

Factors Causing Anxiety of Pregnant Women in Delivery

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ABSTRACT

A woman will experience anxiety in facing labor, especially in the first pregnancy. This study aims to determine the factors that cause anxiety in pregnant women in facing labor. This type of research method with a cross-sectional study. The sample in this study were all pregnant women who made a pregnancy check-up visit to the Independent Midwife Practice (PMB) in the Banjarmasin City Region, totaling 80 people. Sampling technique with Accidental Sampling. The research instrument used a questionnaire consisting of the age of the pregnant woman, the number of children born, the gestational age and the husband's role. Data analysis using a computer program. The results showed that pregnant women experienced more anxiety (66.3%), compared to pregnant women who did not experience anxiety (33, 8%). There is a relationship between the age of pregnant women with a p-value of 0.033 (<0.05), the number of children with a p-value of 0.039 (<0.05), the gestational age of the p-value of 0.020 (<0.05) and the role of the husband p-value 0.039 (<0.05) with anxiety of pregnant women in facing labor. Pregnant women experience anxiety in facing childbirth and need a husband as a companion. Midwives need to educate husbands so that they always accompany their wives in the process of pregnancy and delivery.

Keywords:

Pregnancy, Anxiety, Husband's Role, Childbirth, Midwife's Independent Practice

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1. INTRODUCTION

Pregnancy is a physiological process at the stage of a woman's life. At this stage a woman will experience anxiety in facing labor, especially in the first pregnancy[1]. Anxiety in the face of childbirth felt by the mother results in muscle tension which triggers increased pain during the delivery process and will make the mother feel tired more quickly thereby inhibiting the labor process which causes prolonged parturition.[2].

Mothers who experience anxiety during pregnancy will affect the intrauterine environment and fetal development. Excess stress hormones that occur in the mother can interfere with the blood supply to the fetus which makes the fetus hyperactive so that the child has autism[3]. In primigravida pregnancies, pregnant women will tend to have greater anxiety due to the excessive worry experienced by the mother[4] especially feeling worried about the condition of the baby after birth[5].

Several factors trigger the anxiety of pregnant women consisting of maternal factors and external factors. Maternal factors are factors that will have an impact on the delivery process such as prolonged labor, obstructed labor, or bleeding during labor. While external factors, namely social support that can provide an individual's emotional experience[6]. Based on research conducted by midwives, it has an effect of 22.04% in reducing the anxiety of pregnant women facing childbirth, while the husband's role in reducing anxiety in pregnant women is 20.25%. Other research shows that the higher the husband's support received by the mother, the higher the mother's readiness to face childbirth with strength ($r=0.623$)[7].

Parity is a factor that can also affect anxiety in pregnant women, namely 72.2% of primigravidas experience anxiety, while multigravidas experience anxiety as much as 47.1%[8]. Pregnant women who are afraid of childbirth need support to be able to express and integrate their feelings, experiences and expectations during pregnancy,

childbirth and after the birth of the baby. Pregnant women who have negative birth experiences need support to regain trust in midwives or health workers[9].

Anxiety experienced by pregnant women in facing childbirth can be minimized by providing assistance from midwives. Results of research conducted[10]showed that counseling programs provided by midwives were effective in reducing fear of childbirth in primiparas at 36-34 weeks of pregnancy. This is the hope of women today in facing the fear of giving birth. The results of other studies also show that one way to reduce the anxiety of pregnant women facing childbirth is that the presence of a husband who is trained beside his wife during childbirth decreases, so it is recommended to use this intervention during labor.[11].

Other research results[12]found that the relationship between the anxiety of pregnant women facing childbirth is related to education level, household income, gravidity, positive delivery process, and postpartum care. Midwives need to pay special attention to nulliparas during pregnancy to reduce anxiety in facing childbirth, bearing in mind that the birth they are facing is their first experience.

Anxiety of pregnant women in facing childbirth can be minimized with delivery preparation education programs for pregnant women. Program participants demonstrated greater labor self-efficacy and awareness, decreased follow-up of depressive symptoms into postpartum, and tended to lower rates of use of opioid analgesia in labor.[13].

Based on this background, the researcher was interested in examining the relationship between parity and the husband's role in anxiety during childbirth at the Independent Midwife Practice in the City of Banjarmasin. In addition, in order to realize the vision of the DIII Midwifery Study Program STIKes Abdi Persada Banjarmasin, namely being able to carry out early detection related to the role of midwives and husbands on anxiety during childbirth experienced by pregnant women.

