



Analysis of Factors Influencing Anxiety in Facing Labor Period in Pregnant Women Third Trimester at Elpi Al-Azis Hospital Labuhanbatu

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ABSTRACT

Anxiety or anxiety of pregnant women who will face the process of labor is one of the problems of emotional disorders that are often encountered. Preliminary data from researchers showed that the baby birth rate reached 185 births in February-April 2024. There were 721 registered pregnant women doing Antenatal Care (ANC). Objective research to analyze the factors that influence anxiety facing labor in third trimester pregnant women at Elpi Al-Azis Labuhanbatu Hospital. The research design used Analytical Survey method with Cross Sectional approach. The population in this study were all pregnant women pregnant women at Elpi Al-Azis Labuhanbatu Hospital, namely 90 people who were all made into research samples with accidental sampling techniques. Data analysis using univariate analysis, bivariate with chi-square test and multivariate with logistic regression. The results of logistic regression research showed that there was an effect of maternal pregnancy examination history $p = 0.004$ and husband support $p = 0.000$. While the dominant factor influencing anxiety facing labor labor period in third trimester pregnant women, namely husband support $p = 0.001$ with $\text{Exp}(B)$ 241.660. Conclusion the conclusion of this study is that there is an effect of maternal age, gravida, history of prenatal check-ups and husband support. husband. The dominant factor, namely husband's support, influences anxiety in facing labor in third trimester pregnant women at Elpi Al-Azis Labuhanbatu Hospital. It is recommended that Elpi Al-Azis Labuhanbatu Hospital should conduct counseling for pregnant women about the level of anxiety in pregnant women, the impact of anxiety, and how to prevent it. anxiety in pregnant women, the impact of anxiety, and how to prevent it. The need to educate about the problem of anxiety anxiety problems in third trimester pregnant women when conducting Antenatal Care (ANC).

INTRODUCTION

Indonesia has 5,263,057 pregnant women. Meanwhile, in Indonesia, the incidence of anxiety in pregnant women reaches 18-70%. In addition to affecting the labor process, anxiety in pregnant women can also affect the growth and development of children. Anxiety that occurs especially in the third trimester can result in decreased birth weight and increased activity of the HHA (Hypothalamus-Pituitary-Adrenal) which causes changes in steroid hormone production, damage to social behavior and fertility rates in adulthood. In addition, anxiety during pregnancy is related to emotional problems, hyperactivity disorders, decentralization and cognitive development disorders in children (Khoiriah & Mariyam, 2020).

A study obtained the results of measuring the level of anxiety in pregnant women in the first to third trimesters, namely that most mothers in the first trimester experienced mild anxiety with a percentage of 93.3%, most mothers in the second trimester experienced mild anxiety with a percentage of 82.1%, while most mothers in the third trimester experienced severe anxiety with a percentage of 57.5% (Fadillah, 2024).

Parity can affect anxiety, because it is related to the psychological aspect for primigravida, the pregnancy they experience is their first experience, so that the third trimester is felt to be increasingly worrying because it is getting closer to the labor process. Mothers will tend to feel anxious about their pregnancy, feel restless, and afraid of facing labor, considering that ignorance is a supporting factor in the occurrence of anxiety, while multigravida mothers, anxiety may be related to past experiences they have experienced (Nelsi et al., 2019).

Maternal Perinatal Death Notification (MPDN) reported that in 2023 the number of infant deaths was 1,007 cases out of 278,756, so that when converted, the Infant Mortality Rate (IMR) in North Sumatra Province in 2023 was 3.61 per 1,000 Live Births (LBR). The biggest causes of infant mortality in North Sumatra Province in 2023 were Asphyxia with 246 cases (24.43%), Low Birth Weight (LBW) with 234 cases (23.34%), Infection with 37 cases (3.67%), Congenital Abnormalities with 29 cases (2.88%), Pneumonia with 13 cases (1.42%), Tetanus with 5 cases (0.50%), Diarrhea with 4 cases (0.40%), Perinatal Conditions with 3 cases (0.49%), Meningitis and Neurological Diseases with 1 case each (0.5%), Unknown Cause with 172 (17.08%), and other causes with 262 cases (26.02%) (Prameswari, 2019). It was recorded that there were 10,120 births in Labuhanbatu as the highest number of births (Siregar et al., 2021).

According to the Health Profile data in Labuhanbatu in 2021, the maternal mortality rate was reported to be 12 pregnant women, in 2022 there were 10 pregnant women, in 2023 there were 6 pregnant women. The infant mortality rate according to the health profile data in Labuhanbatu in 2023 was 20 babies (Handayani, 2024).

