Application Of Hypnobirthing Method (Blowing Method) Towards Reducing Anxiety Levels In Mothers In The First Stage At In West Pasaman Regency

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Abstrak

Anxiety can be managed through two approaches, namely pharmacology and non-pharmacology. One alternative action that is often chosen by pregnant women in TM III before giving birth to overcome anxiety is through the hypnobirthing blow-blowing method. Anxiety is a form of psychological change that if it continues can cause stress to depression. To determine the effect of applying the hypnobirthing blow-blowing method on the level of maternal anxiety when facing vaginal delivery. The design used in this study was "Pre-experimental with a one group pretest and posttest pre-post test design" with a sample size of 20 mothers giving birth. The results of the paired t-test statistical test showed sig data (2-tailed) 0.000 <0.05, so Ho was rejected and Ha was accepted, which means that there is an effect of the hypnobirthing method on the level of anxiety of mothers giving birth at PMB Fuji, Batam City in 2024. According to the researcher's assumption, the application of the hypnobirthing method is very effective given to mothers during the labor process, especially in waiting for a long time in the first stage, because the application of this hypnobirthing method provides considerations to minimize anxiety compared to other therapies. Based on the results of the study on the final measurement (post-test) there was a significant increase in moderate anxiety to 14 respondents (70%) and for severe anxiety and very anxious there were no respondents.

Keyword

Hypnobirthing, Anxiety, Blowing Method

INTRODUCTION

Labor is a series of events in which a baby is released from its mother's womb, followed by the release of the placenta and fetal membranes from the mother's body (Fitriana, 2021). Labor is the process of expelling a fetus that occurs in full-term pregnancy (37-42 weeks), born spontaneously with a posterior presentation that lasts for 18 hours, the product of conception is released as a result of regular, progressive, frequent and strong contractions (Walyani, 2021). Labor is a process of expelling the product of conception (fetus and

placenta) that can live to the outside world from the womb through the birth canal or other routes (Diana, 2019).

According to WHO (2019), the maternal mortality rate is the number of maternal deaths due to the process of pregnancy, childbirth, and postpartum which is used as an indicator of women's health. The maternal mortality rate (MMR) is one of the global targets of the Sustainable Development Goals (SDGs) in reducing the maternal mortality rate (MMR) to 70 per 100,000 live births by 2030 (Abdullah et al., 2022). The World Health Organization (WHO) estimates that there are around 830 maternal deaths every day and 99% occur in developing countries.

The Maternal Mortality Rate (MMR) in the world is around 303 per 100,000 live births and the Infant Mortality Rate (IMR) in the world is 41 per 100,000 live births (WHO, 2019). Based on the target (Millenium Development Goals), one of the targets of the 2020 SGDs is MMR 230 per 100,000 live births and IMR 24 per 1000 live births shows that MMR and IMR in Indonesia in 2020 MGDs are then continued with SDGs (Sustainable Development Goals) (Evi Rosita et al., 2020), one of the targets of the SDGs is to reduce MMR to less than 102 per 100,000 live births and IMR 12 per 1000 live births in 2030 (Ministry of Health, 2022). Anxiety is a form of psychological change that if it continues can cause stress to depression (Triasani & Hikmawati, 2016). If a person's anxiety level has reached panic levels, it can cause increased motor activity, decreased ability to relate to others, distorted perceptions, and loss of rational thinking. This anxiety is not in line with life, and if it lasts a long time, it can cause extreme fatigue and even death. Especially for pregnant women who are more prone to anxiety compared to others.

According to Alchalidi and Abdurrahman (2022), several developing countries in the world have a high risk of maternal anxiety. Mild anxiety occurs in around 15.6% of pregnant women and around 19.8% of postpartum mothers in these countries. Some countries that fall into this category include Ethiopia, Nigeria, Senegal, South Africa, Uganda, and Zimbabwe. For example, anxiety in pregnant women occurs in around 18.2% in Uganda, around 12.5% in Nigeria, around 19% in Zimbabwe, and reaches around 41% in South Africa. In the United Kingdom, around 81% of women have experienced moderate anxiety during their pregnancy. In France, around 7.9% of pregnant women who are pregnant for the first time experience mild anxiety.

