# Relationship Between Prenatal Class and Anxiety Levels oPregnant Women Facing Normal Delivery at Kartasura Community Health Center

Mona Isabella<sup>1</sup>, Sulastri<sup>2</sup>

<sup>1,2</sup> Faculty of Health Sciences, University Muhammadiyah Surakarta, Central Java, Indonesia

Correspondence email: sulastri@ums.ac.id

Track Record Article	Abstract
Accepted: 19 September 2024 Revised: 17 November 2024 Published: 30 November 2024 How to cite : Isabella, M., & Sulastri. (2024). Relationship Between Prenatal Class and Anxiety Levels oPregnant Women Facing Normal Delivery at Kartasura Community Health Center. Contagion : Scientific Periodical of Public Health and Coastal Health, 6(2), 1180–1190.	Fear during pregnancy often arises related to miscarriage, fetal abnormalities and normal delivery. This anxiety increases as labor approaches. Health care providers need to provide comprehensive psychological care and support, such as through prenatal classes that increase the knowledge of pregnant women. This study aims to determine the relationship between prenatal classes and anxiety levels in pregnant women who will face normal delivery at the Kartasura Health Center. This study is a quantitative analytical study with a cross-sectional research design. The study will be conducted at the Kartasura Health Center and can be implemented in May 2024. The population in this study were 258 pregnant women who visited the Kartasura Health Center. The sampling technique was purposive sampling so that a research sample of 72 people was obtained. Data collection with a questionnaire in the form of interviews. Data analysis used Univariate and Bivariate analysis with the Chi-Square test. The results showed that there was a significant relationship between prenatal classes and the level of anxiety of pregnant women facing normal delivery at the Kartasura Health Center (p-value = 0.028). The implementation of prenatal classes can be given more attention. Health workers try to increase awareness of pregnant women about the importance of attending prenatal classes to improve knowledge and health, both physically and mentally, of pregnant women.

### INTRODUCTION

The Indonesian government has committed to improving maternal and neonatal health through various efforts and programs, one of which is the Sustainable Development Goals (SDGs) which is a continuation of the Millennium Development Goals (MDGs) program. The SDGs target for maternal neonatal health in 2030 is to reduce maternal mortality to 70/100.000 live births, neonatal mortality to 12 per 1000 and under-five mortality to 25 per 1000 (BKKBN, 2017).

The high number of maternal deaths due to dangerous pregnancy complications, information about pain during childbirth, news of maternal deaths during and after childbirth have become the topic of conversation among women since pregnancy, so that they can cause feelings of anxiety, especially in mothers who are mentally unstable (Sopiatun et al., 2023).

Maternal death can occur during pregnancy, childbirth or postpartum. Ways to reduce anxiety include providing information or knowledge to the mother. Examination of pregnant women is carried out to achieve optimal physical and mental health with the hope that pregnancy, childbirth and postpartum can take place safely (Kurniawati & Suwanti, 2019). According to systematic data from 2018, psychological disorders such as anxiety occur in 1-26% of pregnant women in low- to middle-income countries, with higher anxiety levels ranging from 1-37% (Nengsih et al., 2024). In various countries, the prevalence of psychological disorders among pregnant women varies. In China, anxiety affects 20.6% of pregnant women; in Pakistan, 70% experience depression; in Nicaragua, 41% experience anxiety and 57% experience depression; in Sweden, 10% feel anxious; in Bangladesh, 18% experience depression and 29% feel anxious; in Malaysia, anxiety occurs in 23.4% of pregnant women; and in Indonesia, 71.9% of pregnant women experience anxiety. In Iran, 25% of pregnant women report fear of childbirth (Kananikandeh et al., 2022).

In Indonesia, the prevalence of anxiety among pregnant women ranges from 10-25%. Approximately 43.8%-59% of primigravida mothers experience moderate anxiety, while 21.1%-65.9% experience severe anxiety. Pregnant women in the third trimester tend to experience moderate anxiety more frequently, with a prevalence of about 46.7%-55% (Maniagasi et al., 2022).

In 2023, there were 11,314 pregnant women in Sukoharjo Regency. Out of this number, 3,460 pregnant women visited the Kartasura Health Center. In February 2024, there were 248 pregnant women who visited the Kartasura Health Center.

