) causes tissue discontinuity due to incision, resulting in postoperative pain. One of the non-pharmacological managements to reduce pain and accelerate recovery is early mobilization. **Objective:** This study aimed to determine the effect of early mobilization assistance on reducing pain intensity in post-C-section patients at Prof. Dr. R.D. Kandou General Hospital Manado. **Methods:** This quantitative research used a pre-experimental design with a One Group Pre-Post Test Design. The sample consisted of 30 post-C-section patients in the first 6 hours, selected using purposive sampling. Data were analyzed using the Wilcoxon test. **Results:** Before the intervention, the majority of respondents experienced severe pain (80.0%). After early mobilization assistance, the majority of respondents (80.0%) experienced a reduction in pain to the mild category. Statistical test results showed a p -value of 0.000 ($p < 0.05$). **Conclusion:** Early mobilization assistance has a significant effect on reducing pain intensity in post-C-section patients at Prof. Dr. R.D. Kandou General Hospital Manado.

Keywords: Caesarean Section, Early Mobilization, Non-Pharmacological, Pain, Post-C-Section.

1. INTRODUCTION

Childbirth is the final stage in the pregnancy cycle. Many mothers feel worried, anxious, and even fearful during this process. Nonetheless, childbirth is a crucial stage that every pregnant woman must undergo. Childbirth is a natural process essential for a mother to expel the products of conception after approximately 37-42 weeks of pregnancy. One childbirth method that can be performed is Caesarean Section (C-section), which requires a surgical procedure involving an incision in the abdominal and uterine walls, based on medical indications (Uzlifatul & Oktaviyana, 2025).

According to the World Health Organization (WHO), the global rate of Caesarean sections has increased from about 7% in 1990, making the use of C-sections continue to rise globally, and now accounts for more than 1 in 5 (21%) of all births. This number is projected to continue increasing in the next decade, with nearly one-third (29%) of all births likely to be delivered by C-section by 2030 (WHO, 2021).

Based on Basic Health Research (Riskesdas) data in 2018, the number of deliveries via Caesarean Section in Indonesia was 17.6%, with indications for C-section due to several complications at 23.2%. These include transverse/breech fetal position (3.1%), hemorrhage (2.4%), convulsions (0.2%), premature rupture of membranes (5.6%), prolonged labor (4.3%), cord entanglement (2.9%), placental previa (0.7%),

retained placental (0.8%), hypertension (2.7%), and others (4.6%) (Indonesian Ministry of Health, 2018).

Cesarean Section is an alternative for women in choosing a delivery method besides medical and non-medical indications. A C-section procedure will disrupt tissue continuity or connection due to the incision, which activates pain receptors, causing the patient to experience pain, especially after the anesthetic effects wear off. Pain can act as a stressor, triggering biological responses in individuals, leading to physical and psychological behavioral responses (Metalsari & Sialnihar, 2018).

Postoperative pain after C-section results from the surgical procedure on the abdominal and uterine walls, which does not subside within one day, with pain intensity ranging from mild to severe. Pain is a form of discomfort, both sensory and emotional, associated with actual or potential tissue damage. It can also serve as a protective mechanism for the body, arising when tissues are damaged and causing the individual to react to eliminate the pain. Post-C-section pain impacts patients, such as limited mobilization, disturbed/unmet bonding attachment, disrupted Activities of Daily Living (ADL) for the mother, resulting in reduced infant nutrition due to delayed initiation of Breastfeeding (ASI). It also affects Early Initiation of Breastfeeding (IMD), which impacts the immunity of infants born via C-section (Leliani, Alde Sucipto, 2025).

The pain experienced by postoperative patients is acute and must be addressed immediately. Pain management involves several actions or procedures, both pharmacological and non-pharmacological. Non-pharmacological methods include deep breathing relaxation, distraction relaxation to reduce pain, movement or position change, massage, acupuncture, heat or cold therapy, and hypnobirthing. One basic care concept for postpartum C-section patients is early mobilization (Rusd et al., 2024).

Early mobilization consists of simple movements performed by postoperative patients. Movements begin with bed exercises, such as leg movement exercises, turning right and left, sitting in bed, sitting on the bedside, until the patient can get out of bed, stand, and start walking exercises. This action is carried out gradually, starting from the first 6 hours, then 6-10 hours, and 24 hours post-surgery, according to the patient's tolerance. This action allows for improved vascularization in the patient's body, including the surgical site. Good vascularization enables the surgical area to receive sufficient blood for cell growth and repair (Section et al., 2025). Research conducted by (Maldonado & Rottier, 2018), found a significant effect after implementing early mobilization on wound healing. This

indicates that early mobilization can be an important factor in aiding patient recovery after surgery.