Meanwhile, Elpi Al-Azis Hospital is one of the largest maternal and child health service centers in Labuhanbatu, with initial data from researchers showing that the number of babies born reached 185 births from February to April 2024. It was recorded that there were still 721 pregnant women registered for Antenatal Care (ANC) with details of 86 pregnant women in the first trimester, 179

pregnant women in the second trimester, and 456 pregnant women in the third trimester recorded.

Based on the description above regarding the risk factors that have been studied previously, there needs to be a deeper study of several risk factors for anxiety in pregnant women in Labuhan Batu, especially within the scope of RSU ELPI AL-AZIS in 2024.

LITERATURE REVIEW

Based on the results of the research conducted by Rusyda Akmali Shofa, it was stated that the level of depression or anxiety when undergoing a CS operation, younger people are more susceptible to anxiety problems compared to older people. The majority of pregnant women with moderate anxiety in this study were between 20 and 35 years old, based on high school education, 22 people, 55% had moderate anxiety levels, with low education at higher risk than pregnant women with a history of higher education. This occurs because of the lack of understanding of mothers about the dangers that can befall, especially in terms of pregnancy and childbirth emergencies. The majority of mothers who work as housewives in this study, 45% showed moderate anxiety levels, primigravida first-time pregnant women dominated the experience of giving birth, 25 people (62.5%) had moderate anxiety levels (Shofa et al., 2023).

According to research by Djannah, R. & Handiani, the level of anxiety when pregnant women face childbirth from 56 respondents showed that respondents who had moderate anxiety levels were 30 respondents (53.6%) greater than 11 respondents (19.6%) and mild anxiety levels were 15 people (26.8%). Based on non-risk age, 29 respondents (51.8%) were greater than respondents with risky ages, 27 respondents (48.2%). The results of respondents with high parity were 30 respondents (53.6%) greater than respondents with low parity, 26 respondents (46.4%). Respondents who had good knowledge were 32 respondents (57.1%) greater than respondents who had poor knowledge, 4 respondents (42.9%) (9).

METHODOLOGY

This research is quantitative research with an observational analytical research design through a cross-sectional approach. This research was conducted at RSU Elpi Al-Azis Labuhanbatu which is located on Jalan Lintas Sumatra Padang Matingi, Rantau Utara District, Labuhanbatu Regency, North Sumatra. This research will be conducted from January to August 2024, starting from the initial survey, data collection, data analysis, report preparation to the results seminar. Population is a generalization area consisting of objects and subjects that have certain quantities and characteristics determined by the researcher to be studied and then conclusions drawn. The population in this study were pregnant women in the third trimester at RSU Elpi Al-Azis Labuhanbatu in May 2024, totaling 90 people. The sample is a part of the accessible population that will be used as research subjects, which is obtained through sampling. Sampling was carried out using the Accidental Sampling method. From these results, the number of samples needed in this study was 73 pregnant women in the third trimester at RSU Elpi Al Azis Labuhanbatu in May 2024.

RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Pregnancy Examination History at Elpi Al-Azis Labuhanbatu Hospital

Pregnancy Examination History	f	%
Non-Compliant (Inspection < 4 times)	47	64,4
Compliant (Inspection > 4 times)	26	35,6
Total	73	100,0

Based on table 1. shows that of the 73 respondents studied, respondents who were non-compliant (examination < 4 times) were 47 people (64.4%) and compliant (examination > 4 times) were 26 people (35.6%).

Table 2. Frequency Distribution of Husband's Support at RSU Elpi Al-Azis Labuhanbatu

Husband's Support	f	%
Not good	59	80,8
Good	14	19,2
Total	73	100,0

Based on table 4.7, it shows that of the 73 respondents studied, there were 59 respondents (80.8%) with poor husband support and 14 respondents (19.2%) with good husband support.

Table 3. Frequency Distribution of Anxiety Levels at RSU Elpi Al-Azis Labuhanbatu

Anxiety Level	f	%
High Anxiety	48	65,8
Low Anxiety	25	34,2
Total	73	100,0

Based on table 4.8, it shows that of the 73 respondents studied, there were 48 respondents with high anxiety levels (65.8%) and 25 respondents with low anxiety levels (34.2%).

