

UNDERSTANDING ANXIETY LEVELS DURING PREGNANCY: THE IMPACT OF FAMILY SUPPORT ON FACING CHILDBIRTH

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ABSTRACT

Background: Anxiety during pregnancy is a significant global health concern, affecting both maternal and fetal health and potentially complicating the childbirth process while increasing the risk of postpartum depression. **Aim:** This study aims to investigate the role of family support in mitigating anxiety during pregnancy. **Method:** Quantitative research employing a cross-sectional approach was conducted using purposive sampling. Data collection utilized a family support questionnaire and the Prenatal Anxiety Screening Scale (PASS). **Results:** Analysis revealed that 20% of pregnant women receiving family support experienced severe anxiety, indicating a non-significant effect ($p = 0.140$). **Conclusion:** Enhancing education and implementing anxiety screening can increase awareness among mothers and families, enabling early detection and prompt healthcare interventions to reduce maternal and infant health risks.

Keywords: Anxiety, Pregnancy, Family Support

INTRODUCTION

Pregnancy necessitates special attention due to the physical and psychological changes it brings about. Women experiencing challenges in these aspects may encounter issues during pregnancy (Briscoe et al., 2016). Anxiety is prevalent among women during pregnancy, often manifesting as frequent worries, mental instability, and fear related to pregnancy, childbirth, child health, and parenting abilities (Wallace & Araj, 2020; Van de Loo et al., 2018). Studies indicate that anxiety affects between 14% to 59% of pregnancies globally, with higher rates in developing countries (34.4%) compared to developed ones (19.4%) (C. L. Dennis et al., 2017). In Indonesia, rates vary: 33.3% of primigravidas experience mild anxiety, 6.7% moderate anxiety, while for multigravidas, it's 26.7% mild anxiety and 0% moderate anxiety (Mandagi et al., 2013; Trisiani & Hikmawati, 2016).

Maternal anxiety during pregnancy is considered a normal adaptation mechanism, yet it can escalate into a medical issue impacting maternal mental health and potentially the health of both mother and child (Bayrampour et al., 2018). Anxiety is also recognized as a

significant precursor to postpartum depression (Skouteris et al., 2009) and can manifest in physical conditions like high blood pressure and respiratory issues (Diani & Susilawati, 2013).

Family support, encompassing financial, emotional, and psychological assistance from family, friends, and the community, plays a crucial role in mitigating psychological disorders such as anxiety during pregnancy (Cohen et al., 2004; Schetter, 2011). Research highlights the positive impact of spousal support on reducing anxiety levels among pregnant women, underscoring the importance of supportive environments during this critical period (Diani & Susilawati, 2013). This study aims to explore the relationship between family support and pregnancy-related anxiety in preparation for childbirth.

METHOD

This study is a quantitative study with a cross-sectional study design to assess the relationship of family support to anxiety during Pregnancy in the face of childbirth in the city of Banjarmasin. The data collection process was conducted by providing questionnaires to pregnant women who were willing to be

respondents in this study. This study was taken in December 2023-January 2024. The population in this study is pregnant women who check their Pregnancy in primary health care. The sample of this study was taken using a purposive technique. In addition to the sample with sample criteria, pregnant women who are willing to be respondents, pregnant women in the third trimester, physiological pregnant women, and pregnant women who live in the same house as their husbands are also included. The questionnaires used in the collection of data for this study are a questionnaire on family support and an anxiety questionnaire (Prenatal Anxiety Screening Scale/ PASS). The data were analyzed using the Spearman rho test, and the characteristic data of the respondents was presented in the form of a frequency distribution table.

RESULT

Table 1.1 Distribution of Frequency of Independent and Dependent Variables (n=30)

Variables	Frequency (n)	Percentage (%)
Age		
<20 Years	0	0
20-35 Years	23	76.7
>35 Years	7	23.3
Total	30	100
Anxiety		
Asymptomatic Anxiety	0	0
Mild-Moderate Anxiety	7	23.3
Severe Anxiety	23	76.7
Total	30	100
Family Support		
Good Support	24	80
Support Enough	6	20
Lack of Support	0	0
Total	30	100

Based on the Table above, 23 respondents became pregnant at the age of 20-35 years (76.7%), and 7 Based on the Table above, it is known that respondents who are pregnant in the USA 20-35 years as many as 23 people (76.7%)

and respondents who are pregnant at the age of >35 years as many as 7 people (23.3%).

