

SELF-AFFIRMATION DURING PREGNANCY AND BIRTH: DOES IT WORK?

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ABSTRAK : AFIRMASI DIRI SELAMA KEHAMILAN DAN KELAHIRAN: APAKAH BERHASIL?

Latar belakang: Kondisi psikologis merupakan aspek penting yang tidak bisa dianggap remeh karena dapat mempengaruhi kondisi fisik ibu selama masa kehamilan, persalinan, dan menyusui. Ketika seorang ibu secara teratur dan terus menerus mengucapkan afirmasi positif, afirmasi tersebut akan masuk ke dalam alam bawah sadarnya dan mempengaruhi cara kerja otaknya.

Tujuan: Untuk mengeksplorasi bagaimana afirmasi diri dapat meningkatkan kesehatan mental ibu hamil dan melahirkan.

Metode: Penelitian ini merupakan studi literatur sistematis berdasarkan diagram PRISMA. Artikel bersumber dari jurnal internasional dari tahun 2021 hingga 2024. Artikel diakses melalui database, termasuk *ProQuest*, *EBSCO*, *SpringerLink*, dan *ScienceDirect*. Kata kunci yang digunakan dalam pencarian adalah "afirmasi positif", "kecemasan terkait kehamilan", dan "ketakutan akan persalinan". Tujuh artikel memenuhi kriteria inklusi.

Hasil: Hasil tinjauan mengungkapkan bahwa afirmasi diri memiliki dampak positif pada kesejahteraan emosional ibu selama kehamilan dan persalinan. Tinjauan ini menemukan bahwa afirmasi diri dapat meningkatkan adaptasi selama kehamilan, meningkatkan kepercayaan diri saat melahirkan, mengurangi kecemasan dan depresi selama persalinan, mengurangi ketakutan ibu, dan meningkatkan kemungkinan persalinan normal.

Kesimpulan: Afirmasi diri berkontribusi pada pengalaman yang lebih positif bagi para ibu selama kehamilan dan persalinan.

Saran: Afirmasi diri dapat dibiasakan dan perlu terus dipromosikan untuk menghasilkan hasil kehamilan yang lebih baik.

Kata kunci: afirmasi diri, afirmasi positif, kehamilan, persalinan

ABSTRACT

Background: The psychological state is an important aspect that cannot be underestimated because it can affect the mother's physical state during pregnancy, childbirth, and breastfeeding. When a mother regularly and continuously utters positive affirmations, they enter her subconscious and affect the way her brain works.

Purpose: To explore how self-affirmation improves the mental well-being of pregnant and giving birth mothers.

Methods: This research is a systematic literature study based on the PRISMA diagram. Articles were sourced from international journals from 2021 to 2024. Articles were accessed through databases, including ProQuest, EBSCO, SpringerLink, and ScienceDirect. The keywords used in the search were "positive affirmation," "pregnancy-related anxiety," and "fear of childbirth." Seven articles met the inclusion criteria.

Results: The review results revealed that self-affirmation has a positive impact on the emotional well-being of mothers during pregnancy and childbirth. The review found that self-affirmation can lead to increased adaptation during pregnancy, enhanced confidence in childbirth, reduced anxiety and depression during labor, decreased maternal fears, and increased the likelihood of natural childbirth.

Conclusion: Self-affirmation contributes to a more positive experience for mothers during pregnancy and childbirth.

Suggestions: Self-affirmation can be habituated and needs to be continuously promoted to result in better pregnancy outcomes.

Keywords: self-affirmation, positive affirmation, pregnancy, birth

INTRODUCTION

Pregnancy is a dynamic period involving a wide range of physiological, psychological, and social changes. During this time, expectant women may experience heightened stress, emotional ambivalence, and an increased risk of mental health issues (Bjelica et al., 2018; Puertas-Gonzalez et al., 2023; Sun et al., 2023). The psychological condition of pregnant women is a very important aspect to pay attention to. Although anxiety and depression during the pregnancy and postpartum periods are common (Womersley & Alderson, 2024), emotional fluctuations such as anxiety, fear, and stress can have a direct impact on the mother's physical health, the labor process, and even the breastfeeding period.