1. Bivariate Analysis

After conducting univariate analysis, the researcher conducted bivariate analysis using the Chi-Square test, the relationship between the independent variables and the dependent variable with the statistical significance limit of p value (0.05), then the following results were obtained:

2. Relationship of Pregnancy Examination History to Anxiety Facing Childbirth in Third Trimester Pregnant Women at Elpi Al-Azis Labuhanbatu Hospital

Cross tabulation of pregnancy examination history to anxiety facing childbirth in third trimester pregnant women can be seen in the table below:

Table 4. Relationship between Pregnancy Examination History and Anxiety in Facing Childbirth in Third Trimester Pregnant Women at Elpi Al-Azis Labuhanbatu Hospital

Pregnancy Examination History	Anxiety Facing Childbirth				Total		Nilai <i>p</i>
	High		Low		f	%	
	f	%	f	%			
Non-Compliant (Inspection < 4 times)	40	54,8	7	9,6	47	64,4	0,000
Compliant (Inspection > 4 times)	8	11,0	18	24,7	26	35,6	
Total	48	65,8	25	34,2	73	100,0	

Based on table 4.11. it can be seen that of the 73 respondents studied, the history of non-compliant pregnancy check-ups (examinations <4 times) with high anxiety in facing childbirth were 40 people (54.8%), low were 7 people (9.6%). While respondents with a history of compliant pregnancy check-ups (examinations >4 times) with high anxiety in facing childbirth were 8 people (11.0%), low were 18 people (24.7%). Furthermore, from the results of the Chi-Square test of the relationship between the history of pregnancy check-ups and anxiety in facing childbirth, with a probability value of $\alpha = 0.05$, from the results of the study it is known that the *p*-value is 0.000 <from the α value of 0.05. The results of this analysis meet the criteria for the relationship hypothesis requirements, so it can be concluded that the history of pregnancy check-ups has a significant relationship with anxiety in facing childbirth.

3. Relationship of Husband's Support to Anxiety Facing Childbirth in Third Trimester Pregnant Women at RSU Elpi Al-Azis Labuhanbatu

Cross tabulation of husband's support to anxiety facing childbirth in third trimester pregnant women can be seen in the table below:

Table 5. Relationship of Husband's Support to Anxiety Facing Childbirth in Third Trimester Pregnant Women at RSU Elpi Al-Azis Labuhanbatu

Husband's Support	Anxiety Facing Childbirth				Total		Nilai <i>p</i>
	High		Low		f	%	
	f	%	f	%			
Not good	47	64,4	12	16,4	59	80,8	0,000
Good	1	1,4	13	17,8	14	19,2	
Total	48	65,8	25	34,2	73	100,0	

Based on table 4.12. it can be seen that of the 73 respondents studied, poor husband support with high anxiety in facing childbirth was 47 people (64.4%), low was 12 people (16.4%). While respondents who had good husband support with high anxiety in facing childbirth were 1 person (1.4%), low was 13 people (17.8%). Furthermore, from the results of the Chi-Square test of the relationship between husband support and anxiety in facing childbirth with a probability value of $\alpha = 0.05$, from the results of the study it was found that the p-value was $0.000 < \alpha$ value of 0.05. The results of this analysis meet the criteria for the relationship hypothesis requirements, so it can be concluded that husband support has a significant relationship with anxiety in facing childbirth.

1. The Effect of Pregnancy Examination History on Anxiety Facing Childbirth in Third Trimester Pregnant Women at Elpi Al-Azis Labuhanbatu Hospital

Based on the results of logistic regression, it shows that there is an influence of pregnancy examination history that has a significant influence on anxiety facing childbirth in third trimester pregnant women with a p value = 0.004. The results of the study showed that mothers with a history of routine pregnancy examinations, namely up to the 3rd complete examination, will make the mother know how the baby is so that the mother will reduce her anxiety. The findings in the field are that many mothers with gravida who have more than 2 children only have one examination, they assume that they already have experience so they don't need to go back and forth for pregnancy checks. In contrast to mothers who are still their first child, they will have a complete pregnancy examination but also feel anxious because they have no experience during childbirth.

This statement is in accordance with the theory of (Ministry of Health of the Republic of Indonesia, 2022) the compliance of a pregnant woman in carrying out ANC can be seen from the number of examinations she has (Ministry of Health of the Republic of Indonesia, 2022) (Nurianti et al., 2021). ANC examinations are carried out at least 6 times during pregnancy, and at least 2 examinations by a doctor in the first and third trimesters, 2 times in the first trimester (pregnancy up to 12 weeks), 1 time in the second trimester (pregnancy over 12 weeks to 26 weeks), 3 times in the third trimester (pregnancy over 24 weeks to 40 weeks) (Izzah et al., 2022).

