

## THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND CHILDBIRTH PREPAREDNESS IN HIGH-RISK PREGNANT WOMEN

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### ABSTRAK : HUBUNGAN ANTARA DUKUNGAN KELUARGA DAN KESIAPAN MELAHIRKAN PADA WANITA HAMIL BERISIKO TINGGI

Kehamilan berisiko merupakan kehamilan yang dapat menimbulkan komplikasi pada ibu dan janin sehingga memerlukan kesiapan persalinan yang optimal. Salah satu faktor yang memengaruhi kesiapan persalinan adalah dukungan keluarga. Dukungan keluarga yang baik mampu membantu ibu merasa lebih tenang, percaya diri, dan siap menghadapi proses persalinan. Penelitian ini bertujuan untuk mengetahui hubungan dukungan keluarga terhadap kesiapan melakukan persalinan pada ibu hamil berisiko di Puskesmas Sukaraja Tahun 2026. Penelitian ini menggunakan desain kuantitatif dengan pendekatan *cross-sectional*. Sampel penelitian ini sebanyak 76 responden yang diambil menggunakan Teknik *purposive sampling*. Data dikumpulkan menggunakan kuesioner dan di analisis dengan menggunakan Uji *Chi-square*. Hasil penelitian ini menunjukkan bahwa sebanyak 47 responden (61,8%) siap melakukan persalinan dan 62 responden (81,6%) mendapat dukungan keluarga. Hasil dari Uji *Chi-square* mendapatkan nilai *p-value* 0.005 (*p-value* < 0.05) dengan nilai OR = 5,658 yang berarti ibu yang mendapat dukungan keluarga memiliki peluang 5,6 kali lebih besar siap melakukan persalinan dibandingkan dengan ibu yang kurang mendapat dukungan keluarga. Kesimpulan pada penelitian ini yaitu terdapat hubungan yang signifikan antara dukungan keluarga terhadap kesiapan melakukan persalinan pada ibu hamil berisiko di Puskesmas Sukaraja Tahun 2026. Dukungan keluarga sangat penting dalam meningkatkan kesiapan ibu menjelang proses persalinan baik secara fisik, psikologis, finansial, dan material.

Kata Kunci : Dukungan Keluarga, Kesiapan Melakukan Persalinan

### ABSTRACT

*High-risk pregnancy is a pregnancy that may cause complications for both the mother and fetus, thereby requiring optimal childbirth preparedness. One of the factors influencing childbirth preparedness is family support. Adequate family support can help mothers feel calmer, more confident, and better prepared to face the childbirth process. This study aimed to determine the relationship between family support and childbirth preparedness among high-risk pregnant women at the Sukaraja Community Health Center in 2026. This study employed a quantitative design with a cross-sectional approach. The sample consisted of 76 respondents selected using a purposive sampling technique. Data were collected using questionnaires and analyzed using the Chi-square test. The results showed that 47 respondents (61,8%) were prepared for childbirth, while 62 respondents (81,6%) received family support. The Chi-square test yielded a p-value of 0.000 (*p-value* < 0.05) with an OR value of 5,658, indicating that mothers who received family support were 8.5 times more likely to be prepared for childbirth compared to those who received less family support. In conclusion, there was a significant relationship between family support and childbirth preparedness among high-risk pregnant women at the Sukaraja Community Health Center in 2026. Family support plays an important role in improving mothers' preparedness for childbirth physically, psychologically, financially, and materially.*

Key Word : Family Support, Childbirth Preparedness

### INTRODUCTION

Childbirth is the process of expelling the fetus, placenta, and amniotic membranes from the mother's uterus through the birth canal or with surgical assistance, which begins when uterine contractions are strong and regular enough to

cause changes in the cervix (dilation and thinning), until the baby and placenta are born (World Health Organization, 2018). Childbirth can be carried out when the pregnancy has reached about 37 weeks of gestation or near full term. Many factors can hinder childbirth. At-risk pregnant women are a

factor that can obstruct childbirth. Factors that may cause high-risk pregnancy include maternal age under 20 years (too young), maternal age over 35 years (too old), too short the interval between pregnancies, history of previous pregnancies and deliveries, as well as women who give birth too frequently (Kementrian Kesehatan, 2024).

High-risk pregnancies can lead to several impacts, the common ones including miscarriage, premature birth, low birth weight, difficult labor, bleeding before and after delivery, stillbirth, seizures, and even maternal death during childbirth. Therefore, high-risk pregnancy significantly affects maternal and infant mortality rates (Pontoh, 2018).

In Lampung Province, data showed that there were 105 maternal deaths in 2023. Based on the number of maternal deaths per district in 2023, it is known that Central Lampung Regency had the highest number of maternal deaths with 26 cases, East Lampung 15 cases, South Lampung 12 cases, Blambangan Umpu and Tanggamus 9 cases each, and the lowest was in Metro City with no reported cases of maternal death (Lampung Provincial Health Office, 2024).

