



Hypnobirthing as Self-Hypnosis in Reducing Anxiety Levels in Pregnant Women

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Abstract, *Pregnancy is a unique time in a woman's life and a valuable experience for a married couple. During pregnancy, women adjust to their pregnancy, and it's not uncommon for many to experience disappointment and anxiety due to hormonal influences and physical and psychological changes. Anxious pregnant women can experience negative consequences for themselves and their fetuses, such as increased blood pressure, preeclampsia, prematurity, low birth weight, and even the risk of maternal and fetal death. Hypnobirthing is a method for reducing anxiety and has no effect on fetal growth and development. The purpose of this study was to determine the effect of hypnobirthing as self-hypnosis in reducing anxiety in pregnant women. This study used a quasi-experimental design with a sample size of 50 participants. Data collection was conducted at Tidore City Regional Hospital. The variables used in this study were the level of anxiety of pregnant women as the dependent variable and hypnobirthing as the independent variable. Maternal anxiety levels were measured before and after hypnobirthing using the HARS questionnaire. Univariate and bivariate analyses (Wilcoxon sign test) were used for analysis. The results of the study showed that there was a difference in anxiety levels before and after hypnobirthing was given of 0.92 and there was a p-value of 0.0001, which means that there was a significant influence between hypnobirthing and reducing anxiety in pregnant women.*

Keywords: Anxiety, Hypnobirthing, Maternal Health, Pregnancy, Self-Hypnosis.

1. INTRODUCTION

Pregnancy and childbirth are natural (physiological) processes and not pathological. However, these physiological conditions can become pathological or abnormal, and every pregnant woman is at risk. (1) According to the World Health Organization (WHO), an estimated 295,000 women worldwide die during pregnancy and childbirth, and these deaths can be prevented through various efforts. (2) Indonesia's Maternal Mortality Rate (MMR) continues to decline year after year. The Intercensal Population Survey (SUPAS) showed that the MMR was 305 per 100,000 live births in 2015. (3)

The causes of maternal death worldwide are still dominated by postpartum hemorrhage, postpartum infections, increased blood pressure (hypertension) in pregnant women, which can lead to preeclampsia and eclampsia, postpartum complications, and unsafe abortion. (4) Preeclampsia and eclampsia are the second leading causes of maternal death in Indonesia. Preeclampsia accounts for 100% of complications during pregnancy, resulting in 24% of deaths. (5) Anxiety is a risk factor for preeclampsia during pregnancy. (6)

Almost all pregnant women experience anxiety during pregnancy. (7) This usually occurs due to changes in body shape, such as the abdomen becoming larger over time, and emotional changes in the mother, which can lead to sudden feelings of anxiety, fear, and worry. (8) The

level of anxiety among pregnant women facing childbirth remains quite high. The United Nations International Children's Emergency Fund (UNICEF) states that 12,230,142 mothers experienced problems during childbirth, 30% of which stemmed from anxiety. (9)

Data released by the World Health Organization indicates that 352 out of 2,321 primigravida pregnant women complained of fear (36%), anxiety (42%), and a lack of confidence (22%). (10) The Indonesian Demographic Health Survey states that 50 out of 850 primigravida pregnant women complained of stress (20%), anxiety (35%), and fear (45%). (11) Anxiety during pregnancy, if left untreated, will have physical and psychological effects on both the mother and her fetus. Anxiety in pregnant women also significantly affects the growth and development of the fetus in the womb; babies of mothers experiencing anxiety tend to have lower birth weights than those who do not experience anxiety. (12) Another negative impact of anxiety experienced by pregnant women can trigger uterine contractions. This condition can result in increased blood pressure, potentially triggering preeclampsia and miscarriage. (13)

Pregnant women can reduce their anxiety levels through many methods, including relaxation or self-hypnosis. (14) Relaxation is considered quite effective in reducing muscle tension, boredom, and anxiety. (15) Self-hypnosis is often used by pregnant women to manage feelings of anxiety during pregnancy and is often referred to as hypnobirthing. Hypnobirthing is a technique of autohypnosis (self-hypnosis), a natural way to instill positive intentions/suggestions in the mind/subconscious mind during pregnancy. (15)

Many studies have demonstrated the benefits of hypnobirthing training. One finding is that after hypnobirthing, 56% of pregnant women experienced no anxiety, and 38% experienced mild anxiety. (16). this study aimed to determine the benefits of providing hypnobirthing as part of self-hypnosis to reduce maternal anxiety levels during pregnancy.

2. RESEARCH METHOD

This study employed a quasi-experimental design with a one-group pre-post-test approach, a research design that utilizes a single group of subjects and measures before and after administering a treatment (intervention). Data collection was conducted at Tidore City Regional Hospital (RSD Kota Tidore). The sampling period was from July to September 2025.

