# THE EFFECTIVENESS OF ANTENATAL HYPNOTHERAPY ON ANXIETY IN FACING THE CHILDBIRTH PROCESS

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***ABSTRACT***

*The Maternal Mortality Rate (MMR) in Indonesia is still around 305 per 100,000 Live Births, which has not yet reached the set target of 183 per 100,000 LB in 2024. One of the causes of this high rate is attributed to the anxiety experienced during pregnancy, reaching 373,000 cases. Antenatal hypnotherapy is an effort aimed at reducing maternal anxiety with the goal of preparing for a normal pregnancy and facilitating the labor process. Hypnotherapy in Antenatal care focuses on providing comfort to mothers by inducing deep relaxation. The purpose of this study is to determine the effectiveness of antenatal hypnotherapy in reducing anxiety during the labor process at PMB Pera Medan. The research employed a quantitative approach with a Quasi-Experimental Design (pseudo-experiment). The study utilized a One Group Pre-Test and Post-Test design. The population consisted of all third-trimester pregnant women at PMB Pera Medan, totaling 61 pregnant women, with a sample size of 16 selected through purposive sampling. The research findings indicate that the average anxiety level among third-trimester pregnant women at the Independent Practice of Midwife Pera Medan before receiving antenatal hypnotherapy was 30.1875 (moderate anxiety), which decreased to 13.8750 (mild anxiety) after receiving antenatal hypnotherapy. There is a significant influence of antenatal hypnotherapy on reducing anxiety during labor at PMB Pera Medan with a p-value of 0.000 < 0.05. Therefore, it is advisable to continue antenatal hypnotherapy classes for pregnant women during each ANC visit and at home to reduce anxiety, thereby facilitating a normal labor process.*

***Keywords**: Antenatal Hypnotheraphy; Third Trimester Pregnant Women; Childbirth*

## 1. INTRODUCTION

The process of pregnancy and childbirth is a natural occurrence but can pose risks to the lives of both women and infants. Normal childbirth is the process of giving birth to a baby, yet many women, when facing childbirth, experience anxiety and fear due to various difficulties and pain during labor. This can lead them to be hesitant to plan for having another child. The aforementioned factors make pregnant women feel intense anxiety approaching the birth of their baby. Consequently, complications during childbirth may arise, posing dangers to both the mother and the baby (Karaya, 2019). Anxiety during pregnancy can lead to several complications, with a percentage of 23.2%, including fetal malposition (3.1%), bleeding (2.4%), seizures (0.2%), premature rupture of membranes (5.6%), prolonged labor (4.3%), umbilical cord entanglement (2.9%), placenta previa (0.7%), retained placenta (0.8%), hypertension (2.7%), and others (4.6%) (Riskesdas, 2018).

One of the primary agendas of the Sustainable Development Goals (SDGs) is to reduce maternal and child mortality rates. Regular and high-quality antenatal examinations during pregnancy play a crucial role in determining the health status of pregnant women and the infants they give birth to. In Indonesia, the Maternal Mortality Rate (MMR) is still around 305 per 100,000 live births, falling short of the targeted 183 per 100,000 live births by the year 2024. One contributing factor to this incidence is anxiety during pregnancy, affecting approximately 373,000 cases. Of these, 28.7% or 107,000 cases involve

anxiety occurring in pregnant women approaching the childbirth process.

Research conducted on primigravida mothers indicates that 22.5% experience mild anxiety, 30% experience moderate anxiety, 27.5% experience severe anxiety, and 20% experience very severe anxiety (Ministry of Health, Republic of Indonesia, 2022). In North Sumatra, the maternal mortality rate throughout 2020 reached 187 per 1000 live births, representing a 19% decrease compared to the 2019 figures, where there were 202 deaths per 1000 live births, or approximately 20%. During pregnancy, an increase in the prevalence of anxiety symptoms was observed, with rates of 18.2% in the first trimester, 19.1% in the second trimester, and 24.6% in the third trimester. One of the causes of this anxiety is related to pregnant women facing normal childbirth, with an incidence of 10-25%, while those delivering via cesarean section experience anxiety rates of approximately 15-25% (sumutprov.go.id, 2019).

