

Nursing care for patients with preeclampsia heavy pre-post section caesarea in PKU Muhammadiyah Hospital Bantul: case report

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Abstract

Maternal mortality rate (MMR) due to pregnancy complications, including preeclampsia, is still high in Indonesia and the world. Severe preeclampsia often requires caesarean sections (CS) intervention to prevent further complications, but this procedure also carries its own risks for the mother. This study used a case study design on Mrs. D, a 34-year-old pregnant woman with severe preeclampsia who underwent caesarean section (CS) at PKU Muhammadiyah Bantul Hospital. Data collection was carried out through interviews, observations, physical examinations, and documentation studies with a systematic nursing care approach. Several major nursing problems were found, namely severe anxiety, knowledge deficit about nutrition and postoperative care, risk of bleeding, risk of ineffective peripheral perfusion, and unstable blood glucose levels. Nursing interventions included emotional support, nutrition education and self-care, monitoring vital signs and surgical wounds, early mobilization, and blood sugar control. The implementation of comprehensive and holistic nursing has been proven effective in reducing anxiety, increasing knowledge, and accelerating patient recovery. Integrated nursing care involving physical, psychological, and educational aspects are very important to improve the quality of life and safety of post-caesarean mothers with severe preeclampsia.

Keywords: nursing care; pregnancy complications; severe preeclampsia; section caesarea

1. Introduction

Maternal mortality (MMR) remains a significant public health problem worldwide. According to a *World Health Organization* (WHO) report, approximately 810 women die every day from complications related to pregnancy and childbirth (Diana Sari, 2022). Globally, an estimated 295,000 maternal deaths occur annually, with the maternal mortality rate in developing countries reaching 462 per 100,000 live births, significantly higher compared to countries which only around 11 per 100,000 live births (Fk & Andalas, 2021). The high MMR is influenced by various factors, such as severe bleeding, infection, complications labor, abortion which is not safe, as well as preeclampsia and eclampsia.

Preeclampsia is one of the most common pregnancy complications and a cause of maternal death. Preeclampsia is defined as a collection of symptoms in pregnant women characterized by elevated blood pressure $\geq 140/90$ mmHg and proteinuria after gestational age. 20 Sunday (Goddess Eka Empress & Ocvita, 2023). Condition This can develop can progress to eclampsia, causing organ dysfunction and even death of the mother and fetus. According to WHO, preeclampsia and eclampsia donate around 14% from all over death Mother in world (Zainiyah & Harahap, 2023).

One of the medical interventions that is often performed to prevent further complications in case preeclampsia heavy is action *section Caesarea* (SC). *Section Caesarea* (SC) A caesarean section (CS) is a surgical procedure to deliver a fetus through an incision in the abdominal wall and uterus, performed for medical reasons such as severe preeclampsia, an abnormal fetal position, or other conditions that endanger the mother and fetus (Purwanti et al., 2021). Although a *caesarean section* (CS) can save the baby, life Mother And baby, procedure This Also own risk complications, like bleeding, infection, impaired wound healing, and psychological problems in the mother.

Intervention Which appropriate required in give care nursing on patient with preeclampsia for reduce risk of injury on Mother and fetus so that specific nursing actions can be performed. A nurse is responsible for providing comprehensive nursing care for the health of the mother and fetus. The nurse's role is crucial in providing *pre-* and *postpartum management* following a *caesarean section* (CS) (Yasmine et al., 2022).

Based on the data obtained during the author's practice in the An-Nisa Ward from February 24 to February 29, 2025, a case of a pregnant woman with a gestational age of 37 weeks who experienced severe preeclampsia and was planned to undergo a *caesarean section* (CS) was found. This confirms

that preeclampsia not only increases the risk of maternal death, but also often requires follow-up interventions to reduce the risk of these complications. Based on the data obtained during the author's practice in the An-Nisa Ward from February 24 to February 29, 2025. Based on the above background, the author is interested in knowing more about nursing care for patients with *cesarean sections*. (SC) on indication preeclampsia heavy in Hospital PKU Muhammadiyah Bantul Ward An- Nisa.