Pregnancy is a process lasting nine months or more in which a woman carries an embryo and fetus in her womb (Mardliyana et al., 2024). During pregnancy, women undergo psychological changes. Psychological disorders, such as anxiety, are common issues. While some women experience joy and satisfaction during pregnancy, others may face anxiety that can impact their mental health. Anxiety disorders pose health risks for both the mother and the fetus (Kartika, 2021).

Other factors influencing anxiety in pregnant women include the normal delivery process. Many people view childbirth as a life-threatening event, which can create fear of death, especially during normal delivery (Setiawati & Sundari, 2019). Anxiety in pregnant women tends to increase as the pregnancy progresses, particularly in the third trimester and as labor approaches (Kartika, 2021).

Therefore, it is essential for healthcare providers to offer comprehensive nursing care addressing the factors that may cause psychological issues in pregnant women, especially for those who are about to undergo normal delivery (Sopiatun et al., 2023).

Prenatal classes are a way to learn about maternal health. They consist of face-to-face group meetings aimed at enhancing knowledge and skills (Meiranny et al., 2019). Research Sopiatun et al., (2023), stated that there is an influence of the high-risk pregnant mother class

on the level of knowledge and anxiety of mothers facing childbirth in the working area of the UPT BLUD Kuripan Health Center. Research Maniagasi et al., (2022), shows that there is an influence of the implementation of pregnancy classes on the level of anxiety and knowledge of pregnant women in facing childbirth. This is because mothers who have been pregnant and given birth before (multigravida), anxiety may be related to past experiences that have been experienced by the mother.

Based on the background, namely anxiety is caused by lack of knowledge, skills, experience and trauma in the past. It is very important to explain knowledge about pregnancy, childbirth and parenting to pregnant women as early as possible. A mother's knowledge about pregnancy will affect the physical and psychological readiness of pregnant women in facing normal childbirth. The researcher formulated the problem formulation is how the relationship between Prenatal Class and the level of anxiety of pregnant women in facing normal childbirth at the Kartasura Health Center in 2024.

#### METHOD

This research is a quantitative study with a cross sectional design. The study was conducted at the Kartasura Health Center and implemented in May 2024. The population of pregnant women was 258 pregnant women and a sample of 72 pregnant women was obtained using the purposive sampling method.

The inclusion criteria in this study were pregnant women in the third trimester who had their pregnancy checked at the Kartasura Health Center, mothers who were ready and willing to be respondents, a mother in primigravida and multigravida pregnancy, pregnant women planning to give birth normally at home and pregnant women planning to give birth in health services. while the exclusion criteria for this study were mothers with pregnancies that experienced serious pregnancy complications and were unable to fill out the questionnaire, pregnant women who were unable to read and write, mothers who suffered from mental disorders such as loss of the ability to think rationally, and pregnant women who were uncooperative and unable to communicate.

In this research there are two variables, namely the independent variable, namely the antenatal class and the dependent variable, namely anxiety. The research instrument used was a questionnaire developed by (Yuliani et al., 2023). This questionnaire consists of 31 validated questions and has been given at the Baki Health Center on April 18, 2024. Validity testing was carried out on 30 respondents. The PASS questionnaire consisting of 31 questions was proven to be valid and reliable with a Cronbach's  $\alpha$  value of 0.901.

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Data analysis in this study, namely univariate analysis, was carried out using the frequency statistical test, while bivariate analysis used the chi square test. This study has obtained ethical approval from KPEK FK UMS on May 11, 2024 with the number 5235/B.1/KEPK-FKUMS/V/2024.

### RESULTS

Table 1. above shows that the age group with the largest number of respondents is 20-35 years old, which is 66 respondents or 91.7%. The lowest number of respondents is in the age group above 35 years old, which is 2 respondents or 2.8%. Respondents with the highest level of education completed are those who have graduated from high school, which is 49 respondents or 68.1%. Most of the respondents work as housewives, which is 32 respondents or 44.4%.