Regular antenatal care during pregnancy is highly beneficial for providing mothers with essential information throughout their pregnancy. One quality approach to maternity care involves physical exercises, such as meditation or hypnotherapy. Hypnotherapy in antenatal care focuses on providing comfort to mothers through deep relaxation. The purpose of implementing hypnotherapy for pregnant women is to prepare for a normal pregnancy process and facilitate a smooth childbirth (Salafas, Anisa;, and Rusita; 2018).

Addressing the above-mentioned indications through various research studies using hypnotherapy techniques is one measure to reduce maternal anxiety during the childbirth process. The results indicate that the average pain reduction in the intervention group is 24.25% (from 5.08 to 3.95) after receiving hypnotherapy. In contrast, the average pain reduction in the monitoring group is only 7.63% (from 5.05 to 4.71) after receiving breathing regulation (Sundariningsih, Raksanagara, and Suardi, 2021).

The general objective of this research is to determine the effectiveness of antenatal hypnotherapy in addressing anxiety during the childbirth process at PMB Pera Medan. Meanwhile, the specific objectives of this study are as follows:

1. Identify anxiety levels before the implementation of antenatal hypnotherapy at PMB Pera Medan.
2. Identify anxiety levels after the implementation of antenatal hypnotherapy at PMB Pera Medan.
3. Assess the influence of anxiety levels before and after the implementation of antenatal hypnotherapy at PMB Pera Medan.

The hypothesis in this study is as follows:

There is an influence of antenatal hypnotherapy on anxiety in facing childbirth at PMB Pera Medan.

## 2. RESEARCH METHODOLOGY

This study is a quantitative research employing a Quasi-Experimental Design. The researcher utilizes the One Group Pre-Test and Post-Test design. The research involves initial observation (Pretest) before administering the treatment intervention. Following the intervention, a post-test (final observation) is conducted to determine the effectiveness of antenatal hypnotherapy in addressing anxiety during childbirth at PMB Pera Medan.

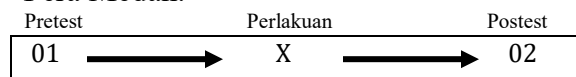| Pretest | Perlakuan | Postest |
|---------|-----------|---------|
| 01 → | X | → 02 |

Figure 3.1 One Group Pre-Post Test Design (Notoatmodjo, 2018)

This research was conducted at the Independent Practice of Midwife Pera Medan, located on Jl. Pintu Air IV Simalingkar B, Medan. The total population included all third-trimester pregnant women, numbering 61 individuals.

Meanwhile, the sample size for this study consisted of 16 third-trimester pregnant women, selected through non-probability purposive sampling. This study involves two variables. The independent variable is Antenatal Hypnotherapy, while the dependent variable is Anxiety in facing childbirth. Data collection in this research utilizes a hypnotherapy script guide distributed to third-trimester pregnant women. Subsequently, the measurement of the level of maternal anxiety is carried out using the Hamilton Rating Scale for Anxiety (HRSA), which is structured based on 14 symptoms apparent in individuals experiencing anxiety. Throughout the study, respondents were protected by considering aspects of self-determination, privacy and anonymity, beneficence, non-maleficence, and justice (Polit & Beck, 2013). Data processing in the research involves stages such as editing, coding, entry, and tabulating. The data analysis techniques used in this study include univariate and bivariate analyses. Univariate analysis is employed to describe data for each variable obtained from the research results. It is used to present data on respondent characteristics, the level of anxiety in third-trimester pregnant women before the intervention, and the level of anxiety after the intervention. Meanwhile, bivariate analysis is conducted on two variables considered to be related or correlated. In this study, bivariate analysis aims to determine the influence of antenatal hypnotherapy on anxiety facing childbirth on an interval scale. The test used is a parametric statistical test for two measures (within-group), which assesses normality data. The data normality test was conducted using the Shapiro-Wilk test, resulting in a p-value of 0.115, which is greater than 0.05. This indicates that the data follows a normal distribution. Therefore, a paired t-test was utilized. This study included the normality test to ensure that the data met the assumptions necessary for the use of parametric tests, such as the paired t-test.

