


## Overview Of The Implementation Of Finger Grasping To Reduce Pain In Post Sectio Caesarea Patients At Rsud Prof Dr W. Z. Johannes Kupang

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Article Info	ABSTRACT
<p><b>Keywords:</b> Post sectio caesarean mother, pain, Finger Grasp Relaxation Technique</p>	<p>Most post sectio caesarean mothers experience pain in the incision wound under the abdomen. One of the therapies that can be done to reduce pain in post cesarean section mothers is the finger grasp relaxation technique. The purpose of this study was to determine the description of the implementation of finger grasping to reduce pain in post sectio caesarea mothers at Prof. Dr. W. Z. Hospital Kupang. Johannes Kupang Hospital. This study used a qualitative approach with a type of case study research with a descriptive case study research design. The subjects of this study were two patients of post sectio caesarea mothers who were determined based on the inclusion and exclusion criteria. The pain measurement instrument used was a pain observation sheet (faces pain score / Wong baker faces scale). The results of the study obtained, before the implementation of finger grasping, Mrs. D's pain scale was severe pain (Value 7), and Mrs. M's pain scale was severe pain (Value 8). After implementing finger grasping for 3 consecutive days with a duration of 10-15 minutes every day, the results showed a decrease in the pain scale, in Mrs. D to a mild pain scale (Value 1), and the opposite in Mrs. M to a mild pain scale (Value 2). The conclusion of this study is that the implementation of finger grasping can reduce pain in post sectio caesarea maternal patients. It is hoped that patients and families can apply finger grasping relaxation techniques to reduce pain in post sectio caesarea maternal patients.</p>
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### INTRODUCTION

Labor can be defined as a way to deliver a baby normally or surgically due to an indication that the age of the month or day is sufficient or close to sufficient. Sectio Caesarea is an operation or surgery in which the process of delivering a baby through dissection of the abdominal wall (laparotomy) and uterine wall (hysterectomy) (Mawarni et al, 2023).

Sectio caesarea is a procedure that involves cutting through the uterine wall and abdomen to deliver the fetus. The goal of an assisted delivery procedure is to save both mother and child. Postoperative care should be given careful consideration to decrease

morbidity and mortality as infection after surgical delivery remains a danger (Harismayanti et al., 2023).

The problems faced by post sectio caesarean mothers are pain, anxiety, and mobility disorders. These disorders will affect the mother and cause discomfort to the mother. The pain felt by sectio caesarea mothers can come from the incision wound under the abdomen. However, the severity of pain experienced by the mother will differ depending on the psychological and physiology and pain tolerance experienced by the mother (Dewi Utaminingsih et al, 2023).

The results of observations for 3 days during clinical practice at RSUD Prof. Dr. W. Z. Johannes Kupang, in the sasando room there were many mothers with sectio caesarea who experienced pain problems in the incision wound felt under the abdomen. The observation also showed that many nurses and midwives in the sasando room have not applied non-pharmacological therapies such as the hold finger relaxation technique, usually what nurses and midwives do in sectio caesarea patients is with pharmacological techniques such as collaborative administration of analgesic drugs to relieve pain such as ketorolac injection.

According to the World Health Organization (WHO), sectio caesarea increased by 46% in China, 25% in Asia, Europe and Latin America. In Indonesia, sectio caesarea surgery reached 17.6%, there were several disorders that occurred, namely transverse fetal position 3.1%, bleeding by 2.4%, seizures by 0.2%, premature rupture of membranes by 5.6%, prolonged partus (4.3%), umbilical cord entanglement (2.9%), placenta previa (0.7%), retained placenta (0.8%), hypertension by 2.7%, and others by 2.4% (Dewi Utaminingsih et al, 2023).