Based on research data, it is known that as many as 7 people (23.3%) of pregnant women experience moderate anxiety (mild-moderate anxiety). As many as 23 people (76.7%) of pregnant women experience acute anxiety (severe anxiety).

Table 2. Relationships support families to worry during Pregnancy in face labor

Family support	Anxiety during Pregnancy						Total	P value
	Asymptomatic Anxiety		Mild-Moderate Anxiety		Severe Anxiety			
	n	%	n	%	n	%		
Good	0	0	7	23.3	17	56.7	24	0.140
Currently Not enough	0	0	0	0	6	20	6	
	0	0	0	0	0	0	0	
Total	0	0	7	23.3	23	76.7	30	

Based on the Table above, it is known that pregnant women who get good support and experience mild anxiety (mild-moderate anxiety) as many as 7 people (23.3%). Pregnant women who received moderate support and experienced severe anxiety were 6 people (20%). Based on the results of a bivariate analysis, a significant value or GIS is known. (2. tailed) < 0.05 is equal to 0.140, which means that there is no significant/ meaningful relationship between family support and anxiety during Pregnancy.

DISCUSSION

Age affects a person's psychological factors; the higher the age, the better the level of emotional maturity of a person and the ability to deal with various problems (C. L. Dennis et al., 2017). Age 20-35 years is considered a safe age to undergo Pregnancy and childbirth. Because at the age of < 20 years, the physical condition, especially the reproductive and psychological organs, is not yet 100% ready to undergo Pregnancy and childbirth. At the same time, Pregnancy at the age of > 35 years is a condition that is categorized as a high risk of congenital abnormalities and the presence of complications during Pregnancy and childbirth (Rinata &

Andayani, 2018). Based on previous studies that have been stated above, it proves that family support and the age of pregnant women are related to anxiety facing the birth of the first child. Pregnant women need the support of the closest people, especially family, and prime age of > 20 and < 35 years so that they can be better prepared to care for and care for the baby.

Specifically, factors that affect anxiety in pregnant women include decision-making, the age of pregnant women, the ability and readiness of the family, health, and experience of previous miscarriages (Maimunah, 2009). Based on research data, it is known that as many as 24 people (80%) of pregnant women get good support from their families, and as many as 6 people (20%) of pregnant women get sufficient support from their families. As for the support of family or husband, it greatly affects the level of anxiety in pregnant women in the third trimester before childbirth. Providing continuous support to pregnant women in the third trimester before delivery can provide a sense of security and comfort. So, it can reduce the level of anxiety in pregnant women in trimester III (Simarmata et al., 2019).

Several factors cause no relationship between the two variables, namely the habituation of people to live alone as life in the city in general; pregnant women are accustomed to living their lives individually which eventually these habits are carried over during Pregnancy, and finally, the mother is more able to control her anxiety or even not feel the slightest fear. Another factor is the large role of cadres in the area. Pregnant women in the region are supervised by cadres who work with midwives. So pregnant women are calmer because the cadres will be on standby if the mother has a complaint or there is something that needs help. This is in accordance with research conducted in Kalimantan, where the anxiety of pregnant women, in addition to being influenced by family support, can also be influenced by higher education, high income, parity, social interaction, and counseling (Jannah, 2015).

In addition to the influential family in childbirth is the husband. This is also in accordance with research conducted in Surabaya, where it was found that the husband's support significantly reduces the level of maternal anxiety during Pregnancy in the third

trimester. The active role of the husband in providing support to the pregnant wife affects the mother's concern for her health and the fetus. In addition, they will feel more confident, happy, and ready to face Pregnancy, childbirth, and postpartum (Abidah et al., 2021). Many women suffer from fears and anxieties during Pregnancy that are more likely due to concerns about the health of the fetus, changes in the marital relationship, and problems in accepting the new role of Mother. Anxiety in the third trimester is more towards childbirth, which may be due to the formation of physical changes related to Pregnancy and the birth of a child that seems to be an uncontrollable process. According to the World Health Organization, teenage Pregnancy, unwanted Pregnancy, a history of previous child death or recurrent miscarriage, first-time Pregnancy, Pregnancy due to rape, poor and inappropriate relationships with family members, and women whose marriages are not recorded or divorced are among the risk factors in the development of anxiety during Pregnancy. Some researchers believe that anxiety levels are only high in the third trimester (Nekoe & Zarei, 2015).

