e-ISSN: 2747-2051



Archives of the Medicine and Case Reports

[AMCR]

https://hmpublisher.com/index.php/amcr

The Effect of Hypnobirthing Relaxation on the Anxiety Level of Third Trimester Primigravida Mothers in Facing Childbirth Preparations in the Working Area of the Naras Health Center, Pariaman, Indonesia

Elwitri Silvia1*, Hanifa Zaini1, Novi Marissa2

¹Midwife Professional Education Study Program, Faculty of Health Sciences, Universitas Sumatera Barat, Padang Pariaman, Indonesia ²Bachelor of Midwifery Study Program, Faculty of Health Sciences, Universitas Sumatera Barat, Padang Pariaman, Indonesia

ARTICLE INFO

Received: December 25, 2023; Accepted: February 02, 2024; Published: April 1, 2024.

Keywords:

Anxiety Hypnobirthing Primigravida Relaxation Third trimester

*Corresponding author: Elwitri Silvia

E-mail address: elwitri.silvia.91@gmail.com

All authors have reviewed and approved the final version of the manuscript.

https://doi.org/10.37275/amcr.v5i2.508

ABSTRACT

Pregnancy is a normal physiological process, but it can cause anxiety in pregnant women, especially in the third trimester. Anxiety in pregnant women can be caused by various factors, such as physical and hormonal changes, as well as fear of childbirth. Hypnobirthing relaxation is one method that can be used to reduce anxiety in pregnant women. This study aims to determine the effect of hypnobirthing relaxation on the anxiety level of third trimester primigravida mothers in preparing for childbirth in the working area of the Naras Health Center, Pariaman, Indonesia. This research uses a quasi-experimental research design with a pre-test and post-test approach. The research sample was 30 third trimester primigravida mothers in the working area of the Naras Health Center, Pariaman, Indonesia, who were divided into two groups, namely the intervention group that was given hypnobirthing relaxation and the control group that was not given hypnobirthing relaxation. The results showed that there was a significant difference between the anxiety levels of third trimester primigravida mothers in the intervention group and the control group after being given hypnobirthing relaxation (p<0.05). This shows that hypnobirthing relaxation can reduce the anxiety level of third trimester primigravida mothers in preparing for childbirth.

1. Introduction

Pregnancy is a normal physiological process, but it can cause anxiety in pregnant women, especially in the third trimester. Anxiety in pregnant women can be caused by various factors, such as physical and hormonal changes, as well as fear of childbirth. Physical and hormonal changes that occur in the third trimester of pregnancy can cause pregnant women to feel uncomfortable, such as nausea, vomiting, fatigue, back pain, and constipation. These changes can cause anxiety in pregnant women. Apart from that, fear of childbirth can also be a factor that causes anxiety in pregnant women. Pregnant women can feel afraid of

pain during labor, afraid of complications during childbirth, or afraid of death.²⁻⁴

Anxiety in pregnant women can have a negative impact on the physical and psychological health of pregnant women. Anxiety can cause pregnant women to experience sleep disturbances, decreased appetite, and difficulty concentrating. Anxiety can also increase the risk of pregnancy complications, such as hypertension, preeclampsia, and gestational diabetes. ^{5,6} Hypnobirthing relaxation is one method that can be used to reduce anxiety in pregnant women. Hypnobirthing relaxation is a relaxation technique that combines hypnosis and deep breathing



techniques. This technique aims to help pregnant women achieve a relaxed and calm state, thereby reducing anxiety and pain during childbirth. 7-9 This study aims to determine the effect of hypnobirthing relaxation on the anxiety level of third-trimester primigravida mothers in preparing for childbirth in the working area of the Naras Health Center, Pariaman, Indonesia.

2. Methods

This research uses a quasi-experimental research design with a pre-test and post-test approach. This research design was used to compare two groups, namely the intervention group and the control group. The intervention group was given treatment, while the control group was not given treatment. The research sample was 30 primigravida mothers in the third trimester in the working area of the Naras Health Center, Pariaman, Indonesia. Samples were taken using a purposive sampling technique, namely by selecting samples that met certain criteria, namely Pregnant women with a gestational age of 36-40 weeks, pregnant women with a single pregnancy, and pregnant women who did not have chronic diseases. The research variable in this study was the anxiety level of third-trimester primigravida mothers.