2. METHODS

This study is quantitative research using a pre-experimental design without a control group alongside the experimental group. This research used a "One Group Pre-Post Test Design" to observe the effect of early mobilization on pain in post-C-section patients. The population in this study were all mothers within the first 6 hours post-C-section. The sample consisted of a portion of the population of post-C-section patients, totalling 30 individuals, selected using purposive sampling. The instrument used to measure pain scale was the Numeric Rating Scale (NRS). The calculated data were entered into frequency distribution tables in percentage form, while bivariate analysis used the Wilcoxon test.

3. RESULTS

Table 1 Respondent Characteristics.

Variable	F	%
Age		
< 20 years	3	10.0
20-35 years	19	63.3
> 35 years	8	26.7
Total	30	100.0
Education		
Elementary School	1	3.3
Junior High School	2	6.7
Senior High School	23	76.7
Higher Education	4	13.3
Total	30	100.0
Occupation		
Homemaker	20	66.7
Private Sector	5	16.7
Non-Permanent	2	6.7
Civil Servant	3	10.0

Total	30	100.0
Parity		
Primiparal	12	40.0
Multiparal	17	56.7
Graindemultiparal	1	3.3
Total	30	100.0

Based on Table 1, the majority of respondents were aged 20-35 years (19 respondents, 63.3%), had a Senior High School education (23 respondents, 76.7%), worked as homemakers (20 respondents, 66.7%), and based on parity, most were multiparous mothers (17 respondents, 56.7%).

Table 2 Frequency of Pain Level Before Early Mobilization.

Variable	F	%
Moderate Pain	2	6.7
Severe Pain	24	80.0
Very Severe Pain	4	13.3
Total	30	100.0

Based on the table above, the majority of respondents experienced high pain levels. A total of **24 respondents (80.0%)** were in the **severe pain** category, followed by 4 respondents (13.3%) with very severe pain, and only 2 respondents (6.7%) in the moderate pain category.

Table 3 Frequency of Pain Level After Early Mobilization.

Variable	F	%
Mild Pain	24	80.0
Moderate Pain	6	20.0
Total	30	100.0

Based on the table above, the majority of respondents, **24 individuals (80.0%)**, shifted to the **mild pain** category. The remainder, 6 respondents (20.0%), were in the moderate pain category.

Table 4 The Effect of Early Mobilization Assistance on Pain in Post-C-section Patients at Prof. Dr. R.D. Kandou General Hospital Manado.

Variable (Pain)	Rank Category	N	Mean Rank	Sum of Ranks	Z	p-value
Post-test --- Pre- test	<i>Negative</i> <i>Ranks (Decrease)</i>	28	14,50	406,00	-4,915	0,000
	<i>Positive</i> <i>Ranks (Increase)</i>	0	0,00	0,00		
	<i>Ties (No Change)</i>	2				
	Total	30				

Based on the Wilcoxon test results, a significant value of $p = 0.000$ ($p < 0.05$) was obtained, indicating a significant effect of early mobilization assistance on patient pain. Out of 30 respondents, 28 individuals (93.3%) experienced a decrease in pain scale, while the other 2 individuals (6.7%) had an unchanged pain scale. No respondents experienced an increase in pain after the assistance.

DISCUSSION

Pain Scale Before Early Mobilization Intervention

Based on Table 2, it can be seen that out of 30 respondents, the pain scale scores of post-C-section patients before early mobilization intervention in the first 6 hours post-operation showed that the majority experienced high pain levels. A total of 24 respondents (80.0%) were in the severe pain category, followed by 4 respondents (13.3%) with very severe pain, and only 2 respondents (6.7%) in the moderate pain category. (Metalsari & Sialipar, 2018) explain that a C-section procedure disrupts tissue continuity due to the incision, which activates pain receptors, causing the patient to experience pain, especially after the anesthetic effects wear off.

Cesarean Section is a surgical procedure to deliver the fetus through an incision in the abdominal wall and uterus as an artificial delivery, so the fetus can be born through the abdomen, abdominal wall, and uterine wall to ensure the baby is born intact and healthy (Uzlifal et al., 2024).

Post-Cesarean pain is an experience that arises after undergoing a C-section, which is a surgical procedure where the baby is born through an incision in the mother's

abdominall and uterine wallls. This process involves cutting through lalyers of tissue and muscle, calusing pain to arise. Postoperative pain occurs due to mechalnicall stimualtion of the wound (incision), stimualting pain mediators such als histamine, braladykinin, alcetylcholine, and substalnce P. These substalnces can increalse the sensitivity of pain receptors, leading to pain sensaltion. ALdditionally, there are also pain-inhibiting substalnces in the body, such als endorphins and dynorphin, which can reduce pain perception (Ibu et al., 2025).