2. METHODS

The research design used in this study was analytic observational with a cross-sectional approach where the variables were measured only once at a time, with the aim of describing and explaining the relationship between the independent variables, namely the age of pregnant women, parity, gestational age and the husband's role with the dependent variable, namely the anxiety of pregnant women facing childbirth.

A. Location and Time of Research

This research was conducted at PMB Banjarmasin City Region, namely Praktik Mandiri Bidan Hj. Rinawati, A.Md.Keb, Praktik Mandiri Bidan Bdn. Neneng Mahfuzah, S.Si.T., MM, Praktik Mandiri Bidan Noradina Anggi Agustin, S.Keb, Praktik Mandiri Bidan Leni Triyana, A.Md.Keb, Praktik Mandiri Bidan Raudatul Zannah, A.Md.Keb, Praktik Mandiri Bidan Afrina Hidayati, AM.Keb, Praktik Mandiri Bidan Hj. Halimatus Sa'diah, A.Md.Keb, Praktik Mandiri Bidan Naomi Octadori Pangaribuan, S.ST., Praktik Mandiri Bidan Noor Sehad, AM.Keb, Praktik Mandiri Bidan Siti Saidah, A.Md.Keb and Praktik Mandiri Bidan Tien Sumarti, A.Md.Keb. The time needed for this research starts from preparation to data collection from January 2023.

B. Population and Sample

The population of this study were all pregnant women in the PMB Banjarmasin City Region. The sampling technique used the Accidental Sample where pregnant women who came to visit the PMB Banjarmasin City Region were asked to fill out a questionnaire as many as 80 respondents.

C. Data Collections

The method of data collection was carried out at the time of the first study asking for research permission and explaining the research objectives to the Independent Midwives Managing Midwives (PMB). After permission was given, the researcher gave an explanation to pregnant women who visited PMB about the purpose of the research. Furthermore, the researchers asked pregnant women to fill out a questionnaire containing questions about the age of the pregnant woman, parity/number of children born and the role of the husband. The mother's gestational age was obtained from the mother's MCH book. After the questionnaire was filled in by pregnant women, the researcher checked the completeness of the answers to avoid data shortages and facilitate data analysis.

3. RESULTS AND DISCUSSION

A. Univariate Analysis

Table 1. Frequency Distribution of Anxiety of Pregnant Women in Facing Childbirth in PMB Banjarmasin City Region

		frequency	percent	Valid Percent	Cumulative Percent
Valid	Not Worried	27	33.8	33.8	33.8
	Worried	53	66.3	66.3	100.0
	Total	80	100.0	100.0	

Source: (Primary Data, 2023)

Based on table 1, it is known that there are more pregnant women who experience anxiety (66.3%), compared to pregnant women who do not experience anxiety (33.8%) in PMB Banjarmasin City Region.

Table 2. Frequency Distribution of Anxiety of Pregnant Women in Facing Childbirth Based on Age of Pregnant Women in PMB Banjarmasin City Region

			Worry		Total
			Not Worried	Worried	
Age of Pregnant Mother	Not High Risk	Count	15	15	30
		% within the Age of Pregnant Women	50.0%	50.0%	100.0%
	High risk	Count	12	38	50
		% within the Age of Pregnant Women	24.0%	76.0%	100.0%
Total	Count	27	53	80	
	% within the Age of Pregnant Women	33.8%	66.3%	100.0%	

Source: (Primary Data, 2023)

Based on table 2, it is known that 15 pregnant women (50%) in PMB in the Banjarmasin city area who are not at high risk and experience anxiety, while 38 pregnant women (76%) who have high risk and experience anxiety.

Table 3. Frequency Distribution of Anxiety of Pregnant Women Facing Childbirth Based on Parity in PMB Banjarmasin City Region

Parity			Worry		Total
			Not Worried	Worried	
Never Given Birth		Count	17	19	36
		% within Parity	47.2%	52.8%	100.0%
	Ever Give Birth	Count	10	34	44
		% within Parity	22.7%	77.3%	100.0%
Total	Count	27	53	80	
	% within Parity	33.8%	66.3%	100.0%	

Source: (Primary Data, 2023)

Based on table 3, it is known that pregnant women who have never given birth at PMB Banjarmasin City Region and experience anxiety are 19 people (52.8%), while pregnant women who have given birth at PMB Banjarmasin City Region and experience anxiety are 34 people (77.3%). %).

