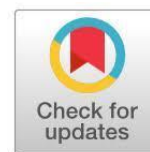


Decrease anxiety in the third trimester of pregnancy: impact on hypnobirthing



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ABSTRACT

Most pregnant women experience worries, anxieties, and fears both during pregnancy, during labor, and after delivery. Relaxation-hypnobirthing is one of the non-pharmacological therapies that can be done to overcome psychological problems that often occur in the third trimester of pregnancy. This study aims to analyze the effect of hypnobirthing relaxation therapy on anxiety experienced by pregnant women in the third trimester of pregnancy. This study used a pre-experimental design with a pretest-post-group design. It used purposive sampling with 60 third-trimester of pregnant women as respondents. The data normality test uses the skewness value and the standard error results from 2 so that the data distribution is normal. Test data analysis using Paired T-Test. Based on the characteristics of most respondents aged 20-35 years old as many as 40 people (66.67%), most respondents with junior high school-high school education as many as 30 people (50%), the majority of respondents being housewives as many as 34 people (56.7%) and for parity the majority of primiparas as many as 42 people (70%). Bivariate analysis showed that the p-value of anxiety is 0.000 with the difference of mean is 7.41. There is an effect of hypnobirthing relaxation on reducing anxiety in third-trimester pregnant women.

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INTRODUCTION

Pregnancy is a condition in which a woman is pregnant and develops a fetus in her womb for nine months.(1) During the period of pregnancy until the fetus is ready to be born, many changes occur for pregnant women, both physically and psychologically. Psychological changes that occur during pregnancy make mothers have to adjust to their emotions, thinking patterns, and behaviors that continue until the baby is born. The greater the gestational age, the more sensitive the psychological response of pregnant women. One of the psychological responses that are often experienced by pregnant women in the third trimester is anxiety, both in undergoing an increasingly large pregnancy and in facing the birth process.(2)

The incidence of anxiety in pregnant women in Indonesia reaches 373 million. A total of 107,000,000 or 28.7% of them anxiety occurs in pregnant women before the delivery process. Research conducted on primigravida mothers 22.5% experienced mild anxiety, 30% experienced moderate anxiety, 27.5% severe anxiety, and 20% experienced very severe anxiety.(3) Anxiety experienced by pregnant women if it cannot be handled properly

will have an impact on both the mother and the fetus it contains. The fetus can experience disturbances in the development of its ESQ while the mother can affect the delivery process to be longer and feel more pain when the mother is increasingly stressed and will even continue to become postpartum depressed.(4)

Based on the results of the study the anxiety experienced by the mother since pregnancy is a significant risk factor for the occurrence of postpartum blues, it can even become postpartum depression.(5) This problem is not simple, because anxiety during pregnancy is a stressful condition experienced by women and will have an impact not only on the woman but also on the fetus she is carrying.(6) So that an intervention must be carried out while still guided by using non-pharmacological therapy to reduce anxiety and even prevent anxiety in pregnant women, especially during the third trimester of pregnancy so that the fetus continues to grow and develop perfectly both physically and psychologically. And the mother will also have a healthy pregnancy until the delivery process and even the postpartum process will run smoothly and successfully with exclusive breastfeeding.

Interventions carried out by most pregnant women today are to reduce anxiety during pregnancy by doing exercises such as pregnancy exercises, or by doing morning walks. The therapy is an exercise that is aimed primarily at the physical and indirectly provides a psychologically relaxing effect. The advantages of relaxation hypnobirthing therapy are more focused on mastering the mind and providing positive suggestions and affirmations about pregnancy and childbirth. These suggestions and affirmations provide confidence and increase the mother's confidence in going through pregnancy until delivery. When the mother does self-hypnosis on her own and it is done consistently over and over again, these affirmations and suggestions can be recorded in the subconscious so that they can reduce the anxiety that mothers experience during pregnancy. Hypnobirthing relaxation is a therapy Non-pharmacological measures that can be taken to reduce anxiety during pregnancy can even reduce pain during labor.