In pain management efforts, nurses and midwives have provided pharmacological therapy with analgesics. However, for maximum results, pharmacological therapy is better combined with non-pharmacological therapy. An example of non-pharmacological therapy that can be performed is early mobilization, as it can distract the patient's concentration. Unlike other non-pharmacological therapies, if early mobilization is not performed, it can cause many discomforts for the patient, one of which is increased pain intensity (Nurvalinda et al., 2022).

Pain Scale After Early Mobilization Intervention

After the intervention in the form of early mobilization assistance, a very striking reduction in pain intensity occurred. The majority of respondents, 24 individuals (80.0%), shifted to the mild pain category. The remainder, 6 respondents (20.0%), were in the moderate pain category. Most significantly, there were no longer any respondents (0%) in the severe or very severe pain categories after the intervention was performed.

Pain can act as a stressor, triggering biological responses in individuals, leading to physical and psychological behavioral responses. Early mobilization is an effort to gradually make the patient independent, considering the significant responsibilities a mother must undertake for her recovery and caring for her baby. However, many mothers are afraid to move due to fear of pain, even though movement can reduce pain. Additionally, early mobilization also trains maternal independence.

The results of this study align with research conducted by (Salntoso et al., 2022), where all respondents after receiving early mobilization intervention experienced mild pain, totalling 15 respondents (100%) with pain scales 2 and 3. Early mobilization performed quickly, appropriately, and with good supervision can increase joint mobility and improve metabolism and circulation, as seen in this study: from 15 respondents with earlier mobilization experiencing moderate pain scales, and after mobilization, a decrease in pain intensity to mild pain occurred.

Early mobilization performed according to the stages of early mobilization and guidance from healthcare personnel, along with active participation from respondents and families in the mobilization program, can lower the pain scale degree and prepare respondents for self-care and baby care. Family support and attention can also help minimize pain; attention can divert pain sensation, which can be reduced through distraction efforts, linked to decreased pain response. Family support can also minimize a person's perception of pain

The Effect of Early Mobilization Assistance on Pain in Post-C-section Patients

The statistical test results using the Wilcoxon test on the effect of early mobilization assistance on reducing pain intensity from C-section surgical wounds at Prof. Dr. R.D. Kalndou General Hospital Malnaldo yielded a p-value of 0.000. The value $p < 0.05$, so it can be concluded that H_0 is rejected and H_1 is accepted, meaning there is an effect of early mobilization assistance on reducing pain intensity in post-C-section patients at Prof. Dr. R.D. Kalndou General Hospital Malnaldo.

Early mobilization is an effort to gradually make the patient independent. Mothers who perform early mobilization will help accelerate the postpartum healing process. Additionally, early movement by the mother can help prevent infection at the incision site after C-section, reduce the risk of constipation, decubitus, reduce stiffness or tension in muscles throughout the body, and address disturbances in blood circulation, respiration, peristalsis, and urination (Dini et al., 2023). This aligns with the theory proposed by Indryalni, et al (2021), which explains that mobilization aims to improve blood circulation throughout the body, maintain the function of body organs, maintain respiratory muscle and joint tone, help improve well-being, facilitate the elimination process, help accelerate the healing process of postoperative sutures, and restore body activity.

According to the researcher's assumption, early mobilization is one effective management in reducing pain scale in post-C-section mothers. Many post-C-section mothers experience increased pain intensity after surgery. Early mobilization can be an alternative therapy to help mothers reduce pain intensity. Early mobilization management performed gradually and according to SOP can accelerate the process of reducing pain scale in post-C-section patients. Early mobilization should be implemented in hospitals and become a new program to reduce pain scale in post-C-section mothers. The role of healthcare personnel is crucial in controlling and assisting patients during early mobilization management so that the patient's pain scale can be reduced compared to before.

4. CONCLUSION

Based on the research results and discussion, the following conclusions can be drawn:

1. Pain Intensity Before Intervention: The majority of post-C-section patients within the first 6 hours at Prof. Dr. R.D. Kandou General Hospital Manado experienced high pain levels, with 80.0% of respondents in the severe pain category before early mobilization.
2. Pain Intensity After Intervention: A very significant reduction in pain intensity occurred after early mobilization assistance, where 80.0% of respondents shifted to the mild pain category, and no patients remained in the severe or very severe pain categories.
3. Significance of Effect: There is a significant effect of early mobilization assistance on reducing pain in post-C-section patients, with a significance value of $p = 0.000$. Also, many 93.3% of respondents experienced a significant decrease in pain scale.
4. Recovery Mechanism: Early mobilization performed gradually according to Standard Operating Procedures (SOP) can improve blood circulation, increase metabolism, and distract the patient's concentration from pain, thereby accelerating wound healing and maternal independence.
5. Clinical Recommendation: Early mobilization is an effective and safe method for reducing pain scale and is recommended to be implemented as a routine program in hospitals for mothers post-Caesarean Section.

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