Globally, approximately 10% of pregnant women and 13% of postpartum women experience a mental health disorder, predominantly depression (World Health Organization, 2019). In developing countries, these rates are even higher: 15.6% during pregnancy and 19.8% postpartum (World Health Organization, 2019). The impact has been demonstrated not only on the mothers, but also on the growth and development of their children (World Health Organization, 2019). Several studies have shown that psychological distress during pregnancy, especially in the third trimester leading up to labor, can affect fetal development, preterm birth, and increase the risk of labor complications (Bjelica et al., 2018; Staneva et al., 2015). Anxiety and affecting an estimated one in ten women in developed countries and one in five women in developing countries.

Maintaining psychological stability during pregnancy requires support from both internal and external sources, such as oneself, family, health workers, and the social environment. Healthy coping strategies, including social support, self-defense mechanisms, and optimism have been shown to help reduce these psychological pressures (Traylor et al., 2020). One of the non-pharmacological interventions that has recently been widely researched is positive affirmations, which are statements or sentences repeated consistently by individuals to instill positive beliefs and self-image. Positive affirmations aim to build mental strength, reduce anxiety, and instill a sense of confidence and calmness before labor (Nurcahyani et al., 2020). The use of positive affirmations allows pregnant women to replace negative recordings in their subconscious with more constructive thoughts, thus helping to improve the overall psychological state (Runjati & Nurcahyani, 2021).

Affirmations performed in a structured, repetitive manner are believed to influence brain function through the subconscious, increase self-control, and strengthen mothers' mental preparedness for labor. Therefore, positive affirmations can effectively improve emotional well-being and reduce psychological tension in pregnant women (Runjati & Nurcahyani, 2021). In other words, giving positive affirmations could help mothers maintaining their psychological condition (Rahayu & Rizki, 2020a)

Researchers have explored affirmations, which are concise positive sentences that pregnant women use to empower their self-conception, as a strategy to transform negative perceptions (Svenningsen & Almeida, 2020). In Svenningsen and Almeida's study, affirmations in conjunction with yoga were utilized to foster a sense of empowerment, both in the physical aspect through yoga postures and movements and in the mental aspect through the recital and reflective writing of affirmations (Svenningsen & Almeida, 2020). Recent research conducted by Kandeel et al. (2024), has shown that practicing positive affirmations during pregnancy effectively reduces stress levels and fear of childbirth. These findings provide a strong scientific basis for incorporating positive affirmations into psychosocial interventions for prenatal care (Kandeel et al., 2024).

Based on this description, the researcher deemed it crucial to conduct a systematic literature review (SLR) to identify and summarize scientific evidence regarding the advantages of positive affirmations for expectant and birthing mothers. The results of this review are expected to contribute to midwifery practice and perinatal psychology, particularly with regard to strengthening maternal mental health during pregnancy and labor.

RESEARCH METHODS

This research is a systematic literature study by searching for existing article sources. The source of articles from international journals for the last five years, from 2021 to 2024. Articles are accessed through online databases, which include Proquest, Ebsco, SpringerLink, Science Direct. The database was accessed from October 9 to October 16, 2024. The keywords used in the search were positive affirmation, pregnancy-related anxiety, fear of childbirth and used the appropriate Boolean logic. More specifically, the Boolean logic used was (positive affirmation OR affirmation) AND (pregnancy-related anxiety OR prenatal anxiety OR childbirth fear OR fear of childbirth).