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Characteristics	Ν	%					
Age							
<20 years	4	5,6					
20-35 years	66	91,7					
>35 years	2	2,8					
Education							
Elementary school	3	4,2					
Sekolah Menengah Pertama	2	2,8					
Junior high school	49	68,1					
Senior high school	18	25,0					
Work							
Government employees	8	11,1					
Private employees	15	20,8					
Self Employed	16	22,2					
Homemaker	32	44,4					
Farmer	1	1,4					
Total	72	100,0					

Table 1. Frequency Distribution of Respondent Characteristics

\*Source: Primary Data 2024

In Table 2. The results of the study show that most of the pregnant women respondents had a history of previous pregnancies, indicating that they were not experiencing their first pregnancy. Thus, the number of multigravida mothers was 40 respondents or 55.6%. The table above shows that most pregnant women attended antenatal classes at the Kartasura Health Center, with a frequency of 36 respondents or 50.0%. Likewise, the number of pregnant women who did not attend antenatal classes was also 36 respondents or 50.0%.

The frequency of anxiety in pregnant women who had attended antenatal classes showed that the largest group of respondents, namely 23 pregnant women, did not experience anxiety or 31.9%. In addition, there were 13 respondents who experienced mild anxiety or 18.1%, while no respondents experienced moderate or severe anxiety. Conversely, the

frequency of anxiety in pregnant women who did not attend antenatal classes showed that the largest group of respondents experienced mild anxiety or 22 people or 30.6%. Furthermore, 4 respondents reported no anxiety, representing 5.6%. There were also 5 respondents with moderate anxiety, representing 6.9%, and 5 respondents with severe anxiety, also representing 6.9%.

Variables	Ν	%			
Pregnancy Status					
Primigravida	32	44,4			
Multigravida	40	55,6			
Prenatal Class					
Follow	36	50,0			
No Follow	36	50,0			
Anxiety levels of pregnant wom	en who have attended prenatal	classes			
Without Anxiety	23	31,9			
Mild Anxiety	13	18,1			
Moderate Anxiety	0	0,0			
Serious Anxiety	0	0,0			
Anxiety levels of pregnant wom	en who do not attend prenatal	classes			
Without Anxiety	4	5,6			
Mild Anxiety	22	30,6			
Moderate Anxiety	5	6,9			
Serious Anxiety	5	6,9			
Total	72	100,0			

 Table 2. Frequency distribution of prenatal classes on the level of anxiety of pregnant women in facing normal delivery at the Kartasura Health Center

\*Source: Primary Data 2024

# Table 3. Analysis of the Relationship Between Prenatal Class and Anxiety Levels in Pregnant Women

Anxiety							Total			
Not Anxious		Mild Anxiety		Moderate Anxiety		Severe Anxiety		Total		p-value
n	%	n	%	n	%	n	%	Ν	%	
23	31,9	13	18,1	0	0,0	0	0,0	36	50,0	0,028
4	5,6	22	30,6	5	6,9	5	6,9	36	50,0	
27	37,5	35	48,7	5	6,9	5	6,9	72	100	
	An n 23 4 27	Anxious           n         %           23         31,9           4         5,6	Anxious         An           n         %         n           23         31,9         13           4         5,6         22           27         37,5         35	Anxious         Anxiety           n         %         n         %           23         31,9         13         18,1           4         5,6         22         30,6           27         37,5         35         48,7	Anxious         Anxiety         Anxiety           n         %         n         %         n           23         31,9         13         18,1         0           4         5,6         22         30,6         5           27         37,5         35         48,7         5	Anxious         Anxiety         Anxiety           n         %         n         %           23         31,9         13         18,1         0         0,0           4         5,6         22         30,6         5         6,9           27         37,5         35         48,7         5         6,9	Anxious         Anxiety         Anxiety         Anxiety         Anxiety           n         %         n         %         n         %         n           23         31,9         13         18,1         0         0,0         0           4         5,6         22         30,6         5         6,9         5           27         37,5         35         48,7         5         6,9         5	Anxious         Anxiety         Anxiety         Anxiety           n         %         n         %         n         %           23         31,9         13         18,1         0         0,0	Not         Mild         Moderate         Severe           Anxious         Anxiety         Anxiety         Anxiety         Anxiety           n         %         n         %         n         %         N           23         31,9         13         18,1         0         0,0         0         0,0         36           4         5,6         22         30,6         5         6,9         5         6,9         36           27         37,5         35         48,7         5         6,9         5         6,9         72	Anxious         Anxiety         Anxiety         Anxiety         Anxiety           n         %         n         %         n         %         N         %           23         31,9         13         18,1         0         0,0         0         0,0         36         50,0           4         5,6         22         30,6         5         6,9         5         6,9         36         50,0           27         37,5         35         48,7         5         6,9         5         6,9         72         100

\*Source: Primary Data 2024

Table 3. The results of the study show that the frequency of anxiety in pregnant women who attended antenatal classes showed that the largest group, consisting of 23 respondents, did not experience anxiety, which was 31.9%. In addition, there were 13 respondents who experienced mild anxiety, which was 18.1%, while no respondents experienced moderate or severe anxiety.