2. Methods

This research is an observational case study with a cross-sectional design. The subjects of this case study were patients undergoing *cesarean section* (CS) for the following indications: preeclampsia heavy. Technique collection data divided become collection data primary and secondary data. Primary data collection is obtained through observation. Observations are carried out through direct assessment and observation. on respondents to observe general condition, consciousness, *vital signs* , and physical examination. A physical examination is an examination of the body to find abnormalities in a system or an organ of the body using four methods, namely inspection, groping (palpation), knocking (percussion) And listen or auscultation (Devy Lestari Nurul Aulia et al., 2021). Meanwhile, secondary data collection was obtained by means of conduct a study documentation on all form information Which relate with document, Good official and unofficial documents.

Data analysis is carried out by data reduction, data presentation, and drawing conclusions. Data reduction is carried out since collection data starts by grouping subjective data And objective of results assessment patient, identify problem nursing based on data Which relevant, set aside data Which No related direct with focus case. Presentation data shaped Narrative text in the form of assessment notes, presenting data that supports the diagnosis, planning, implementation, and evaluation of nursing care. Conclusions are drawn by summarizing whether objective nursing achieved or no, judge condition development patients from from the beginning to the end of care, providing further recommendations based on the evaluation results.

3. Results and Discussion

3.1. Results

On date On February 26, 2025, Mrs. D, a 34-year-old housewife, came to PKU Muhammadiyah Bantul Hospital for a routine pregnancy checkup at 37 weeks of gestation. After an examination by an obstetrician, Mrs. D was diagnosed with preeclampsia and was scheduled to undergo a *cesarean section* (CS) the following day.

During the nursing assessment, Mrs. D appeared anxious and worried, especially since this was her first experience undergoing a *cesarean section* (CS) . She expressed concern about the surgical process and her baby's condition. Her facial expression appeared tense and anxious. Vital signs showed very high blood pressure (178/109 mmHg), a pulse of 100 beats per minute, and a respiratory rate of 22 breaths per minute. These conditions indicate quite severe anxiety due to uncertainty and worry about the delivery process and the health of herself and her baby.

Severe preeclampsia is the primary indication for a *cesarean section* (CS) to prevent serious complications for the mother and fetus, making delivery by *cesarean section* (CS) the primary option to reduce the risk of death and morbidity. Research shows that mothers with preeclampsia heavy own risk more tall undergo *section Caesarea* (SC) compared to mothers without preeclampsia, with a statistically significant relationship ($p < 0.05$) between severe preeclampsia and *section caesarean section* (SC) (Rossidah et al., 2023). Mrs. D's anxiety can also be exacerbated by post- *cesarean section* (CS) *pain* , which can potentially increase stress and affect the mother's psychological and physiological state. Comprehensive nursing care, including relaxation therapy such as murottal therapy, can help reduce pain and anxiety, thereby improving the comfort and quality of life of patients after a *cesarean section* due to preeclampsia (Mia Nurpadila, 2023).

Besides That, Mrs. D Also confess Not yet understand importance nutrition post operation And in relation to pressure blood as well as sugar his blood. He Not yet Once get education about pattern postpartum diet. When asked about her postoperative diet, she appeared confused and uncertain. Her random blood sugar test also showed high levels (132 mg/dL in the evening and 214 mg/dL in the morning), reinforcing a knowledge deficit that could impact her postoperative recovery and health.

Patients with severe preeclampsia after a *cesarean section* (CS) are recommended to follow a High

Energy, High Protein (HETP) and Low Salt diet to aid recovery and control blood pressure. This diet aims to meet adequate calorie, protein, vitamin, and mineral needs to replace nutrient losses during surgery and maintain the body's nutritional balance. Nutrition is provided gradually, from liquids, strained foods, soft foods, to regular foods, as tolerated by the patient (Rika Widianita, 2023).

In assessment physical, found existence edema of the extremities down and acral Which feels cold. Patient Also complain his legs felt cold, his body sluggish, And often sweating. Laboratory examination results showed proteinuria (+1), as well as high random blood sugar. Matter This show existence risk perfusion peripheral No effective consequence preeclampsia heavy and instability of blood glucose levels due to a history of diabetes.

Ineffective peripheral perfusion is a condition of decreased blood circulation at the capillary level that disrupts tissue metabolism, which can be characterized by symptoms such as edema, pale skin, cold extremities, and slow capillary refill (>2-3 seconds). In severe preeclampsia, hypertension causes vasoconstriction vessels blood peripheral so that supply oxygen And nutrition to decreased tissue permeability, which contributes to the appearance of edema and a cold sensation in the extremities. This condition also causes decreased organ function and activity intolerance in pregnant women (Mia Nurpadila, 2023). In addition, blood levels sugar high blood pressure Mrs. D worsens the perfusion condition because hyperglycemia can damage vessels blood And slow down process healing wound, increasing the risk of infection and other post-operative complications. The combination of severe preeclampsia and diabetes increases the risk of more complex circulatory and tissue perfusion disorders (Ahlia, 2023).