Research related to anxiety during Pregnancy shows a different prevalence. In the United States, depression and anxiety among pregnant mothers range from 5 to 25 percent (C. L. Dennis et al., 2017; Klamann & Turner, 2016). A study conducted by Rezaeian that measured anxiety during Pregnancy using the DASS21 questionnaire showed that out of 176 pregnant women aged 24-26 weeks, 50.6% had moderate (mild) to severe (severe) anxieties (Rezaeian et al., 2017). Other studies show that 15.04% of pregnant women have experienced anxiety during Pregnancy (Xian et al., 2019). A literature study conducted by Fawcett et al., analyzing 2613 publications related to anxiety during Pregnancy, showed that the prevalence of anxieties during pregnancy was 20.7% (Fawcett et al., 2019). A study conducted by Dennis et al., which analyzed 23,468 research articles from 34 countries, showed the prevalence of anxious symptoms during the first trimester of pregnancies was 18.2%. In the second trimester, it was 19.1%. In the third trimester, it was 24.6% (C.-L. Dennis et al., 2017). A systematic review study in several countries (Yin et al., 2021) found that the average antenatal depression prevalence was

20.7%, and as many as 15% of pregnant women had major antenatal depression. The findings were higher than the general population's 3.8% number of alarms (WHO, 2023). There was a difference in the prevalence of anxiety during Pregnancy in some studies due to the difference in the instruments used to measure anxieties, the difference in the sample size of the study, and the differences in the determination of the inclusion and exclusion criteria used in the research, in addition to the distinction in the characteristics and predisposition factors of anxiousness during pregnancy also influenced the prevalence of anguish during Pregnancy (Mahini et al., 2023).

A previous study conducted in China by Huang showed that pregnant mothers who get good family support then will lower their level of anxiety during Pregnancy (Huang et al., 2022). There are other factors, such as being a householder and a non-working mother, also influence the appearance of anxiety during Pregnancy. Household mothers and unworking mothers have a 1.82 times higher risk of developing anxieties during pregnancy compared to working mothers (OR 1.816, 95%CI 1.136–2.905) (Xian et al., 2019). According to the World Health Organization, adolescent pregnancies, unwanted Pregnancy, a history of previous child deaths or repeated miscarriages, first pregnancies, rape pregnancies, poor and inappropriate relationships with family members, and women whose marriages are unrecorded or divorced are among the risk factors in the development of anxiety during Pregnancy. Some researchers believe that the level of anxiety is only high in the third trimester (Nekoe & Zarei, 2015). It suggests other factors also have an important influence on the emergence of anxiety during Pregnancy. Other studies show that the high rate of anxiety during Pregnancy is significantly linked to low social support, living in peripheral areas, having a history of physical violence, abortion, birth with cesarean section, and unwanted pregnancies (value <0.05) (Sharapova & Ratcliff, 2018).

Health power can educate pregnant mothers about the importance of social support, including family support during Pregnancy, by involving husbands, parents, and surroundings. Besides, the health care provider also needs to undertake an emergency screening and support

gained during Pregnancy. Mental health screening during Pregnancy is expected to identify problems early and identify pregnant mothers who need additional support so that health workers can provide more effective and holistic women-centered care. Screening should be followed by a supporter during Pregnancy in the family, such as friends, spouses, and family members (John-Akinola et al., 2022; Reszel et al., 2014). Interested parties could consider a community-based social support program for pregnant mothers through a more comprehensive approach and be an important part of well-being during Pregnancy.

CONCLUSION

In this study, it was found that most pregnant women experience mild-moderate anxiety, and the family has provided sufficient support to the mother during Pregnancy. In the analysis of the study data, it was found that there was no significant relationship between family support and anxiety during Pregnancy in the face of childbirth (value 0.14). The existence of education and screening of anxiety during Pregnancy is expected to increase awareness and identify anxiety during Pregnancy so that pregnant women get health services earlier so as to reduce health problems in mothers and babies.