According to Hatijar et al (2020), the frequency of ANC is one of the factors that influences anxiety. Antenatal care is a planned program in the form of observation, education and medical treatment for pregnant women, to obtain a safe and satisfactory pregnancy process and preparation for childbirth (Arsi et al., 2023).

According to Apriliani (2022), Antenatal Care (ANC) is a planned program in the form of observation, education and medical treatment for pregnant women so that a safe pregnancy and childbirth process is obtained and the condition of the mother and fetus is free from problems. One of the goals of antenatal care is for pregnant women to obtain basic information about the health of the mother and her pregnancy and to provide the education and health advice

needed to maintain the quality of pregnancy, childbirth and postpartum so as to avoid health problems during pregnancy, one of which is anxiety in facing childbirth (Apriliani, 2021).

The results of this study are in line with Handayani (2021) regarding factors related to anxiety in pregnant women in facing childbirth at the Sukriyah Midwife Clinic, Hutabargot Village, Hutabargot District. The results of the statistical test using the chi square test obtained a p value of $0.000 < 0.05$, which means that there is a relationship between ANC examinations and anxiety in pregnant women facing childbirth (Handayani, 2024).

Also, in line with the research of Rossita RBS, Taufianie, Rahmawati DT (2020) regarding the relationship between age, frequency of ANC, and husband's support with anxiety in primigravida pregnant women in the third trimester approaching childbirth at PMB Yunani Seberang Ulu I Palembang. The results of the study showed that there was a relationship between age, frequency of ANC and there was a relationship between husband's support and anxiety in primigravida pregnant women in the third trimester approaching childbirth (p value 0.044) (Handayani et al., 2014).

The ANC examination carried out by pregnant women aims to find out the condition of themselves and their babies and to get health education about pregnant women, childbirth, postpartum and baby care as well as danger signs at each level.

Many pregnant women are aware of the reality of the baby, especially when the first fetal movement is felt, some women adopt a more positive attitude towards their pregnancy at this time. Therefore, antenatal care provides an opportunity for women to get to know their babies before birth and can help minimize the risk of anxiety during pregnancy. Good antenatal visits can be one of several factors that can help minimize anxiety experienced by a pregnant woman, compared to mothers who rarely make antenatal visits (Siregar et al., 2021).

The mother's compliance attitude in carrying out ANC can be influenced by various things such as personal characteristics (personality, motives, interests, needs, past experiences and expectations of a person) and situations (time, availability and quality of service facilities and infrastructure, work conditions, husband's support and social conditions) (Baroah et al., 2020).

In addition, the mother's assumption that the pregnancy condition is fine can also make the mother think that there is no need to have a pregnancy check-up with a health worker. This can also have an impact on increasing the number of maternal deaths due to the lack of early detection of high risks. Therefore, various things that influence the mother's compliance attitude are important to be considered and corrected properly in order to support the mother's compliance in carrying out ANC.

From the results of research, theories and related studies, researchers assume that the frequency of ANC affects the level of anxiety of pregnant women, this is because the more often pregnant women carry out ANC, the more information the mother gets about the health of the mother and her fetus so that the mother can understand her condition, while pregnant women who do not

carry out ANC according to standards will get minimal information which causes knowledge to decrease. Lack of knowledge about behaviors related to reproductive health and minimal information obtained during pregnancy will cause anxiety in itself.

2. The Influence of Husband's Support on Anxiety Facing Childbirth in Third Trimester Pregnant Women at RSU Elpi Al-Azis Labuhanbatu

The results of the logistic regression analysis showed that there was a significant influence between husband's support on anxiety facing childbirth in third trimester pregnant women with a p value = 0.000. The findings in the field showed that many husbands did not support mothers to have a C-section because their husbands were afraid that the mother would not be able to do heavy work, the husband did not accompany his wife during childbirth so that the wife felt afraid and anxious when facing childbirth. In addition, the husband was afraid that if his wife had a C-section, it would have an impact on the wife's physical condition.

Judging from the pregnancy examination, the husband did not want to accompany his wife when she had to have a pregnancy examination because he was busy working so that the wife did not know the condition of the baby, she was carrying so that the wife assumed that she was afraid that the child she was giving birth would not be healthy or even afraid that the child she was giving birth to would be disabled.