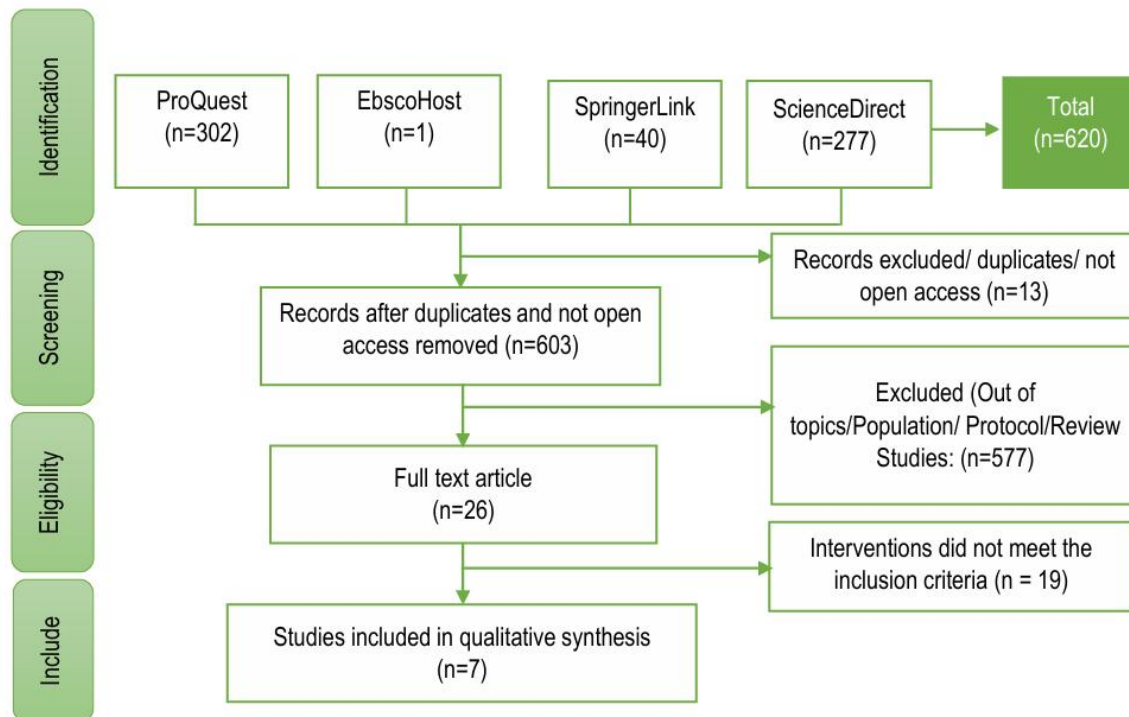


Figure 1. PRISMA Flow

The inclusion criteria for this study were based on PICO (population, intervention, comparison, outcome). The study compared pregnant women with positive self-affirmation to pregnant women without affirmation and analyzed the benefits of self-affirmation in dealing with psychological changes in pregnancy. Inclusion criteria for this study include articles in the form of experimental, cross-sectional, qualitative, or mixed-methods research published in English within the last five years that examine the benefits of self-affirmation in pregnancy and childbirth and that can be downloaded in full text. All other articles were excluded.

A total of 620 articles were found in the online database search using keywords. These articles were then filtered based on the last five years, full text, language, and original research.

After filtering, 302 articles were obtained from ProQuest, one article from the EBSCOhost database, 40 articles from SpringerLink, and 277 articles from ScienceDirect. Then, articles were checked for duplication and reviewed manually through the title, abstract, and full text, resulting in the selection of seven articles that met the criteria. Figure 1 shows the process of searching and reviewing articles.

RESEARCH RESULTS

The researcher selected seven articles for review from the results of the search for articles in the four databases described in the methodology. The review was conducted on the seven articles that met the criteria. The following are the results of the analysis of the seven articles.

Article Characteristics

Table 1
Article Characteristics

Author(s)/Year	Title	Study Design	Sampling Methods	Total Sample
Nevin Çıtak Bilgin/ 2020	Effects of Childbirth Education on Prenatal Adaptation, Prenatal and Maternal Attachment	Pre/post-education, semi-experimental and prospective design	Purposive sampling	173 nulliparous women
Merve Camlibel, PhD/ 2020	Women's Thoughts about Education Class for	Phenomenological study	Purposive sampling	13 nulliparous