The influence of psychology on labor, especially on the process of widening and developing the birth canal, because the anxiety experienced by the mother will cause spasms in the muscle tissue so that the birth canal becomes stiff and cannot expand, as a result the labor process is hampered (Hamranani, Anwar and Supardi, 2016). Anxiety in the first stage of labor is one of the main factors that influences the course of labor and results in long opening. The impact of anxiety can cause pain during labor and result in poor cervical dilation (Mochtar, 2015). Anxiety that continues in the mother during labor will have a negative effect, where the mother will experience symptoms of panic to depression in the postpartum period. The mother will experience feelings of guilt and disappointment with herself, characterized by symptoms such as chest pain, palpitations, shortness of breath, dizziness, tight throat, blurred vision, loud voice, and tingling in the extremities (Ali, 2018).

The level of anxiety in mothers in labor differs from one another, this occurs because of the mother's experience of labor as indicated by the mother's gravida (Manuaba, 2015). Hawari (2014), mentions factors that influence anxiety, which are classified as psychological stressors, namely family factors and physical illness. However, not everyone who has these stressors will have an anxiety disorder. This is influenced by several factors such as age, experience, level of education, knowledge, support from family, friends, and society. Factors related to anxiety in mothers in labor include medical history, history of ANC, husband's support, parity, maternal age, education, knowledge, economy, labor pain (Sari, 2022).

Anxiety can be managed through two approaches, namely pharmacological and non-pharmacological. The pharmacological approach has the potential to affect the body functions of pregnant women and fetal

development if used for a long time. On the other hand, the non-pharmacological approach is one of the safer options for pregnant women, because this method has minimal impact on maternal health and fetal development. One alternative action that is often chosen by pregnant women in TM III before giving birth to overcome anxiety is through the hypnobirthing blow-blow method (Doloksaribu, 2021).

Hypnobirthing is deep relaxation with the addition of suggestions through hand stroking as a means to rub the area under the breasts to the stomach. Even this method has been done by pregnant women when their fetus moves in the womb, this is done to calm the movement of the fetus. Almost all pregnant women who are going to give birth experience worry, anxiety, and fear both during pregnancy, when facing labor, and during labor. The anxiety they feel generally ranges from worrying about not being able to maintain the pregnancy so that the fetus cannot grow perfectly, worrying about miscarriage, fear of pain during childbirth, fear of being stitched later, even more extreme they are afraid of complications during childbirth that can cause death (Yesie, 2019).

In several countries such as the United States, a non-pharmacological method has been developed to deal with childbirth, namely the hypnobirthing method. This method is a natural method used to eliminate fear, panic, tension and other pressures that haunt mothers during labor. Hypnobirthing is thought to provide many benefits because it trains pregnant women to always relax, be calm and stabilize emotions. Hypnobirthing aims for mothers to be able to give birth comfortably and eliminate the pain of childbirth without the help of any anesthetic. (Yuseva, 2021)

Currently, almost 20–50% of deliveries in private hospitals are carried out by Caesarean section. This is because mothers who are about to give birth prefer surgery because they do not want to feel pain. In Brazil, Caesarean section operations reach 50 % which is the highest percentage in the world (Galih et al., (2019) in Yurlina Ardhiyanti and Liza Safitri (2022)).

Based on a preliminary study conducted in September 2024 at PMB Fuji, the results of the number of normal deliveries using the hypnobirthing method from January 2024 to August 2024 were 280 mothers giving birth. With an average of 5 mothers giving birth every day. According to Rur (2012) in Ratih Prana Ningrum (2019), pain and fear often haunt women who are pregnant or about to give birth, this is due to past trauma or perhaps because of a perception that has been created for decades. However, this pain can now be reduced or even eliminated completely through a relaxation training process and the hypnobirthing method. Hypnobirthing is a new method specifically for pregnant women by doing deep relaxation which aims to prepare for a smooth, comfortable, painless natural normal birth process.

The results of a study conducted by Eka Sriwahyuni et al. at Rumah Sehat Kasih Bunda in 2022 showed that most of the study samples stated that by carrying out the hypnobirthing relaxation technique, they felt a decrease in anxiety levels and pain scales in the first stage. The results of statistical analysis of the decrease in pain in the first stage using a computerized program showed a ρ value = 0.000. Because the ρ value <0.05 (95% confidence), Ho is rejected, meaning that there is an effect of the hypnobirthing relaxation technique on reducing pain in the first stage of normal labor in primiparas.