Table 4. Frequency Distribution of Anxiety of Pregnant Women in Facing Childbirth Based on Gestational Age in PMB Banjarmasin City Region

			Worry		Total
			Not Worried	Worried	
Pregnancy Trimesters	TM 1	Count	10	10	20
		% within Trimester of Pregnancy	50.0%	50.0%	100.0%
	TM 2	Count	11	14	25
		% within Trimester of Pregnancy	44.0%	56.0%	100.0%
	TM 3	Count	6	29	35
		% within Trimester of Pregnancy	17.1%	82.9%	100.0%
Total	Count	27	53	80	
	% within Trimester of Pregnancy	33.8%	66.3%	100.0%	

Source: (Primary Data, 2023)

Based on table 4, there are 10 pregnant women with TM 1 who experience anxiety (50%), TM 2 pregnant women who experience anxiety as many as 14 people (56%) and TM 3 pregnant women who experience anxiety as many as 29 people (82.9%) .

Table 5. Frequency Distribution of Anxiety of Pregnant Women Facing Childbirth Based on Husband's Role in PMB Banjarmasin City Region

Husband's Role	Support	Count	Worry		Total
			Not Worried	Worried	
	Support	Count	13	12	25
		% within Husband's Role	52.0%	48.0%	100.0%
	Does not support	Count	14	41	55
		% within Husband's Role	25.5%	74.5%	100.0%
Total		Count	27	53	80
		% within Husband's Role	33.8%	66.3%	100.0%

Source: (Primary Data, 2023)

Based on table 5 it is known that husbands who support pregnant women in PMB Banjarmasin City Region and experience anxiety are 12 people (48%), while husbands who do not support pregnant women in PMB Banjarmasin City Region and experience anxiety are 41 people (74.5%) .

B. Bivariate Analysis

Table 6. Relationship Between Age of Pregnant Women and Anxiety of Pregnant Women in Facing Childbirth in PMB Banjarmasin City Region Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5,669	1	.017		
Continuity Correction	4,566	1	.033		
Likelihood Ratio	5,601	1	.018		
Fisher's Exact Test				.027	.017
Linear-by-Linear Association	5,598	1	.018		
N of Valid Cases	80				

Source: (Primary Data, 2023)

Table 7. Odds Ratio of Age of Pregnant Women to Anxiety of Pregnant Women in Facing Childbirth in PMB Banjarmasin City Region Risk Estimates

	Value	95% Confidence Intervals	
		Lower	Upper
Odds Ratio for Age of Pregnant Women (Not High Risk / High Risk)	3.167	1.205	8.321
For cohort Anxiety = Not Anxious	2083	1.133	3,832
For cohort Anxiety = Anxiety	.658	.445	.972
N of Valid Cases	80		

Source: (Primary Data, 2023)

The results of the chi square statistical test showed a p-value of 0.033 (<0.05) which means that there is a relationship between the age of pregnant women and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region. In addition, an Odd Ratio value of 3.167 was obtained, meaning that pregnant women who were not at high risk had a 3 times lower risk of experiencing anxiety about childbirth compared to pregnant women who were at high risk (OR 3.167 95% CI 1.205-8.321).

Table 8. Relationship Between Parity and Anxiety of Pregnant Women in Facing Childbirth in PMB Banjarmasin City Region Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5,313	1	.021		
Continuity Correction	4,274	1	.039		
Likelihood Ratio	5,338	1	.021		
Fisher's Exact Test				.032	.019
Linear-by-Linear Association	5,247	1	.022		
N of Valid Cases	80				

Source: (Results of Primary Data Processing, 2023)

Table 9. Odds Ratio Parity to Anxiety of Pregnant Women in Facing Childbirth in PMB Banjarmasin City Region **Risk Estimates**

	Value	95% Confidence Intervals	
		Lower	Upper
Odds Ratio for Parity (Never given birth / Ever given birth)	3,042	1.163	7,960
For cohort Anxiety = Not Anxious	2078	1,090	3,960
For cohort Anxiety = Anxiety	.683	.482	.967
N of Valid Cases	80		

Source: (Results of Primary Data Processing, 2023)

The results of the chi square statistical test showed a p-value of 0.039 (<0.05) which means that there is a relationship between parity and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region. In addition, an Odd Ratio value of 3.042 was obtained, meaning that pregnant women who had never given birth had a 3 times lower risk of experiencing anxiety about childbirth compared to pregnant women who had given birth (OR 3.042 95% CI 1.163-7.960).

Table 10. Relationship Between Age of Pregnancy and Anxiety of Pregnant Women in Facing Labor in PMB Banjarmasin City Region **Chi-Square Tests**

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	7.854a	2	.020
Likelihood Ratio	8.206	2	.017
Linear-by-Linear Association	6,950	1	.008
N of Valid Cases	80		

Source: (Primary Data, 2023)

The results of the chi square statistical test showed a p-value of 0.020 (<0.05) which means that there is a relationship between gestational age and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region.