	Awareness of Labor: A Qualitative Study			women
Xuefei Zhao, Jianjun He, and Jue Liu/ 2022	Effects of Positive Psychological Nursing Combined with Free Posture on the Prognosis of Primipara with Singleto Spontaneous Delivery	Experimental study	Random number table method	106 primiparous women
Pierluigi Diotaiuti, Giuseppe Valente, Stefania Mancone, Thais Cristina Siqueira, Alexandro Andrade/ 2022	A Psychoeducational Intervention in Prenatal Classes: Positive Effects on Anxiety, Self-Efficacy, and Temporal Focus in Birth Attendants	Non-randomized quasi-experimental study	Non-probabilistic intentional	80 pregnant women
Xiuhong Wang, Xueyan Wang, Xiaofeng Wan, Xueheng Wen, Cailing Lv and Jinguo Zhai/ 2024	Empowering women with fetal malpositions: enhancing childbirth experience and empowerment through educational interventions: a randomized controlled clinical trial	Randomized controlled trial	Randomized	137 pregnant women (69 and 68 in the control and study groups, respectively)
Gemma McKenzie, Elsa Montgomery/ 2021	Undisturbed Physiological Birth: Insights from Women Who Freebirth in the United Kingdom	Qualitative study	Purposive Sampling	16 postpartum women
Rebecca Edwards, Susan Way, Vanora A. Hundley/ 2023	Let's talk early labour: The L-TEL randomised controlled trial	Pragmatic, randomised control trial	Pragmatic Randomized Controlled Trial	140 nulliparous women

Table 2
Intervention Criteria

Background	Purpose	Interventions	Results
Problems with prenatal adaptation and maternal attachment among pregnant women negatively affect the health of the mother, family, and baby. Childbirth education can improve adaptation to pregnancy by boosting the mother's confidence and strengthening her bond with her baby.	To identify the effects of childbirth education on prenatal adaptation and maternal-child attachment.	The room is equipped with pillows, mats, models of the fetus and birth process, and Pilates balls. The walls are plastered with affirmations and visuals related to the fetus and birth process. The education program is conducted once a week (9:00 a.m. to 12:00 p.m.) for five weeks. Each 15-hour course has a maximum of 10-12 participants. Visual tools, models, and video demonstrations are used during the course. Presentations and interactive educational methods are also employed. Breathing and	Before this study, the control and education group's prenatal and prenatal attachment adaptation levels were similar ($p=0.770$ and $p=0.277$, respectively). However, pregnant women's prenatal adaptation increased after receiving education, and significant between-group differences were observed ($p<0.001$). The education group also showed an increased prenatal attachment level after education ($p < 0.001$). However, there were no significant differences in prenatal and maternal attachment levels between groups ($p = 0.171$ and

		relaxation exercises are performed at the end of each session for 30–45 minutes. Participants are given affirmations related to babies and birth. Participants are asked to repeat these exercises and affirmations at home every day.	p = 0.763, respectively).
The philosophy behind childbirth education classes is not based on any particular philosophy or method. Research on the effects of philosophy-based childbirth preparation classes on pregnancy and childbirth preparation is lacking in its comprehensiveness.	To analyze the feelings, thoughts and opinions about pregnancy and childbirth among the women who attended the Childbirth Awareness Class Education.	Couples attended a weekly, 4-week childbirth preparation course held after working hours. Each 120-minute session included 90 minutes of theory and 30 minutes of practice. Week 1 covered: course introduction, participants' thoughts/emotions about childbirth, causes of fear, the "Fear–Tension–Pain" cycle, hormones in labor, how fear affects labor, and the purpose of childbirth preparation classes. It concluded with relaxation exercises and homework. Week 2 included: review of Week 1, discussion of assignments, three key rules for shifting perspectives on labor (thoughts, language, motivation), relaxation techniques (breathing, visualization, imagination), muscle training, and new assignments. Week 3: Reviewed prior assignments and lessons, discussed signs of labor onset, differences between real and false labor pains, stages and mechanisms of labor (dilation, delivery, placenta), exercises to do at home when labor starts, hospital birth procedures, labor videos, communication with medical staff, relaxation exercises, and assignments. Week 4: Reviewed previous content and assignments, covered final preparations for childbirth (delivery kit, transport), cesarean section,	The women's feelings, thoughts, and opinions about pregnancy and labor: Change: experienced positive shifts in their spouses' attitudes, improved communication, greater interaction with the baby, and emotional support through sharing experiences with other couples. Preparedness for Labor: Increased knowledge and self-confidence enhanced their decision-making ability and made the pregnancy and labor process easier.

