

The Anxiety Level of Pregnant Women Who Will Undergo Sectio Caesarea Operation at Harapan Hospital Pematang Siantar

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ARTICLE INFO

Keywords:

Anxiety,
Pregnant women,
Sectio caesarea

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ABSTRACT

The surgical procedure is a potential or actual stressor or threat that causes anxiety in the patient. The causes of preoperative anxiety are related to surgical procedures and anesthesia which cause an increase in heart rate, blood pressure, respiratory rate, and reduce the patient's energy level. Anxiety in pregnant women who will undergo sectio caesarea surgery will result in an increase in the mother's vital signs and stress on the fetus. The purpose of this study was to identify the level of anxiety in preoperative sectio caesarea patients at Harapan Pematang Siantar Hospital. This study uses a descriptive design on 66 pregnant women who will give birth by section caesarea through total sampling technique. Data collection was carried out in April 2023 with the Amsterdam Preoperative anxiety and Information Scale questionnaire. The results showed that the respondents' anxiety levels were in the moderate (65.2%) and mild (3.0%) categories. Preoperative anxiety is strongly influenced by the understanding of information and the readiness of the mother physically and mentally. Mothers who will give birth by caesarean section should be trained in relaxation techniques, given clear information about the procedure and effects of anesthesia, accompanied by their husbands or family members so that they have internal motivation that can reduce anxiety levels so that the operation goes well.

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1. INTRODUCTION

Surgery is a potential or actual threat to integrity that can evoke physiological and psychological stress reactions. Broadly speaking, surgery is divided into two, namely minor surgery and major surgery. Major surgery is a major surgical procedure that uses general anesthesia which is a form of surgery that is often performed (Sari et al., 2020). While minor surgery or minor surgery is the most frequently performed outpatient operation, and patients who undergo minor surgery can be discharged on the same day.

Sectio Caesarea surgery is one of the major surgical procedures, namely by means of an incision in the front uterine wall of the abdomen which has indications, the baby's head is larger than the size of the mother's pelvis and for the sake of ease of delivery (Rangkuti et al., 2023). Sectio Caesarea (SC) delivery is a surgical process to deliver a fetus through an incision in the abdominal wall and uterine wall. Delivery with the Sectio Caesarea method is carried out on the basis of medical indications from both the mother and the fetus, such as placenta previa, abnormal presentation or location of the fetus, as well as other indications that could endanger the life of the mother and fetus.

Sectio Caesarea childbirth occurs in every country around 5% - 15%. In both developed and developing countries it was found that the delivery rate of Sectio Caesarea was recorded on average 27% (Jumatin et al., 2022). Quality, mother-centred care is needed to address the high incidence of caesarean sections. The causes of high caesarean sections vary widely between and within countries. The causes are multifactorial, including health sector policies and financing, cultural norms, clinical perceptions and practices, preterm birth rates, and quality of health services. The worldwide cesarean section rate has increased from 1990 to the present, and is expected to continue to rise until 2030. If this trend continues, by 2030 the highest rates are likely to be in East Asia (63%), Latin America and the

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Caribbean (54%)), West Asia (50%), North Africa (48%) Southern Europe (47%) and Australia and New Zealand (45%) (Warlinda & Yanti, 2022).

According to Riskesdas (2018), the number of deliveries using the sectio caesarea method, in women aged 10-54 years in Indonesia, reaches 17.6% of the total number of deliveries, the highest in the Jakarta area (31.3%) and the lowest in Papua (6.7%). There are also several birth defects/complications in women aged 10-54 years in Indonesia reaching 23.2% with details of transverse/breech fetal position of 3.1%, bleeding of 2.4%, seizures of 0.2%, premature rupture of membranes 5.6%, prolonged labor 4.3%, umbilical cord entanglement 2.9%, placenta previa 0.7%, retained placenta 0.8%, hypertension 2.7%, and others 4.6% (RI Ministry of Health, 2018). As many as 18.8% of cesarean section deliveries were carried out because of premature rupture of membranes and 13.6% were caused by abnormalities in the location of the fetus, the mother experienced eclampsia and a history of previous cesarean section operations (Arda & Hartaty, 2021).