Patient Also feel worried to risk bleeding during operation. Matter This supported by Physical examination results showed the patient appeared slightly pale, had high blood pressure, and had proteinuria. Given the preeclampsia and the upcoming surgery, the risk of bleeding is a major concern.

Based on the results of the study conducted on Mrs. D, a 34 year old mother who underwent operation *section Caesarea* (SC) Because presection, found a number of problem primary nursing care that is interrelated and requires comprehensive treatment.

3.2. Discussion

The first issue that emerged was anxiety. Mrs. D appeared extremely anxious about her first *cesarean section* (CS). She expressed concerns about the surgical process, her safety, and her baby's condition. This was reinforced by her tense and anxious facial expression, as well as vital signs indicating high blood pressure (178/109 mmHg), an increased pulse rate, and a faster-than-normal breathing rate. Anxiety This appear consequence lack of experience And information Which owned Mrs. D about the process operation And risk Which Possible happen. Study show that anxiety on *post- section Caesarea* (SC) with indication preeclampsia can increase stress And affects the psychological and physiological conditions of patients, so interventions such as relaxation therapy, education, and psychological support are very important to reduce anxiety and improve the quality of life of patients (Mia Nurpadila, 2023).

Besides anxiety, found also deficit knowledge on Mrs. D, specifically related nutrition and care post operation. He confess Not yet know importance nutrition after give birth to, and its relationship to blood pressure and blood sugar levels. Patients have also never received education about appropriate dietary patterns for *post- cesarean section* (CS) and preeclampsia. This lack of knowledge has the potential to slow the recovery process and increase the risk of complications. Studies show that proper nutritional education and a high-energy diet And protein as well as low salt very required For support recovery Mother *post cesarean section* (SC) with preeclampsia (Purwanti et al., 2021).

Problem next is risk bleeding. As patient with preeclampsia heavy who underwent a *caesarean section* (CS), Mrs. D is at high risk of bleeding, both during and after delivery. after surgery. This can be seen from high blood pressure, the presence of proteinuria (+1), and the patient's physical condition, which appears slightly pale. These factors require close monitoring and appropriate precautions to avoid more serious complications. The literature reveals that severe preeclampsia causes endothelial dysfunction and blood clotting disorders, which increase the likelihood of postpartum hemorrhage. Therefore, monitoring is essential. strict And readiness action medical very required For prevent complications serious (Krismonita et al., 2020).

Besides That, Mrs. D Also experience risk perfusion peripheral No effective. He complain Her feet

felt cold, she felt weak, and she was anxious about her health. A physical examination revealed edema in her lower extremities and cold extremities, which are signs of a heart condition. Circulation consequence preeclampsia heavy. Condition This can bother healing wound and increase the risk of infection. Finally, Mrs. D.'s blood glucose levels were unstable. She had a history of diabetes and her random blood sugar test showed high values. (132 mg/dL on Evening day And 214 mg/dL on Morning day). Patient Also report He feels lethargic, sweats frequently, and urinates frequently despite having edema. This instability can slow surgical wound healing and increase the likelihood of complications. the occurrence of infection. Management glucose the blood that strict and education patient regarding blood sugar control is highly recommended to speed up recovery (Yasmine et al., 2022).

Based on the results of the nursing assessment and diagnosis that has been determined on Mrs. D, nursing interventions are focused on efforts to overcome physical, psychological, and educational problems that arise during the post-sectio caesarea (SC) treatment period with preeclampsia.

The primary problem identified was anxiety related to the patient's concerns about the surgery and the baby's condition. To address this, nursing interventions included providing emotional support, creating a calm environment, and providing clear and easy-to-understand explanations of the surgical procedure, the healing process, and potential complications. Nurses also took a personal approach, listening to the patient's concerns and questions, and involving the family. in the education process so that patients feel more calm and believe self face time recovery.