Table 11. Relationship Between Husband's Role and Anxiety of Pregnant Women in Facing Childbirth in PMB Banjarmasin City Region Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5,313	1	.021		
Continuity Correction	4,274	1	.039		
Likelihood Ratio	5,338	1	.021		
Fisher's Exact Test				.032	.019
Linear-by-Linear Association	5,247	1	.022		
N of Valid Cases	80				

Source: (Primary Data, 2023)

Table 12. Odds Ratio of the Husband's Role on the Anxiety of Pregnant Women in Facing Childbirth in PMB Banjarmasin City Region Risk Estimates

	Value	95% Confidence Intervals	
		Lower	Upper
Odds Ratio for Husband's Role (Support / Not Support)	3.173	1.177	8,554
For cohort Anxiety = Not Anxious	2043	1,134	3,680
For cohort Anxiety = Anxious	.644	.416	.996
N of Valid Cases	80		

Source: (Primary Data, 2023)

The results of the chi square statistical test showed a p-value of 0.039 (<0.05) which means that there is a relationship between the husband's role and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region. In addition, an Odd Ratio value of 3.173 was obtained, meaning that pregnant women who received support from their husbands had a 3 times lower risk of experiencing anxiety about childbirth compared to pregnant women who did not receive support from their husbands (OR 3.173 95% CI 1.177-8.554).

4. DISCUSSION

Based on the results of the study, it was found that 15 pregnant women who visited PMB in the city of Banjarmasin who were not at high risk and experienced anxiety were as many as 15 people (50%), while pregnant women who were at high risk and experienced anxiety were 38 people (76%). The results of the chi square statistical test showed a p-value of 0.033 (<0.05) which means that there is a relationship between the age of pregnant women and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region. In addition, an Odd Ratio value of 3.167 was obtained, meaning that pregnant women who were not at high risk had a 3 times lower risk of experiencing anxiety about childbirth compared to pregnant women who were at high risk (OR 3.167 95% CI 1.205-8.321).

The safe age for pregnant women is between 20-35 years and the age at risk is age less than 20 years or mothers aged more than 35 years with a frequency of giving birth more than 4 times and the interval between births is less than 24 months, these criteria are a high risk group of pregnancy. Pregnancy for mothers at risky ages can be a cause of maternal anxiety. As in the theory which states that pregnant women with a risky age can cause disturbances in the fetus or abnormalities that can cause anxiety for pregnant women, especially primigravidas.[14].

The results of this study indicate that 20% of pregnant women who experience mild anxiety are in the at-risk age group. The results of another study stated that 81% of pregnant women with age are at risk of experiencing anxiety[15]. Other studies have concluded that age is related to the level of anxiety in dealing with the period before childbirth. Mothers with healthy reproductive ages 20-35 years have a small risk of experiencing complications compared to mothers aged <20 years and >35 years. Age is one important factor that supports the level of physical and psychological maturity of a person, especially for pregnant women before the birth process[16]

Based on the results of the study, it was found that 19 pregnant women (52.8%) had never given birth at PMB Banjarmasin City Region and experienced anxiety, while pregnant women who had given birth at PMB Banjarmasin City Region and experienced anxiety were 34 people (77, 3%). The results of the chi square statistical test showed a p-value of 0.039 (<0.05) which means that there is a relationship between parity and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region. In addition, an Odd Ratio value of 3.042 was obtained, meaning that pregnant women who had never given birth had a 3 times lower risk of experiencing anxiety about childbirth compared to pregnant women who had given birth (OR 3.042 95% CI 1.163-7.960).

Research result[17]found that there is a significant relationship between the number of parity with self-ability in accepting pregnancy. Anxiety during childbirth is greater for first-time mothers (than multiparous women) in later pregnancies, with fear of childbirth being significantly higher. Other research results[18]show that,women who have never been pregnant before have fear of pain, fear of it occurring during labour, and have concerns about the attitude of medical staff.

In line with the results of the study[19]parity was found to be related to antenatal anxiety (P value 0.003, OR 3.27 and CI 1.48-7.28). This reinforces previous research, namely that there is a significant relationship between parity and antenatal anxiety. Primiparous women tend to be more prone to experiencing antenatal anxiety because they have no experience in going through pregnancy and childbirth. Although there are other studies which state that multiparas are more susceptible to experiencing antenatal anxiety than primiparous mothers, which is due to family demands for the current pregnancy.[20].

