

## Effectiveness of Childbirth Education and Hypnobirthing Assistance in Improving Labor Outcome

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### ABSTRACT

**Background:** Childbirth education and assistance with hypnobirthing is an autohypnosis technique, namely an effort to instill positive intentions through suggestion into the soul or subconscious mind during pregnancy and preparation for childbirth. This study aims to analyze the effectiveness of childbirth education and assistance with hypnobirthing in improving childbirth outcomes.

**Subjects and Method:** A randomized controlled trial (RCT) was conducted at the Pratama D'Maryam Clinic, Yogyakarta from August to December 2023. A total of 154 pregnant women was selected. The dependent variables were anxiety, depression, complications, and delivery time. The independent variables were childbirth education and assistance with hypnobirthing. Therapy was given 2 times a week with a duration of 3 hours. The data were measured using questionnaire and analyzed using independent t-test.

**Results:** Providing childbirth education accompanied by assistance with hypnobirthing reduced anxiety (Effect Size= 1.22;  $p < 0.001$ ), depression (Effect Size= 1.19;  $p < 0.001$ ), and shortened labor time (Effect Size= 0.08;  $p = 0.016$ ).

**Conclusion:** Childbirth education combined with assisted hypnobirthing have effects on in reducing anxiety, depression, and shortening labor time.

**Keywords:** hypnobirthing, anxiety, depression, prolong labor, pregnant women.

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### BACKGROUND

Based on the 2015 Millennium Development Goals (MDGs) agreement, it is hoped that maternal mortality will decrease by a quarter and child mortality by two-thirds between 1990 and 2015. Indonesia is committed to reducing the death rate from 102/100,000 live births (KH), to 23/1,000 KH and the under-five mortality rate from

97 to 32 per year in 2015. According to data from the 2017 Indonesian Demographic Health Survey (SDKI), it shows that almost 24% of live births in the 2017 IDHS did not experience complications during delivery, while other births experienced one or more complications. The most frequently reported birth complications were anxiety or severe pain (53%) and prolonged labor (51%).

According to the World Health Organization (WHO) 2019, the maternal mortality rate (MMR) in the world is 303,000 people, and the maternal mortality rate in ASEAN is 235 per 100,000 KH. According to IDHS survey data, the maternal mortality rate in Indonesia increased from 228 per 100,000 live births in 2002-2007 to 359 per 100,000 KH in 2007-2012. The maternal mortality rate decreased in 2012-2015 to 305 per 100,000 live births and the number of maternal deaths in Indonesia in 2019 was 4,221 cases (Indonesian Ministry of Health, 2019). The most common causes of maternal death in Indonesia in 2019 were bleeding, hypertension in pregnancy, infection, metabolic disorders and others (Ministry of Health of the Republic of Indonesia, 2019). Around 25-50% of maternal deaths are caused by problems related to pregnancy, childbirth and postpartum (WHO, 2018).

Maternal examination during pregnancy is another effort to reduce maternal mortality due to childbirth. Examination during pregnancy is expected to be able to detect early problems such as disorders that occur during pregnancy, thereby preventing complications during pregnancy and childbirth. The percentage of birth assistance by health workers in Indonesia shows an increasing trend from 2005 to 2015. Yogyakarta Special Region (DIY) has the highest achievement at 99.81% and Papua Province has the lowest achievement at 26.34% (Ministry of Health of the Republic of Indonesia, 2016). The proportion of births in DIY province assisted by health workers has increased from 2010 to 2021, birth assistance by health workers has almost reached 100% (DIY Health Service Profile, 2022).

Based on the background explained above, the researcher will research the effectiveness of childbirth education with assistance in improving the birth process in

pregnant women. The location of this research is the Pratama D'Maryam Clinic, this clinic is located in the center of Yogyakarta and is in a very strategic location, namely in the Yogyakarta City Palace complex. Pratama D'Maryam Clinic was founded by Midwife Yulia Himawati, S.St, which initially before becoming the Pratama D'Maryam clinic was an independent midwife practice that served maternal and child health and focused on holistic and complementary services that really supported normal childbirth with various efforts to One of them is the existence of mother classes and assistance for pregnant women.