The incidence of childbirth by sectio caesarea in Indonesia has also increased in both local government and private hospitals. The number of sectio caesarea deliveries in government and private hospitals has differences, namely in government hospitals it is around 20-25% of the total number of deliveries, while in private hospitals the number is greater, namely around 30-80% (Sihombing et al., 2017)

Each sectio caesarea operation has a different level of difficulty. During operations in cases of obstructed labor with the position of the fetal head at the end of the birth canal, for example, there is often an injury to the lower uterus or an injury to the bladder (torn). Whereas in cases of former surgery where attachments to the organs in the pelvis can be found, it often makes it difficult to expel the baby and can also cause injury to the bladder and intestines. Apart from being dangerous for mothers giving birth with sectio caesarea, it also affects the development of immunity or the immune system of babies born (Yuniwati, 2019). Anxiety will have a negative impact on sectio caesarea mothers because the side effects that arise are when the mother has finished surgery, namely an increase in blood pressure and pulse which will result in uterine contractions that are less than optimal, causing bleeding.

According to research conducted by (Sugiarta et al., 2021) showed that the majority of pre-surgery patients at Buleleng Hospital experienced a mild anxiety level of 46.7%. Meanwhile, according to the level of anxiety of respondents based on the type of surgery, respondents who underwent minor/minor surgery experienced more anxiety than major/major surgery with 33 (36.7%) respondents with mild anxiety levels and 19 (21.10%) moderate anxiety levels. The patient's anxiety about having surgery can have a significant impact on several biological, psychological, social and spiritual aspects. Biologically, anxiety causes dizziness, heart palpitations, tremors, decreased appetite, shortness of breath, cold sweats, and a feeling of weakness in the body as well as changes in motor activities without meaning and purpose, for example, toes bend and tend to move easily. shock or surprise at the sudden sound. Meanwhile, psychologically, anxiety can cause feelings of worry, fear, anxiety, confusion, frequent brooding or daydreaming behavior, difficulty sleeping, difficulty concentrating and nervousness.

Preoperative anxiety commonly occurs in patients who will undergo elective anesthetic and surgical procedures. Anxiety that arises before the action of anesthesia will interfere with the operation process. Anxiety can cause heart rate which can affect the patient's blood pressure and breathing. Anxiety can also affect the dose of anesthetic drugs, increase the pre-anesthesia basal metabolic rate and increase sensitivity to pain (Waryanuarita et al., 2018).

The act of anesthesia in pregnant women presents its own challenges, this is because anesthesia in pregnant women not only pays attention to the safety of the mother and the side effects it causes but also needs to pay attention to the safety of the fetus (Saputri et al., 2022). Psychological conditions in pregnant women can feel anxious and afraid of things that might happen to both the mother and the baby. Anxiety disorders in the mother are things that are often experienced by mothers who pre-surgery Sectio Caesarea which has several impacts on the baby or fetus in the womb. Some of the impacts on the baby are, fetal stress, abnormal baby heart rate (Syahrianti et al., 2020).

According to data from the operating room of Harapan Siantar Hospital, there were 1080 patients who underwent sectio caesarea surgery during January to December 2022. Based on an initial survey conducted on 10 patients who were going to have a cesarean section, data were obtained based on direct

interviews with preoperative cesarean section patients, it was found that 1 patient with mild anxiety said that he was restless, had trouble sleeping because he was thinking about surgery, 7 patients with moderate anxiety said headaches, frequent urination, dry mouth and 2 responses of patients with severe anxiety said severe headaches, nausea, vomiting, tremors. Mothers who will perform sectio caesarea operations are mothers with primiparas and multiparas. There are several reasons for mothers who are going to have surgery to experience anxiety because it's the first time they've had surgery, they've had previous surgery trauma, they're worried that the operation won't work later. This study aims to identify the level of anxiety in preoperative sectio caesarea patients at Harapan Pematang Siantar Hospital in 2023.

2. METHOD

This study used a descriptive design, in which the researcher only observed the anxiety level of preoperative sectio caesarea patients at Harapan Siantar Hospital in 2023. The population in this study were pregnant women who had been diagnosed as having to give birth via section caesarea method in an elective or scheduled manner. The number of research samples was 66 people through total sampling technique. Data collection was carried out in April 2023, using the Amsterdam Pre Operative Anxiety and Information Scale (APAIS) instrument. APAIS uses a Likert Scale measurement, namely a score of 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, and 5 = strongly agree, with an anxiety score or range of 6 - 30. APAIS is divided into components to separate anxiety about anesthesia namely statements one and two, anxiety about surgery namely statements four and five and statements three and six in the form of information on anesthesia and surgery. To evaluate preoperative anxiety, namely with statements one, two, four and five with a score of 4-20. If for the fulfillment of information about anesthesia and surgery using statements three and six with a score range of 2-10. The data is distributed in frequency and percentage tables to identify the results of the respondent's anxiety level. This research has passed ethics from the Health Research Ethics Commission.