On the other hand, the frequency of anxiety in pregnant women who did not attend antenatal classes showed that the largest group experienced mild anxiety, which was 22 respondents, which was 30.6%. Furthermore, there were 4 respondents who did not experience anxiety, which was 5.6%. There were also 5 respondents who experienced moderate anxiety, which was 6.9%, and 5 respondents who experienced severe anxiety, which was 6.9%. From the results of the Chi-Square test, a significance value (p-value) of 0.028 was obtained, which means that there is a significant relationship between antenatal classes and the level of

anxiety in pregnant women facing normal delivery at the Kartasura Health Center.

### DICUSSION

# The relationship between prenatal classes and the level of anxiety of pregnant women in facing normal delivery

Primigravida mothers experience anxiety disorders because they do not have previous experience and do not have much understanding about pregnancy. Meanwhile, multigravida mothers are certainly better able to control their anxiety levels because they have previously experienced and participated in a series of activities during pregnancy, both examinations and pregnancy classes (Hastanti et al., 2021).

In this study, the results showed that respondents based on pregnancy status had the highest number of multigravida pregnancy status with a total of 40 respondents with a percentage of 55.6% and the lowest pregnancy status was primigravida with a total of 32 respondents with a percentage of 44.4%.

Mothers with multigravidarum have much more experience compared to primigravidarum pregnant women. Both good and bad experiences have been experienced during the pregnancy of previous children, so mothers are more vigilant in maintaining their pregnancy so that the bad experiences they have experienced do not happen again (Hijrawati et al., 2023).

This research is in line with research conducted by Hanifah et al., (2019), There is a relationship between parity and antenatal anxiety, that primiparous women tend to be 3.27 times more susceptible to antenatal anxiety due to their lack of experience in undergoing the pregnancy and childbirth process.

This research is also in line with research Apriliani et al., (2023), that the results of the chi square for trend test obtained a p-value of 0.001 (p <0.05) which means that there is a significant relationship between gravida and the level of anxiety of pregnant women in the third trimester in facing childbirth at Budi Kemuliaan General Hospital in 2022. In primigravida mothers, the pregnancy they experience is their first experience, so 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 childbirth, considering

that ignorance is a supporting factor in the occurrence of anxiety. Meanwhile, mothers who have been pregnant before (multigravida), anxiety may be related to past experiences that they have experienced (Mandala et al., 2024).

The results of this study related to prenatal classes can be explained that the frequency of pregnant women who attended prenatal classes at the Kartasura Health Center was 36 respondents with a percentage of 50.0%. And for pregnant women who did not attend prenatal classes, there were 36 respondents with a percentage of 50.0%.

Pregnant women who do not attend pregnancy classes experience higher levels of anxiety than pregnant women who attend pregnancy classes will feel calmer in facing their labor. The existence of pregnancy classes will have an influence on pregnant women in their labor process. Because by attending pregnancy classes can increase knowledge, skills and motivation related to awareness to improve the health of mothers and babies. This has an impact on the mental readiness factor of pregnant women in facing labor (Wati et al., 2023).

The more regular the pregnant mother is in attending the pregnancy class, the more it will affect her anxiety level in facing childbirth. In the pregnancy class there are pregnancy exercises where in the pregnancy exercise there are relaxation techniques that can reduce anxiety, when individuals experience tension and anxiety (Novryanthi et al., 2023).

This is supported by research Novryanthi et al., (2023), Respondents who attended the prenatal class had an effect on their anxiety levels which decreased, this was also supported by various factors including education where most of the graduates were from secondary school and above, some were even diploma and bachelor graduates. This result is in accordance with the theory that higher education allows for high knowledge and tends to get information more easily about health, especially the materials in the prenatal class, so that pregnant women are motivated to continue attending the prenatal class.