## 3. RESULTS

**Table 1. Characteristics of Respondents Based on Age, Gravida, and Occupation Respondent Characteristics at PMB Pera Medan (n=16)**

| Karaktersitik Responden | f | % |
|---|---|---|
| Usia | | |
| < 20 | 0 | 0 |
| 20 – 30 | 12 | 75,0 |
| >30 | 4 | 25,0 |
| Gravida | | |
| Primi | 6 | 37,5 |
| Multi | 10 | 62,5 |
| Pekerjaan | | |
| Bekerja | 2 | 12,5 |
| Tidak Bekerja | 14 | 87,5 |

Based on Table 1, it is evident that the characteristics of third-trimester pregnant women at PMB Pera Medan show the majority fall within the age group of 20 to 30 years, accounting for 75.0%. In terms of

gravida, the majority of third-trimester pregnant women at PMB Pera Medan are multigravida, constituting 62.5%. Regarding occupation, the majority of third-trimester pregnant women at PMB Pera Medan do not work or are homemakers, making up 87.5%.

**Table 2. Level of Anxiety in Third-Trimester Pregnant Women Before Hypnotherapy**

| Variabel | N | Min | Max | Mean | Δ Mean | Median | SD |
|---|---|---|---|---|---|---|---|
| Tingkat kecemasan sebelum intervensi | 16 | 12.00 | 48.00 | 30.1875 | 16.312 | 36.00 | 10.74690 |

Based on Table 2 above, it is found that out of 16 respondents, the average anxiety level of third-trimester pregnant women before receiving hypnotherapy is 30.1875, with a minimum value of 12.00 (mild anxiety), a maximum value of 48.00 (severe anxiety), and a standard deviation of 10.74690.

**Table 3. Level of Anxiety in Third-Trimester Pregnant Women After Hypnotherapy**

| Variabel | N | Min | Max | Mean | Δ Mean | Median | SD |
|---|---|---|---|---|---|---|---|
| Tingkat kecemasan setelah intervensi | 16 | 3.00 | 31.00 | 13.8750 | 16.312 | 28.00 | 7.46436 |

Based on Table 3 above, it is found that out of 16 respondents, the average anxiety level of third-trimester pregnant women after receiving hypnotherapy is 13.8750, with a minimum value of 3.00 (no anxiety), a maximum value of 31.00 (moderate anxiety), and a standard deviation of 7.46436.

The initial step in statistical testing is the normality test. The normality test uses the Shapiro-Wilk Test because the sample size is < 30. The results of the normality test for anxiety measurement pre-test show a probability value (p-value) of 0.889, indicating $p > 0.05$, thus concluding that the data is normally distributed. Similarly, for anxiety measurement post-test, the probability value (p-value) is 0.680, indicating $p > 0.05$, and hence, it is concluded that the data is normally distributed.

**Table 4. Paired Sample T-Test**

| KecemasanMenghadapiPersalinan | *Paired Sampel T-Test* |
|---|---|

| | T | Df | P |
|---|---|---|---|
| *Pre Test-Post Test* | 7,377 | 15 | 0,000 |

From Table 4, the paired sample t-test analysis yields a p-value of 0.000, which means the p-value is < 0.05. This implies that the alternative hypothesis (Ha) is accepted, and the null hypothesis (H0) is rejected. Therefore, it can be concluded that there is a significant difference in anxiety levels of third-trimester pregnant women facing childbirth before and after undergoing antenatal hypnotherapy, indicating the influence of antenatal hypnotherapy on anxiety in third-trimester pregnant women.

