

**OVERVIEW OF ANXIETY LEVELS IN PRIMIGRAVIDA PREGNANT WOMEN APPROACHING LABOR
IN TAMBAAN VILLAGE, CAMPLONG DISTRICT, SAMPANG REGENCY**

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**ABSTRAK : GAMBARAN TINGKAT KECEMASAN IBU HAMIL PRIMIGRAVIDA MENJELANG PERSALINAN
DI DESA TAMBAAN, KECAMATAN CAMPLONG, KABUPATEN SAMPANG**

Latar Belakang: Masalah kejiwaan atau gangguan mental adalah gangguan pada pikiran perasaan dan perilaku, sehingga menimbulkan penderitaan dan terganggunya fungsi sehari-hari baik pribadi dan sosial. Kesehatan mental selama kehamilan merupakan aspek penting yang mempengaruhi kesejahteraan ibu dan perkembangan janin. Ibu hamil seringkali mengalami perubahan emosional dan fisik yang signifikan, yang dapat memicu stres dan kecemasan.

Tujuan: Penelitian ini untuk mengetahui tingkat kecemasan pada ibu hamil menjelang persalinan.

Metode: Jenis penelitian yang digunakan dalam penelitian ini adalah deskriptif. Penelitian dilaksanakan di Desa Tambaan, Kec. Camplong, Kab. Sampang. Populasinya adalah seluruh ibu hamil trimester III. Sampel sebanyak 25 ibu hamil. Kriteria dalam penelitian ini adalah ibu hamil yang bersedia menjadi responden serta ibu hamil yang tidak ada komplikasi penyakit pada kehamilan.

Hasil: Hasil penelitian menunjukkan bahwa sebanyak 8% cemas ringan, 72% cemas sedang dan 20% cemas berat.

Kesimpulan: penelitian ini ialah mayoritas ibu hamil dalam menghadapi persalinan di Indonesia mengalami kecemasan dengan tingkat bervariasi. Ibu hamil primigravida paling banyak mengalami kecemasan sedang, diikuti kecemasan berat dan ringan.

Saran: Disarankan agar ibu hamil meningkatkan kunjungan antenatal care untuk mempersiapkan diri secara fisik dan mental dalam menghadapi persalinan.

Kata Kunci: Gambaran Karakteristik, Primigravida, Kecemasan

ABSTRACT

Background: Mental health problems or disorders are disturbances in thoughts, feelings, and behavior, causing suffering and impaired daily functioning both personally and socially. Mental health during pregnancy is an important aspect that affects the well-being of the mother and fetal development. Pregnant women often experience significant emotional and physical changes, which can trigger stress and anxiety.

Objective: This study aims to determine the level of anxiety in pregnant women approaching labor.

Methods: The type of research used in this study is descriptive. The research was conducted in Tambaan Village, Camplong District, Sampang Regency. The population consisted of all third-trimester pregnant women. The sample was 25 pregnant women. The criteria for this study were pregnant women willing to be respondents and pregnant women without pregnancy-related complications.

Results: The study results showed that 8% experienced mild anxiety, 72% moderate anxiety, and 20% severe anxiety.

Conclusion: This study concluded that the majority of pregnant women in Indonesia experience anxiety in facing childbirth with varying levels. Primigravida mothers most commonly experienced moderate anxiety, followed by severe and mild anxiety. Recommendation: It is recommended that pregnant women increase antenatal care visits to prepare themselves physically and mentally for childbirth.

Keywords: Characteristic Overview, Primigravida, Anxiety

INTRODUCTION

Anxiety in pregnant women often increases in the third trimester and can have a negative

impact on both the mother and the fetus. According to WHO in 2019, around 30% of women in their third trimester experience anxiety as they approach

delivery. Pregnancy is one of the important moments in a woman's life, where many feelings of happiness and hope arise. However, on the other hand, pregnancy can also be a time full of challenges and pressures, both physically and emotionally. This condition often becomes an emotional crisis for some women and, if not managed properly, can lead to complications for both mother and baby. Evidence shows that various somatic and psychological problems such as fear, anxiety, and depression often accompany pregnancy (Siregar, 2021). Research conducted outside of Indonesia shows that the role of husbands in the childbirth process is often overlooked, due in part to cultural factors and unsupportive health policies (Mutiara, 2021). Having a partner during childbirth helps mothers reduce mortality rates because pregnancy and childbirth are distressing events that can actually be prevented and do not have to happen. The presence of a man is one form of moral support that is needed, as mothers are currently experiencing a lot of pressure. Although the biggest factors influencing delivery and birth in our culture are medical staff and the medical situation, this can have a significant impact on the forms of anxiety and depression a mother experiences during and after childbirth (Rusmini, 2022).