The population used was all pregnant women who visited or received Antenatal Care (ANC) check-ups at Tidore City Hospital and met the study criteria. The sample consisted of 50 pregnant women who underwent ANC check-ups and met the previously established inclusion and exclusion criteria. The variables used in this study were maternal anxiety levels as the dependent variable and hypnobirthing (self-hypnosis) as the independent variable.

The instrument used in this study was a questionnaire about signs of anxiety in pregnant women, measured using the Hamilton Rating Scale for Anxiety (HARS). Respondents (pregnant women) were first measured for their anxiety levels using the HARS questionnaire before receiving the intervention. The next step was to provide hypnobirthing relaxation twice within a week, and then the respondents were given hypnobirthing audio recordings to use at home. After the intervention was completed, anxiety levels were measured again. Data analysis used in this study used the Wilcoxon Signed Rank Test to measure the difference in anxiety levels of pregnant women pre- (before intervention) and post- (after intervention) hypnobirthing.

3. RESULTS AND DISCUSSION

Univariate Analysis (Respondent Characteristics and Obstetric History)

Respondents in this study were pregnant women in their first, second, and third trimesters who were healthy and not experiencing any complications or comorbidities during their pregnancies. Respondent characteristics included maternal age, education, and occupation, as shown in Table 1. The frequency distribution of respondents' obstetric history (gravidity and gestational age) is shown in Table 2.

Table 1 Frequency Distribution of Pregnant Women's Characteristics.

Variable	Frequency (n)	Percentage (%)
Mother's Age		
Risky (<20 and \geq 35 years old)	7	14
Not Risky (20-35 years old)	43	86
Mother's Education		
Low	1	2
Middle	25	50
High	24	48
Occupation		
Work	17	34
Not Work	33	66

Table 1 shows that the majority of pregnant respondents were at a non-risk age, at 86% (43 people). The mothers' education level was predominantly secondary, at 50% (25 people). The majority of respondents were unemployed (housewives), at 66% (33 people).

Table 2 Frequency Distribution of Obstetric History of Pregnant Women.

Variable	Frequency(n)	Percentage (%)
Graviditas		
Primigravida	29	58
Multigravida	21	42
Gestational Age		
Trimester I	10	20
Trimester II	10	18
Trimester III	30	60

Based on Table 2, it can be seen that 58% of respondents were primigravida, while the majority of respondents' gestational age was in the third trimester of pregnancy, namely 60%.

Univariate Analysis (Anxiety Levels of Pregnant Women)

Table 3 Frequency Distribution of Anxiety Levels of Pregnant Women Before and After the Hypnobirthing Intervention.

Anxiety Level	Frequency (n)	Percentage (%)
Before Intervention		
Not Anxious	16	32
Mild Anxiety	18	36
Moderately Anxious	11	22
Severe Anxiety	4	8
Very Anxious/Panic	1	2
After Intervention		
Not Anxious	42	84
Mild Anxiety	7	14
Moderately Anxious	0	0
Severe Anxiety	1	2

Based on Table 3, the level of anxiety of pregnant women before the intervention was dominated by mild anxiety at 36% and the lowest experienced very severe anxiety/panic at 2%. After the hypnobirthing relaxation intervention, the level of anxiety of pregnant women was dominated by no anxiety at 84% and moderate anxiety decreased from 11 people to no pregnant women experiencing anxiety in the moderate anxiety classification.

Bivariate Analysis

Table 4 Data Normality Test Results.

Variables	Kolmogorov-Smirnov (p-value)	Shapiro-Wilk (p-value)
Maternal Anxiety (Before Pregnancy Relaxation)	0,0001	0,0001

Before conducting bivariate analysis, the collected data were tested for normality. The results showed that the data were not normally distributed. Therefore, the nonparametric Wilcoxon Signed-Rank Test was used in the bivariate analysis.

Table 5 Difference in Average Anxiety Levels of Pregnant Women Before and After Hypnobirthing Relaxation.

Hypnobirthing Relaxation	Mean	Standard Deviation	P-Value
Before Intervention	1,12	1,023	0,0001
After Intervention	0,2	5,35	

Based on Table 5, it can be seen that the anxiety level of pregnant women decreased by 0.92, namely from 1.12 (before intervention) to 0.2 (after intervention), while the p-value was 0.0001, meaning that statistically there was a significant difference in the anxiety level of pregnant women before and after hypnobirthing.

DISCUSSION

The pregnancy and childbirth process is influenced by factors such as passage, passenger, power, and support, as well as psychological factors that significantly determine the success of a birth. Anxiety, tension, and worry stemming from perceived unpleasant events,

often unknown and originating internally (intrapsychically), can lead to prolonged labor or prolongation of the second stage.