The province of NTT, especially the city of Kupang, has an annual birth rate of 7,000-8,000 births. According to data taken in the Sasando Room of the Prof. Dr. W. Z. Hospital. Johannes Kupang, mothers with post sectio caesarean delivery are 636 mothers in 2021 to 2023 the number of patients with sectio caesarea in 2024 from January to June is 95 mothers. Based on data taken from the Kupang City Health Office, mothers with sectio caesarean delivery were 2,115 in 2021, in 2022 were 2,335 and in 2023 the number of patients with sectio caesarea was 2,343 mothers.

According to (Mawarni et al, 2023) explains that one way to reduce pain non-pharmacologically is with the therapeutic method of finger hold relaxation technique. The finger-hold relaxation technique helps mothers more easily control themselves when feeling discomfort due to pain which is the result of sectio caesarea surgery. Finger-hold relaxation or finger hold is a relaxation therapy that can be applied to relieve postoperative pain.

Finger grasping relaxation technique is an easy therapy to control or control emotions because the fingers are related to several organs and emotions and there are energy waves. Finger grasping relaxation therapy can respond to a stimulus that causes pain stimulation to decrease. Giving finger grip relaxation techniques can relax the mother's body and mind and naturally result in the process of releasing endocrine hormones, these hormones are natural analgesics (anti-pain) from the body so that pain decreases (Astutik & Kurlinawati, 2017).

## METHODS

The type of research used in this research is a qualitative case study approach. The research design using Descriptive Case Studies is a type of study that provides a description of a particular case, and requires researchers to begin research using descriptive theory to explain the research results in detail. So that the research in this case study is to describe how the description of the implementation of finger grasping to reduce pain in postoperative sectio caesarea patients at the Prof. Dr. W. Z. Hospital. Johannes Kupang Hospital. Observation was carried out for 3 days with a qualitative approach on 2 respondents/patients of postoperative sectio caesarea mothers who experienced pain.

The subjects of this research were two patients (Two cases) of post sectio caesarean mothers, determined based on the inclusion and exclusion criteria, namely:

1. Inclusion Criteria
  - a. Mother post sectio caesarean section surgery
  - b. Mothers post SC surgery who can read
  - c. A cooperative post-surgery mom
  - d. Willing to be a study subject and fill out informed consent
2. Exclusion Criteria
  - a. Post sectio caesarean mothers who withdrew during or in the study period.
  - b. Post sectio caesarean mothers who met the criteria, but refused to complete informed consent during data collection.

The various research instruments used in this study are: Pain observation sheet (faces pain score/wong baker faces scale). The data collection methods in this study are as follows:

- a. Interview, obtained through anamnesa contains the identity of the patient and the person in charge, the main complaint, the patient's and family's medical history, menstrual history, past history of pregnancy, childbirth and postpartum, current pregnancy history, family planning history, psychosocial aspects, and daily habit patterns, and pain assessment.
- b. Observation, this method of data collection through an observation with the five senses and tools according to the assessment format, objective data, subjective data, which are collected include: general condition examination, consciousness, TTV measurement, head to toe physical examination, and supporting examination. Observation, this method of data collection through an observation with the five senses and tools according to the assessment format...
- c. Document study, in the form of medical records, patient status, and diagnostic examination results. The data collected is related to assessment, diagnosis, planning, action and evaluation.

Data analysis is carried out by stating facts, then comparing with existing theories, then outlined in the discussion opinion. The analysis technique used is by interpreting the results of filling out the observation sheet, narrating the answers obtained from the interviews, by means of observation by researchers and documentation studies that produce data to answer the formulation of research problems, and then compared with existing theories as material to provide recommendations in the intervention. Data presentation can be done with tables,

pictures, charts, or narrative text. The confidentiality of the research subject is guaranteed by obscuring the identity of the research subject.