Researchers categorize into four assessments, namely without anxiety, mild anxiety, moderate anxiety and severe anxiety. The category is said to experience no anxiety if the score is 0-20, mild anxiety with a score of 21-26, moderate anxiety with a score of 27-40 and severe anxiety with a score of 41-93. There are two groups in the study, namely the group that attended prenatal classes and the group that did not attend prenatal classes. Anxiety of pregnant women who have attended prenatal classes. The processed results above show that the respondents who experienced the most without anxiety with a total of 23 respondents with a percentage of 31.9%, respondents who experienced mild anxiety were 13 respondents with a percentage of 18.1%, and no respondents experienced moderate anxiety and severe anxiety.

Anxiety of pregnant women who do not attend prenatal classes. The processed results above show that the respondents who experienced the most mild anxiety were 22 respondents with a percentage of 30.6%, respondents who did not experience anxiety were 4 respondents with a percentage of 5.6%, respondents who experienced moderate anxiety were 5 people with a percentage of 6.9% and respondents who experienced severe anxiety were 5 people with a percentage of 6.9%.

Most women and their husbands worry about not knowing when labor has started. They ask their parents, midwives or health workers, read books and attend pregnancy classes. Sometimes you feel like labor has come, but it really hasn't. But there will be a time when you really give birth.

According to Wati et al., (2023), anxiety in pregnant women in the third trimester revolves around the labor process, including whether they can give birth normally, whether the labor process is very painful, and the fear of not being able to withstand the pain during labor. The anxiety felt by pregnant women can disrupt their activities. The tension when thinking about the condition of the baby also causes pain in the stomach and sometimes wakes up at night because of dreams about the baby. So with the existence of pregnancy class activities in the village, it is hoped that it can reduce the anxiety of pregnant women in facing labor (Kartika et al., 2023; Kristianingsih et al., 2019).

The results of the study showed that out of 72 respondents who attended prenatal classes, 36 respondents with a percentage of (50.0%) most of them did not experience anxiety, 36 respondents with a percentage of (50.0%). Anxiety of pregnant women who have attended prenatal classes. The processed results above show that the respondents who experienced the most were without anxiety with a total of 23 respondents with a percentage of 31.9%, respondents who experienced mild anxiety were 13 respondents with a percentage of 18.1%, and no respondents experienced moderate anxiety and severe anxiety.

Anxiety of pregnant women who do not attend prenatal classes. The processed results above show that the respondents who experienced mild anxiety the most were 22 respondents with a percentage of 30.6%, respondents who did not experience anxiety were 4 respondents with a percentage of 5.6%, respondents who experienced moderate anxiety were 5 people with a percentage of 6.9% and respondents who experienced severe anxiety were 5 people with a percentage of 6.9%. The results of this study obtained a sig p-value of 0.028 <0.05 that there was a significant relationship between prenatal classes and the level of anxiety of pregnant women in facing normal delivery at the Kartasura Health Center.

This is in line with research conducted by Kurniawati et al., (2019), stated that the research results showed that there was a relationship between participation in pregnancy classes and maternal anxiety in facing childbirth in pregnant women in the third trimester in Branti Raya Village, Natar District, South Lampung Regency, South Lampung in 2018 with a p-value of 0.022 <0.05.

Overall, the implementation of the prenatal class will have a positive effect on pregnant women in the process of preparing for childbirth. Through participation in the prenatal class, pregnant women have knowledge, skills and motivation related to awareness to improve the health of mothers and babies obtained during the lessons in the prenatal class activities. This has an impact on the mental readiness factor of pregnant women in facing childbirth so that a calm, relaxed, relaxed and comfortable state will be created in facing their childbirth (Kurniawati et al., 2019).

The results of this study are in line with research conducted by Yuliandari et al., (2024), states that the p value = 0.001 < (0.05) was obtained, so it can be concluded that there is a relationship between participation in pregnancy classes and anxiety in facing childbirth in pregnant women in Margaluyu Village in 2023.