REFERENCES

- Abidah, S. N., Dwi Anggraini, F., Nisa', F., Nuriyana, M., & Halwa, R. (2021). Husband Support Correlates with Maternal Anxiety Levels During Pregnancy in The Third Trimester. *Journal of Health Sciences*, 14(3), 174–180. <https://doi.org/10.33086/jhs.v14i3.1917>
- Bayrampour, H., Vinturache, A., Hetherington, E., Lorenzetti, D. L., & Tough, S. (2018). Risk factors for antenatal anxiety: A systematic review of the literature. *Journal of Reproductive and Infant Psychology*, 36(5), 476–503. <https://doi.org/10.1080/02646838.2018.1492097>
- Briscoe, L., Lavender, T., & McGowan, L. (2016). A concept analysis of women's vulnerability during Pregnancy, birth and the postnatal period. *Journal of Advanced Nursing*, 72(10), 2330–2345.

- <https://doi.org/10.1111/jan.13017>
- Cohen, M. M., Ansara, D., Schei, B., Stuckless, N., & Stewart, D. E. (2004). Posttraumatic stress disorder after pregnancy labor, and delivery. *Journal of Women's Health*, 13(3), 315–324. <https://doi.org/10.1089/154099904323016473>
- Dennis, C.-L., Brown, H. K., Falah-Hassani, K., Marini, F. C., & Vigod, S. N. (2017). Identifying women at risk for sustained postpartum anxiety. *Journal of Affective Disorders*, 213, 131–137. <https://doi.org/https://doi.org/10.1016/j.jad.2017.02.013>
- Dennis, C. L., Falah-Hassani, K., & Shiri, R. (2017). Prevalence of antenatal and postnatal anxiety: Systematic review and meta-analysis. *British Journal of Psychiatry*, 210(5), 315–323. <https://doi.org/10.1192/bjp.bp.116.187179>
- Diani, & Susilawati. (2013). Pengaruh Dukungan Suami Terhadap Istri Yang Mengalami Kecemasan Pada Kehamilan Trimester Ketiga Di Kabupaten Gianyar. *Jurnal Psikologi Udayana. Jurnal Psikologi Udayana*, 1(1–11).
- Fawcett, E. J., Fairbrother, N., Cox, M. L., White, I. R., & Fawcett, J. M. (2019). The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period. *The Journal of Clinical Psychiatry*, 80(4). <https://doi.org/10.4088/jcp.18r12527>
- Huang, J., Xu, L., Xu, Z., Luo, Y., Liao, B., Li, Y., & Shi, Y. (2022). The relationship among pregnancy-related anxiety, perceived social support, family function and resilience in Chinese pregnant women: a structural equation modeling analysis. *BMC Women's Health*, 22(1), 1–11. <https://doi.org/10.1186/s12905-022-02145-7>
- Jannah, N. (2015). *Buku Ajar Asuhan Kebidanan*. Andy.
- John-Akinola, Y. O., Babatunde, O. O., & Desmennu, A. T. (2022). Perspectives of Women About Social Support Provided by Men During Pregnancy: A Qualitative Study. *Maternal and Child Health Journal*, 26(6), 1255–1260. <https://doi.org/10.1007/s10995-021-03303-3>
- Klaman, S. L., & Turner, K. (2016). Prevalence of Perinatal Depression in the Military: A Systematic Review of the Literature. *Maternal and Child Health Journal*, 20, 52–65. <https://doi.org/10.1007/s10995-016-2172-0>
- Mahini, E., Hakimi, S., Shahrokhi, H., Salahi, B., Baniadam, K. O., & Ranjbar, F. (2023). Evaluation of factors related to maternal anxiety during Pregnancy among women referred to Tabriz primary care centers. *BMC Psychiatry*, 23(1), 1–8. <https://doi.org/10.1186/s12888-023-04823-8>
- Maimunah, siti. (2009). Kecemasan ibu hamil menjelang persalinan pertama. *Humanity*, V(1), 61–66.
- Mandagi, D. V. V., Pali, C., & Sinolungan, J. S. V. (2013). Perbedaan Tingkat Kecemasan Pada Primigravida Dan Multigravida Di Rsia Kasih Ibu Manado. *Jurnal E-Biomedik*, 1(1), 197–201. <https://doi.org/10.35790/ebm.1.1.2013.1617>
- Nekoe, T., & Zarei, M. (2015). Evaluation the Anxiety Status of Pregnant Women in the Third Trimester of Pregnancy and Fear of Childbirth and Related Factors. *British Journal of Medicine and Medical Research*, 9(12), 1–8. <https://doi.org/10.9734/bjmmr/2015/19784>
- Reszel, J., Peterson, W. E., & Moreau, D. (2014). Young Women's Experiences of Expected Health Behaviors During Pregnancy: The Importance of Emotional Support. *Journal of Community Health Nursing*, 31(4), 198–211. <https://doi.org/10.1080/07370016.2014.958395>
- Rezaeian, S. M., Abedian, Z., Roodsari, R. L., Mazloom, S. R., & Dadgar, S. (2017). The relationship of prenatal Self-Care behaviors with Stress, anxiety and depression in women at risk of preterm delivery. *Iranian Journal of Obstetrics, Gynecology and Infertility*, 20(3), 68–76.