## RESULTS AND DISCUSSION

### Research Results

#### Respondent Data

The subjects in this study amounted to 2 post sectio caesarea maternal patients, who were patients at Prof. Dr. W. Z. Johannes Kupang Hospital. The following is a description of the characteristics of the research subjects obtained in this study:

1. Characteristics of respondents of post sectio caesarea mothers in Mrs. D  
The results of the study on Saturday, June 01, 2024 obtained the characteristics of the first respondent with the initial Mrs. D, aged 23 years, with the last high school education, working as a housewife, with the first parity (primipara), the patient is married.
2. Characteristics of respondents of post sectio caesarea mothers in Mrs.M  
The results of the study on Sunday, June 02, 2024 obtained the characteristics of the second respondent with the initials Mrs. M, aged 29 years, with a Bachelor's degree, working as a civil servant, with first parity (primipara), the patient is married.

Pain Level of Research Subjects Before and After being given finger grasping technique

1. Results before finger grasp implementation  
The results of the study using a pain observation sheet on Saturday, June 01, 2024, found that respondent 1 with the initial Mrs. D before finger grasping, showed a pain scale of 7 which was classified as severe pain. The opposite was felt by respondent 2 on Sunday, June 2, 2024 before finger grasping, showing a pain scale of 8 which was classified as severe pain.
2. Results after finger grasp implementation  
The results of the study using a pain observation sheet for 3 days on June 1 to 4, 2024 in a duration of 10-15 minutes in the sasando room of Prof. Dr. W. Z. Hospital. Johannes Kupang obtained the results of respondent 1 with the initial Mrs.D after doing finger holding for 3 days, showing a pain scale of 1 which is classified as mild pain. The opposite was felt by respondent 2 with the initial Mrs. M, after being finger grasped for 3 days, showing a pain scale of 2 which was classified as mild pain.

#### Distribution of respondents' pain before and after getting finger grasping implementation

The results showed that using a pain observation sheet, the results of respondent 1 and respondent 2's pain were obtained. Before getting the implementation of finger grips, the pain scale felt by the severe pain category, this is evidenced by the score of the pain observation sheet assessment of respondent 1 at score 7 (severe pain) and respondent 2 is at score 8 (severe pain). After getting the implementation of finger gripping the pain scale felt with mild pain, this is evidenced by the results of the assessment score of the pain observation sheet of respondent 1 with a pain scale of 1 and respondent 2 with a pain scale of 2 which is categorized with mild pain.

### Discussion

### Characteristics of Research Subjects of Third Trimester Pregnant Women

The results of the research conducted by the researcher obtained the characteristics of respondents based on the age of post sectio caesarean mothers at Prof. Dr. W. Z. Johannes Kupang Hospital. Ranging from 23 years and 29 years of age is important in influencing the reaction and expression of respondents to the pain they feel, the increasing age the higher the reaction and response to pain felt. One of the factors that influence the response to pain is age. Different ages will affect a person's response to pain. Children cannot yet express pain, while adults will tell pain if it is pathological and has functional damage and the elderly tend to suppress pain because they think pain is natural (Utami, 2016).

In the researcher's opinion, in sectio caesarea surgery, pain is usually felt after childbirth, because at the time of sectio caesarea surgery the doctor has performed anesthesia. The effect of the anesthetic usually disappears about 2 hours after the labor process is completed. After the anesthetic wears off the pain in the abdomen begins to be felt because of the wound in the abdomen. Post-surgical pain will give physical and psychological reactions to sectio caesarean mothers. This is related to the age of sectio caesarean mothers because mothers aged 21-35 years are in productive age and the mother's readiness to accept responsibility as a mother. In this age range, the mother's physical condition is in prime condition and generally ready for the delivery process.

The results of the research conducted by the researcher obtained the characteristics of respondents based on the education of post sectio caesarean mothers at Prof. Dr. W. Z. Johannes Kupang Hospital. Based on the level of education, respondent 1 has a high school education (SMA) and the 2nd respondent has a Bachelor's degree (S1). Education is something that can bring a person to have or achieve the widest possible insight and knowledge. People who have higher education will have broader insights and knowledge than those who are lower. The higher a person's education, the easier it is for him to understand and understand about the risks that will be experienced in the labor process that will be faced, so they will quickly go to health services such as health centers or hospitals. (Muhammad, 2016).