Maternal mortality (MMR) can be prevented if mothers and families understand the signs, symptoms, and dangers of high-risk pregnancies. Family support is expected to play a role as a support system for pregnant mothers because family support has a very strong emotional bond, making mothers feel calmer, happier, and more prepared during pregnancy and when giving birth (Ermiati, Rustikayanti, & Rahayu, 2018).

Family support is very important in helping mothers prepare for the childbirth process. Family support during pregnancy and childbirth has a significant impact on the health of both mother and baby. Involvement of husbands and family members can reduce stress levels and feelings of anxiety and fear in pregnant mothers, especially in high-risk pregnancies (Zakiah, Haryono, & Nurliani, 2025).

Based on research conducted by Manurung and Panjaitan (2019) at Imelda Worker Indonesia Hospital Medan, a p-value < 0.05 was obtained, which can be concluded that there is a significant relationship between husband support and the mother's readiness in the childbirth process. Research carried out by Simanihuruk (2020) at Noemuti Health Center obtained a p-value < 0.05, which can be concluded that there is a significant relationship between husband support and the readiness to face childbirth in pregnant women. And research conducted by Indriyani (2023) at Bangetayu Health Center Semarang obtained a p-value < 0.05, which means there is a significant

relationship between husband support and readiness for normal delivery. The current research differs from previous studies; the difference lies in the characteristics of the community and the level of education. This research is also expected to provide the latest data on the relationship between family support and childbirth readiness in high-risk pregnant women, while taking into account local social and cultural factors that may influence the level of support and readiness for childbirth. Thus, this study can complement and expand previous research findings, as well as serve as a reference for healthcare workers in enhancing the role of the family in preparing for childbirth.

This research was conducted at Sukaraja Health Center, based on interviews with Midwife Junaida, who is a midwife at Sukaraja Health Center in 2025. From January to December 2025, data was obtained showing 1,113 pregnant women, of which 225 were at-risk pregnant women who received examinations at Sukaraja Health Center. The data on these at-risk pregnant women included cases such as pregnancy at <20 years or >35 years, pregnancies spaced too closely, history of birth complications, as well as the presence of comorbidities such as anemia and hypertension. This situation requires thorough preparation for childbirth, both physically, mentally, and emotionally, and family support becomes important in preparing for the childbirth process. Based on the above explanation, the researcher is interested in conducting research with the title 'The Relationship Between Family Support and Preparedness for Childbirth in At-Risk Pregnant Women at Sukaraja Health Center in 2026.'

## RESEARCH METHODS

The type of research is quantitative research, with an analytical research design using a cross-sectional approach. The study was conducted at Sukaraja Health Center from February to March 2026. The population in this study consisted of all high-risk pregnant women at Sukaraja Health Center, with a sample size of 76 respondents obtained from calculations using Slovin's formula. The sampling technique used non-probability sampling with purposive sampling. The inclusion criteria used were pregnant women who met the high-risk pregnancy criteria, such as: mothers under 16 years old, mothers over 35 years old, pregnancy interval greater than 10 years, mothers with a youngest child under 2 years old, multipara, a history of poor obstetrics, mothers who had previously undergone delivery with interventions, as well as mothers with a history of comorbidities,

pregnant women at risk who undergo routine pregnancy check-ups at Sukaraja Health Center, pregnant women residing in the working area of Sukaraja Health Center, pregnant women in the third trimester, and pregnant women who are willing to become respondents. This study received ethical approval from the Health Research Ethics Committee (KEPK) of Tanjungkarang Health Polytechnic, with approval number No. 090/KEPK-TJK/II/2026. In conducting the study, the researchers adhered to several ethical principles, including respect for human dignity and autonomy, protection of privacy and confidentiality, beneficence, as well as fairness and transparency throughout the research process.

## RESEARCH RESULTS

The characteristics of respondents in this study are presented in Table 1 below.

**Table 1**  
**Frequency Distribution of Characteristics of High-Risk Pregnant Women Respondents**

Characteristics	Frequency	Percentage %
Age		
Age < 16 years	0	0%
Age 17-35 years	67	88,2%
Age > 35 years	9	11,8%
Education		
elementary school	1	1,3%
junior high school	16	21,1%
senior high school	42	55,3%
College	17	22,4%
Working		
Not Working	58	76,3%
Working	18	23,7%

Based on Table 1, it shows the results of respondents with the most common age being 17-35 years old with 67 respondents (88.2%). The most

common education level is high school/vocational school with 42 respondents (55.3%). And the most common occupation is not working with 58 respondents (76.3%).