3. RESULTS AND DISCUSSION

The demographic characteristics of the respondents and the anxiety level of pregnant women who will undergo a cesarean section operation at Harapan Pematang Siantar Hospital will be displayed in the frequency and percentage distribution table.

Table 1. Distribution of Frequency and Percentage Based on the Characteristics of Respondents' Age, Parity Status, Education, and Occupation (n=66)

| Characteristics of Respondents | f | % |
|--------------------------------|----|------|
| Age | | |
| <20 Years | 1 | 1.5 |
| 20-35 Years | 48 | 72.7 |
| >35 Years | 17 | 25.8 |
| Parity Status | | |
| Nullipara | 20 | 30.3 |
| Primipara | 22 | 33.3 |
| Multipara | 24 | 36.4 |
| Education | | |
| Junior High School | 3 | 4.5 |
| Senior High School | 37 | 56.1 |
| Diploma | 15 | 22.7 |
| Bachelor | 11 | 16.7 |
| Job | | |
| Unwork | 35 | 53 |
| Farmer | 9 | 13.6 |
| Self-employed | 9 | 13.6 |
| Private employees | 8 | 12.1 |
| Government employees | 5 | 7.6 |

From table 1, it was obtained data that from 66 respondents, 48 people (72.7%) were found to be the majority aged 20-35 years and 1 respondent (1.5%) from <20 years old. The parity status of the majority of respondents was multipara as many as 24 respondents (36.4) and nullipara as many as 20 respondents (30.3%). The educational characteristics of the majority of respondents who graduated from high school were 37 respondents (56.1%) and a minority who graduated from junior high school were 3 respondents (4.5%). Characteristics of the work of the majority of respondents did not work as many as 35 respondents (53%) and a minority of civil servants as many as 5 respondents (7.6%).

Table 2. Frequency Distribution and Percentage of Respondents Based on Anxiety Level (n=66)

| Anxiety Level | f | % |
|------------------|----|------|
| Mild anxiety | 2 | 3 |
| Moderate anxiety | 43 | 65.2 |
| Severe anxiety | 21 | 31.8 |

Based on table 2, data can be obtained that the frequency distribution and the percentage of anxiety levels of preoperative sectio caesarea patients, the majority are in the moderate category, namely 43 respondents (65.2%) and the mild category is 2 respondents (3%). Meanwhile according to the indicators of anxiety according to the APAIS questionnaire are as follows.

Table 3. Frequency Distribution and Percentage of Anxiety Level Based on APAIS Questionnaire Indicators (n=66)

| No | Statement | Anxiety | | | | | | | | | |
|----|---|-------------------|---|----------|------|----------|------|-------|------|----------------|---|
| | | Strongly Disagree | | Disagree | | Doubtful | | Agree | | Strongly Agree | |
| | | f | % | f | % | f | % | f | % | f | % |
| 1 | I'm afraid of being anesthetized | 0 | 0 | 30 | 45,5 | 32 | 48,5 | 4 | 6 | 0 | 0 |
| 2 | I kept thinking about anesthesia | 0 | 0 | 46 | 69,7 | 20 | 30,3 | 0 | 0 | 0 | 0 |
| 3 | I want to know as much as possible about anesthesia | 0 | 0 | 40 | 60,7 | 22 | 33,3 | 4 | 6 | 0 | 0 |
| 4 | I'm afraid of surgery | 0 | 0 | 4 | 6 | 23 | 34,9 | 39 | 59,1 | 0 | 0 |
| 5 | I kept thinking about surgery | 0 | 0 | 7 | 10,6 | 49 | 74,3 | 10 | 15,1 | 0 | 0 |
| 6 | I want to know as much as possible about surgery | 0 | 0 | 4 | 6 | 45 | 68,2 | 17 | 25,8 | 0 | 0 |

Table 3 shows that of the 66 respondents who disagreed that they were afraid of being anesthetized during pre-surgery, there were 30 people (45.5%), 32 people who were unsure (48.5%), agreed 4 people (6.0%). Respondents who disagreed about preoperative anesthesia were 46 people (69.7%), 20 people (30.3%) had doubts. Respondents who said they did not agree they wanted to know as much as possible about anesthesia before surgery totaled 40 people (60.7%), 22 people doubted (33.3%), agreed 4 people (6.0%). Respondents who said they did not agree were afraid of surgery as many as 4 people (6.0%), doubtful (34.9%), agreed (59.1%). Respondents disagreed about continuing to think about surgery as many as 7 people (10.6%), doubtful as many as 49 people (74.3%), agreed as many as 10 people (15.1%). Respondents who disagreed wanted to know as much as possible about the operation as many as 4 (6.05), doubtful as many as 45 people (68.2%), agreed as many as 17 people (25.8%).