According to the theory of Asiah (2022), husband's support is one of the keys for mothers to maintain positive emotions during pregnancy and the condition of the fetus is always strong and healthy. The support and role of the husband in pregnancy have been proven to increase the readiness of pregnant women in facing pregnancy and the labor process. Other husband's support is information support. All support from the husband when approaching labor can increase psychological or mental readiness in pregnant women, can reduce anxiety, and provide a sense of security and comfort. Support from a husband can motivate mothers to access information and get antenatal care services (Mayangsari et al., 2020).

According to Apriliani (2022), the support given by a husband during his wife's pregnancy can reduce anxiety and restore the mother's self-confidence in experiencing the labor process. The support given is at least in the form of touch and words of praise that make you comfortable so that it provides reinforcement and readiness in facing the labor process. The husband's support in the labor process will have an effect on the mother's limbic system, namely in terms of emotions, the mother's calm emotions will cause her neuron cells to secrete the hormone oxytocin, the reaction of which will cause uterine contractility at the end of pregnancy to expel the baby (Fadillah, 2024).

The results of this study are in line with Wahyuni's (2021) research with the title The influence of husband's support on the level of anxiety of pregnant women in the third trimester at the Muhammadiyah Hospital in Malang City, which states that there is an influence of husband's support on the level of anxiety

of pregnant women in the third trimester at the Muhammadiyah Hospital in Malang City (p value = 0.000) (Prameswari, 2019).

In line with Sembiring's research (2022) *The Relationship between Husband's Support and Anxiety of Pregnant Women in the Third Trimester at the Fitri Arianti Clinic, Balai Jaya District*, the results of the study showed that there was a negative relationship between husband's support and anxiety (p value = 0.000) (Sembiring & Panjaitan, 2023).

From the results of the study, theories and related studies, researchers assume that one of the factors related to anxiety in primigravida pregnant women is support from the husband. The support given by the husband can be a motivation and enthusiasm and can increase self-confidence for pregnant women in facing childbirth so that it will reduce anxiety.

The form of encouragement or motivation from a husband can be like the husband accompanying the mother to health services, the husband asking about the results of the examination, the husband going into the examination room, the husband giving information about the importance of making Antenatal Care (ANC) visits, communicating during work or not, being humorous, fulfilling the needs/wishes of pregnant/delivery mothers, preparing costs, overcoming discomfort during pregnancy or the delivery process, helping with the mother's work, helping to care for the mother/baby, listening to complaints felt, inviting traveling/exercising to reduce anxiety, accepting the condition of the body, reminding to take vitamins/iron tablets. Anxiety due to lack or even no support from the husband for pregnant women tends to increase at the end of pregnancy, namely approaching delivery in the third trimester.

CONCLUSIONS AND RECOMMENDATIONS

Based on the research that has been done with the analysis of regression logistic, it can be concluded as follows:

1. There is an influence of age on anxiety facing childbirth in pregnant women in the third trimester at RSUD Elpi Al-Azis Labuhanbatu.
2. There is an influence of gravida on anxiety facing childbirth in pregnant women in the third trimester at RSUD Elpi Al-Azis Labuhanbatu.
3. There is an influence of pregnancy examination history on anxiety facing childbirth in pregnant women in the third trimester at RSUD Elpi Al-Azis Labuhanbatu.
4. There is an influence of husband's support on anxiety facing childbirth in pregnant women in the third trimester at RSUD Elpi Al-Azis Labuhanbatu.
5. The dominant factor influencing anxiety in pregnant women in the third trimester at RSUD Elpi Al-Azis Labuhanbatu is the variable of husband's support.

a. RSUD Elpi Al-Azis Labuhanbatu

The need to provide counseling for pregnant women about the level of anxiety in pregnant women, the impact of anxiety, and how to prevent it. The need to provide education on anxiety issues in pregnant women in the third trimester during Antenatal Care (ANC) examinations.

b. For pregnant women

It is expected that they can actively follow every counseling provided by health workers and actively visit the nearest health service to consult with doctors or other health workers. It is expected that there will be counseling on the importance of a healthy reproductive age, space and provision of special counseling services for pregnant women who experience anxiety and add a schedule of pregnant women classes, so that pregnant women can check their pregnancies more routinely and become a place to share experiences to reduce anxiety levels in pregnant women.

c. For further researchers

It is expected to pay more attention to other variables such as marital status, knowledge of anxiety, medical conditions, past negative experiences, status of the residential environment, fear of giving birth, and health facilities that can affect anxiety in pregnant women in the third trimester.

FURTHER STUDY

further study It is expected that pregnant women always prepare mentally and physically well in facing the labor period. 2. For further researchers, it is recommended to conduct more in-depth research on Anxiety in facing labor, in order to provide better input.

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