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LITERATURE REVIEW ANALYSIS FACTORS RELATED TO MATERNAL PRIMIGRAVIDA ANXIETY BEFORE CHILDBIRTH

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ABSTRACT

Anxiety before childbirth is common among pregnant women, and tends to be more pronounced in primigravida mothers who have no prior delivery experience. This paper attempts to summarize the factors associated with such anxiety, based on 16 research articles published between 2020 and 2025 and obtained through Google Scholar. Several factors appear repeatedly across the articles reviewed, including maternal age, gravida status, husband support in its various forms (informational, appraisal, instrumental, emotional), family support, religiosity, maternal knowledge about childbirth, ANC visit compliance, and the effect of childbirth-related health education. Among these factors, husband support was mentioned most frequently and tended to show a consistent relationship with anxiety levels across studies. Several experimental studies also showed that health education interventions could meaningfully reduce anxiety scores. Overall, this review suggests that strengthening support from husbands and families, combined with adequate health education and ANC compliance, are important steps in helping primigravida mothers face childbirth with greater calm.

Keywords: primigravida, childbirth, husband support, family support, health education

INTRODUCTION

Entering the third trimester, pregnant women usually have begun to think about how the delivery process will take place. Physical changes that are increasingly felt in the enlarged abdomen, more active fetal movements, and various other discomforts are often accompanied by emotional changes that are no less significant. One of the most common things that arises is anxiety, both about pain during childbirth, the condition of the baby, and things that are more general such as uncertainty about what will happen. This kind of anxiety tends to be felt more by primigravida mothers, those who are pregnant for the first time and have never experienced firsthand how the delivery process is. Without personal experience as a reference, many

primigravida mothers end up building shadows about childbirth from other people's stories, social media, or even rumors that aren't necessarily true. This is different from.

Multigravida mothers who already have a real picture of previous experiences, so they can generally be better prepared mentally. From various studies that have been conducted, it can be seen that this anxiety does not appear just like that, but is influenced by many things. Some of it comes from the mother herself, such as age, education level, pregnancy status (primigravida or multigravida), and how much knowledge she has about childbirth. Some of them come from outside, for example the support provided by husbands, family, the level of religiosity, whether or not ANC control is routine, to whether the mother has ever received education about childbirth from health workers. If this anxiety is left untreated, the impact can be quite serious, ranging from prolonging the labor process to increasing the risk of complications. Therefore, the author is interested in studying several studies related to this topic more systematically. It is hoped that the results of this study can provide a more complete picture of what factors are actually related to primigravida mothers' anxiety before childbirth, so that it can be considered for midwives and other health workers in providing more targeted care.

METHODS

This research was compiled in the form of a literature review, by searching through articles published through Google Scholar. The search was conducted using a combination of keywords such as anxiety, maternal primigravida, childbirth, husband support, family support, pregnancy status, health education, and Antenatal Care (ANC) compliance. From the search results, 15 articles were selected that were considered relevant and appropriate to the topic, with a range of publication years 2020 to 2025.

RESULTS AND DISCUSSIONS

The following is a summary of the 16 articles that were successfully collected and reviewed, including the research design, the presence or absence of interventions, and the main findings of each.

NO	Author/Year	Title	Design and Samples	Intervention	Results
1	(Novianti et al. 2024)	The Impact of Prenatal Yoga on Anxiety Levels in Third-Trimester Primigravida Mothers: A Pre-Experimental Study	Pre-experimental, one-group pretest-posttest design. Sample: 27 primigravida mothers in	Structured prenatal yoga program: 8 sessions, each 60 minutes (warm-up, 40 minutes of yoga postures, breathing,	Significant reduction in anxiety: pre-intervention → 70.4% moderate, 22.2% severe, 7.4% mild; post-intervention →

