

The Effect of Hypnobirthing on Anxiety Levels Related to the Duration of Labor at Klinik Pratama Sejahtera in 2025

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ABSTRACT

Hypnobirthing is a relaxation technique and altered state of awareness that can help reduce anxiety during childbirth and potentially influence the duration of labor. This study aimed to determine the effect of hypnobirthing on anxiety levels related to the duration of labor among pregnant women at Klinik Pratama Sejahtera in 2025. This study employed a quasi-experimental research design. The population and sample consisted of 39 pregnant women who received maternity care at Klinik Pratama Sejahtera in 2025, selected using total sampling. The data used in this study were primary and secondary data collected through questionnaires. Data analysis was conducted using bivariate analysis with the Chi-square test. The results showed a significant effect of hypnobirthing on anxiety levels related to the duration of labor, with a significance value of $p = 0.003 (< 0.05)$. Mothers who practiced hypnobirthing experienced lower anxiety levels compared to those who did not practice hypnobirthing. These findings indicate that hypnobirthing is effective in reducing maternal anxiety prior to and during labor. In conclusion, hypnobirthing has a significant effect on reducing anxiety levels related to the duration of labor. Therefore, pregnant women are encouraged to actively practice hypnobirthing or perform regular and independent relaxation techniques as an effort to reduce anxiety and prevent prolonged labor.

Keywords: Hypnobirthing, Anxiety Level, Duration of Labor

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INTRODUCTION

Pregnancy is a condition in which a woman carries an embryo or fetus in her uterus. It begins at conception and ends with the birth of the baby. The normal duration of pregnancy is approximately 280 days, or 40 weeks (9 months and 7 days). Pregnancy is a physically and psychologically demanding period for women, as pregnant mothers require support from various parties, particularly their husbands, in order to successfully undergo pregnancy until childbirth (Yuliana, 2020). In Indonesia, the number of pregnant women in 2017 was recorded at approximately 5,324,562 individuals. Meanwhile, in Central Java Province, the number of pregnant women reached 590,984 individuals (Ministry of Health of the Republic of Indonesia, 2021).

The Infant Mortality Rate (IMR) is defined as the number of infant deaths occurring within the first 28 days of life per 1,000 live births. According to the World Health Organization (WHO) (2015), IMR figures in ASEAN countries vary, with Singapore reporting 3 per 1,000 live births, Malaysia 5.5 per 1,000 live births, Thailand 17 per 1,000 live births, Vietnam 18 per 1,000 live births, and Indonesia 27 per 1,000 live births. Indonesia's infant mortality rate remains higher than that of other ASEAN countries and exceeds the Sustainable Development Goals (SDGs) 2030 target of 24 per 1,000 live births.

Globally, the leading causes of neonatal mortality include preterm birth (29%), sepsis and pneumonia (25%), and asphyxia and birth trauma (23%). Birth asphyxia ranks as the third leading cause of neonatal death during the early period of life (WHO, 2012). In Central Kalimantan Province, the number of infant mortality cases in 2017 was 368 cases, which decreased compared to 392 cases in 2016. In Palangka Raya City, four infant mortality cases were reported (Central Kalimantan Provincial Government, Health Office Profile of Central Kalimantan Province, 2022). Hypnobirthing is a method that neutralizes and reprograms negative recordings in the subconscious mind with positive suggestions. Through this approach, deeply embedded beliefs that childbirth is frightening and painful can be replaced with new positive beliefs that childbirth is a spiritual, smooth, comfortable, and manageable process (Kuswandi, 2020).

Hypnobirthing represents a new paradigm in natural childbirth methods. It is a natural approach that implants positive intentions into the subconscious mind to help mothers face pregnancy and childbirth calmly and consciously (Ahmad, 2020). Hypnobirthing also provides positive suggestions that the process of childbirth can be enjoyable and comfortable (Tiawaningrum, 2021). The benefits of hypnobirthing before childbirth include relaxation training that helps reduce anxiety and fear, which otherwise may cause tension and increase pain during labor. Hypnobirthing assists in controlling pain sensations during uterine contractions and increases endorphin hormone levels in the body, which can reduce or even eliminate pain during childbirth (Putra, 2019). The fundamental principle of hypnobirthing is relaxation. Relaxation is a technique used to achieve a relaxed state, in which the senses rest and release tension while the individual remains fully conscious (Andriana, 2019). Relaxation techniques in hypnobirthing include muscle relaxation, facial relaxation, and breathing relaxation. Muscle relaxation involves releasing tension in areas such as the neck, shoulders, and back, which are commonly affected during stress (Kuswandi et al., 2020). Facial relaxation allows the jaw and facial muscles to become fully relaxed, enabling the body to enter a natural relaxed state more easily (Kuswandi et al., 2019). Breathing relaxation emphasizes slow, regular abdominal breathing through the nose, which promotes calmness and physiological balance (Kuswandi et al., 2018).