The second problem identified was a knowledge deficit regarding nutrition and post-operative care. Intervention nursing Which given in the form of education in a way gradually about the importance of balanced nutrition to accelerate wound healing, maintain stable blood pressure, and control level sugar blood. Patient Also given information about food Which recommended and what to avoid, as well as the importance of maintaining personal hygiene and breast care to support breastfeeding. This education is conducted repeatedly and involves the family so that patients receive full support at home after discharge from the hospital.

Furthermore, regarding the risk of bleeding, nurses regularly monitor vital signs, particularly blood pressure, pulse rate, and the amount of bleeding from the surgical wound. Wound examinations are performed daily to detect signs of infection. or bleeding early. Besides That, nurse Also ensure that patient get adequate fluids and monitor urine output, and remind patients to report immediately if complaints such as dizziness, weakness, or excessive bleeding occur.

At risk for ineffective peripheral perfusion due to severe preeclampsia, nursing interventions focus on monitoring peripheral circulation, such as checking the temperature and skin color of the extremities, observing for edema, and monitoring laboratory results related to kidney function and proteinuria. Nurses also encourage patients to gradually mobilize early to maintain good circulation and provide comfortable positions to reduce pressure on specific areas.

Final, For instability level glucose blood, nurse do monitoring level Regular blood sugar monitoring according to medical instructions, education on the importance of a regular diet and proper food choices, and monitoring for signs of hypoglycemia or hyperglycemia are also essential. Prescription medications are also closely monitored, and patients are reminded to report any symptoms such as weakness, cold sweats, or frequent urination.

Overall, the nursing interventions for Mrs. D were comprehensive and holistic, including aspect physique, psychological, And educative. Nurse No only focus on handling acute problems, but also strives to increase the knowledge and independence of patients and their families, so that patients can undergo the postpartum period safely, comfortably, and with minimal complications. After conducting an assessment and determining a nursing diagnosis for Mrs. D, nursing implementation is focused on on handling problem physique, psychological, And educative Which appear during *post -cesarean section* (SC) care with preeclampsia.

Regarding anxiety, the nurse actively provided emotional support to Mrs. D. During each visit, the patient was invited to discuss her concerns regarding the surgery and her baby's condition. The nurse provided simple and reassuring explanations of the surgical procedure, recovery process, and the steps to be taken to ensure the safety of both mother and baby. Furthermore, the nurse involved her husband and family in the education process, so Mrs. D felt supported and less alone in facing this situation. As a result, the patient's anxiety began to decrease, as evidenced by a calmer facial expression and the patient's increased confidence in asking questions about her condition. Furthermore, involving her

husband and family in the education process also provided social support that strengthened the patient's sense of security and reduced feelings of loneliness. Case studies of pregnant women with preeclampsia and anxiety show that family involvement in nursing care can increase the effectiveness of interventions and accelerate the reduction of anxiety (Pokhrel, 2024).

Regarding the knowledge deficit, nurses gradually provide education regarding the importance of nutrition, post operation, connection between pattern Eat with pressure blood And level sugar blood, and care self after give birth to. Education done in a way oral And use media Simple instructions are easy for patients and their families to understand. Patients begin to understand which foods are recommended and which to avoid, as well as the importance of maintaining personal hygiene and surgical wound hygiene. Patients also show interest in learning more about breast care and proper breastfeeding techniques. Studies show that effective nutrition education can improve postpartum mothers' knowledge of proper *post-cesarean section (CS)* diet, which contributes to accelerated wound healing and control of blood pressure and blood sugar levels. (Gemstone et al., 2024). Education Also covers recommendation avoid food Which stimulants such as spicy and sour, as well as the importance of maintaining personal hygiene and surgical wound hygiene to prevent infection (Cahyani Endah Pusparini, 2021).

Regular monitoring of vital signs is carried out by nurses in cases of bleeding risk diagnosis, with focus on measurement pressure blood, pulse pulse, And amount bleeding on surgical wounds. At each shift change, surgical wounds are inspected for signs of infection or early bleeding. Nurses also monitor the amount of lochia and remind patients to report immediately if they experience excessive bleeding or complaints such as dizziness and weakness. To date, there have been no signs of active bleeding, and the surgical wounds remain in good condition. This in line with recommendation care nursing on patient *post section Caesarea (SC)* with severe preeclampsia, which emphasizes close monitoring of vital signs, evaluation of surgical wounds, and patient education to prevent and detect bleeding complications early (Rahayu et al., 2022).