Menurut WHO (2019) Maternal mortality rate refers to the number of maternal deaths resulting from pregnancy, childbirth, and the postpartum period, which is used as an indicator of women's health status. The Maternal Mortality Rate (MMR) is one of the global targets of the Sustainable Development Goals (SDGs) to reduce maternal mortality to 70 per 100,000 live births by 2030. Around 13% of pregnant women experience anxiety, and generally depression in developing countries, with the percentage even reaching 19.8%. In line with Honikman's research findings, the WHO also states that depression leading to suicidal thoughts in women is likely to occur after giving birth. Difficulty responding to the baby's needs is another sign that a mother is experiencing depression. In line with Honikman's research findings, the WHO also states that depression leading to suicidal thoughts in women is likely to occur after giving birth. Difficulty responding to the baby's needs is another sign that a mother is experiencing depression (Safari 2022). Globally, the WHO states that there are approximately 12,230,142 pregnant women who experience problems during the third trimester of pregnancy. These problems include anxiety, which is felt by 30% of pregnant women. In the United Kingdom, about 81% of mothers experience mental

health issues during pregnancy. In France, around 7.9% of mothers experience anxiety during their first pregnancy, about 11.8% of mothers experience depression, and around 13.2% of mothers experience both depression and anxiety (Halil & Puspitasari, 2023). Globally, the WHO states that there are approximately 12,230,142 pregnant women who experience problems during the third trimester of pregnancy. These problems include anxiety, which is felt by 30% of pregnant women. In the United Kingdom, about 81% of mothers experience mental health issues during pregnancy. In France, around 7.9% of mothers experience anxiety during their first pregnancy, about 11.8% of mothers experience depression, and around 13.2% of mothers experience both depression and anxiety (Mardhiyah, 2020).

Primigravida mothers are at higher risk of experiencing anxiety. This is due to fear of fetal abnormalities, complications during labor, and fear of pain (Tri Susilowati, 2020). If anxiety is left untreated, it can cause negative effects on both the mother and the fetus (Mumtaz & Akram, 2020). The negative impact on pregnant women can trigger uterine contraction stimulation. As a result, this condition can increase blood pressure, which may lead to preeclampsia and miscarriage (Novriani, 2017). According to (Veradilla, 2025) Anxiety and worry in the third trimester increase as the pregnancy reaches seven months and beyond, and as childbirth approaches, where the mother begins to imagine the stressful labor process, the pain experienced, and even the possibility of death during delivery. In addition, the mother may also feel anxious about the baby being born with defects. Furthermore, hormonal changes in the third trimester: Pregnancy in the third trimester is often referred to as a phase of waiting with heightened caution. During this period, pregnant women begin to recognize the baby as a separate being, causing impatience for the baby's arrival. The anxiety and stress experienced by pregnant women in facing childbirth is a significant mental health issue with impacts on maternal and neonatal health. Pregnant women who experience stress may negatively affect both themselves and the fetus they are carrying. This not only impacts the pregnancy but also affects the labor process, after childbirth, as well as during lactation. The negative impacts if a pregnant mother experiences stress include the risk of fetal death, disturbances in fetal brain development, miscarriage, premature birth, and the risk of babies being born with low birth weight (Robin, 2015). Several factors that can affect a mother's anxiety and stress in facing childbirth include the mother's parity status,

health care behaviors, gestational age, experiences or history from previous pregnancies, and family support. (Hanifah & Utami, 2019).

Mental health in pregnant women is often considered no more important than their physical health. Pregnancy is a period that requires mental readiness, as mental health during pregnancy can affect both quality of life and overall well-being. It is very important to maintain good mental health in all phases of life, including during temporary periods such as pregnancy, where mothers must face new challenges that require a healthy mind to have a positive impact on themselves (Rahmawati et al., 2024). The prevalence of anxiety disorders in pregnant women is reported to be quite high globally, with significant variations among populations and healthcare settings. In developing countries, including Indonesia, the prevalence of mental health problems in pregnant women is reported to reach 15.6% during pregnancy and 19.8% in the postpartum period.