- <https://doi.org/10.22038/ijogi.2017.8874>
- Rinata, E., & Andayani, G. A. (2018). Karakteristik ibu (usia, paritas, pendidikan) dan dukungan keluarga dengan kecemasan ibu hamil trimester III. *Medisains*, 16(1), 14.
<https://doi.org/10.30595/medisains.v16i1.2063>
- Schetter, C. D. (2011). Psychological science on Pregnancy: Stress processes, biopsychosocial models, and emerging research issues. *Annual Review of Psychology*, 62, 531–558.
<https://doi.org/10.1146/annurev.psych.031809.130727>
- Sharapova, A., & Ratcliff, B. G. (2018). Psychosocial and sociocultural factors influencing antenatal anxiety and depression in non-precarious migrant women. *Frontiers in Psychology*, 9(JUL), 1–10.
<https://doi.org/10.3389/fpsyg.2018.01200>
- Simarmata, I. D., Budihastuti, U. R., & Tamtomo, D. (2019). Effect of Social Support and Social Interaction on Anxiety Among Pregnant Women. *Journal of Maternal and Child Health*, 4(4), 287–293.
<https://doi.org/10.26911/thejmch.2019.04.04.08>
- Skouteris, H., Wertheim, E. H., Rallis, S., Milgrom, J., & Paxton, S. J. (2009). Depression and anxiety through Pregnancy and the early postpartum: An examination of prospective relationships. *Journal of Affective Disorders*, 113(3), 303–308.
<https://doi.org/10.1016/j.jad.2008.06.002>
- Trisiani, D., & Hikmawati, R. (2016). Hubungan Kecemasan Ibu Hamil terhadap Kejadian Preeklampsia di RSUD Majalaya Kabupaten Bandung. *Jurnal Ilmiah Bidan*, 1(3).
- van de Loo, K. F. E., Vlenterie, R., Nikkels, S. J., Merkus, P. J. F. M., Roukema, J., Verhaak, C. M., Roeleveld, N., & van Gelder, M. M. H. J. (2018). Depression and anxiety during Pregnancy: The influence of maternal characteristics. *Birth*, 45(4), 478–489.
<https://doi.org/10.1111/birt.12343>
- Wallace, K., & Araj, S. (2020). An Overview of Maternal Anxiety During Pregnancy and the Postpartum Period. *Journal of Mental Health & Clinical Psychology*, 4(4), 47–56.
<https://doi.org/10.29245/2578-2959/2020/4.1221>
- WHO. (2023). *Depressive disorder (depression)*. WHO.
<https://www.who.int/news-room/fact-sheets/detail/depression>
- Xian, T., Zhuo, L., Dihui, H., & Xiaoni, Z. (2019). *Journal of Affective Disorders Influencing factors for prenatal Stress, anxiety and depression in early Pregnancy among women in Chongqing, China*. 253(March), 292–302.
<https://doi.org/10.1016/j.jad.2019.05.003>
- Yin, X., Sun, N., Jiang, N., Xu, X., Gan, Y., Zhang, J., Qiu, L., Yang, C., Shi, X., Chang, J., & Gong, Y. (2021). Prevalence and associated factors of antenatal depression: Systematic reviews and meta-analyses. *Clinical Psychology Review*, 83, 101932.
<https://doi.org/10.1016/j.cpr.2020.101932>
- Abidah, S. N., Dwi Anggraini, F., Nisa', F., Nuriyana, M., & Halwa, R. (2021). Husband Support Correlates with Maternal Anxiety Levels During Pregnancy in The Third Trimester. *Journal of Health Sciences*, 14(3), 174–180.
<https://doi.org/10.33086/jhs.v14i3.1917>
- Bayrampour, H., Vinturache, A., Hetherington, E., Lorenzetti, D. L., & Tough, S. (2018). Risk factors for antenatal anxiety: A systematic review of the literature. *Journal of Reproductive and Infant Psychology*, 36(5), 476–503.
<https://doi.org/10.1080/02646838.2018.1492097>
- Briscoe, L., Lavender, T., & McGowan, L. (2016). A concept analysis of women's vulnerability during Pregnancy, birth and the postnatal period. *Journal of Advanced Nursing*, 72(10), 2330–2345.
<https://doi.org/10.1111/jan.13017>
- Cohen, M. M., Ansara, D., Schei, B., Stuckless, N., & Stewart, D. E. (2004). Posttraumatic stress disorder after pregnancy labor, and delivery. *Journal of Women's Health*,