			their third trimester (from 41 eligible participants, recruited at PMB Yunita Wonokoyo, Malang, Indonesia).	stretching, and relaxation; supervised by professionals). Anxiety measured using PRAQ-R2 before and after intervention.	63.0% mild, 37.0% moderate, 0% severe. Wilcoxon signed-rank test showed p = 0.000 (p < 0.05), confirming prenatal yoga effectively reduced anxiety levels.
2	(Suhermi and Amirasti 2020)	Factors Related to Primigravida Mother's Anxiety Ahead of Childbirth in the Working Area of the Rumbia Health Center, Jeneponto	Cross sectional, total sampling, 30 primigravida mothers in the third trimester	Without intervention, family support and religiosity questionnaire	Age (p=0.016), family support (p=0.004), and religiosity (p=0.047) were associated with anxiety
3	(Astutik and Erni Tri Indarti 2025)	The Anxiety Level of 3rd Trimester Primigravida Pregnant Woman in Facing Labor	Descriptive design. Sample: 18 primigravida mothers in their third trimester (Blongko Village, Ngetos District, Nganjuk Regency, Indonesia).	No intervention applied — study focused on measuring anxiety levels using the PRAQ-R2 questionnaire.	Of 18 respondents: **78% (14 mothers)** had severe anxiety, **22% (4 mothers)** had moderate anxiety, and **0%** had mild anxiety. Factors influencing anxiety included education and employment status — mothers with higher education and those working tended to have lower anxiety compared to

					non-working mothers.
4	(Suci and Dioso 2024)	Self-Efficacy and Anxiety Level of Third-Trimester Primigravida	Cross-sectional correlation study. Sample: 57 third-trimester primigravida mothers (from 82 population, purposive sampling).	No intervention — study measured **self-efficacy** (self-confidence scale) and **anxiety** (PRAQ-R2), then analyzed correlation using Spearman Rank test.	Majority had **moderate self-efficacy (63.2%)** and **moderate anxiety (49.1%)**. Correlation coefficient = **0.645**, p = 0.000 (p < 0.05), showing a **strong, significant relationship**: higher self-efficacy was associated with lower anxiety.
5	(Asiah, Indragiri, and Agustin 2022)	The Relationship between Husband Support and the Level of Anxiety of Pregnant Women in the Third Trimester Facing Childbirth during the Covid-19 Pandemic	Cross sectional, Pabuaran Health Center	Without intervention, questionnaire	Husband support was related to anxiety levels (p=0.001), the majority of moderate anxiety.
6	(Lumastari Ajeng, Satria Eureka Nurseskasatmata, and Rita Yulifah 2024)	Husband's Support and Anxiety Levels in Primigravida Mothers Facing Childbirth: A Cross-Sectional Study	Cross-sectional design. Sample: 30 primigravida mothers at Aminah General Hospital, Blitar (purposive sampling).	No intervention — study measured **husband's support** (questionnaire: emotional, informational, instrumental, appraisal support) and **anxiety levels** (Zung Self-	100% of mothers reported receiving good husband support. Anxiety levels: **66.7% mild**, **23.3% moderate**, **10% normal**, **0% severe**. Spearman

				Rating Anxiety Scale).	correlation test: **p = 0.000, r = 0.535**, showing a significant positive relationship — stronger husband support was associated with lower maternal anxiety.
7	(Aisyah, Prafitri, and Abbas 2025)	Family-Based Anxiety Detection in Primigravida Pregnant Women	Cross-sectional observational analytical study. Sample: 92 primigravida mothers from Puskesmas Tirto, Kedungwuni I & II (Proportional Random Sampling).	No intervention — study measured **family factors** (support, communication, socioeconomic status, satisfaction with family roles, decision-making) and **anxiety levels** using HRS-A (Hamilton Rating Scale for Anxiety).	Significant associations: **Family support (OR=25.427, p=0.007)**, **Family communication (OR=239.115, p=0.001)**, and **satisfaction with family roles (OR=107.415, p=0.005)** were strongly linked to reduced anxiety. Socioeconomic status and family decision-making showed no significant effect. Anxiety distribution: **34.8% not anxious, 26.1% mild, 30.4% moderate, 8.7% severe**.
8	(Mohebi et al. 2018)	Impact of prenatal anxiety on	Prospective cohort study;	Structured self-reported	- **53% moderate**