The impact of maternal anxiety and stress is not limited to the mother's mental health but also affects pregnancy outcomes, such as preterm birth, low birth weight, and delivery complications. Therefore, a thorough understanding of the level of anxiety in pregnant women approaching childbirth is essential.

RESEARCH METHODS

This research is descriptive with a cross-sectional approach. The sample in this study consisted of 25 third-trimester pregnant women who met the inclusion and exclusion criteria.

RESEARCH RESULTS

The results of the analysis in this study are presented in the table below based on the characteristics of respondents in Tambaan Village, Camplong District, Sampang Regency, which include age, education level, employment status, parity, family support, and the anxiety level of primigravida pregnant women. The total number of respondents in this study was 25 third-trimester primigravida pregnant women who are about to give birth in Tambaan Village, Camplong District, Sampang Regency.

Table 1
Distribution of Respondents by Age

Age	N	%
20 – 35	25	100
< 20 - >35	0	0

Table 2
Distribution of Respondents Based on Education

Education	N	%
SD	0	0
SMP-SMA	24	96
PT	1	4

Table 3
Distribution of Respondents Based on Employment Status

Employment	N	%
Swasta/PNS	4	16
IRT	21	84

Table 4
Distribution of Respondents Based on Parity

Parity	N	%
Primigravida	25	100
Multigravida	0	0
Grande Multigravida	0	0

Table 5
Distribution of Respondents Based on Anxiety

Anxiety	N	%
Not Anxiety	0	0
Mild Anxiety	2	8
Moderate Anxiety	18	72
Severe Anxiety	5	20

Based on Table 1, it shows that the characteristics of respondents by age are all between 20 - 35 years, which is 25 respondents (100%). Table 2 shows that the respondents' highest education level is secondary education, totaling 24 respondents (96%). Table 3 shows that the majority of respondents, 21 respondents (84%), are not employed. Table 4 shows that based on parity, all 25 respondents (100%) are primigravida. Table 5 shows that the majority of respondents fall into the moderate anxiety category, with 18 respondents (72%).

DISCUSSION

Demographic Characteristics of Third-Trimester Pregnant Women in Tambaan Village, Camplong District, Sampang Regency

Based on the research results, primigravida pregnant women in the third trimester in the age group of 20 - 35 years totaled 25 respondents

(100%). The respondents' highest level of education was secondary education, accounting for 24 respondents (96%). The majority of respondents, 21 respondents (84%), were not working. Based on parity, all 25 respondents (100%) were primigravida..

Based on the age of pregnant mothers, all of them are between 20 - 35 years old, totaling 25 respondents (100%) who fall into the low-risk category, which does not significantly affect the anxiety factors of laboring mothers. In Murdayah's study, it was found that a person's maturity is not solely determined by age. Many factors influence a person's readiness to become a mother, including emotional readiness, knowledge, life experience, and social support. A young person who is mentally and emotionally prepared and has adequate support may face labor more calmly and without significant anxiety. Conversely, an older person who is less emotionally prepared or dealing with various challenges may experience higher anxiety.

According to Wiknjastro (2020), the productive age for pregnancy is between 20-35 years. During this age range, a woman's physical condition is at its prime, with a uterus that is sufficiently mature to protect the fetus. In addition, women at this age generally have better mental readiness to carefully care for and maintain a healthy pregnancy. Therefore, pregnant women within this age range are usually more psychologically prepared to take care of themselves and their unborn child. Age can influence a person's psychology; the older the age, the higher the level of emotional maturity and ability to handle various issues. Women aged 20-35 are physically ready for pregnancy because their reproductive organs are fully developed. Pregnant women under the age of 20 often feel anxious and fearful due to their physical condition being unprepared, while pregnant women over the age of 35 have a higher risk of experiencing obstetric complications as well as perinatal morbidity and mortality (Asiyah, 2021). Murdayah (2021) in her research stated that the level of education can affect a person's way of thinking and acting; people with higher education are more likely to think rationally, making it easier for them to solve problems and understand positive coping mechanisms. In other words, someone with a high level of education will not experience anxiety. The safe age for pregnancy and childbirth is over 20 years and under 35 years; within this age range, a woman's physical condition is in prime condition, the uterus is capable of providing protection, and mentally, she is ready to care for and manage her pregnancy carefully.