Childbirth education is a preventive intervention that includes antenatal health visits, with the aim of improving birth outcomes for mothers and newborns such as reducing the use of cesarean delivery, reducing the use of labor induction, increasing breastfeeding rates, and improving maternal mental health (Toohill et al., 2017). Childbirth education was developed almost 100 years ago and aims to prepare women to face the stress of pregnancy, childbirth and parenthood. Anxiety about childbirth is a common problem in late pregnancy, and may complicate childbirth and lead to postpartum depression and difficulties in the mother-child relationship (Rouhe et al., 2013).

The pregnant mother class program is a form of prenatal education that can increase pregnant women's knowledge and change positive behavior so as to increase safe and secure childbirth. This pregnant mother class program aims to increase understanding, attitudes and change the mother's behavior so that she understands pregnancy examinations with hope. healthy mother and fetus, safe delivery, comfortable postpartum, safe mother, healthy baby, prevention of physical and mental illness, nutritional disorders and complications of

pregnancy, labor and postpartum as well as care for newborns so that babies grow optimally (Khairi et al., 2023).

Self-hypnosis is the process of optimizing the largest part of the mind, namely the subconscious, with one's own abilities, which has an impact on the psychological problems one is experiencing, which can be resolved independently. Hypnosis is an approach that is often used to overcome anxiety. The strategy used is a combination of physical relaxation and cognitive restructuring. Such as treating anxiety by using systematic desensitization or progressive muscle relaxation so that pregnant women will be instructed to relax from physical complaints and ignore anxiety stimuli (Rofacki et al., 2015).

Sehmawati et al.'s study. (2020) shows that there is an influence of self-hypnosis on the anxiety level of pregnant women in preparation for childbirth during the COVID-19 pandemic, it can reduce the anxiety level of pregnant women by 2.6. The average anxiety level before self-hypnosis was 52.19 (moderate anxiety) and the average anxiety level after self-hypnosis was 49.59 (mild anxiety). This study aims to analyze the effectiveness of childbirth education and assistance with hypnobirthing in improving childbirth outcomes.

## SUBJECTS AND METHOD

### 1. Study Design

A Randomized Controlled Trial (RCT) was conducted at the Pratama D'Maryam Clinic, Yogyakarta, from August to December 2023.

### 2. Population dan sample

The study population was pregnant women who gave birth at the Pratama D'Maryam Clinic. A total of 154 pregnant women was selected for this study.

### 3. Study Variables

Dependent variables are anxiety, depression, complications, and length of labor. The

independent variables are childbirth education and assistance with hypnobirthing.

### 4. Operational Definition

**Childbirth Education and Assistance with Hypnobirthing:** Education about pregnancy and childbirth and physical, psychological and spiritual assistance provided by someone in the form of pregnant women with relaxation techniques in the hypnosis method helps prospective mothers give birth by reducing the perception of fear, anxiety, tension and pain during pregnancy. give birth to. Therapy is given 2 times a week with a duration of 3 hours.

**Complications:** If the mother experiences one or more complications during childbirth consisting of bleeding, preeclampsia/eclampsia, and infection according to the doctor's diagnosis recorded in the 2023 Pratama D'Maryam Clinic Medical Record.

**Anxiety:** Feelings or psychological conditions that are unpleasant when facing the birth of a baby which is characterized by physiological and psychological symptoms.

**Depression:** Mood changes with symptoms of feeling sad, feeling worthless and having no hope occur in mothers around 2 to 6 weeks after giving birth.

**Long Labor:** Labor that lasts more than 24 hours in primi, and more than 18 hours in multi. This can cause symptoms of dehydration, infection, maternal fatigue, asphyxia and fetal death in the womb.

### 5. Study instruments

The study instrument used was a questionnaire, the labor complications variable was measured using the 2012 SDKI questionnaire, the Edinburgh Postnatal Depression Scale (EPDS) questionnaire, was used for the Post Partum Depression variable, the anxiety variable was measured using the State-Trait Anxiety Inventory (STAI) questionnaire. Form.

### 6. Data analysis

Univariate analysis to obtain frequency

distribution and percentage characteristics of research subjects. Bivariate analysis to analyze the influence of independent and dependent variables uses the independent t-test with a significance level of  $p < 0.050$ .