- 13(3), 315–324. <https://doi.org/10.1089/154099904323016473>
- Dennis, C.-L., Brown, H. K., Falah-Hassani, K., Marini, F. C., & Vigod, S. N. (2017). Identifying women at risk for sustained postpartum anxiety. *Journal of Affective Disorders*, 213, 131–137. <https://doi.org/https://doi.org/10.1016/j.jad.2017.02.013>
- Dennis, C. L., Falah-Hassani, K., & Shiri, R. (2017). Prevalence of antenatal and postnatal anxiety: Systematic review and meta-analysis. *British Journal of Psychiatry*, 210(5), 315–323. <https://doi.org/10.1192/bjp.bp.116.187179>
- Diani, & Susilawati. (2013). Pengaruh Dukungan Suami Terhadap Istri Yang Mengalami Kecemasan Pada Kehamilan Trimester Ketiga Di Kabupaten Gianyar. *Jurnal Psikologi Udayana. Jurnal Psikologi Udayana*, 1(1–11).
- Fawcett, E. J., Fairbrother, N., Cox, M. L., White, I. R., & Fawcett, J. M. (2019). The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period. *The Journal of Clinical Psychiatry*, 80(4). <https://doi.org/10.4088/jcp.18r12527>
- Huang, J., Xu, L., Xu, Z., Luo, Y., Liao, B., Li, Y., & Shi, Y. (2022). The relationship among pregnancy-related anxiety, perceived social support, family function and resilience in Chinese pregnant women: a structural equation modeling analysis. *BMC Women's Health*, 22(1), 1–11. <https://doi.org/10.1186/s12905-022-02145-7>
- Jannah, N. (2015). *Buku Ajar Asuhan Kebidanan*. Andy.
- John-Akinola, Y. O., Babatunde, O. O., & Desmennu, A. T. (2022). Perspectives of Women About Social Support Provided by Men During Pregnancy: A Qualitative Study. *Maternal and Child Health Journal*, 26(6), 1255–1260. <https://doi.org/10.1007/s10995-021-03303-3>
- Klaman, S. L., & Turner, K. (2016). Prevalence of Perinatal Depression in the Military: A Systematic Review of the Literature. *Maternal and Child Health Journal*, 20, 52–65. <https://doi.org/10.1007/s10995-016-2172-0>
- Mahini, E., Hakimi, S., Shahrokhi, H., Salahi, B., Baniadam, K. O., & Ranjbar, F. (2023). Evaluation of factors related to maternal anxiety during Pregnancy among women referred to Tabriz primary care centers. *BMC Psychiatry*, 23(1), 1–8. <https://doi.org/10.1186/s12888-023-04823-8>
- Maimunah, siti. (2009). Kecemasan ibu hamil menjelang persalinan pertama. *Humanity*, V(1), 61–66.
- Mandagi, D. V. V., Pali, C., & Sinolungan, J. S. V. (2013). Perbedaan Tingkat Kecemasan Pada Primigravida Dan Multigravida Di Rsia Kasih Ibu Manado. *Jurnal E-Biomedik*, 1(1), 197–201. <https://doi.org/10.35790/ebm.1.1.2013.1617>
- Nekoe, T., & Zarei, M. (2015). Evaluation the Anxiety Status of Pregnant Women in the Third Trimester of Pregnancy and Fear of Childbirth and Related Factors. *British Journal of Medicine and Medical Research*, 9(12), 1–8. <https://doi.org/10.9734/bjmmr/2015/19784>
- Reszel, J., Peterson, W. E., & Moreau, D. (2014). Young Women's Experiences of Expected Health Behaviors During Pregnancy: The Importance of Emotional Support. *Journal of Community Health Nursing*, 31(4), 198–211. <https://doi.org/10.1080/07370016.2014.958395>
- Rezaeian, S. M., Abedian, Z., Roodsari, R. L., Mazloom, S. R., & Dadgar, S. (2017). The relationship of prenatal Self-Care behaviors with Stress, anxiety and depression in women at risk of preterm delivery. *Iranian Journal of Obstetrics, Gynecology and Infertility*, 20(3), 68–76. <https://doi.org/10.22038/ijogi.2017.8874>
- Rinata, E., & Andayani, G. A. (2018). Karakteristik ibu (usia, paritas, pendidikan) dan dukungan keluarga dengan kecemasan ibu hamil trimester III. *Medisains*, 16(1),