According to the researcher's assumption, respondents with higher education will absorb information more easily. Therefore, this is a good condition because respondents with secondary education have sufficient basics of knowledge than respondents with low education so that pain can be controlled in respondents with high secondary education.

The results of the research conducted by the researcher obtained the results of the characteristics of respondents based on the work of post sectio caesarean mothers at Prof. Dr. W. Z. Johannes Kupang Hospital. Respondent 1 worked as a housewife (IRT) and the 2nd respondent worked as a civil servant (PNS). Employment is one of the reasons underlying the tendency to give birth by incisional delivery or sectio caesarea especially in big cities, this is because mothers who have jobs are bound so they have to work on a predetermined schedule (Santi, Safrina; Maulid Ningsih, 2020).

The researcher assumed that occupation had no relationship with the level of labor pain. Labor pain is individual and is a subjective experience experienced by the mother about the physical sensations associated with uterine contractions, cervical dilatation and thinning and

fetal descent during labor. The research conducted by the researcher obtained the results of the characteristics of respondents based on the parity of post sectio caesarean mothers at Prof. Dr. W. Z. Hospital. Johannes Kupang Hospital. Respondent 1 with the first parity (primipara) on the other hand the 2nd respondent with the first parity (primipara). Parity is a woman who gives birth to a live baby.

Researchers assume that mothers with first parity (primipara) have never felt pain so that these mothers are more sensitive to the pain they experience and have never experienced pain before. The results of the research conducted by the researcher obtained the results of the characteristics of post sectio caesarean mothers at Prof. Dr. W.Z Johannes Kupang Hospital in this study the majority were married. We assume that marital status has no relationship with maternal pain post section caesarea.

#### **An overview of the level of pain before the implementation of the mother's finger grip post sectio caesarea**

The results of the pres test showed that the level of pain felt by post sectio caesarean mothers at RSUD Prof. Dr. W.Z Johannes Kupang experienced severe pain. In this study, it was found that the respondent with the highest pain was respondent 2 with a pain scale of 8 while in respondent 1 the result of the pain scale score was 7. The problems that will be faced by post cesarean section mothers are pain, anxiety, and mobility disorders. These disorders will have an impact on the mother and cause discomfort to the mother. The pain felt by sectio caesarea mothers can come from the incision wound under the abdomen. (Dewi Utaminingsih et al., 2023).

Researcher analysis of post sectio caesarean mothers who experience pain caused by sectio caesarean surgery pain is usually felt after childbirth, because at the time of sectio caesarean surgery the doctor has performed anesthesia. The effect of the anesthetic usually disappears about 2 hours after the labor process is complete. After the anesthetic wears off the pain in the abdomen begins to be felt because of the wound in the abdomen. Post-surgical pain will give physical and psychological reactions to sectio caesarean mothers.

#### **Overview of pain levels after being given the implementation of maternal finger grasping post sectio caesarea**

The results of the post test showed that the mother's pain level with post sectio caesarea after getting the implementation of the finger grip The level of pain felt by post sectio caesarea mothers decreased to mild pain. this is in accordance with (Astutik & Kurlinawati, 2017) The results showed that after being given finger grip relaxation the pain intensity dropped to mild pain.

Researchers assume that the implementation of finger grasping in post sectio caesarea mothers reduces pain that has not previously been obtained, this is supported by the pharmacological therapy (ketorolac trometamol injection 30 mg / ml) which is obtained by patients in the morning and evening. Changes in pain levels in this study can also be caused because along the fingers of the hand there is a flow of energy related to several organs and emotions. Relaxed points on the hand can provide stimulation in an automatic way when grasping. The stimulation can channel a kind of electrical wave that goes to the brain. The waves are received by the brain and processed quickly and then lead to the nerves in the

organs that suffer from disorders. The relaxation method can also make the body relax and in a relaxed state causes the release of endocrine hormones which are natural analgesics found in the body so that pain is reduced.