One effort to reduce the intensity of pain in primigravida mothers who are going to give birth is to provide information about safe and comfortable childbirth, one of which is by using the hypnobirthing method. This method is based on the belief that every woman has the potential to go through the birth process naturally, calmly, and comfortably (without pain). This program teaches pregnant women to be at one with the movements and rhythms of their bodies during the birth process, allowing their bodies and minds to work, and believing that their bodies are able to function as they should so that the pain disappears (Kuswandi, 2019).

Through a comprehensive and innovative educational approach, including about folic acid and reproductive health, prospective brides and grooms can be better prepared physically and mentally to enter the marriage and pregnancy phase with optimal

health conditions. Education about the importance of folic acid for prospective brides and grooms is expected to increase awareness and show their readiness to face a healthy pregnancy. For women of childbearing age who are about to or are preparing for pregnancy. Education about the importance of folic acid before and during pregnancy can have a significant impact on the health of the mother and baby. Married couples can gain more knowledge about folic acid before marriage, so that they better understand the importance of consuming it during the preconception and pregnancy periods (Putri, 2019). As a result, folic acid supplements are not ideal for women of reproductive age (Santy, 2022).

One of the health facilities that conducts health screening on prospective brides and grooms is the Ampalu Health Center. In a preliminary study conducted at the Ampalu Health Center, the researcher wanted to know "The effect of folic acid education on women of childbearing age on knowledge for marriage preparation" because 7 out of 8 prospective brides and grooms who came for pre-marital consultation did not know the benefits of consuming folic acid during the preconception period.

METHOD

The design used in this study was "Pre-experimental with a one group pretest and posttest pre-post test design" which is to provide treatment or intervention to the research subjects and then the impact of the treatment is measured and analyzed. The population in this study were all mothers giving birth in Pasaman Barat Regency, at the time the study was conducted, namely 25 people. With a sample of 20 people. Data processing is carried out starting from editing, coding, entry, cleaning and tabulating and is analyzed univariately and bivariately with independent tests.

RESEARCH RESULT

Table 1 Respondent Characteristics

No	Characteristics	Amount	
		F	%
1	**Age**		
	< 20 years	4	20.0
	20 - 35 years	11	55.0
	> 35 years	5	25.0
	Total	20	100.0
2	**Place of Work**		
	Housewife	5	25.0
	Self-employed	5	25.0
	Private employee	5	25.0
	PNS	5	25.0
	Total	20	100.0
3	**Gravida**		
	Primigravida	11	55.0
	Multigravida	9	45.0
	Total	20	100.0
4	**Pendidikan Ibu**		
	SD	1	5.0
	SMP	1	5.0
	SMA/K	10	50.0
	DIPLOMA / SARJANA	8	40.0
	Total	20	100.0

Based on the table, data obtained from 20 mothers giving birth showed that most mothers giving birth were aged 20-35 years with a percentage of 55%, most mothers giving birth had a high school/vocational high school education of 10 people (50%), the jobs of mothers giving birth varied and with the same number, namely 5 people in each field of work (25%) each group and (55%) mothers giving birth. Based on previous research findings at PMB Mariana Pontianak in 2023, the majority of the 33 research participants had limited understanding (60.6%) of hypnobirthing. They have little knowledge about the concept, goals, benefits, and techniques of hypnobirthing. A person's knowledge is formed through perception and understanding, influenced by factors such as age, intelligence, socio-cultural background, education, information, work, and experience.

Table 2 Frequency Distribution of Respondents Based on the Level of Anxiety of Respondents Before the Hynobirthing Method was Applied to the Labor Process at Psaman Barat Regency

Anxiety Level	n	%
Mild Anxiety	2	10
Moderate Anxiety	4	20
Severe Anxiety	12	60
Very Anxious	2	10
Total	20	100

Based on table 2, the results of the questionnaire distributed to mothers in labor showed that 12 respondents (60%) experienced severe anxiety when facing the labor process, and there were 2 respondents (10%) experiencing excessive anxiety.

This anxiety can be a risk in the labor process where if the mother experiences anxiety it will be one of the obstacles to the smooth labor process. Where if the mother is anxious it will be difficult to carry out relaxation technique education when facing contractions. Not infrequently because of this anxiety, the mother gives up during the normal labor process and chooses to undergo a CS (Cesarean Section).