Study Many studies related to the effect of hypnobirthing relaxation on labor pain have been carried out, but research on the effect of hypnobirthing on anxiety in third-trimester pregnant women is still limited. Like the research done (7) titled "Hypnobirthing as an effort to reduce anxiety in pregnant women. The difference between this study and previous research is that the respondents in this study were primi and multi mothers and the instrument for measuring anxiety was using STAI (Stait Trait Anxiety Inventory). Research on hypnobirthing has also been carried out (8) entitled "The Effectiveness of Hypnobirthing in Reducing Anxiety Level During Delivery". This study analyzed the effect of hypnobirthing on anxiety during childbirth. Both of these studies prove that hypnobirthing is effective in reducing anxiety both during pregnancy and childbirth. The purpose of this study was to analyze the effect of hypnobirthing relaxation on the anxiety of pregnant women in the third trimester.

METHODS

This research includes this type of research is pre-experimental with the research method of pre-test post-test group design. The population in this study were all third-trimester pregnant women who had their pregnancy checked at the Independent Practice Midwife in the Klaten Regency. In March – August 2019. The population is 120 research subjects. The sampling technique used was purposive sampling with inclusion and exclusion criteria. The number of research samples was 60 respondents.

Taking The data begins with determining criteria, informed consent, and measuring anxiety before being given hypnobirthing relaxation therapy. Respondents were given relaxation therapy for 30 minutes, after which anxiety was re-measured. The instruments in

this study are in addition to a comfortable room, aromatherapy lamps, and relaxation music that accompanies the relaxation session and the STAI anxiety questionnaire.

Before doing the analysis bivariate data normality test using the value of skewness and standard error. The results of the data normality test 2, the data is normally distributed so the data analysis test uses the paired t-test. The instrument used to measure anxiety is STAI (Stait Trait Anxiety Inventory) which is a tool like a ruler with a modified scale of 1-10 which represents the intensity of pain used by the respondent shifting the tool according to the level of pain felt. STAI is a measuring instrument that has been validly used to assess anxiety and is validated for use in the perinatal population, starting from the third trimester during pregnancy until 2 to 8 weeks of postpartum visits. Assessment in the STAI scale using a Likert scale from 1-4. The STAI scale has been used in several countries and shows stable measurement results over time with alpha (reliability = 0.89-0.92 and 0.90-0.94). (9)(10)

This study measures momentary anxiety and basic anxiety, but only temporary anxiety was compared between respondents who were given the hypnobirthing intervention and those who were not given the hypnobirthing intervention. The results of basic anxiety are used to see the tendency of the anxious personality and its tendency to respond to "threats". Basic anxiety was measured when the results of the instantaneous anxiety measurement had a score of > 40. The determination of this score was based on a cut point of a maximum value of 80 of the total score. After passing a cut-off point (> 40) it is advisable to detect clinically significant symptoms of basic anxiety (state anxiety). (11)

RESULTS

The characteristics of respondents who were given hypnobirthing intervention in third-trimester pregnant women in the work area of independent practice midwives in the Klaten Regency area are presented as follows:

Table 1. Frequency distribution of respondents' characteristics

Group	Group	
	Hypnobirthing	
	f	%
Age		
20-35 years old	40	66.7
> 35 years old	20	33.3
Education		
Primary School	11	18.3
Secondary school	30	50.0
High School	19	31.7
Work		
Housewife	34	56.7
Private	26	43.3
Gravida		
Primiparous	42	70.0
Multiparous	17	28.3
Grandemulti parous	1	1.7

Based on Table 1 above can be seen in the age category of the hypnobirthing relaxation group, the majority of pregnant women aged 20-30 years were 40 pregnant women (66.7%). This means that the majority of respondents are of reproductive age. The education of majority of pregnant women with secondary education is 30 (50%) pregnant women. Secondary education is at the junior-high-school level. Work the majority of pregnant women are housewives. A total of 34 respondents (56.7%). The gravity of the

majority of pregnant women is a primi pregnancy/pregnancy for the first time as many as 42 pregnant women (70.0%).

Table 2. Distribution frequency respondents based on anxiety values before and after intervention with hypnobirthing relaxation

Variable	mean	SD	SE	P value	N
Pre-Test Anxiety	33.98	4.343	0.561	0.000	60
Post-Test Anxiety	26.57	5.064	0.654		60

Based on the data Table 2 can be analyzed that the anxiety value before the hypnobirthing relaxation intervention has an average of 33.98. Meanwhile, after hypnobirthing relaxation, the average anxiety decreased to 26.57. Statistically, hypnobirthing relaxation was significant in reducing anxiety in third-trimester pregnant women with a p-value of 0.000.