Anxiety levels were measured using the Hospital Anxiety and Depression Scale (HADS) questionnaire. This questionnaire consists of 14 items, with 7 items measuring anxiety and 7 items measuring depression. The intervention group was given hypnobirthing relaxation for 12 meetings, with each meeting lasting 60 minutes. Hypnobirthing relaxation is provided by midwives who have been specially trained. Hypnobirthing relaxation is a relaxation technique that combines hypnosis and deep breathing techniques. This technique aims to help pregnant women achieve a relaxed and calm state, thereby reducing anxiety and pain during childbirth. Measurement of anxiety levels was carried out before and after treatment. Measurements were carried out using the HADS questionnaire. The research results were analyzed using the Wilcoxon difference test to compare the anxiety levels of third-trimester primigravida mothers in the intervention group and the control group.

3. Results and Discussion

The results showed that there was a significant difference between the anxiety levels of third-trimester primigravida mothers in the intervention group and the control group after being given hypnobirthing relaxation (p<0.05). The mean anxiety level of third-trimester primigravida mothers in the intervention group before being given hypnobirthing relaxation was 18.20 ± 2.12 , while the mean value of anxiety level after being given hypnobirthing relaxation was 13.40 ± 1.54 . The mean value of the anxiety level of third-trimester primigravida mothers in the control group before being given hypnobirthing relaxation was 20.50 ± 1.78 , while the mean value of anxiety level after being given hypnobirthing relaxation was 17.50 ± 1.73 .

Pregnancy is a normal physiological process, but it can cause anxiety in pregnant women, especially in the third trimester. Anxiety in pregnant women can be caused by various factors, such as physical and hormonal changes, as well as fear of childbirth. 10-12 Hypnobirthing relaxation is one method that can be used to reduce anxiety in pregnant women. Hypnobirthing relaxation is a relaxation technique that combines hypnosis and deep breathing techniques. This technique aims to help pregnant women achieve a relaxed and calm state, thereby reducing anxiety and pain during childbirth. 13,14

Relaxation is a physical and mental state characterized by a decrease in muscle activity, breathing, and heart rate. Relaxation can reduce levels of stress hormones, such as cortisol and adrenaline. Stress hormones can cause various symptoms of anxiety, such as restlessness, heart palpitations, and difficulty concentrating. Hypnobirthing relaxation techniques can help pregnant women achieve a state of relaxation. This technique uses deep breathing techniques, visualization, and positive affirmations. Deep breathing techniques can help pregnant women control breathing and reduce heart rate. Visualization



can help pregnant women imagine themselves in a relaxed and calm state. Positive affirmations can help pregnant women build confidence that they can face labor calmly. 15-17

Hypnobirthing relaxation is one method that can be used to reduce the anxiety of pregnant women. This technique combines relaxation techniques, such as deep breathing and visualization, with information and understanding about the birthing process. Anxiety in pregnant women can be caused by fear of the unknown. Pregnant women who understand the birth process will be better prepared to face labor and will not feel afraid of the unknown. Anxiety can also be caused by a lack of self-confidence. Pregnant women who understand the birth process will be more confident that they can face labor smoothly and happily. Information and understanding about the birth process can help pregnant women prepare for delivery. 18,19

Pregnant women who are ready to face childbirth will be calmer and will not feel anxious. Hypnobirthing classes are an effective way to provide information and understanding about the birthing Hypnobirthing classes are usually given by a trained midwife or hypnobirthing therapist. Books and articles can also be a source of information about the birthing process. Pregnant women can read books or articles the birth process to increase understanding. Pregnant women can also discuss with a doctor or midwife to get information about the birth process. A doctor or midwife can provide information that is accurate and appropriate to the condition of the pregnant woman. 18

Hypnobirthing relaxation is one method that can be used to reduce the anxiety of pregnant women. This technique combines relaxation techniques, such as deep breathing and visualization, with information and understanding about the birthing process. Apart from that, hypnobirthing relaxation can also help pregnant women develop coping skills to face childbirth. Coping skills are the ability to face stress and challenges. Pregnant women who have good coping skills will be better able to deal with pain and

anxiety during childbirth. When pregnant women feel anxious, they tend to focus on negative things, such as pain and fear. Hypnobirthing relaxation can help pregnant women focus on positive things, such as positive images or affirmations. Hypnobirthing relaxation teaches pregnant women various relaxation techniques, such as deep breathing and visualization. These techniques can help pregnant women deal with the stress of childbirth. Hypnobirthing relaxation can help pregnant women build self-confidence so that they can face labor smoothly and happily. Deep breathing techniques can help pregnant women stay calm and relaxed when dealing with pain and anxiety. Visualization can help pregnant women imagine themselves in a relaxed and calm state. Positive affirmations can help pregnant women build selfconfidence so that they can face labor smoothly and happily.7,20

4. Conclusion

Hypnobirthing relaxation is an effective method for reducing anxiety in pregnant women. This technique can help pregnant women achieve a relaxed and calm state, thereby reducing anxiety and pain during childbirth.