		pregnancy outcome among women in Baghdad teaching hospitals	purposive sample of **300 primigravida women** (≥18 years, singleton pregnancy, no chronic illness) from five Baghdad teaching hospitals (Feb 2023 – Mar 2024)	questionnaire with 4 parts: demographic data, reproductive data, **GAD-7 scale (Arabic validated version, α=0.76)**, and pregnancy outcomes (hypertensive disorders, gestational diabetes, mode of delivery, preterm birth, low birth weight).	**anxiety**, 42% mild, 4% minimal, 1% severe. - **61.7% cesarean birth**, **30% low birth weight**, **26.7% preterm birth**, **20.7% gestational diabetes**, **7.3% hypertensive disorders**. - **No statistically significant differences** between prenatal anxiety and adverse pregnancy outcomes (p>0.05).
9	(Sukmawati 2026)	The Role of Accompaniment in Reducing Anxiety of Pregnant Women Ahead of Childbirth	Systematic Review; 30 eligible studies (pregnant women in antenatal period, before childbirth)	Various forms of pendampingan (accompaniment): partner/husband support, family support, counseling, educational programs, peer groups, mHealth (WhatsApp, text, calls), psychosocial interventions	Partner support consistently reduced maternal anxiety, improved confidence, and increased childbirth readiness. Family and peer support enhanced self-efficacy and antenatal care adherence.
10	(Diah Pebriani 2023)	The Relationship between Husband Support and Religiosity with Anxiety Facing Childbirth in	Observational analysis with cross sectional design. The sample was	No Intervention	The higher the husband's support and religiosity, the lower the level of anxiety of

		Pregnant Women in the Third Trimester at the Baki Health Center, Sukoharjo Regency	36 pregnant women in the third trimester.		pregnant women facing childbirth.
11	(Batubara et al. 2026)	Efektivitas Intervensi Musik Klasik Berbahasa Inggris Terhadap Penurunan Tingkat Stres Pada Ibu Hamil di Desa Bangun Rejo Kecamatan Tanjung Morawa	Quantitative, correlational design; 30 pregnant women (trimester II–III) in Desa Bangun Rejo, purposive sampling	**Intervensi musik klasik berbahasa Inggris** (instrumental, slow tempo, relaxation-based exposure) measured with Perceived Stress Scale (PSS-35)	Significant negative correlation between music intervention and stress ($r = -0.402$, $p < 0.001$). Regression showed 40.3% variance explained by music intervention. Mean stress scores were high (113.73) while mean music exposure was low (56.11).
12	(Wicaksana et al. 2024)	Factors Related to Anxiety of Pregnant Women Ahead of Childbirth	Cross sectional, Tanjung Karang Health Center	No intervention	Husband support, status of gravida, and ANC compliance are associated with anxiety; Primigravida is more at risk
13	(Febriati and Zakiyah 2022)	The Relationship between Family Support and Adaptation to Psychological Changes in Pregnant Women at Piyungan Health Center, Bantul	Cross sectional, pregnant women in the first and third trimester	No intervention	Family support is related to the adaptation of psychological changes in pregnant women

14	(Zulkarnain Batubara et al. 2025)	Pemberian Terapi Musik terhadap Pengetahuan Kecemasan Ibu Hamil di Desa Bangun Rejo Kecamatan Tanjung Morawa Provinsi Sumatera Utara Tahun 2025	Community service (PKM) activity; pregnant women in Desa Bangun Rejo, Sumatera Utara (sample size not explicitly stated, conducted in March 2025)	**Health education (lectures on nutrition)** + **structured music therapy** (30 minutes per session, weekly for 4 weeks, monitored via WhatsApp group, combined with blood pressure checks)	Knowledge of
15	(Sembiring et al. 2023)	The Effect of Music Therapy on the Level of Anxiety of Pregnant Women in Facing Childbirth at PMB Pinondang Hutasoit Medan Tembung	Quasi-experiment Non Equivalent Control Group, 46 respondents (2 groups: 15 minutes & 30 minutes)	15 minute vs 30 minute classical music therapy, HARS questionnaire	Both durations lower anxiety; 30-minute therapy was more effective (p=0.000, Mann-Whitney)
16	(Ginting et al. 2022)	Analysis of Pregnant Women's Anxiety Facing Childbirth During the Covid-19 Pandemic	Observational analysis, cross sectional, 105 pregnant women, UPT Namoterasi Health Center, Langkat	Without intervention, questionnaire	COVID-19 status (p=0.000), personality (p=0.000), and social stigma (p=0.000) were significantly associated with anxiety

The research (Devi Erlitna, Anna Waris, Siska Suci 2023) and Vina Estetica Hospital Medan provides additional perspectives from the postpartum maternal group. With 108 respondents and a cross sectional design, this study found that maternal age was significantly related to postpartum anxiety (p=0.012), where mothers under 20 years of age experienced more severe anxiety (71.4%) than other age groups. Mother's knowledge was also shown to be

significantly related (p=0.002): mothers with knowledge experienced less severe anxiety than those with good knowledge. Interestingly, parity showed no meaningful relationship (p=0.405>0.05), in contrast to some other studies that found gravitated status to be an important factor.