Based on the respondents' last education level, 24 respondents (96%) had completed secondary education. Education plays an important role in providing the knowledge that pregnant women need to understand the process of pregnancy and childbirth. Mothers with higher education tend to have better access to relevant information, which can help reduce anxiety. However, the results of this study also indicate that education is not always the sole determinant in reducing anxiety. Mothers with lower education levels (elementary or junior high school) may have limited knowledge about childbirth, which can increase anxiety. On the other hand, highly educated mothers can also experience anxiety, especially if they encounter excessive or contradictory information that confuses them.

Education can also influence a pregnant woman's perception, her way of thinking in managing information, and making decisions. Anxiety in pregnant women is influenced by the mother's knowledge about her pregnancy. The higher the education of the pregnant woman, the higher her level of knowledge. Pregnant women with higher education have more knowledge about pregnancy, enabling them to anticipate and cope with anxiety. On the other hand, low education leads to anxiety due to the lack of information available (Rinata & Andayani, 2018).

The higher a person's education, the greater the chance of seeking medical treatment from health professionals. Conversely, the lower a person's education, the more likely they are to experience stress, where the stress and anxiety occur due to a lack of information obtained by that person. Education is a basic human necessity that is essential for self-development and intellectual maturity. This intellectual maturity affects a person's thinking perspective, both in observable actions and decision-making processes. The level of education is also one of the factors that influence a person's perception to more easily accept new technological ideas. The higher a person's education, the higher the quality of their knowledge and the more intellectually mature they are.

A person's level of education also determines how easily they can absorb and understand knowledge about the childbirth process they acquire. Thus, as the pregnancy advances and approaches the delivery process, the mother can prepare a mature psychological mindset, which can help reduce her mental burden. The higher a person's education, the better their knowledge and the more developed their intellect. They tend to pay more attention to their own and their family's health.

A similar point is also made by Hawari (2017), stating that a person's or individual's level of education will influence their thinking process and ability, enabling them to grasp new information quickly. Level of education has a significant influence on a person's anxiety. A person's level of education is related to the knowledge they have about specific issues. Therefore, the higher a person's level of knowledge, the lower their level of anxiety will be. The restlessness and fear experienced by pregnant women become more sensitive as they approach childbirth. As the pregnancy progresses, the mother's attention and thoughts will start to focus on the process of delivery. Thus, any changes that occur will become stressors for the mother's life.

The researcher assumes that if a person's level of education is higher, then that person will be more knowledgeable and intellectually mature. With higher education, one tends to pay more attention to their own health as well as their family's health by seeking medical services. On the other hand, a low level of education can lead to stress, where stress and anxiety occur due to a lack of information obtained. The higher a person's education, the more knowledgeable and intellectually mature they will be. They tend to pay more attention to their own health and that of their family. Similarly, Hawari (2017) also stated that a person's or individual's level of education will affect their thinking process and abilities.

All respondents in this study were housewives, which means they do not work outside the home. Anxiety in housewives can be caused by limited access to accurate and detailed information about pregnancy and childbirth. Housewives may spend most of their time at home, with few opportunities to discuss or consult with healthcare professionals about their concerns. In contrast, mothers who work outside the home may have better access to information and social support, which can help reduce anxiety. In addition, Work activities can be a positive distraction, helping mothers not to focus too much on their worries related to childbirth. Based on interviews conducted on job characteristics with unemployed status, almost every day respondents spend their time at home, which limits their ability to seek information about their pregnancy and causes them to think more about things that negatively impact their pregnancy. This is confirmed by Notoatmodjo (2010), who states that working generally occupies a lot of time, so working pregnant women experience milder anxiety compared to those who

are not working because work can alleviate feelings of anxiety (Puspitasari & Wahyuntari, 2020).

Based on the parity of the respondents, all 25 respondents (100%) were primigravida. All primigravida mothers may feel anxious because this is their first experience facing childbirth, so they do not know what to expect and how to anticipate the process. This uncertainty about childbirth can cause significant anxiety. Primigravida mothers tend to have higher levels of anxiety compared to mothers who have previous childbirth experience. Based on data from Dunkel Schetter (2017). Primigravid mothers are often more vulnerable to stress and anxiety due to a lack of experience and knowledge about the childbirth process, which can lead to fear of the unknown. A study by Nystedt et al. (2019) showed that around 40% of primigravid mothers experience quite high anxiety related to their first childbirth, with some reporting excessive fear of pain, medical complications, or losing control.