**7. Study Ethics**

Study ethics including informed consent, anonymity, and confidentiality, were handled carefully throughout the research process. A letter of approval for research ethics permission was obtained from the Research Ethics Committee of Dr. Moewardi Hospital, Surakarta City No.1.952/X/-HREC/2023, on October 31 2023.

**RESULTS**

The Randomized Controlled Trial (RCT)

study was conducted at the Pratama D'Maryam Clinic, from August to December 2023. This clinic is located in the Beteng Keraton Yogyakarta area, precisely on Jl. Jl. Nagan kidul No. 10 Patehan Keraton, Yogyakarta, A total of 154 pregnant women were selected in this study.

**1. Sample characteristics**

Table 1 shows that the average age of pregnant women is 29 years with a median of 5.03, with an age range ranging from 20 years to 43 years. The average gestational age of pregnant women is 25 weeks with a median of 10.76, with a gestational age range ranging from 4 weeks to 41 weeks. The average delivery time for pregnant women is 50.29 minutes with a median of 257.18.

**Table 1. Characteristics of study subjects**

Characteristics	N	Mean	Median	Min	Max
Age (years)	154	29.49	5.03	20	43
Gestational Age (weeks)	154	24.77	10.76	4	41
Delivery Time (minutes)	154	50.29	257.18	0	2,880

**2. Univariate Analysis**

Table 2 shows that the average anxiety score for pregnant women after hypnobirthing is 28.51, with a median value of 7.36. The average depression score for pregnant

women before hypnobirthing was 18.37, with a median value of 5.77. The average depression score for pregnant women after hypnobirthing was 21.23, with a median value of 5.45.

**Table 2. Univariate Test Results**

Characteristics	N	Mean	Median	Min	Max
Anxiety Pre	154	24.85	7.29	9	41
Post Anxiety	154	28.51	7.36	9	39
Depression Pre	154	18.37	5.77	9	42
Post Depression	154	21.23	5.45	9	29

**3. Bivariate Analysis**

Table 3 shows that the intervention consisting of childbirth education accompanied by assistance with hypnobirthing is effective in reducing anxiety levels in pregnant women with a large effect size (Effect Size= 1.22 > 0.80).

Table 3 shows that there is a difference

in the mean level of anxiety before and after the intervention in the hypnobirthing group and the non-hypnobirthing group. Before the intervention, the average anxiety score was comparable between the hypnobirthing group (Mean= 24.97; SD= 7.36) and the non-hypnobirthing group (Mean= 24.73;

SD= 7.26), and this result was not statistically significant (p= 0.835). After the intervention, the average anxiety score was lower in the hypnobirthing group (Mean= 24.66;

SD= 7.14) than in the non-hypnobirthing group (Mean= 32.36; SD= 5.30), and this result was statistically significant (p <0.001).

**Table 3. Effect of childbirth education and assistance with hypnobirthing on anxiety in pregnant women**

Anxiety	N	Mean	SD	Effect Size	P
<b>Pre Intervention</b>					
Intervention	77	24.97	7.36		0.835
Control	77	24.73	7.26		
<b>Post Intervention</b>					
Intervention	77	24.66	7.14	1.22	<0.001
Control	77	32.36	5.30		

Table 4 shows that the intervention consisting of childbirth education accompanied by assistance with hypnobirthing is effective in reducing the level of depression in pregnant women with a large effect size (Effect Size= 1.19 > 0.80).

Table 4 shows that there is a difference in the mean level of depression before and after the intervention in the hypnobirthing group and the non-hypnobirthing group. Before the intervention, the average depression score was comparable between the

hypnobirthing group (Mean= 18.18; SD= 5.75) and the non-hypnobirthing group (Mean= 18.56; SD= 5.82), and this result was not statistically significant (p= 0.687). After the intervention, the average depression score was lower in the hypnobirthing group (Mean= 18.44; SD= 5.26) than in the non-hypnobirthing group (Mean= 24.03; SD= 4.06), and this result was statistically significant (p <0.001).