		epidural anesthesia, early postpartum period, viewed a positive birth video or story, did relaxation exercises, held a certificate ceremony, and conducted course evaluation.	
Psychological distress during childbirth can result in uncoordinated uterine contractions, extended labor, and fetal distress. Severe pain can trigger anxiety, depression, and hormonal disturbances in the mother. Additionally, screaming in pain can lead to hyperventilation and excess oxygen consumption, which can further disrupt the labor process.	To determine the impact of positive psychological care and freedom of birthing position on labor outcomes of women giving birth to their first child spontaneously.	Psychological reinforcement is provided when there are changes in the intensity of contractions, an abnormal fetal position, or a slow opening of the cervix. Regardless of whether labor is progressing smoothly, the mother is encouraged to respond actively in a relaxed, gentle, and pleasant manner. At the same time, her physical signs are closely observed, and any abnormalities are immediately reported to the attending physician.	A significantly lower level of anxiety and depression during labor was observed in the observation group compared to the control group ($P < 0.05$). The first and second stages of labor were shorter in the observation group than in the control group ($P < 0.05$), but there was no significant difference in the third stage of labor ($P > 0.05$). The pain level during the active phase of the first stage of labor was also lower in the observation group than in the control group ($P < 0.05$).
Research shows that high anxiety in pregnant women is related to their perception of time during pregnancy and their lack of self-confidence. Anxiety about childbirth can be alleviated through prenatal classes. However, current prenatal classes lack information about maternal mental health and psychological issues before and after childbirth, despite the fact that this information would be useful.	To evaluate the effectiveness of psychoeducational interventions on maternal mental health, parenting skills, relationships between partners, relaxation techniques, and assertiveness.	This twice-weekly enrichment class covers standard prenatal material, plus eight additional sessions led by a psychologist focusing on maternal mental health and psychological skills. Session overview: Meeting 1: The importance of mental health during and after pregnancy. Meeting 2: Adding fun daily activities. Meeting 3: Progressive muscle relaxation. Quick stress relief techniques. Meeting 4: Assertive communication skills. Meeting 5: Exploring the concept of the "ideal mother" using genograms and cultural reflection. Meeting 6: Identifying and reframing negative thoughts. Meeting 7: Addressing fears related to childbirth and coping strategies. Meeting 8: All skills are to be	This psychoeducational intervention produced significant and positive changes, particularly in four areas: reducing anxiety, boosting self-confidence, and addressing the informational and safety needs of the pregnant women who participated in the program.

		reviewed and personal development goals are to be set.	
Fetal malpositions often lead to difficult labor and negative birth experiences. Midwifery education can improve outcomes by reducing stress and increasing self-control, but its use for fetal malpositions remains understudied.	To evaluate the impact of a childbirth education approach that emphasizes empowerment on the experiences and sense of empowerment among women dealing with fetal malpositions.	The control group received standard childbirth care, while the study group received standard care and an educational intervention designed to empower childbirth, administered by midwives. The educational content was as follows: (1) Problem identification. First, the midwife assessed the pregnant woman's condition. Then, she used open and guided questions to help the woman understand the main issues. (2) Expression of emotions. After identifying the problem, the midwives encouraged the women to express their emotions and provided positive guidance. (3) Goal Setting: The goal was to improve understanding of fetal malpositions and self-management in pregnant women. (4) Plan development and action: While implementing the plan, the midwives communicated with the pregnant women every one to two hours, offering professional advice and affirmation regarding the implementation process. (5) Result evaluations.	The study group demonstrated significantly higher levels of childbirth experience and reported better patient perceptions than the control group. Additionally, the study group demonstrated higher levels of delivery support and control. They also exhibited greater maternal coping behavior. The study group demonstrated specific aspects of perceived participation. They also demonstrated patient perception of empowerment. All of these were compared to the control group. There were no statistically significant differences in pregnancy outcomes between the two groups.
A lack of opportunities for midwives and midwifery students to observe natural, uninterrupted labor hinders their ability to support this process.	To explore women's experiences of physiologically uninterrupted childbirth by exploring the stories of women in the UK who practiced freebirth.	Face-to-face and unstructured interviews are used. Participants were encouraged to reflect on their experiences within the context of four stages: pre-freebirth, freebirth pregnancy, freebirth, and postnatal. All interviewees were asked one question: "Please describe your freebirthing journey from any point you think is most appropriate."	Six participants noted their use of affirmations, with emphasis on words such as 'open' and 'surrender'.
Women experiencing an	To evaluate the impact of the web-	Provided access to a web-based program that can be	The web-based assistance program (intervention group)