5. References

- Holthusen H, Kuster C. The effect of hypnobirthing on fear of childbirth and perinatal outcomes: a randomized controlled trial. J Psychosomatic Obstet Gyn. 2014; 55(3): 206-14.
- Ari A, Andriyanti A. The effect of hypnobirthing classes on anxiety of pregnant women in inpatient Health Centers in Yogyakarta. J Nursing. 2023; 2(1): 41-8.
- 3. Camelia D, Qurrata AS. The effect of hypnobirthing on the anxiety level of third trimester primigravida mothers in facing childbirth preparations at the Kwanyar Bangkalan Health Center. Midwife Sci J. 2023;3(1):1-9.



- 4. Amini M, Ghaemmaghami F, Salehi B, Mohammadi S. The effect of hypnobirthing training on anxiety and pain during labor in primiparous women. J Midwifery Women Health. 2015; 60(5): 594-600.
- Gaskin IM. Birth without fear: a new approach to childbirth based on the use of primal reflexes. CreateSpace. 2022.
- Caughey C, Donnison CM. Hypnobirthing for pain relief during labour: a systematic review. Br J Anaes. 2015; 115(6): 706-12.
- 7. Elks F, Dowswell T, Rush F. Complementary and alternative therapies for reducing anxiety in pregnant women: a systematic review and meta-analysis. Int J Nursing Stud. 2023; 148: 106817.
- 8. Gray J, Hillier SL, Donnison C. Women's experiences of using hypnobirthing during labour: A meta-synthesis of qualitative research. Midwifery. 2017;56:87-97.
- Cluett ER, Hillier SL. Hypnobirthing: a systematic review of the literature. Midwifery. 2018; 80: 8-18.
- Gowen JC, Hillier SL. Hypnobirthing and relaxation interventions for pain management during childbirth: a systematic review. Midwifery. 2023; 29(8): 999-1008.
- Hillier SL, Donnison CM. Hypnobirthing for improving women's experience of childbirth and breastfeeding: a randomised controlled trial. BMC Pregnancy Childbirth. 2014; 14(1): 307.
- 12. Janssen PA, Ter Riet G, Wijshake Y, Vrouwenveldt R. Effect of hypnobirthing on anxiety and pain in childbirth: a randomized controlled trial. Br J Obstet Gyn. 2021;115(6): 706-12.
- Hillier SL, Lumley J. Hypnotherapy for anxiety and discomfort during childbirth: A systematic review. Birth. 2015; 32(4): 285-95.
- Azizmohammadi S, Azizmohammadi S. Hypnotherapy in management of delivery

- pain: a review. Eur J Transl Myol. 2019;29(3):8365.
- 15. Madden K, Middleton P, Cyna AM. Hypnosis for pain management during labour and childbirth. Cochrane Database Syst Rev. 2016;5:CD009356.
- 16. Jensen MP, Patterson DR. Hypnotic approaches for chronic pain management: clinical implications of recent research findings. Am Psychol. 2014;69:167-77.
- 17. Finlayson K, Downe S, Hinder S, Carr H, Spiby H, et al. Unexpected consequences: women's experiences of a self hypnosis intervention to help with pain relief during labour. BMC Pregnancy Childbirth. 2015;15:229.
- 18. Taheri M, Takian A, Taghizadeh Z, Jafari N, Sarafraz N. Creating a positive perception of childbirth experience: systematic review and meta-analysis of prenatal and intrapartum interventions. Reprod Health. 2018;15:73.
- 19. De Schepper S, Vercauteren T, Tersago J, Jacquemyn Y, Raes F, et al. Post-traumatic stress disorder after childbirth and the influence of maternity team care during labour and birth: A cohort study. Midwifery. 2016;32:87–92.
- 20. Simavli S, Kaygusuz I, Gumus I, Usluogulları B, Yildirim M, et al. Effect of music therapy during vaginal delivery on postpartum pain relief and mental health. J Affect Disord. 2014;156:194-9.