The psychological impact of this anxiety can also affect the quality of the mother's relationship with her baby after birth, as well as reduce the mother's ability to cope with postnatal challenges. Therefore, it is important to identify and address this anxiety early to ensure the well-being of both mother and baby, and to support a smooth childbirth process.

The majority of pregnant women have a moderate level of anxiety, totaling 18 people, a mild level of anxiety for 2 people, and severe anxiety for 5 people. Anxiety aspects are divided into four forms, including the cognitive aspect (in a person's mind). This worry can occur starting from a mild level of concern, then panic, anxiety, and feeling that a disaster will happen. When an individual experiences this condition, they cannot concentrate, cannot make decisions, and have difficulty sleeping. Cognitive dimensions include difficulty sleeping at night, easily confused, and forgetful. The motor aspect (in a person's actions) refers to unpleasant feelings that appear in the form of behaviors such as fidgeting, trembling hands, inability to sit still or stay in one place, biting lips, and nervousness. Usually, anxious people show random movements. Somatic aspects (in physical/biological reactions) refer to unpleasant feelings that arise in biological physical reactions such as dry mouth, difficulty breathing, heart palpitations, cold hands and feet, diarrhea, dizziness as if about to faint, excessive sweating, high blood pressure, tense muscles especially in the head, neck, shoulders, and chest, and difficulty digesting food. Affective aspects (in a person's emotions) involve feelings of tension due to excessive emotional outbursts, such as when

confronted with a form of terror. These emotional outbursts usually take the form of restlessness or worry that one is in danger, even though nothing is actually happening. In general, anxiety in pregnant women can affect the health of both the mother and the baby. Measures can be taken to reduce the negative impact on the well-being of both mother and baby.

According to Ariani, D. U. (2025), anxiety about childbirth is a common experience among primigravida mothers, which can negatively affect their physical and psychological well-being. Anxiety experienced by pregnant women in the third trimester indicates the need for optimal family involvement, especially from the husband. The husband's role is very important because, during pregnancy, expectant mothers inevitably experience anxiety. Emotional support from the husband to the pregnant wife can create feelings of happiness within her. A lack of family support is associated with the most serious levels of anxiety, whereas moderate levels of anxiety occur with some support, and good family support results in almost mild anxiety. The support provided by family to assist pregnant mothers has beneficial impacts on both the mother's physical and mental health (Dewi and Ni Made, 2020). According to the researcher's assumption, family support can have a positive impact on the anxiety of pregnant women approaching labor. Providing support and a sense of safety and comfort to pregnant women is very important for carrying out the labor process properly so that both mother and baby remain healthy. The higher the family support received by a pregnant woman in her third trimester, the lower the level of anxiety experienced; conversely, the lower the family support received by a pregnant woman in her third trimester, the higher the anxiety level she experiences. Pregnant women who experience anxiety but receive emotional and physical support from their husbands as expected will minimize psychological complications, particularly anxiety due to pregnancy and preparations for childbirth.

Therefore, the researcher suggests that during antenatal care visits, mental health screening and assessment of the pregnant mother's psychological state should be conducted, so that if any psychological issues such as anxiety are found, further management can be provided immediately. Good quality prenatal care is a priority for pregnant women, and changes in care may improve anxiety symptoms.

CONCLUSION

Pregnant women experience anxiety as an emotional reaction in worrying about themselves and their fetus, the continuation of the pregnancy, childbirth, the postpartum period, and when they have taken on the role of a mother. In this study, it was found that 25 mothers experienced anxiety levels before childbirth, with the majority experiencing moderate anxiety levels, 18 respondents (72%) out of 25 respondents. Nevertheless, it is still necessary to maintain health to prevent high anxiety, which could later affect the development of the fetus's nervous system, related to cognitive, emotional, and behavioral development up to childhood.

SUGGESTIONS

Some recommended actions that can be taken include the implementation of psychological tests in antenatal care, training healthcare workers in the management of mental health disorders, ongoing research to understand the long-term impacts, and the development of health policy briefs that support maternal mental health.

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