Table 3 Respondent Characteristics

Anxiety Level	n	%
Mild Anxiety	6	30
Moderate Anxiety	14	70
Severe Anxiety	0	0
Very Anxious	0	0
Total	20	100

Based on table 3, we can see an increase in the level of moderate anxiety to 14 respondents (70%) and in severe and very anxious anxiety there were no respondents. This is a success during the first stage of labor. Because if the level of anxiety is low, the response of the mother giving birth when given education or given relaxation instructions will be more two-way. The success of the vaginal delivery process will also increase. For mothers who experience mild anxiety, there are other advantages, including the mother will give birth with minimal trauma or commonly called minimal laceration of the birth canal caused by a relaxed, safe and comfortable pushing process.

Table 4 Bivariate analysis in this study was used to determine whether or not there was an effect of hypnobirthing relaxation technique education on the level of anxiety of mothers giving birth Pasaman Barat Regency using the t-test (paired t-test)

Variabel	Mean	N (jumlah)	Std. Deviation	Sig. (2-tailed)	Variabel
Before and after Hypnobirthing	0,850	20,000	0,587	0,000	Before and after Hypnobirthing

Based on the results of the paired t-test statistical test, the sig data (2-tailed) 0.000 <0.05, Ho is rejected and Ha is accepted, which means that there is an effect of the hypnobirthing method on the level of anxiety of mothers giving birth at Pasaman Barat Regency.

DISCUSSION

Based on table 1 respondents were found to be <20 years old and 5 respondents were> 35 years old, where this age is a high-risk age. Which can cause several complications during pregnancy and childbirth. Age has an influence on pregnancy and childbirth. Mothers aged less than 20 years and more than 35 years have a high risk which is likely to threaten the health and life of the mother and the fetus she is carrying during pregnancy, childbirth and postpartum (Utari, 2021).

This is in line with Jannah's research (2019) which shows that there is a relationship between age (p = 0.002) and anxiety of pregnant women in the third trimester in facing childbirth. This shows that age is one of the things that can cause anxiety in pregnant women. Next, we see that the average mother giving birth is a working mother. However, it is not a reference for the mother giving birth not to experience anxiety during the labor process.

Working can divert feelings of anxiety for mothers during the labor process, because working is a time-consuming activity and the mother will focus on her work. When pregnant, working mothers can interact with the community so that they can increase their knowledge, besides working can increase family income to meet their needs during pregnancy. Pregnant women who work have their own money so they can buy everything they want, fulfill their personal needs, both primary and secondary and tertiary needs so they don't need to ask their husbands (Ni'mah, 2019).

This is in line with research conducted by Mayasari (2018) which states that one of the factors of anxiety is work. The workload that a person has, such as feeling incompetent in the world of work, or feeling that they are unable to provide maximum work results, will trigger anxiety in that individual.

Furthermore, in the parity category, the most respondents were primigravida mothers. Where higher anxiety also comes from primigravida mothers. The cause of anxiety is the lack of experience regarding the labor process and previous labor pain management. And the mother feels unable to go through this vaginal delivery phase.

Primigravida mothers usually have difficulty recognizing changes that occur in their bodies so that they will feel discomfort during pregnancy. Meanwhile, mothers who have been pregnant and given birth before (multigravida), the feelings of anxiety felt are only related to past experiences that they have experienced during pregnancy and the labor process (Heriani, 2018).

This is in line with research conducted by Gary, et al (2020) found that there is a relationship between parity and anxiety experienced by pregnant women in the third trimester to approach the labor process. As many as 50% of respondents had their last education at the high school/vocational school level or 10 people. This is because there is no connecting factor between the level of education and the level of anxiety.

The high level of knowledge of a pregnant woman can affect the low incidence of danger. A mother's knowledge of giving birth is an indicator of a mother's anxiety, if she has good knowledge, the level of anxiety tends to be low, while if her knowledge is low, the level of anxiety tends to be high. The higher

the education, the higher the knowledge the mother has (Heriani, 2018).

These results are in line with research by Zakiyah et al. (2020) which found that education has no relationship to maternal anxiety in childbirth. The study explains that education cannot yet be fully said to be one of the things that can influence the level of anxiety in pregnant women.

The theory says that the level of education can influence a person in thinking and acting, people with higher education will find it easier to think rationally so that it is easier to solve problems and know how to have positive coping mechanisms.