The frequency distribution of readiness to give birth in high-risk pregnant women can be seen in table 2. and the frequency distribution of family support for high-risk pregnant mothers can be seen in Table 3.

**Table 2**  
**Frequency Distribution of Readiness to Give Birth in High-Risk Pregnant Women**

Readiness to Give Birth	Frequency	Percentage %
Less Ready	29	38,2
Ready	47	61,8

Based on the research results from Table 2, it shows that 47 respondents (61.8%) are ready to give birth and 29 respondents (38.2%) are less prepared to give birth.

**Table 3**  
**Frequency Distribution of Family Support for High-Risk Pregnant Mothers**

Family Support	Frequency	Percentage
Less Supportive	14	18,4
Supportive	62	81,6

Based on the research results from Table 3, it shows that respondents who received family support were 62 respondents (81.6%) and 14 respondents (18.4%) received less support from their family.

Researchers used the Chi-square test in bivariate analysis to determine the relationship between family support and readiness for childbirth in high-risk pregnant women. The analysis of the relationship between Family Support and Readiness for Childbirth in High-Risk Pregnant Women is presented in Table 4 below:

**Table 4**  
**Analysis of the Relationship Between Family Support and Readiness for Childbirth in High-Risk Pregnant Women**

Family Support	Readiness to Give Birth				Total	p-value	OR (95%CI)	
	Less Ready		Ready					
	n	%	n	%				
Less Supportive	10	71,4	4	28,6	14	100	0,005	5,658 (1,575 - 20,331)
Supportive	19	30,6	43	69,4	62	100		

Based on the results in Table 4, it shows that the analysis of the relationship between family support and readiness to give birth among high-risk pregnant women included 43 respondents (69.4%) who were ready to give birth and received family support, 19 respondents (30.6%) who were less ready to give birth but received family support, 4 respondents (28.6%) who were ready to give birth but did not receive family support, and 10 respondents (71.4%) who were less ready to give birth and received little family support.

The results of the statistical test using the chi-square formula obtained a p-value = 0.005 (p-value < 0.05), indicating that family support has a significant relationship with readiness to give birth among high-risk pregnant women at Sukaraja Community Health Center in 2026. The analysis results obtained an OR value of 5.658, which means that respondents who receive less family support have a 5.6 times higher risk of being unprepared for childbirth compared to respondents who receive family support.

## DISCUSSION

### Readiness to Undergo Labor in High-Risk Pregnant Women.

Based on Table 2, the frequency distribution of readiness to undergo labor in high-risk pregnant women at Sukaraja Health Center in 2026 was obtained, showing that 47 respondents (61.8%) were ready to undergo labor and 29 respondents (31.8%) were less ready to undergo labor. According to Sitepu et al. (2024), labor readiness is a plan made by the mother, father, and healthcare workers to identify the helper and place of delivery, as well as a savings plan to prepare for delivery costs. Increasing labor readiness is very important both physically and psychologically so that labor goes smoothly and both mother and baby are safe. Labor readiness consists of 5 aspects: physical, psychological, financial, cultural, and material readiness. According to Joyce Y (2014), there are several factors that influence labor readiness, including age, education, economy, and family support.

According to research by Indriyani (2023) at the Bangetayu Health Center in Semarang, it was found that the number of mothers ready to give birth amounted to 73 respondents (79.3%), which means that there are more mothers who are ready to give birth than those who are not ready. This high level of readiness reflects that mothers are able to prepare themselves optimally in terms of physical, psychological, financial, and material aspects.

Physical readiness can be seen from the mother's maintained health condition, psychological readiness is marked by the calmness and self-confidence possessed by the mother, while financial and material readiness is demonstrated by preparation of costs and childbirth supplies.

In addition, a study conducted by Manurung and Panjaitan (2019) at RS Imelda Pekerja Indonesia Medan found that 18 respondents (75%) of mothers were ready to give birth. This study stated that mothers' readiness for the childbirth process tends to be better among those who have sufficient understanding and support from their close environment. This indicates that birth readiness is influenced not only by individual conditions but also by external factors such as knowledge of information and forms of social support.

Based on the results described above, the high level of readiness can be influenced by several factors, including age and education. This is in line with the theory explained by Joyce Y (2014), which states that there are several factors that affect readiness for childbirth, including age and education. The majority of respondents were of reproductive age (20–35 years) at 88.2%, which makes them physically and psychologically more prepared for childbirth. This age significantly affects the childbirth preparation process, as mothers at this age are already physically and psychologically ready. In addition, the education level of the respondents, most of whom were at the high school/vocational school level (55.3%), also enables mothers to have a better understanding and knowledge regarding childbirth preparation. Childbirth readiness includes physical, mental, financial preparedness, as well as readiness in choosing the place and attendant for delivery. The high level of preparedness in this study indicates that most mothers already have good planning ahead of childbirth.