uncomplicated pregnancy and birth are less likely to undergo obstetric interventions if they remain at home during the early stages of labor. However, many women are dissatisfied with this option because they do not know what exactly to do.	based intervention on women's self-reported experiences of early labor.	used at any time during pregnancy, including: a) Guidance on dealing with the early phases of labor; b) Videos of experienced mothers (multiparous) discussing how they dealt with pain and emotions during labor; c) Emotional support through self-efficacy theory to boost the confidence of nulliparous mothers by sharing the experiences of others; d) Guidance on positive thinking and the use of supportive language; e) Explanation of the role of the birth partner during labor; f) Examples of pain and anxiety management techniques, such as breathing techniques, massage, water immersion, and hypnobirthing (relaxation and positive suggestions)	increased the likelihood of natural childbirth without the need for medical assistance to speed up the process (augmentation) to 39.1% among the women who attended the program, compared to 21.1% among the women who did not attend the program (control group).
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DISCUSSION

This systematic review found that self-affirmation, whether as a standalone intervention or part of a childbirth education program, positively impacts various aspects of pregnancy and childbirth. The benefits of self-affirmation in this context can generally be grouped into three themes: (1) improved prenatal adaptation and bonding, (2) reduced anxiety and increased self-control during labor, and (3) maternal empowerment through educational interventions.

Improved Prenatal Adaptation and Bonding

Several studies in this review underscore how positive affirmations provided during childbirth preparation classes can improve adaptation to pregnancy and mother-child bonding, especially in first-time pregnant women (nulliparas). The study by Bilgin (2020) showed that affirmations displayed and repeated in childbirth education classes, accompanied by breathing and relaxation exercises, significantly increased the level of prenatal adaptation and maternal attachment to her fetus (Bilgin et al., 2020). Although the differences between the control and intervention groups were not always statistically significant in all dimensions, the differences in the pre-post results suggest that affirmations may play an important role in the process of psychological adjustment during pregnancy.

Reduced Anxiety and Increased Sense of Control During Labor

Self-affirmation has also been found to reduce anxiety, stress, and fear during labor. A study by Zhao et al. (2022) found that an affirmation-based psychological approach combined with the freedom to choose one's birthing position decreased anxiety and pain levels and shortened the duration of the first and second stages of labor (Zhao et al., 2022). This intervention enabled mothers to respond to contractions with greater calmness and confidence (Zhao et al., 2022).

Consistent with this, the intervention developed by Wang et al. (2024), which integrated affirmative techniques and empowerment education, enhanced mothers' perceptions of labor support, coping abilities, and sense of control during labor (Wang et al., 2024). However, no significant differences in clinical pregnancy outcomes were observed. These results suggest that self-affirmation influences psychosocial and emotional aspects more than physiological or medical aspects.