DISCUSSION

From The results of Table 2, this study can be seen that hypnobirthing relaxation has a significant and significant effect on overcoming anxiety in third-trimester pregnant women. Hypnobirthing relaxation therapy is often used to reduce anxiety symptoms during pregnancy. The relaxation includes deep breathing, muscle relaxation from the face to the soles of the feet, positive affirmations and suggestions, and visualization.(12) Hypnobirthing relaxation is a natural effort to instill positive intentions into the subconscious mind so that mothers can undergo a healthy pregnancy and face childbirth calmly, naturally, comfortably, and smoothly by empowering the subconscious mind by resting the conscious mind. Hypnosis is often analogous to a relaxed brain that can be observed from the dominant 8-12 Hz alpha rhythm on the EEG (Electro-Encephalo-Graphic). The basis used is relaxation. However, in Hypnobirthing, mothers will be invited to concentrate on giving suggestions and programming the subconscious according to the purpose of the exercise. To achieve the success of planting this suggestion, a relaxed condition is needed with a relaxation process.(12)

Relaxation technique is a method, process, procedure, and activity that can help a person to be more relaxed, to achieve a state of deep relaxation, and calmness, and to reduce levels of anxiety, stress, and negative emotions that exist within a person. Relaxation therapy is often used as part of a broader stress management program and can reduce muscle tension, lower blood pressure, and slow heart and breathing rates. Meditation, relaxation When done regularly for at least 10 minutes per day and done consistently can significantly reduce anxiety and stress experienced by a person.(13)

Hypnobirthing relaxation therapy based on research results proved to be a key success factor in doing therapy with anxiety disorders. Hypnobirthing gives the effect of being relaxed, the mind is calm, like falling asleep. When the state is relaxed, pregnant women are guided and guided naturally to increase self-confidence by instilling positive intentions during pregnancy and childbirth later. Controlling negative thoughts that can make the body sick, as well as developing positive thoughts and will have a good impact on the body, namely the mother and fetus.(7)

The hypnobirthing relaxation technique is an excellent new way or method to build positive intention and motivation in having a healthy pregnancy and believes in the greatest power in each other's body. Hypnobirthing consists of the word hypno (Hypnos which means sleep), which is a fragment of the word hypnosis/hypnotism, namely the communication of the subconscious mind and birthing, so the process of pregnancy until delivery because the mother records the subconscious mind that pregnancy and childbirth are natural processes and comfortable.

The results showed that there was a decrease in anxiety in significant third-trimester pregnant women before and after hypnobirthing relaxation techniques. This research is in line with (14) in the independent practice midwife in the Malang area 30 primiparous pregnant women in the third trimester were divided into 2 groups, namely the group that was given hypnobirthing intervention and those who were not. The results showed that there was a significant difference for anxiety with a P value of 0.001, while for the length of labor, there was no significant difference. In this research, Sariati et al. explained that hypnobirthing had a significant effect on anxiety, but the length of labor did not have a significant effect because, in the labor process, many factors affected not only the anxiety experienced by maternity mothers.

The hypnobirthing relaxation process is based on the power of suggestion and positive affirmation from the mother. Women who are positive-minded and have high confidence in the greatest strength that their body has will be given advice, and descriptions to relax their body, automatically guide their thoughts and control their breath. A mother can also get a depiction or visualization to relax by using a recording technique of verbal affirmations that help enter a calm state with self-hypnosis techniques.(7) This process uses positive affirmations, suggestions, and visualizations to calm the body, guide the mind, and control the breath. Pregnant women patients can do this alone (self-hypnosis) or with the leadership of the birth attendant/midwife. Because the success of hypnobirthing is when the client can do self-hypnosis without the help of the therapist. It could be by giving verbal affirmations that help to enter a calm state (calm state) from hypnosis. It can also be done through visualization (imagining flowers blooming, seeing what will happen to someone) or by using idio-motor movements to achieve relaxation.(15)