**Table 4. Effect of childbirth education with hypnobirthing on depression in pregnant women**

Hypnobirthing	N	Mean	SD	Effect Size	p
<b>Pre Intervention</b>					
Intervention	77	18.18	5.75		0.687
Control	77	18.56	5.82		
<b>Post Intervention</b>					
Intervention	77	18.44	5.26	1.19	<0.001
Control	77	24.03	4.06		

Table 5 shows that the intervention consisting of childbirth education accompanied by assistance with hypnobirthing is effective in reducing labor time in pregnant women with a large effect size (Effect Size= 0.08 = predicted large Effect Size 0.80).

Table 5 shows that there is a difference

in the mean time of delivery after intervention in the hypnobirthing group and the non-hypnobirthing group. The average delivery time was shorter in the hypnobirthing group (Mean= 54.60; SD= 27.84) than in the non-hypnobirthing group (Mean= 95.76; SD= 74.45), and this result was statistically significant (p= 0.016).

**Table 5. Effect of childbirth education and assistance with hypnobirthing on delivery time for pregnant women**

Delivery time	N	Mean (minutes)	SD	Effect Size	p
Post Intervention	77	54.60	27.84	0.08	0.016
Control	77	95.76	74.45		

## DISCUSSION

Hypnosis is one of the complementary therapies that is currently developing. The relaxation techniques in the hypnosis method help prospective mothers give birth by reducing the perception of fear, anxiety, tension and pain during childbirth. Hypnosis can be used as an effort to reduce anxiety and depression (Brugnoli et al., 2018). This method also emphasizes giving birth in a positive, gentle, safe way and how to achieve this easily. In line with research conducted by Hutabarat et al. (2022) stated that there was a difference in the level of anxiety in pregnant women (before and after self-hypnosis counseling) in reducing the anxiety value of pregnant women ( $p=0.003$ ). This means that self-hypnosis health education is effective in reducing anxiety levels in pregnant women at the Sitada-tada Health Center.

Based on study conducted by Andriyani (2013), the effect of hypnobirthing relaxation on the anxiety of pregnant women in inpatient health centers in the city of Yogyakarta showed that there was a significant difference in changes in anxiety scores between the percentage of anxiety scores of the hypnobirthing group and the percentage of the control group, where the anxiety score of the hypnobirthing group was lower than that of the control group. control ( $p<0.001$ ). Hypnobirthing classes have an effect on reducing anxiety in mothers giving birth, the results of analysis using the chi square test show that  $p < 0.001$ , RR value = 5.63; 95% CI = 99 to 15.93. Hypnobirthing relaxation can reduce the anxiety level of pregnant women during pregnancy and prepare for

childbirth well. Hypnobirthing classes reduce pain, speed up labor, feelings of tension, worry about experiencing bad things, fear, nervousness, restlessness, hesitation, worry and confusion, as well as increasing feelings of satisfaction, confidence, relaxed, meaningful, steady and happy (Septeria et al., 2023).

A decrease in anxiety can occur because the subject can control his thoughts so that the mother becomes more relaxed. If a pregnant woman feels anxious, it will result in stiff body muscles, especially the muscles in the birth canal. This can cause the mother to accept the suggestions that are implanted so that it can cause a positive reaction from the mother and this can cause the mother's body to accept the sentences or suggestions that are implanted in her. Based on the results of research by Hernawati (2018), it shows that there is a relationship between the hypnobirthing method and maternal anxiety in the first stage of labor and the hypnobirthing method can reduce the risk of maternal anxiety. In line with Miller's (2020) research; Legrand et al. (2017) hypnosis intervention (combined with standard care) is sufficiently promising for relieving antenatal stress to justify testing its efficacy in a larger group of pregnant women. In line with research conducted by Yulizawati et al. (2023) stated that hypnobirthing provides a feeling of comfort and confidence in the body's abilities. The application of hypnobirthing techniques can and is effective in reducing the anxiety level of pregnant women and even eliminating anxiety during pregnancy.

Education regarding hypnobirthing

and health during pregnancy continues to be provided to patients both directly and through media such as brochures, pamphlets, posters and digital advertising. Through this internal and external communication approach, it has been proven successful in changing the patient's mindset regarding the importance of health during pregnancy. Instilling positive affirmations or positive suggestions through the hypnobirthing method in these patients has succeeded in reducing stress, anxiety and fear during pregnancy and childbirth. This level of success also depends on the patient's persistence in following the rules of the hypnobirthing method that has been given (Salsabila and Yustikasari, 2023).