14.
<https://doi.org/10.30595/medisains.v16i1.2063>
- Schetter, C. D. (2011). Psychological science on Pregnancy: Stress processes, biopsychosocial models, and emerging research issues. *Annual Review of Psychology*, 62, 531–558. <https://doi.org/10.1146/annurev.psych.031809.130727>
- Sharapova, A., & Ratcliff, B. G. (2018). Psychosocial and sociocultural factors influencing antenatal anxiety and depression in non-precarious migrant women. *Frontiers in Psychology*, 9(JUL), 1–10. <https://doi.org/10.3389/fpsyg.2018.01200>
- Simarmata, I. D., Budihastuti, U. R., & Tamtomo, D. (2019). Effect of Social Support and Social Interaction on Anxiety Among Pregnant Women. *Journal of Maternal and Child Health*, 4(4), 287–293. <https://doi.org/10.26911/thejmch.2019.04.04.08>
- Skouteris, H., Wertheim, E. H., Rallis, S., Milgrom, J., & Paxton, S. J. (2009). Depression and anxiety through Pregnancy and the early postpartum: An examination of prospective relationships. *Journal of Affective Disorders*, 113(3), 303–308. <https://doi.org/10.1016/j.jad.2008.06.002>
- Trisiani, D., & Hikmawati, R. (2016). Hubungan Kecemasan Ibu Hamil terhadap Kejadian Preeklampsia di RSUD Majalaya Kabupaten Bandung. *Jurnal Ilmiah Bidan*, 1(3).
- van de Loo, K. F. E., Vlenterie, R., Nikkels, S. J., Merkus, P. J. F. M., Roukema, J., Verhaak, C. M., Roeleveld, N., & van Gelder, M. M. H. J. (2018). Depression and anxiety during Pregnancy: The influence of maternal characteristics. *Birth*, 45(4), 478–489. <https://doi.org/10.1111/birt.12343>
- Wallace, K., & Araj, S. (2020). An Overview of Maternal Anxiety During Pregnancy and the Postpartum Period. *Journal of Mental Health & Clinical Psychology*, 4(4), 47–56. <https://doi.org/10.29245/2578-2959/2020/4.1221>
- WHO. (2023). *Depressive disorder (depression)*. WHO. <https://www.who.int/news-room/fact-sheets/detail/depression>
- Xian, T., Zhuo, L., Dihui, H., & Xiaoni, Z. (2019). *Journal of Affective Disorders Influencing factors for prenatal Stress, anxiety and depression in early Pregnancy among women in Chongqing, China*. 253(March), 292–302. <https://doi.org/10.1016/j.jad.2019.05.003>
- Yin, X., Sun, N., Jiang, N., Xu, X., Gan, Y., Zhang, J., Qiu, L., Yang, C., Shi, X., Chang, J., & Gong, Y. (2021). Prevalence and associated factors of antenatal depression: Systematic reviews and meta-analyses. *Clinical Psychology Review*, 83, 101932. <https://doi.org/10.1016/j.cpr.2020.101932>