According to researchers, the participation of pregnant women in pregnancy classes will affect the mental readiness of mothers in facing childbirth. From the results of the study, most pregnant women who did not attend pregnancy classes experienced higher levels of anxiety compared to pregnant women who attended pregnancy classes who would feel calmer in facing their childbirth. The existence of pregnancy classes will have an influence on pregnant women in the process of preparing for childbirth. Because by attending pregnancy classes, it can increase knowledge, skills and motivation related to awareness to improve the health of mothers and babies. This has an impact on the mental readiness factor of pregnant women in facing childbirth.

### CONCLUSION

The results showed that most third-trimester pregnant women attending prenatal classes, 23 respondents (31.9%), experienced no anxiety. In contrast, the majority of those who did not attend, 22 respondents (30.6%), reported mild anxiety. This indicates a significant difference in anxiety levels between those who attended prenatal classes and those who did not. The analysis confirmed a strong relationship between prenatal classes and anxiety levels among pregnant women preparing for normal delivery at Puskesmas Kartasura.

Health workers need to raise awareness among pregnant women about the importance of attending prenatal classes to support physical and psychological health. It is recommended that pregnant women take advantage of prenatal classes held four times during pregnancy to increase knowledge and readiness for pregnancy, childbirth, and the postpartum period.

## REFERENCES

- Apriliani, Desya, Audityarini, E., & Marinem. (2023). Faktor-Faktor Yang Berhubungan Dengan Tingkat Kecemasan Ibu Hamil Trimester III Dalam Menghadapi Persalinan Di RSU Budi Kemuliaan Tahun 2022. Jurnal Kebidanan Dan Kesehatan Reproduks, 1(2), 16–27.
- BKKBN. (2017). Survey Demografi Kesehatan Indonesia (SDKI) tahun 2017.
- Hanifah, D., & Utami, S. (2019). Faktor-Faktor Yang Mempengaruhi Kecemasan Antenatal. *Jurnal Kebidanan*, 5(1), 16–23.
- Hastanti, H., Budiono, B., & Febriyana, N. (2021). Primigravida Memiliki Kecemasan Yang Lebih Saat Kehamilan. *Indonesian Midwifery and Health Sciences Journal*, *3*(2), 167– 178. https://doi.org/10.20473/imhsj.v3i2.2019.167-178
- Hijrawati, N., Sari, Y. O., & Wulandatika, D. (2023). Faktor-Faktor Yang Berhubungan Dengan Kejadian Hiperemesis Gravidarum Pada Ibu Hamil Di Poliklinik Rumah Sakit Islam Banjarmasin. Jurnal Keperawatan Suaka Insan (Jksi), 8(2), 106–114. https://doi.org/10.51143/jksi.v8i2.457
- Kananikandeh, S., Shokravi, F. A., Mirghafourvand, M., & Jahanfar, S. (2022). Factors of the childbirth fear among nulliparous women in Iran. *BMC Pregnancy and Childbirth*, 22(1), 1–8. https://doi.org/10.1186/s12884-022-04870-1
- Kartika, M. L. (2021). Maternity Class as an Effort to Reduce Anxiety in Pregnancy. *Embrio*, 13(2), 148–155. https://doi.org/10.36456/embrio.v13i2.3495
- Kartika, M. L., Lubis, R., & Kundaryanti, R. (2023). Kelas Ibu Hamil Sebagai Upaya Mengatasi Kecemasan Dalam Kehamilan. Jurnal Kebidanan Khatulistiwa, 9(1), 32–38. https://doi.org/10.30602/jkk.v9i1.828
- Kristianingsih, A., & Suryanti, E. (2019). Hubungan Keikutsertaan Kelas Ibu Hamil Terhadap Kecemasan Ibu Dalam Menghadapi Persalinan Pada Ibu Hamil Trimester III Di Desa Branti Raya Kecamatan Branti Lampung Selatan Tahun 2019. Jurnal Kesehatan Masyarakat Mulawarman (JKMM), 1(2), 64–72. https://doi.org/10.30872/jkmm.v1i2.2961
- Kurniawati, A., & Suwanti, E. (2019). Pengaruh Couple Prenatal Class Terhadap Kecemasan Ibu Dalam Menghadapi Persalinan Di Klinik Hana Jogonalan Klaten. *Jurnal Kebidanan Dan Kesehatan Tradisional*, 4(2), 67–73. https://doi.org/10.37341/jkkt.v4i2.116
- Mandala, A. D., Kapitan, M., & Kleden, S. S. (2024). Warm Water Foot Soak Therapy To Reduce Anxiety In Trimester III Pregnant Women At Sikumana Health Centre. Jurnal EduHealt, 15(03), 556–569. https://doi.org/10.54209/eduhealth.v15i03
- Maniagasi, J., Nontji, W., & Ahmad, M. (2022). Pengaruh Kelas Ibu Hamil terhadap Tingkat Kecemasan pada Ibu Hamil dalam Menghadapi Persalinan. *Jurnal Keperawatan*, *14*(4), 1037–1046. https://doi.org/10.32583/keperawatan.v14i4.691
- Mardliyana, N. E., Nadhiroh, A. M., & Puspita, I. M. (2024). Prenatal Yoga Sebagai Upaya Mengurangi Ketidaknyamanan pada Ibu Hamil. *Jurnal Pelayanan Dan Pengabdian Kesehatan Untuk Masyarakat*, 2(1), 305–312. https://doi.org/10.52643/jppkm.v2i1.4276
- Meiranny, A., Wulandari, R. C. L., Rahmawati, A., & Jannah, M. (2019). Penurunan Kecemasan Kehamilan melalui Kelas Prenatal. *PengabdianMu: Jurnal Ilmiah*