Depression during pregnancy is poorly understood by some pregnant women, especially in low- and middle-income countries. This is likely due to the fact that maternal health priorities focus on preventing maternal mortality, not maternal morbidity (Fisher et al., 2012). Depression during pregnancy can be caused by several factors, namely the individual's vulnerability to stress, the experience of stressful life events such as pregnancy, and a previous history of depression (Ramchandani et al., 2009). Depression is associated with symptoms of decreased mood, feelings of helplessness and hopelessness, feelings of guilt and worthlessness, loss of appetite, sleep disturbances and psychomotor impairment (Radloff, 1977)..

A supporting study conducted by Catsaros and Wendland (2023), states that hypnosis has a positive effect on the physical aspects of childbirth, as well as the empowerment and assistance in increasing self-confidence associated with hypnosis, which is statistically significantly related to a more positive subjective experience regarding pregnancy and childbirth. The emergence of physical tension in pregnant women occurs

due to an increase in the hormones adrenaline and noradrenaline, epinephrine and norepinephrine. This results in physiological changes that can affect daily habits resulting in irritability, sensitive feelings, emotions, worry, fear and even not accepting the realities of life (Aprillia, 2019), whereas according to Nainggolan et al. (2021) states that hypnobirthing is effective in overcoming psychological disorders experienced by pregnant women, in this case reducing symptoms of anxiety, worry, stress and fear experienced by pregnant women.

According to the study of Asrida et al. (2023), stated that there was a positive impact of Hypnobirthing relaxation in the intervention group on reducing anxiety or depression in third trimester primigravid pregnant women. Hypnobirthing is a method of giving birth with relaxation and stress-free, which can reduce levels of anxiety and depression. In line with the results of research by Marliana et al. (2016), stated that hypnobirthing has an influence in reducing levels of anxiety or depression, also stating that the level of depression or anxiety in the first trimester of pregnancy during the first trimester of pregnancy and the second and third trimesters is almost double and the third is almost double that of the first semester.

Prolonged labor is labor that lasts more than 18 hours starting from signs of labor. Prolonged labor is one of the causes of maternal and fetal death. Prolonged labor can cause infection, exhaustion, dehydration, and post-partum hemorrhage which can lead to maternal death. If the birth process is not handled properly, it can cause the birth process to not go smoothly and cause a long labor (Astuti and Noviyanti, 2015). The stress response is the factor that ranks at the top as one of the factors causing prolonged labor (Wildan et al., 2013).

A study by Nurmitasari (2022) stated

that there were significant differences between the two groups. In the hypnobirthing treatment group, the average length of labor in the first stage of labor for mothers gave birth more quickly. The average length of labor for primigravidas in the hypnobirthing group was 10.4 hours, and for multigravidas the average was 7.1 hours. This means that the group who took the hypnobirthing class was shorter than the group who did not take the hypnobirthing class ( $p < 0.001$ ). Pregnant women who take hypnobirthing classes to the maximum have a 38.81 chance of not experiencing a prolonged first period. In line with research by Devi et al. (2018), that the birth process carried out by hypnobirthing and without hypnobirthing was found in a statistical test with a p value  $< 0.001$ . It can be concluded that there is a significant effect of hypnobirthing on the first stage of labor in mothers giving birth.

Providing hypnobirthing therapy has been proven to be able to speed up the length of the first stage of labor. The research results showed that on average the first stage of the active phase lasted 265 minutes (4 hours 24 minutes) with a standard deviation of 90 minutes in the control group without hypnobirthing. Meanwhile, in the intervention group the average delivery time was 146 minutes (2 hours 25 minutes) with  $SD = 60$  minutes. The results of the analysis showed that the p value  $< 0.00$  means that there is a difference in the average length of the first active phase between the intervention and control groups. Hypnobirthing can be used as a complementary therapy to increase comfort and speed up labor time (Widiawati 2019).

This study concludes that providing childbirth education accompanied by assistance with hypnobirthing is effective in reducing anxiety levels in pregnant women, reducing depression levels, and shortening labor time.

#### **AUTHOR CONTRIBUTION**

All authors have made significant contributions to data analysis as well as preparing the final manuscript.

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#### **CONFLICT OF INTEREST**

There is no conflict of interest in this study.

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