The study (Wicaksana et al. 2024) at the Tanjung Karang Health Center, Mataram, involved 102 pregnant women in the third trimester, with almost 60 percent having primigravida status. The results were quite clear: husband support, gravida status, and ANC compliance were both associated with anxiety levels, with p-values below 0.05 for all three. Interestingly, the correlation of husband support to anxiety was quite strong (r=-0.602), meaning that the better the support the mother received from her husband, the lower the anxiety. These findings are quite consistent with many other studies that also place husbands as the closest source of support for pregnant women.

In contrast to previous research that focused on husband support, (Suhermi and Amirasti 2020) it actually highlighted two other things: family support in general and religiosity. A study with a small sample (30 people) at the Rumbia Health Center, Jeneponto found that maternal age, family support, and level of religiosity were all associated with anxiety leading up to childbirth. The aspect of religiosity is not widely discussed in other literature, even though in Indonesian society it is quite relevant that mothers who feel closer to their religion seem calmer in the face of an uncertain childbirth process.

(Rifka Alkhilyatul Ma'rifat, I Made Suraharta 2024)reaffirmed the importance of husband support, this time at the Sebamban 2 Health Center. Although the design of the study was quite simple (cross sectional with correlation analysis), the results were in line with many other studies: mothers who felt supported by their husbands tended to have lower levels of anxiety leading up to delivery. Unfortunately, this article does not detail the dimensions of partner support measured, making it difficult to compare in depth with other studies that break down partner support into categories.

Oxytocin massage is one of the nonpharmacological methods that aims to stimulate the release of the hormone oxytocin. This hormone has an important role in the breastfeeding process because it helps the milk excretion reflex and increases uterine contraction thereby accelerating uterine involution and reducing the risk of postpartum hemorrhage. In post-SC mothers, the production of the hormone oxytocin is often inhibited due to pain and stress experienced after surgery. Therefore, oxytocin massage is expected to be an intervention that helps speed up maternal recovery.(Fadhilah 2023)

Although the results showed no significant influence, these findings still provide important information in midwifery practice. The insignificance of the results of the study can be influenced by the relatively small number of samples, the short duration of the intervention, or the presence of other factors that affect breast milk production and uterine involution. These factors include maternal age, parity, psychological condition, nutritional status, frequency of

breastfeeding, early mobilization, and family support. Theoretically, oxytocin massage remains on a solid scientific basis because stimulation of the spinal area can activate the nervous system that stimulates the release of the hormone oxytocin from the posterior pituitary. The release of these hormones plays a role in the contraction of myoepital cells in the breast so that it helps in the production of breast milk. In addition, oxytocin also increases myometrium contraction which functions to accelerate uterine involution. However, in this study, this effect could not be statistically proven due to the limitations of the study.(Fadhilah 2023)

(Ginting et al. 2022)in the Indonesian Health Issue adds dimensions that have rarely been discussed in previous studies, namely maternal personality and social stigma in the context of the Covid-19 pandemic. This research was conducted at the Namoterasi Health Center UPT, Lalat Regency, with 105 pregnant women as respondents. The results were very interesting: Covid-19 status (p=0.000), personality type (p=0.000), and social stigma (p=0.000) were all meaningfully related to pregnant women's anxiety about childbirth. Mothers with extroverted personalities tended to experience mild anxiety (92.8%) compared to mothers with introverted personalities who experienced more moderate anxiety (86.4%). This is understandable because extroverted individuals are more open and easy to seek social support, thus having better coping mechanisms. Meanwhile, high social stigma — in the form of fear of being ostracized due to Covid-19 status — has been shown to increase anxiety. Mothers with low stigma were 14,824 times more likely to experience mild anxiety than mothers with high stigma. These findings add to the richness of this literature review study by showing that pregnant women's anxiety is not only determined by conventional internal and social factors, but also by situational contexts such as pandemics. Midwives and health workers need to be sensitive to this dimension, especially in health crisis situations.