In this study, hypnobirthing relaxation techniques were able to reduce maternal anxiety levels and even eliminate the anxiety experienced during pregnancy. The Wilcoxon Signature test showed statistically significant differences between maternal anxiety levels before and after the hypnobirthing relaxation intervention.

Numerous studies have shown that the mean pretest anxiety level (before hypnobirthing treatment) was $3,266 \pm 1,162$, while the mean posttest anxiety level (after hypnobirthing treatment) was $2,333 \pm 1,112$. This indicates a decrease in anxiety levels after hypnobirthing treatment. Other research indicates that hypnobirthing relaxation techniques have an effect on anxiety levels after treatment and control groups. As time passes and pregnancy progresses, mothers typically experience anxiety and thoughts about the birth process, leading to feelings of fear (childbirth syndrome) during labor.

The reduction in anxiety through relaxation techniques leads to the brain's alpha waves, which have a frequency of 14-30 Hz. In this state, the brain relaxes, between consciousness and unconsciousness, almost asleep. This is when the body releases serotonin, which helps regulate mood and prevent depression, and endorphins, which are useful for stress relief and natural pain relief.

During relaxation, anxiety is reduced by breaking the cycle of anxiety. When someone is tense due to a particular situation, it affects the central nervous system, triggering a stimulus that increases anxiety and tension. When this state is interrupted for a specific period, the individual's anxiety levels are significantly reduced. Consequently, pregnant women feel more comfortable, relaxed, and able to deal with challenges more effectively.

In hypnobirthing, a form of self-hypnosis therapy, pregnant women are guided naturally to increase their sense of calm and instill positive suggestions throughout pregnancy and delivery. These positive suggestions are received as stimuli by various senses. These stimuli are then transmitted to the brainstem and sent to the thalamus, where they are formatted according to the brain's language. When a stimulus occurs, such as a preferred stimulus, stored memories are recalled.

Hypnobirthing is a method that prepares pregnant women for pregnancy and childbirth with a sense of calm and comfort. This is because the method aligns the physical and psychological conditions of both parents and the fetus. Hypnobirthing teaches mothers and those closest to them, such as husbands and family, to empower themselves to achieve peace of mind.

Basic techniques used in hypnobirthing, such as relaxation, affirmations, visualization, and communication with the fetus, can help a pregnant woman balance her body and mind, preparing for the pregnancy process and preparing both physically and mentally to cope with potential adverse events. When a pregnant woman regularly relaxes, she can neutralize negative thoughts and replace them with positive thoughts. The body's natural response to various disturbances can be influenced by emotions, psychological states, and internal thoughts. These negative feelings and disturbances can be addressed independently by reflecting on positive events or thoughts. Furthermore, we as individuals must adopt a positive outlook; this is called self-hypnosis and provides another perspective on strengthening our physical self. Self-hypnosis can be used to apply the principle of mental calm to minimize anxiety, fear, and tension. Self-hypnosis can be used as a very safe therapy for pregnant women during pregnancy and childbirth because it has no side effects on the body.

The benefits of hypnobirthing for mothers include a natural way to reduce pain and discomfort during pregnancy and childbirth, reduce stress, create a calmer and more psychologically prepared mother, alleviate fear, tension, and anxiety, and reduce the risk of complications. Hypnobirthing, or self-hypnosis, is one method a mother can use during pregnancy, childbirth, and breastfeeding. Every pregnant woman has the right to experience happiness and positive experiences throughout her life cycle.

Self-hypnosis is a form of guided imagery therapy, a relaxation technique aimed at reducing stress and increasing feelings of calm and peace. It is a calming method for dealing with difficult life situations. Guided imagery therapy, a traditional mind-body technique, is considered a form of hypnosis guided by concentration and imagination. The desired therapeutic goal of this practice is to address health issues related to stress, depression, anxiety, muscle tension, panic, and others. This creates a balance between the mind, body, and spirit. Self-hypnosis can be practiced by resting the mind, calming oneself, striving to achieve a state of deep relaxation, and opening the mind to new concepts and understandings.

4. CONCLUSION

Hypnobirthing, as a form of self-hypnosis, has been proven to reduce or even eliminate anxiety in pregnant women. Pregnant women can also apply hypnobirthing themselves (self-hypnosis) in various ways, including listening to hypnobirthing recordings or reciting positive affirmations to the mother and fetus.

As healthcare professionals, midwives, who accompany mothers throughout their pregnancy, ensure they stay up-to-date with scientific developments, providing comprehensive

healthcare services, not only to prepare them physically but also to prepare them psychologically and spiritually.

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