The majority of respondents in this study (65.2%) had moderate anxiety. Moderate level of anxiety can be influenced by age, education, parity, occupation. Women are more prone to experience anxiety because women usually use their emotions more to deal with something, this can make women think about causal relationships, another reason that causes women to be more anxious than men is because there are differences in the brain and hormones in women related to the reproductive process so women will more anxious range. Although the respondents in this study were women, most of them had multipara parity status where the mother had experienced the same operation. Previous experience greatly influences a person's assessment of the threat of stress, which in this case is a surgical procedure.

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The type of surgery also causes anxiety for respondents in the moderate category, because it is not a chronic or acute disease, but rather getting a new family member. During pregnancy the patient has also monitored the well-being of the fetus so that in general, the patient and family already know the condition of the fetus.

Young people are more susceptible to stress and anxiety due to a lack of mental readiness and an immature soul and lack of experience. In this study it was found that most of the respondents were aged 20-35 years (72.7%) so that you could say they were adults and mature and had experience with the birth process so that the results of this research showed that most of the respondents had a moderate level of anxiety. Education also affects a person's level of anxiety where in this study most of the respondents had the last high school level of education as many as 37 respondents (56.1%) which means that almost all respondents had taken formal education, someone who had taken formal education was considered to have been able to overcome emotional problems because of education can affect comprehension, and quickly obtain information on health. In addition, work can affect a person's anxiety level where in this study the majority of respondents were mothers who did not work, where the researchers argued that pregnant women who did not work would share experiences about giving birth and be able to find information about surgery through social media so that it would increase respondents' knowledge about giving birth so that the respondent already has an overview of the process of giving birth so that the respondent's anxiety level will be reduced, this is what makes the results of the respondent's anxiety level to be moderate.

The results of this study were supported by (Astuti, 2021) which said that the majority of respondents experienced moderate anxiety (38%), and dominantly had previous surgery, as many as 29 people (58%). Researchers assume that some who have had previous surgery with a bad experience can cause anxiety. This is because early experience is an important part and even very decisive for the individual's mental state in the future. If

The experience of previous surgery was bad, it tends to affect the increase in anxiety when going to the next surgery. Similar to the research conducted by Praghlapati et al (2021) that prior to the educational psychotherapy treatment, 24 respondents (80%) experienced moderate anxiety.

This research was also supported by (Paskana & Yunita, 2019) which suggested that the respondents' anxiety was at a moderate level, namely as many as 8 people (42.1%) because the surgery performed was elective or planned surgery and the patient had already been notified by the medical team that the operation would be . In addition, the low level of anxiety for preoperative sectio caesarea mothers is caused by several things including mothers generally feeling resigned to the medical procedures they face, there is a mother's great happiness and hope for the birth of her long-awaited child, besides that, the spiritual aspect of preoperative mothers sectio caesarea increases so that it is calmer to undergo surgery and consider surgery as the best way and mothers have faith in God.

In this study there were respondents who experienced severe anxiety (31.8%), because they were afraid of surgery, constantly thought about surgery, and wanted to know as much as possible about surgery. This study was supported by Putri et al., (2022) who argued that the level of preoperative anxiety in the operating room was the level of severe anxiety, namely 20 respondents (38.5%). Amiman et al., (2019) also held the same opinion that most preoperative respondents experienced severe anxiety which could be influenced by several factors, namely patient experience, gender and age.

The results of this study indicate that 3% of respondents experience mild anxiety. Respondents did not agree that they constantly thought about anesthesia and did not agree that they wanted to know as much about anesthesia as possible. This is due to the fact that the respondent's understanding was good after being given an explanation by the hospital. This research is supported by Putu et al (2021) who said that the anxiety level of preoperative sectio caesarea patients was relatively mild, namely after giving informed consent. Providing information prior to sectio caesarean action is very important for patients and families, this can reduce the level of maternal anxiety before sectio caesarea surgery. Sugiarta et al., (2021) also said that the majority of pre-surgery pregnant women experienced a mild anxiety level of 46.7%. The research results are supported by the existence of family support which can play a significant role in the presence of feelings of anxiety in preoperative patients. The results of the study obtained that the majority of patients received good family support and at least lacked family support. Widayanti & Setyani's research, (2021) also shows that most respondents did not experience

anxiety because the respondents had received information about the operation to be performed and had received information before carrying out the operation.

4. CONCLUSION

Based on research on the level of anxiety in preoperative sectio caesarea patients at Harapan Pematang Siantar Hospital, more were in the moderate anxiety category of 43 (65.2%).

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