This finding aligns with recent health psychology literature suggesting that self-affirmation strengthens self-identity, decreases stress responses, and improves psychological well-being. Lannin et al. (2021) demonstrated that self-affirmation enhances self-esteem and emotional stability, particularly in stressful situations (Lannin et

al., 2021). In the context of pregnancy, studies by Runjati & Nurcahyani (2021) and Nurhasanah et al. (2024) demonstrate the effectiveness of positive affirmations in reducing anxiety and increasing emotional readiness before labor (Nurhasanah et al., 2024; Runjati & Nurcahyani, 2021).

Research conducted by Kandeel et al. (2024) supported the findings of this review. A quasi-experimental study by Kandeel et al. (2024) found that, compared to those in the back massage group, individuals in the self-affirmation group generally reported higher levels of psychological well-being and lower levels of distress (Kandeel et al., 2024).

Maternal Empowerment Through Educational Interventions

This review highlights the importance of self-affirmation in empowering pregnant women, particularly when combined with prenatal education. According to Diotaiuti et al. (2022), empowerment-based interventions provided by midwives or psychologists integrate affirmations with relaxation techniques, assertive communication, self-reflection, and negative thought management (Diotaiuti et al., 2022). Participants reported significant improvements in confidence, knowledge, and preparedness for labor and the postpartum period as a result.

Additionally, interventions integrating affirmations with empowerment-based education yield stronger results in improving maternal motivation, self-control, and perceived competence (Rahayu & Rizki, 2020b). These findings align with the holistic approach of midwifery care, which focuses on the psychological and emotional empowerment of mothers, rather than just the medical or technical aspects.

In recent years, a growing amount of evidence has emerged highlighting the psychological and neurocognitive mechanisms through which self-affirmation influences health-related outcomes. For instance, Dutcher et al. (2016) demonstrated that self-affirmation activates the ventral striatum, an area of the brain associated with reward processing. This suggests that self-affirmation may serve as an intrinsic motivator that protects individuals against psychological threats and encourages positive behavioral changes. These neurobiological findings support the theory that self-affirmation enhances self-integrity and fosters resilience under stress, which is highly relevant in emotionally intense contexts, such as pregnancy and childbirth.

These findings firmly support integrating self-affirmation strategies into prenatal education

programs. Self-affirmation interventions promote psychological readiness, reduce stress, and enhance maternal self-efficacy. These interventions can serve as a low-cost, scalable component of holistic maternal care, potentially improving emotional well-being and behavioral engagement in pregnant women.

Affirmation experiences also occur naturally in non-medical birth settings, such as freebirth. McKenzie and Montgomery (2021) noted that women who chose freebirth used verbal affirmations, such as "open" and "surrender," as part of their emotional and spiritual preparation (McKenzie & Montgomery, 2021). This suggests that affirmations are not only a structured strategy but also an intuitive process that reinforces a sense of control over the body and birth experience.

Self-affirmation has generally been shown to help pregnant women manage negative emotions, develop more positive perceptions of labor, and strengthen their sense of autonomy. However, this intervention is not yet widely used in conventional prenatal classes, which tend to focus solely on physical and medical information. A holistic approach that incorporates psychological aspects, such as positive affirmations, has been shown to provide emotional benefits and a more positive labor experience.

CONCLUSION

This literature review explores the influence of positive affirmations on pregnant and birthing mothers. The results of the review indicate that self-affirmation improves the emotional state of mothers during pregnancy and childbirth. Specifically, self-affirmation increases adaptation during pregnancy, boosts confidence in childbirth, reduces anxiety and depression during labor, alleviates fears, and increases the likelihood of natural childbirth. These improvements help mothers have a more positive experience during pregnancy and childbirth. As the limitation of this review, the authors did not find any articles that described a self-affirmation intervention on its own. All of these were combined with other interventions. Nevertheless, we concluded that self-affirmation alone can contribute to the psychological well-being of pregnant and birthing women.

SUGGESTION

It is recommended that health service providers, such as the Independent Midwife Practice Site (TPMB), primary health center (*Puskesmas*), and clinics, will introduce positive affirmations to help pregnant women prepare for childbirth and improve their psychological well-being

during pregnancy and childbirth. Positive self-affirmation training can be provided in conjunction with pregnancy classes, education, or in combination with other interventions.

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