Based on the results of the study, it was found that TM 1 pregnant women who experienced anxiety were 10 people (50%), TM 2 pregnant women who experienced anxiety were 14 people (56%) and TM 3 pregnant women who experienced anxiety were 29 people (82.9 %). The results of the chi square statistical test showed a p-value of

0.020 (<0.05) which means that there is a relationship between gestational age and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region.

Feelings of anxiety for pregnant women will be more acute and intense as the birth of the first baby approaches. Third trimester pregnant women who cannot let go of anxiety and fear before giving birth will release catecholamine hormones (stress hormones) in high concentrations which can result in increased labor pain, prolonged labor, and tension when facing labor.[14].

Other research conducted[21]it was found that there was a significant relationship between the age of the mother and anxiety in dealing with labor that was not optimal and tended to be emotionally unstable, and the mother was mentally immature so that she was easily shaken. Pregnant at the age of less than 20 years is an age that is considered too young to give birth. The younger the birth mother, the more severe the level of anxiety facing childbirth. Both physically and psychologically, mothers in labor are not necessarily ready to face it so that health problems during pregnancy can be felt severely. This will increase the anxiety they experience. Likewise, what happens to pregnant women aged more than 35 years, this age is classified as a high-risk pregnancy where the physical condition is no longer prime, such as at the age of 20-35 years.

Based on the results of the study, it was found that husbands who supported pregnant women in PMB Banjarmasin City and experienced anxiety were 12 people (48%), while husbands who did not support pregnant women in PMB Banjarmasin City and experienced anxiety were 41 people (74.5%). The results of the chi square statistical test showed a p-value of 0.039 (<0.05) which means that there is a relationship between the husband's role and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region. In addition, an Odd Ratio value of 3.173 was obtained, meaning that pregnant women who received support from their husbands had a 3 times lower risk of experiencing anxiety about childbirth compared to pregnant women who did not receive support from their husbands (OR 3.173 95% CI 1.177-8.554).

The role of family and husband is closely related to social support for pregnant women. Apart from the role of the family, health workers must also strive to strengthen social support for pregnant women so as to reduce their anxiety. Social support is an important determinant of physical and psychological well-being especially during pregnancy, a person takes on new responsibilities and roles. Good social relations, mental health will directly encourage positive health behavior, increase positive feelings and increase emotional regulation and indirectly it will reduce anxiety in pregnant women[22]

In line with the results of the study[23]It was found that mothers who received support from their husbands would be more prepared psychologically because the higher the support from people around them, especially their husbands, the lower the anxiety before birth experienced by pregnant women. Giving attention and affection can reduce the psychology of the mother, forms of attention such as accompanying pregnancy checks and continuing to provide support so that the mother can go through the birthing process smoothly can make the mother happy and not depressed.

In addition to the results of other studies[24], it was found that there was a relationship between husband's support and psychological readiness of pregnant women in facing childbirth. Husbands are the closest people to pregnant women, and support during childbirth is needed so that mothers feel loved and cared for and mothers are better prepared to face the birth process. Husband's support will improve psychological well-being and self-adjustment ability through feelings of belonging, increased self-esteem, psychological prevention, stress reduction and the provision of resources or assistance needed during pregnancy.

But the results of other studies[25]shows that there is no relationship between family support and the level of anxiety of pregnant women facing childbirth. There are several factors that cause no relationship between the two variables, namely people are used to living alone as life in the city in general, pregnant women are used to living their lives individually which in the end this habit carried over during her pregnancy and finally the mother was better able to control her anxiety or even did not feel the slightest anxiety.

5. CONCLUSION

Based on the results of these studies it can be concluded that There is a relationship between the age of pregnant women and the anxiety of pregnant women facing childbirth at PMB Banjarmasin City Region. There is a relationship between parity and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region. There is a relationship between gestational age and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region. There is a relationship between the husband's role and the anxiety of pregnant women facing childbirth in PMB Banjarmasin City Region. Based on the research results and conclusions, the researchers provide the following suggestions: The results of this study can add insight to pregnant women about the causes of anxiety in facing labor so that pregnant women can be better prepared in facing labor. In addition, the husband's role is also influential in reducing the anxiety faced by pregnant women. Given this, the husband needs to accompany his wife in preparing for childbirth. The results of this study describe the condition of pregnant women's anxiety in facing labor. So that midwives can prepare pregnant women early, both physically and mentally, as well as support from husbands in accompanying pregnant women from pregnancy to delivery. Midwives can oblige husbands to occasionally accompany their wives during pregnancy checks, then provide education about the importance of the husband's role

in dealing with childbirth. The results of this study illustrate that there is still a need for research on the factors that cause anxiety in pregnant women with different methods and variables.

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