

SELF-CARE AND UNPLEASANT SYMPTOMS IN INDONESIAN POSTPARTUM MOTHERS WITH TWIN BABIES: A CASE REPORT

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ABSTRACT

Postpartum mothers with twin babies are in a critical condition in terms of maternal health because of their need to adapt to the presence of two babies at once. To describe nursing processes in five cases of postpartum mothers with twin babies. We reported nursing processes in five cases of postpartum mothers with twin babies, addressing the nursing care and self-care applied and referring to the theory of unpleasant symptoms. The five mothers presented to two hospitals in Jakarta, Indonesia. During three days of treatment, the postpartum mothers were able to perform regular self-care without assistance, even though their self-management and time management were not optimal. However, they suffered unpleasant symptoms, including postpartum discomfort, breast engorgement, lack of support from husbands, and anxiety. Interventions were conducted via relaxation techniques, lactation management, and health education related to maternal and infant care for twin babies, together with family involvement and the provision of support from health-care providers and assistants. Time and self-management skills in postpartum mothers with twin babies need to be strengthened. Health-care providers are recommended to facilitate family assistance while the mother is in the hospital postpartum ward and to provide home visits as a form of follow-up.

Keywords: Postpartum, Self-Care, Twin Babies, Unpleasant Symptoms

INTRODUCTION

The postpartum period is a critical period for maternal health, during which the mother experiences significant changes both physically and psychologically (Furtado et al., 2019). The increase in the occurrence of postpartum women with twins means that more mothers are having to adapt to these changes at the same time as coping with two babies at once

(Melka et al., 2017). However, there are currently limited case reports regarding nursing care in postpartum mothers with twin babies.

Proper treatment of postpartum twin mothers can prevent physically and psychologically unpleasant symptoms including sleep disorders, physical fatigue, breast engorgement (especially in the first

week), anxiety, depression and postpartum 'blues', and these can have an effect on the duration of breastfeeding (Barrett, 2014; Melka et al., 2017; Mclennan et al., 2017). Optimal nursing care prevents negative effects on mother and baby. Negative impacts can be

prevented by optimal self-care. Self-care needs, barriers that may arise and symptoms of discomfort can all be identified to facilitate optimal self-care and to enable mothers to immediately care for their twins without assistance (Lenz & Pugh, 2014).

METHOD

Table 1 Description Of Five Cases

Client	1	2	3	4	5
Age (years)	38	37	39	43	25
Parity	P4A0	P3A0	P5A0	P7A1	P3A0
Gestational age (weeks)	35	38	36	36	35
Education	Middle	Middle	Middle	Middle	Low
Family history of twins	No	Yes	Yes	No	Yes
IVF	No	No	No	No	No
Delivery method	Vaginal delivery	Cesarean section	Cesarean section	Cesarean section	Vaginal delivery
Postpartum days	2	1	1	1	2
Rooming-in	Yes	Yes	Yes	No	Yes
Lactation problems	No	No	Yes	Yes	No
Breast engorgement	No	No	Yes	Yes	Yes
Husband's support	Yes	Yes	Yes	Yes	Yes
Infant's weight (g)	2720 2280	2527 2319	2532 2398	2964 2982	2000 1900

The first case, a 38-year-old mother spontaneous postpartum at 35 gestational weeks, was recorded on the second day postpartum. The mother and her babies were in rooming-in care. Both babies were healthy with weights of 2720 and 2280 grams. Nutritional, oxygenation, rest, and self-care needs could be met, even though time management was not optimal. Her husband accompanied her, but only at night because of hospital

policy. We helped the husband to accompany the mother and prepared him with education related to twin baby's care .

The second case, a 37-year-old post-cesarean-section mother, was first day postpartum. At 38 weeks gestation she gave birth to healthy male twin babies weighing 2527 and 2319 grams. Her time management of baby care was not optimal. She felt acute pain at the c-section incision, the babies could not latch

on properly and she was not very knowledgeable about twin care. We provided relaxation and early mobilization to enhance recovery. We also facilitated the client and her husband to become involved in baby care, helped with lactation management, and gave adequate information about specific self-care for post-c-section mothers. We found better recovery on the second day and good mother-baby latching on.

The third case, a 39-year-old client, was in the first day post-cesarean section performed because of an indication of severe eclampsia at 36 gestational weeks. The client had self-care needs related to post-surgical wound care. The wound inhibited activity and comfort in self-care so that self-management was not optimal. The client said breast milk production had not yet started and she had breast engorgement. Because of the lack of milk, babies can become fussy and clients get confused when the babies cry at the same time. To help with these problems, we provided deep-breathing relaxation, warm compresses, and lactation management, and involved her husband in twin-care education and postpartum care.