#### **Description implementation of finger grasping to reduce pain in post sectio caesarea patients**

This study obtained results regarding the description of the implementation of finger grasping to reduce pain in 2 respondents of post sectio caesarea mothers at Prof. Dr. W. Z Hospital. Johannes Kupang shows in a good category which is characterized by a decrease in pain, this is evidenced by the results of the observation sheet which shows pain in 2 respondents of post sectio caesarea mothers in the mild pain category, namely with a pain scale of 1 and 2. The researcher assumes that there is an effect of the implementation of finger grips on 2 respondents of post section caesarea mothers at Prof. Dr. W. Z. Johannes Kupang Hospital.

According to the results of the researcher's analysis, the emergence of pain is caused by sectio caesarea surgery, pain is usually felt after childbirth, because at the time of sectio caesarea surgery the doctor has performed anesthesia. The effect of the anesthetic usually disappears about 2 hours after the labor process is complete. After the anesthetic wears off the pain in the abdomen begins to be felt because of the wound in the abdomen. Post-surgical pain will give physical and psychological reactions to sectio caesarean mothers.

Some previous research conducted by (Astutik & Kurlinawati, 2017). On the grounds that the procedure of the finger grasping technique which is carried out 2-3 minutes from one finger to the next with the same time span. quite simple and does not require a long time to intervene and see any changes in behavior besides that it can be applied independently by the subject.

This research is in accordance with research (Sofiyah, L., Ma'rifah, A. R., & Susanti, 2014). Based on the results of the study, it shows that before being given the finger grip relaxation technique, most respondents experienced moderate pain as many as 9 respondents and after being given the finger grip relaxation technique, most experienced mild pain 8 respondents. There is a difference in pain scale before and after in the experimental group with a p value of 0.001 ( $p < \alpha$ ).

Based on the researcher's analysis, the respondents felt more relaxed and calm and the pain was reduced because the implementation of finger holding was included in the criteria for relaxation therapy, for the implementation steps during the research process are the same as the theory discussed where the implementation of finger holding provides the benefits of pain to decrease because the finger holding relaxation method can respond to non-nociceptor afferent fibers which cause pain stimulation to be inhibited and reduced, anxiety and depression to decrease, can provide a sense of peace, focus and comfort, improve emotional aspects because finger holding therapy can control emotions that can create the body into a relaxed or relaxed state.

### **CONCLUSION**

It is known that the characteristics of post sectio caesarea mothers are 23 and 29 years old, have high school and bachelor's degrees, work as housewives and civil servants, are pregnant

with their first child, and are all married. Researchers took measurements using a pain observation sheet, obtained the results of pain in post sectio caesarea mothers, before getting the implementation of finger grips the pain scale felt by the severe pain category, this is evidenced by the pain observation sheet assessment score being at score 7 (severe pain) and being at score 8 (severe pain). After getting the implementation of finger gripping, the pain scale felt by the mild pain category, this is evidenced by the results of the pain observation sheet assessment score with a pain scale of 1 and 2 which is categorized as mild pain. The results of the pain scale before the researcher provides the implementation of finger gripping in post sectio caesarea mothers are known that the first post sectio caesarea mother before finger gripping, shows a pain scale of 7 which is classified as severe pain. The opposite is felt by the second post sectio caesarea mother before finger grasping, showing a pain scale of 8 which is classified as severe pain. The results of the pain scale After the researcher provides the implementation of finger grasping in post sectio caesarea mothers, the results are obtained for 3 days on June 1 to 4, 2024 for 30 minutes with 3 meetings in 1 day in the Sasando room of Prof. Dr. W. Z. Johannes Kupang obtained results after finger grasping, post sectio caesarea mothers showed a pain scale of 1 and a pain scale of 2 which was classified as mild pain.

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