In managing the risk of ineffective peripheral perfusion, nurses routinely check the temperature and skin color of the patient's extremities, observe for edema, and monitor urine output. Patients are encouraged to gradually mobilize early with the help of nurses to maintain good blood circulation and prevent thrombotic complications. Patients are also given a comfortable sleeping position to reduce pressure on certain areas, and as a result, patients are able to move more independently without significant complaints. Overall, early mobilization and appropriate positioning are effective nursing strategies for addressing the risk of ineffective peripheral perfusion. on patient *post section Caesarea (SC)* with preeclampsia heavy, Which support optimal recovery (Hidayah, 2023).

Regarding unstable blood glucose levels, nurses monitored blood sugar levels on a schedule and provided education on the importance of a regular diet and proper food choices. Prescribed medications were administered as scheduled, and the patient was reminded to report any symptoms of hypoglycemia or hyperglycemia. To date, the patient's blood sugar levels have begun to control, and no new symptoms have emerged. Regular blood sugar monitoring helps detect fluctuations that could worsen preeclampsia and delay surgical wound healing (Bagus et al., 2023).

Overall, the nursing care for Mrs. D went well. The patient responded positively to the nursing interventions, both physically and psychologically. Family involvement in the care process also significantly helped accelerate the patient's adaptation and recovery. With a comprehensive and collaborative approach, it is hoped that Mrs. D will experience a safe, comfortable, and complication-free postpartum period.

After a series of nursing interventions and implementations were carried out on Mrs. D, the evaluation showed existence change positive on condition physique And psychological patient. Evaluation conducted periodically to assess the effectiveness of nursing actions and the development of problems faced by patients during *post-section caesarean (SC)* care with preeclampsia.

On problem anxiety, after given education And support emotional in a way intensive, Mrs. D looks more calm And capable disclose his feelings with more open. Expression patient's face Which back to the beginning tense now start relax, And patient Already start active ask about caring for herself and her baby. The family also becomes more involved in supporting the recovery process, significantly reducing the patient's anxiety.

Related deficit knowledge, after given education repetitive about nutrition, maintenance wounds, and

the importance of monitoring blood pressure and blood sugar, Mrs. D showed increased understanding. The patient was able to name recommended and avoided foods, as well as understand importance guard cleanliness wound operation. Patient Also start apply Nurses' recommendations for diet and daily self-care. Regarding the risk of bleeding, the evaluation showed no signs of active bleeding. The surgical wound appeared clean and dry, with no signs of infection. The patient's vital signs, such as blood pressure and pulse, were stable. Amount lochia in limit normal And No There is complaint Dizzy or weak Which leading on bleeding.

Regarding the risk of ineffective peripheral perfusion, the patient no longer complained of cold and weak feet. The edema in the lower extremities began to decrease, and the extremities felt warmer. Urine output was monitored well, indicating improved circulation and kidney function. The patient's mobility also became more independent and smooth. Regarding unstable blood glucose levels, the patient's blood sugar levels improved. in a way gradually start controlled with giving insulin in accordance recommendation doctors and pattern education Eat Which appropriate. Patient No Again complain sluggish excessive, sweating cold, or frequent urination. No symptoms of hypoglycemia or hyperglycemia were found during monitoring.

Overall, the evaluation showed that most of the nursing goals were achieved. The patient and family became more cooperative, the patient's physical condition improved, and the risk of complications was minimized. The education provided also increased the patient's independence in caring for herself and her baby. Based on these evaluation results, Mrs. D was declared ready to continue care at home with continued monitoring according to medical and nursing recommendations.

4. Conclusion

Mrs. D's case shows that severe preeclampsia requires a *caesarean section* (*CS*). presents various nursing challenges, both physical and psychological. The main nursing problems identified include anxiety due to the first operation, knowledge deficits regarding nutrition and postoperative care, risk of bleeding, risk of ineffective peripheral perfusion, and unstable blood glucose levels. The implementation of comprehensive and integrated nursing care that includes education, close monitoring, early mobilization, and emotional and family support has been shown to reduce anxiety, improve patient understanding, and maintain physiological stability, as well as speed up the recovery process. Therefore, approach nursing Which comprehensive And sustainable very important in improving the quality of life of *post-caesarean section* (*SC*) mothers with severe preeclampsia, and preventing complications that can endanger both mother and baby.

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