The study (Sembiring et al. 2023) published in the Excellent Midwifery Journal provides an important contribution in the form of evidence of the effectiveness of classical music therapy in reducing anxiety in pregnant women before childbirth. With a quasi-experimental design of the Non Equivalent Control Group, this study compared the effectiveness of providing music therapy for 15 minutes and 30 minutes in 46 respondents at the Independent Practice of Midwives Pinondang Hutasoit Medan Tembung. Results showed that both durations were significantly able to lower anxiety scores based on the HARS questionnaire (Wilcoxon p=0.000), but 30-minute therapy was shown to be more effective and faster in lowering anxiety than 15 minutes (Mann-Whitney p=0.000). This is in line with the theory that classical music can stimulate the body to release endogenous opioids, namely endorphins and morphine-like encephalin to reduce anxiety. These findings open up opportunities for health workers, especially midwives, to integrate music therapy as part of midwifery care before childbirth. This therapy is simple, inexpensive, and has no side effects, so it is very applicable in various midwifery service settings.

In the midst of the Covid-19 pandemic situation, (Rifka Alkhilyatul Ma'rifat, I Made Suraharta 2024) researched the relationship between husband support and pregnant women's

anxiety at the Pabuaran Health Center. The results showed a significant association (p=0.001), with the majority of respondents being in the moderate stage of anxiety levels. The context of the pandemic has added a new dimension to pregnant women's anxiety, not only anxiety about childbirth itself, but also the risk of transmission, policies that limit visits to health facilities, and broader uncertainty. The support of her husband at that time seemed to be a kind of emotional anchor for the mother.

The results of this study show that husband support is a very important factor in improving the health behavior of pregnant women. The support provided can be in the form of emotional support, information, awards, or instrumental support such as escorting the wife to health facilities, helping to meet nutritional needs, and preparing for childbirth costs. When the mother feels supported by her husband, the level of motivation to check the pregnancy becomes higher. Psychologically, the husband's support is able to provide a sense of security, comfort, and reduce anxiety during pregnancy. A good psychological condition will encourage mothers to pay more attention to the health of themselves and the fetus. On the other hand, the lack of support from the husband can cause the mother to feel less cared for and therefore compliance with ANC visits is low.(Fadhilah 2023)

This study is based on the theory that good knowledge of pregnancy can help mothers understand the changes that occur during pregnancy so that it is expected to be able to reduce anxiety before childbirth. In addition, family support, especially from the husband, is believed to provide a sense of security, comfort, and emotional peace that helps mothers face the childbirth process. The researcher explained that anxiety in pregnant women is not only influenced by family knowledge and support, but also by other factors such as biological, psychological, social, previous experiences, confidence, religiosity, culture, and the mother's adaptability to pregnancy and childbirth. Therefore, further research is recommended to examine other factors that have the potential to affect pregnant women's anxiety ahead of childbirth (Siska 2025)

Unlike most of the above studies which are descriptive or correlational, this study from (Yanti and Supiani 2021) uses a quasi-experimental design with a pre-post test. Primigravida third trimester pregnant women were given health education about childbirth, and as a result their anxiety scores decreased significantly (p=0.000). This provides stronger evidence than correlation research, as it shows a cause-and-effect relationship is not only 'there is a relationship', but 'if you are educated, anxiety is actually reduced. Similar results were also found by (Sari, Kusumawati, and Fitriana 2017) in their thesis at UIN Jakarta, which examined primigravida mothers in the third trimester at the Ciputat Health Center. By the same design (quasi-experimental pre-post test), health education about rebirth has been shown to significantly reduce anxiety. Two studies with consistent results like this are enough to strengthen the argument that education about childbirth that midwives can do in the classroom of pregnant women, for example, is one of the most realistic interventions to be applied in primary care.