### Family Support for High-Risk Pregnant Women

Based on the research results from Table 3, it shows that 62 respondents (81.6%) received family support, while 14 respondents (18.4%) received little support from their families. According to Agustanti et al. (2023), family support is the assistance that can be given to other family members in the form of goods, services, information, and advice, which can make the recipient of the support feel loved, valued, and at peace. The presence of family support will impact the increase in self-confidence of pregnant women who will face the delivery process. This support can take the form

of emotional support, information, appreciation, or tangible assistance. Family support plays an important role because it can provide a sense of security and comfort, reduce anxiety and stress, strengthen motivation, and encourage readiness to face conditions before delivery.

Friedman (2013) explains that there are various types of family support, including informational support which functions as an information provider, appraisal/support support which acts as a supporter, instrumental support as an assistant in financial needs, and emotional support which functions as a restorer and soother of one's emotions.

Research by Manurung and Panjaitan (2019) in this study found that 80% of respondents received support. This study stated that husband support is very important for mothers. Research conducted by Simanihuruk (2021) found that 87.9% of respondents received support. Then, research conducted by Nadzirah (2021) found that 66% of mothers received husband support. From these research results, family support is very important for mothers, especially those approaching the childbirth process. This support shows that the family's role, especially the husband, greatly affects the mother's condition, and such support can reduce anxiety and stress experienced by mothers ahead of the childbirth process.

Based on the results of the description above, family support plays an important role in increasing the mother's self-confidence, reducing anxiety, and assisting in decision-making related to childbirth. This family support includes emotional, informational, instrumental, and appreciation support provided to the pregnant mother. Compared to previous studies, the results of this study are not much different from previous research, which was at 81.6%, indicating that families in the researchers' area are quite good at supporting pregnant mothers. The high level of support indicates that the role of the family, especially the husband, is very significant in accompanying the mother during pregnancy up to the childbirth process, particularly for mothers with high-risk pregnancies. Such support can help reduce anxiety, increase a sense of security, and provide motivation for the mother in preparing for childbirth. With good support, pregnant mothers will feel more cared for, safer, and better prepared to face the childbirth process.

### **The Relationship Between Family Support and Readiness for Childbirth in High-Risk Pregnant Women**

Based on the results in Table 4, it shows that the analysis of the relationship between family support and readiness for childbirth in high-risk pregnant women indicates that 43 respondents (69.4%) were ready for childbirth and received family support. The results of the statistical test using the chi-square formula obtained a p-value = 0.005 (p-value < 0.05), which shows that family support has a significant relationship with readiness for childbirth in high-risk pregnant women at Sukaraja Health Center in 2026.

This research is in line with several previous studies, namely the research by Simanihuruk (2020), which showed a p-value = 0.014 (p-value < 0.05), meaning there is a significant relationship between husband support and readiness for childbirth. Research conducted by The Relationship Between Family Support and Readiness for Childbirth in High-Risk Pregnant Women. Research conducted by Manurung and Panjaitan (2019) yielded a p-value = 0.001 (p-value < 0.05), indicating a significant relationship between husband support and the mother's readiness in the childbirth process. Furthermore, research conducted by Indriyani (2023) showed a p-value = 0.000 (p-value < 0.05), which explains a significant relationship between husband support and the mother's readiness to face childbirth. In addition, research conducted by Nadzirah (2021) showed a p-value = 0.004 (p-value < 0.05), indicating a significant relationship between husband's support and the mother's readiness for childbirth. Support and Readiness for Childbirth in High-Risk Pregnant Women

From the explanation above, it can be concluded that the results of this study are consistent with all previous studies, which show a significant relationship between family support and readiness for childbirth, where all research results have a p-value < 0.05. This reinforces that family support is a very influential factor on the condition of mothers who are about to undergo the childbirth process. Mothers who receive family support tend to have more stable psychological conditions, lower levels of anxiety, and better abilities in preparing for childbirth. Conversely, a lack of family support in mothers can lead to anxiety, unpreparedness, and even delays in taking action during childbirth. Thus, family support not only acts as a supporting factor, but becomes a main factor in improving childbirth readiness, especially for mothers with high-risk pregnancies. The better the support provided, the higher the mother's readiness in facing childbirth, thereby minimizing the risk of complications that may occur.

## CONCLUSION

The conclusion of this study states that there is a relationship between family support and readiness for childbirth in high-risk pregnant women at Sukaraja Health Center in 2026, with a p-value of 0.005. Pregnant women who receive family support have a greater chance of being ready for childbirth compared to those who receive less family support. Family support plays an important role in improving the physical, psychological, financial, and emotional preparedness of mothers during the child birth process

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