The fourth case, a 43-year-old client, was in the first day post-cesarean section that had been performed because of oligohydramnios at 36 gestational weeks. The client and infants were not in rooming-in care. Her infants were in perinatology care due to hypoglycemia, leaving the client at risk of developing attachment and anxiety disorders. She had difficulty in fulfilling her rest needs because she was anxious. The client said breast milk production had not yet started and she had breast engorgement. The client's self-

management was not optimal and she was at risk of being unable to look after her twin babies. We provided early mobilization, pain management, allowed her husband to accompany her during postpartum care, gave emotional support, conducted lactation management, and provided twin-care education. We also facilitated her to look after her babies in the perinatology ward. We evaluated adequate breast milk and latching and she was then able to self-care effectively.

The fifth case, a 25-year-old client, was spontaneous postpartum at 35 gestational weeks. The client's education was to junior-high-school standard and she had limited knowledge about self-care and baby care. As poor time management results in clients having difficulty in fulfilling personal hygiene needs, we provided health education about twin care and facilitated the client to manage her time during the postpartum phase with her husband's help.

RESULT and DISCUSSION

The assessment of these five cases of postpartum mothers with twins found that all could fulfill self-care needs (nutrition, toileting) properly and without assistance. Three of the five cases had postoperative injuries that hindered client activity. Of the five cases, one mother was not in rooming-in care and she complained of anxiety and the need for care and attachment to her babies, who were being treated in the perinatology ward because of hypoglycemia. Three of the five cases complained of breast engorgement. All clients receive their husbands' support during treatment. However, hospital policies that did not allow

clients in cases 1 to 4 to be accompanied by families inhibited client self-care, especially for immediate activities and care of their babies.

In the case of postpartum mothers with twins, actual diagnoses found included self-care deficits, acute pain, ineffective breastfeeding, postpartum discomfort, anxiety and knowledge deficits. Risk diagnoses included the risk of inability to look after twin babies and the risk of attachment disorders. The wellness diagnosis that was found was effective breastfeeding (Herdman, 2015).

Nursing interventions provided included pain management, relaxation techniques, and self-care support. In addition, the educational support typically provided in following self-care theory were seen in activity and education interventions, lactation promotion, breastfeeding education, baby care, and nurturing promotion (Bulechek, 2013).

In addition to the ability to self-care, symptoms of discomfort felt by postpartum mothers were also assessed (Younas, 2017). Regular self-care was provided by postpartum mothers but was constrained by time and self-management. Mothers were found to be taking care of babies alternately, for example, holding and breastfeeding. This resulted in mothers being at risk of inability to care for twin babies and this was complicated by hospital policies that did not allow postpartum mothers to be accompanied by their husbands, and by delays in postpartum maternal recovery and self-care, even though support was clearly needed by postpartum mothers (Cheng et al., 2018). The policy of the postpartum unit

determines self-care and infant management.

Pain and discomfort was felt by postpartum mothers and this result is in line with a study in Brazil from Pereira et al. (2017) which found that the complaints experienced by most postpartum mothers include abdominal pain due to postoperative injuries, which results in hampered self-care, and mastitis, which disrupts the breastfeeding process. Early mobilization with support from husbands and health personnel is recommended for immediate recovery.

Anxiety is a problem that is felt by postpartum mothers with twins. A previous study from Furtado et al. (2019) showed that as many as 20 percent of mothers experience anxiety and this can increase throughout the postpartum period. Anxious mothers have difficulty looking after and bonding with twin babies.

Having conceived via an IVF program is related to readiness to be a parent. Mothers and fathers undergoing IVF are intensively engaged in counseling and thus have more knowledge and are better prepared to welcome their babies than other parents (Melka et al., 2017). However, all the cases in this report were natural twin conceptions so their adaptability and self-care may be reduced in comparison with IVF parents.

Regular self-care must be achieved by the mother before returning home. Self-management was provided in terms of fulfillment of nutrition, postpartum activities, toileting, rest, and wound care. It is important to keep in mind for mothers of twins that time management is particularly needed for baby care because they are taking care of two babies at once.

Clients can be helped to carry and breastfeed babies simultaneously, even though they may still need assistance.

Optimal self-care is not only needed in the hospital, but also at home. The development of mothers' self-care in hospitals is in line with the standard length of stay in the postpartum room, which is only 1 x 24 hours for spontaneous postpartum women and 3 x 24 hours for those having had cesarean sections. Restricting the length of stay triggers the need for hospitals to evaluate self-care and post-care learning via, for example, a home visit. Also, allowing client companions is required, especially in the postpartum care room, and care given should therefore reflect Family-Centered Maternity Care (FCMC) principles.

CONCLUSION

The ability of postpartum mothers in terms of self-care is related to various symptoms of perceived discomfort. Self-care without assistance can be supported by optimizing self- and time management in postpartum mothers with twins. Health workers are recommended to facilitate family assistance while the mother is still in postpartum care at the hospital and to provide home visits as a form of follow-up.

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