## 4. DISCUSSION

Effectiveness of Antenatal Hypnotherapy on Anxiety in Facing the Childbirth Process at PMB Pera Medan:

1. The anxiety level of third-trimester pregnant women before undergoing antenatal hypnotherapy among 16 respondents was 30.1875 (moderate anxiety). The lowest anxiety level before antenatal hypnotherapy was 12.00 (mild anxiety), and the highest anxiety level was 48.00 (severe anxiety). The researcher believes that the high anxiety levels in third-trimester pregnant women could be attributed to factors such as age, gravidity, and occupation. Based on the completion of measurement tools and interview results, it is known that the prominent anxiety symptoms experienced by respondents in the dimension of anxiety symptoms and tension are caused by the current experience of the first pregnancy, leading to worries about the pregnancy. This is evident as respondents reported difficulties initiating sleep, waking up at night, restless sleep, and a feeling of abdominal pressure, aligning with the dominant attitude towards sleep disturbances. The level of anxiety in facing childbirth can be influenced by factors, including the age of pregnant women. Younger or older pregnant women may experience different anxieties related to pregnancy and the preparation for motherhood. Another factor is the number of previous pregnancies (gravida). Pregnant women experiencing their first pregnancy may tend to feel more anxious due to uncertainty about the childbirth process and feelings of not knowing what will happen. On the other hand, pregnant women with previous childbirth experiences may feel more confident because they have gone through the process before. The findings align with the research by Nur Eka Dyastuti (2022), stating that anxiety in pregnant women can arise, especially during the third trimester and towards childbirth. The findings from 11 pregnant women indicate experiencing anxiety before childbirth. The main causes of anxiety, particularly in first pregnancies, are lack of knowledge about pregnancy, and some also mentioned experiencing anxiety due to insufficient support from their families.

2. The level of anxiety in third-trimester pregnant women after undergoing antenatal hypnotherapy, based on 16 respondents, averages 13.8750 (mild anxiety). The lowest level of anxiety post antenatal hypnotherapy was 3.00

(no anxiety), and the highest level was 31.00 (moderate anxiety). This indicates a decrease in anxiety levels in third-trimester pregnant women after undergoing antenatal hypnotherapy. Physiologically, hypnotherapy operates through the brainwave system. During hypnotherapy sessions, such as induction and deepening, patients are guided by therapists from the conscious mind to the subconscious mind. In such conditions, they enter a deeper state of hypnosis, causing brainwaves to transition slowly from beta waves to alpha waves. The brain in an alpha state produces serotonin and endorphins, inducing feelings of comfort, calmness, and happiness, leading to a reduction in stress.(Sundariningsih, Raksanagara, and Suardi, 2021).

3. The impact of Antenatal Hypnotherapy on anxiety in facing childbirth at PMB Pera Medan, based on the research results, shows that the paired sample t-test analysis yielded a p-value of 0.000, which means the p-value is < 0.05. This implies that the alternative hypothesis (Ha) is accepted, and the null hypothesis (H0) is rejected. Therefore, it can be concluded that there is a significant difference between the anxiety levels of third-trimester pregnant women before and after undergoing antenatal hypnotherapy, indicating the influence of antenatal hypnotherapy on anxiety in facing childbirth. Hypnotherapy can be effective when an individual constantly thinks about something in the conscious mind, eventually storing it in the subconscious mind. During the hypnosis process, the body feels relaxed, while the mind is highly focused and attentive. Similar to other relaxation techniques, hypnosis lowers blood pressure and heart rate and alters all types of brainwave activities. In a relaxed state, a person physically feels very calm, even though mentally they are alert. (Sundariningsih, Raksanagara, and Suardi, 2021).

## 5. CONCLUSION

Based on the results of the conducted research, the researcher can conclude the following:

1. The anxiety level in third-trimester pregnant women at the Independent Practice of Midwife Pera Medan before receiving antenatal hypnotherapy is 30.1875 (moderate anxiety). The anxiety level before undergoing antenatal hypnotherapy ranges from a minimum of 12.00 (mild anxiety) to a maximum of 48.00 (severe anxiety).

2. The anxiety level in third-trimester pregnant women at the Independent Practice of Midwife Pera Medan after receiving antenatal hypnotherapy is 13.8750 (mild anxiety). The anxiety level after undergoing antenatal hypnotherapy ranges from a minimum of 3.00 (no anxiety) to a maximum of 31.00 (moderate anxiety).

3. There is an influence of antenatal hypnotherapy on anxiety in facing childbirth at the Independent Practice of Midwife Pera Medan, with a p-value < 0.05.

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