*Pengabdian Kepada Masyarakat*, 5(1), 33–38. https://doi.org/10.33084/pengabdianmu.v5i1.939

- Nengsih, Y., N, E. M., & Khairah, I. (2024). Pengaruh Prenatal Yoga Terhadap Nyeri Punggung Pada Ibu Hamil Trimester III Di TPMB D Kecamatan Sukmajaya Kota Depok Tahun 2023. Jurnal Imliah Kesehatan Dan Kebidanan, 13(2), 225–232.
- Novryanthi, D., Martini, E., Haryati, E., Dewi, S. K., Lutiyah, L., Hamidah, E., & Novitriawati, A. (2023). Kelas Ibu Hamil Mempengaruhi Tingkat Kecemasan Dalam Persiapan Menghadapi Persalinan Pada Ibu Hamil Trimester III. *Journal of Maternity Care and Reproductive Health*, 5(4), 208–220. https://doi.org/10.36780/jmcrh.v5i4.248
- Setiawati, E., & Sundari, S. (2019). Pengaruh Terapi Bermain Dalam Menurunkan Kecemasan Pada Anak Sebagai Dampak Hospitalisasi Di RSUD Ambarawa. *Indonesian Journal of Midwifery (IJM)*, 2(1), 17–22. https://doi.org/10.35473/ijm.v2i1.146
- Sopiatun, R., Husna, E. N., Marliana, Y., & Sundayani, L. (2023). Pengaruh Pelaksanaan Kelas Ibu Hamil Terhadap Tingkat Pengetahuan dan Kecemasan Ibu Menghadapi Persalinan di Wilayah Kerja Puskesmas Kuripan. *Empiricism Journal*, 4(1), 92–100. https://doi.org/10.36312/ej.v4i1.1285
- Wati, E., Sari, S. A., & Fitri, N. L. (2023). Penerapan Pendidikan Kesehatan tentang Tanda Bahaya Kehamilan untuk Meningkatkan Pengetahuan Ibu Hamil Primigravida Di Wilayah Kerja UPTD Puskesmas Purwosari Kec. Metro Utara. *Jurnal Cendikia Muda*, 3(2), 226–234.

https://jurnal.akperdharmawacana.ac.id/index.php/JWC/article/view/463

- Yuliandari, M., Wikawati, F., & Hernawati, Y. (2024). Hubungan Keikutsertaan Kelas Ibu Hamil dengan Tingkat Kecemasan Ibu Hamil Menghadapi Persalinan di Desa Margaluyu Kecamatan Campaka. Jurnal Sehat Masada, 18(1), 34–39. https://ejurnal.stikesdhb.ac.id/index.php/Jsm/article/view/456
- Yuliani, V., & Rochmawati, R. (2023). Pengaruh Kelas Ibu Hamil Terhadap Penurunan Kecemasan Ibu Hamil Primigravida Dalam Menghadapi Persalinan Di Puskesmas Kedaung. Journal of Midwifery and Health Research, 1(2), 9–14. https://doi.org/10.36743/jmhr.v2i1.475