Most of the respondents had good husbandry support (72.2%), had a high level of religiosity (61.1%), and the majority did not experience anxiety (55.6%). Analysis using the Spearman Rank test showed a significant relationship between husband support and anxiety about childbirth (p=0.014; r=-0.405) as well as a significant relationship between religiosity and anxiety (p=0.000; r=-0.597). The negative correlation value showed that the higher the husband's support and the religiosity that pregnant women had, the lower the level of anxiety felt before childbirth. This study confirms that family support, especially husbands, and strengthening spiritual aspects are important factors in maintaining the psychological health of pregnant women in the third trimester. (Diah Pebriani 2023)

The results showed that almost all of the studies analyzed reported a decrease in anxiety levels after the administration of nonpharmacological interventions. The intervention works by increasing relaxation, improving the mother's ability to control stress, increasing self-confidence, and preparing the mother physically and psychologically to face the childbirth process. This literature review concludes that nonpharmacological interventions are an effective, safe, easy to apply, and can be used as companion therapy in antenatal services to help reduce anxiety in pregnant women in the third trimester.(Susilawati 2023)

(Wicaksana et al. 2024)), in their second publication in the Global Journal of Science, reaffirmed the findings of the first study: husband support, gestation status, and ANC adherence were associated with pregnant women's anxiety before childbirth. Primigravida mothers with minimal husband support and low ANC compliance are said to be more at risk of experiencing moderate to severe anxiety. Repeating the findings of the same research team actually reinforces the validity of the results, although ideally they would need to be replicated by other researchers in different locations.

In closing, the study (Wirabakti and Afdi Septiyono 2022) at the Piyungan Health Center, Bantul, expanded the coverage by looking at pregnant women throughout the trimester, not just the third trimester. They found that family support was linked to the adaptation of the pregnant woman's overall psychological changes, not just prenatal anxiety. It's a reminder that postpartum anxiety is actually part of a longer series of psychological adaptations, which begin early in pregnancy and are affected by support from those around the mother throughout the process.

CONCLUSIONS

From the 16 articles reviewed, it is quite clear that primigravida mothers' anxiety before childbirth cannot be explained by one factor alone. There are factors that come from the mother herself age, pregnancy status, level of knowledge, personality type and there are external factors, such as the husband's support in various forms, family support, religiosity, ANC compliance, social stigma,

pandemic conditions, and the experience of getting education about childbirth. Among all these factors, the husband's support appears most often and the pattern is quite consistent: the better the support received,the lower the anxiety felt. Studies with experimental designs also provide strong evidence that health education about childbirth and classical music therapy can actually lower anxiety levels. Research in the context of the Covid-19 pandemic has also enriched understanding by showing that workers. In practical terms, these findings lead to several things that can be done: involving husbands more actively from the time of pregnancy examinations, providing education about the birth process on a regular basis through pregnant women's classes, integrating music therapy as a non-pharmacological intervention, paying attention to the mother's personality type and psychosocial conditions, and ensuring that mothers especially primigravida remain obedient to ANC control.

SUGGESTION

The literature review you have compiled is quite comprehensive, but there are some suggestions that can strengthen its quality. First, it is recommended to expand the variables examined to include other psychosocial factors such as employment status, economic status, and access to health services, as these can provide a more comprehensive picture of the determinants of anxiety. Second, the analysis can be deepened by grouping internal factors (age, gravitational status, knowledge) and external factors (husband, family, religiosity, ANC compliance, education) in the form of tables or diagrams, making it easier for readers to understand the patterns of relationships between factors. Third, add methodological criticism of the study under review, such The limitations of cross-sectional designs that only demonstrate cause-and-effect relationships, as well as the importance of longitudinal studies or randomized controlled trials to strengthen the evidence. Fourth, integrate findings with midwifery practice, such as how midwives can actively engage husbands in pregnant women's classes or ANC visits, as well as a proposed community-based intervention model that combines health education with family support. Fifth, it provides recommendations for further research with a larger sample and diverse locations so that the results are more general, as well as encouraging the exploration of religiosity and cultural factors that are still rarely studied. Finally, pay attention to the consistency of the writing by explaining terms such as "husband support" in detail (informational, emotional, instrumental, judgmental dimensions) so that the discussion is more focused and not repetitive. With these steps, your literature review will be sharper academically and practically beneficial.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

The author contributed to the conception and design of the study, literature searching, article selection, data extraction, critical analysis and synthesis of the findings, manuscript writing, revision of the manuscript, and final approval of the version to be published.

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