Before the hypnobirthing technique was carried out, as a researcher, I filled out a questionnaire and HRS-A questionnaire to measure the range of anxiety of mothers who were about to give birth. After the mother was willing to be a respondent and knew the range of her anxiety, the hypnobirthing technique was given to the mother by giving positive affirmations to the mother so that the mother became more relaxed, calm and felt more comfortable. When the mother feels relaxed, calm and comfortable, the anxiety felt by the mother will decrease.

Anxiety in mothers in childbirth is due to the mother's inaccurate perception of the labor process as a frightening process and causes great pain. Some mothers in labor also feel traumatized by their first labor process because of various difficulties and pain during labor so that they are reluctant to plan to have children again. Some mothers feel great anxiety before the birth of their baby (Kuswandi, 2019).

Based on the results above, it can be concluded that as many as 20 respondents of mothers in labor with anxiety levels in the first phase of the active phase after being educated on the hypnobirthing technique using the blow-blow method, the results obtained were that 6 respondents experienced mild anxiety with a percentage value of 30% and 14 respondents experienced moderate anxiety with a percentage value of 70%.

The results of this study are in line with the results of the Ilmiasih study (2021) which stated that the anxiety of mothers in labor before hypnobirthing was carried out was 25%

of respondents experiencing moderate anxiety, 63% mild anxiety and 12% were not anxious. The presence of thoughts such as giving birth which will always be followed by pain causes an increase in the work of the sympathetic nervous system. In this situation, the endocrine system consisting of glands such as the adrenal, thyroid, and pituitary (the control center of the glands) releases their respective hormones into the bloodstream. (Stuart, 2015).

Hypnobirthing blow-blowing method can minimize and even eliminate fear, tension and panic before childbirth. Hypnobirthing can also reduce the possibility of hyperventilation (rapid and short breathing due to pain) during childbirth. Hypnobirthing techniques, in addition to making the body relaxed, also provide suggestions in the form of positive thoughts in facing childbirth, that childbirth is a pleasant experience and free from pain and fear. Therefore, whatever you think, the body will create according to what you think (Aprilia, 2010)

The benefits of hypnobirthing blow-blowing method for pregnant women, especially for mothers in the first stage of labor, are to train relaxation to reduce anxiety during the labor process, so that the mother's condition becomes comfortable, calm and peaceful, which is also felt by the fetus. With hypnobirthing, the anxiety of the mother in labor can decrease, but does not disappear. Because anxiety is a physiological event that is influenced by the hormones estrogen and progesterone. During pregnancy, this hormone will increase, which causes the risk of brain disorders, such as the emergence of disturbing and repetitive thoughts. In this condition, mothers in labor are more susceptible to stress which has an impact on increasing anxiety (Kuswandi, 2013).

Based on the results of the paired t-test statistical test showing sig data (2-tailed) $0.000 < 0.05$, Ho is rejected and Ha is accepted, which means that there is an effect of the hypnobirthing method of blowing - blowing on the level of anxiety of mothers in labor at PMB Fuji, Batam City in 2024.

In line with Wulandari's research, 2021 stated that there was a decrease in anxiety after hypnobirthing where the average anxiety

score of mothers in labor in the first stage after hypnobirthing was lower than the average anxiety score before hypnobirthing, reaching a score (17.6) or entering the mild anxiety category. From the results of the analysis, it was found that p = 0.00. This shows that hypnobirthing has an effect on reducing anxiety in mothers during the first stage of labor. In addition, the level of anxiety that has the most effect on hypnobirthing using the blow-blow method is at the mild and moderate anxiety levels, but there is a decrease in anxiety scores for mild, moderate, severe, and very severe anxiety.

CONCLUSION

Based on the characteristics of mothers giving birth, the results show that the age of mothers giving birth is mostly 20-35 years (55%) and the highest education is high school/vocational school with a percentage of 50%. In addition, the work is the same as the number (25%). Based on the research on the frequency of anxiety before the hypnobirthing method was applied, the results showed that 12 respondents (60%) experienced severe anxiety in facing the labor process.

Based on the results of the research on the final measurement (post-test), there was a significant increase in moderate anxiety to 14 respondents (70%) and for severe and very anxious anxiety there were no respondents.

Based on the paired t-test statistical test, the sig (2-tailed) data is 0.001 <0.05 05, so Ho is rejected and Ha is accepted, which means that there is an influence of hypnobirthing blow-blowing method education on the level of anxiety of mothers giving birth at PMB Fuji, Batam City in 2024.

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