The results of this study are also supported by research by Nasiri et al (2018) that effective relaxation can reduce the severity of postpartum depression. The positive effects of relaxation are attributed to the fact that it can decrease the arousal of autonomic and central nervous systems and increase parasympathetic activity.(16)

Relaxation hypnobirthing is a combination of deep breathing, relaxation, and visualization techniques used with positive thinking and language. Hypnobirthing is one of the efforts that can be done to increase relaxation, calmness, and peace starting from pregnancy, childbirth, postpartum, breastfeeding, and when educating and guiding infants and toddlers.(15)

CONCLUSION

There was a decrease in anxiety in significant third-trimester pregnant women before and after the hypnobirthing relaxation technique. The advice given following the results of this study is, hypnobirthing relaxation can be done since pregnancy and can even be done since the first trimester of pregnancy to prevent anxiety and other psychological problems that are often experienced by pregnant women because they have to adapt to both physical and psychological changes that occur from the first trimester of pregnancy. This therapy can be used as an innovative program in pregnant women's classes so that it can help government programs reduce the incidence of postpartum depression, where this psychological disorder is usually detected since pregnancy.

For Mothers pregnant, can be used as an alternative therapy to avoid anxiety and other psychological problems and increase self-confidence for the mother so that she can undergo a healthy pregnancy both physically and psychologically and can go through the delivery process smoothly until postpartum and educate children well. For future researchers, so that adding other variables that can be assessed besides anxiety and can use the control group to compare the effectiveness of hypnobirthing with other methods to reduce anxiety in pregnant women.

REFERENCES

1. Prawirohardjo S. Buku Ilmu Kebidanan. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo; 2011.
2. Romauli S. Konsep Dasar Asuhan Kehamilan. Yogyakarta: Nuha Medika; 2011.
3. Hasim RP. Gambaran Kecemasan Ibu Hamil. Vol. 4, Skripsi. 2016.
4. Kuswandi L. Keajaiban Hypnobirthing. Jakarta: Pustaka Bunda; 2011.
5. Rubertsson C, Hellström J, Cross M, Sydsjö G. Anxiety in early pregnancy: Prevalence and contributing factors. *Arch Womens Ment Health*. 2014;17(3):221–8.
6. Phillips-Moore J. Birthing outcomes from an Australian hypno birthing programme. *Br J Midwifery*. 2012;20(8):558–64.
7. Maulida LF, Wahyuni ES. Hypnobirthing Sebagai Upaya Menurunkan Kecemasan Pada ibu hamil. *Gaster*. 2020;18(1):98.
8. Imannura PSU, Budihastuti UR, Poncorini E. The Effectiveness of Hypnobirthing in Reducing Anxiety Level During Delivery. *J Matern Child Health*. 2016;01(03):200–4.
9. Cox EQ, Stuebe A, Pearson B, Grewen K, Rubinow D, Meltzer-Brody S. Oxytocin and HPA stress axis reactivity in postpartum women. *Psychoneuroendocrinology*. 2015;55:164–72.
10. Stuebe AM, Grewen K, Meltzer-Brody S. Association between maternal mood and oxytocin response to breastfeeding. *J Womens Health*. 2013;22(4):352–61.
11. Julian LJ. Measures of Anxiety. *Arthritis Care*. 2011;63(0 11):1–11.
12. Ali U, Hasan S. The Effectiveness of Relaxation Therapy in the Reduction of Anxiety Related Symptoms (A Case Study). *Int J Psychol Stud*. 2010;2(2):202–8.
13. El-aziz KSA, Mamdouh AM. *International Journal of Pharm Tech Research*. 2015;8(10):4304.
14. Sariati Y, Windari EN, Aini N, Hastuti R, Persalinan L. Pengaruh Hypnobirthing Terhadap Tingkat Kecemasan Ibu Bersalin dan Lama. *J Ilm Bidan*. 2016;1(3):35–44.
15. Aprillia Y. Bebas Takut Hamil dan Melahirkan. Jakarta: PT. Gramedia Pustaka Utama; 2014.
16. Nasiri S, Kordi M, Gharavi M, Lotfabadi M. Effect of problem-solving therapy and relaxation on the severity of postpartum depressive symptoms: A randomized controlled trial. *Nurs Midwifery Stud*. 2018;7(1):6.