Based on a preliminary survey conducted on July 3, 2025, in the working area of Klinik Pratama Sejahtera, data showed that in 2025 there were 39 pregnant women. Among them, 20 women (51.2%) did not experience anxiety, while 19 women (48.7%) experienced anxiety. Klinik Pratama Sejahtera is an independent midwifery practice that routinely and systematically applies hypnobirthing techniques. Therefore, this study aims to examine the effect of hypnobirthing on anxiety levels among mothers before labor at Klinik Pratama Sejahtera in 2025.

Research Problem

*This study seeks to answer the following research question: **Is there an effect of hypnobirthing on anxiety levels among mothers before labor at Klinik Pratama Sejahtera in 2025?***

Research Objectives

The general objective of this study is to determine the effect of hypnobirthing on anxiety levels before labor at Klinik Pratama Sejahtera in 2025.

Specifically, this study aims to identify the effect of hypnobirthing on maternal anxiety prior to childbirth and to describe anxiety levels related to the duration of labor among mothers before delivery at Klinik Pratama Sejahtera in 2025.

Research Benefits

This study is expected to provide several benefits. For the researcher, it may enhance knowledge and understanding of hypnobirthing and its effect on maternal anxiety, as well as provide valuable

experience in applying research methodology. For educational institutions, the findings may serve as reference material for Diploma III Midwifery students regarding hypnobirthing and anxiety management before labor. For respondents, this study provides information on the benefits of hypnobirthing as a method to manage anxiety and encourages pregnant women to utilize hypnobirthing to reduce anxiety levels prior to childbirth at Klinik Pratama Sejahtera.

METHOD

Conceptual Framework

A conceptual framework is a structure that describes the relationship between concepts to be measured through a research study. The conceptual framework in this study entitled "*The Effect of Hypnobirthing on Anxiety Levels Among Mothers Prior to Labor at Klinik Pratama Sejahtera in 2025*" illustrates the relationship between the independent variable and the dependent variable.

The independent variable in this study is hypnobirthing, while the dependent variable is the anxiety level of mothers prior to labor.

Research Variables and Operational Definitions

Independent Variable

The independent variable is a variable that causes changes or influences the dependent variable (Padilia, 2021). Based on the conceptual framework, hypnobirthing is identified as the independent variable in this study.

Dependent Variable

The dependent variable is a variable that is influenced or becomes the outcome as a result of the independent variable (Padilia, 2021). Based on the conceptual framework, the dependent variable in this study is the reduction in anxiety levels related to the duration of labor.

Operational Definition

The operational definition in this study refers to the independent variable, namely hypnobirthing, and the dependent variable, which is the level of anxiety related to the duration of labor.

Hypothesis

A hypothesis is a temporary answer to the research problem that must be proven through collected data.

- Alternative Hypothesis (H_a): There is an effect of hypnobirthing on anxiety levels prior to labor.
- Null Hypothesis (H_0): There is no effect of hypnobirthing on anxiety levels prior to labor.

Research Method

Research Design

This study employs a cross-sectional design to determine the effect of hypnobirthing on anxiety levels prior to labor at Klinik Pratama Sejahtera in 2025.

Research Location and Time

Type of Research

The type of research used in this study is an analytical study employing the Chi-square test with a cross-sectional study design. The purpose of the study is to determine the effect of hypnobirthing on anxiety levels related to the duration of labor.

Research Time

This study was conducted from July to December 2025.

Population and Sample

Population

The population is defined as a group of objects or subjects with specific characteristics determined by the researcher to be studied and from which conclusions are drawn. In this study, the population consists of all pregnant women at Klinik Pratama Sejahtera in 2025.

Sample

The sampling technique used in this study is total sampling. Total sampling is a technique in which the entire population is used as the research sample (Sugiyono, 2020). Therefore, the sample in this study includes all pregnant women at Klinik Pratama Sejahtera in 2025.

Data Collection Aspect

Data collection in this study uses primary data. Primary data are data obtained directly from respondents, namely all pregnant women at Klinik Pratama Sejahtera in 2025.

Research Instrument

Research instruments are tools used for data collection (Notoatmodjo, 2021). The instrument used in this study is a questionnaire.

Measurement Aspect

Hypnobirthing

Measurement of hypnobirthing was conducted using a questionnaire consisting of five action steps. Each item has two answer options: “Yes” is scored 1, and “No” is scored 0. The highest possible score is 5, and the lowest score is 0.

The classification of hypnobirthing was determined using a statistical method according to Sudjana, with the following formula:

$$\text{Class interval length (P)} = \frac{(\text{Highest score} - \text{Lowest score})}{\text{Number of classes}}$$
$$P = \frac{(5 - 0)}{2}$$

$$P = 2.5 \text{ (rounded to 3)}$$

Hypnobirthing categories are classified as follows:

- Performed: score 3–5
- Not performed: score 0–2

Anxiety

Anxiety was measured using a questionnaire consisting of ten items. Each item has two answer options: “Yes” is scored 1, and “No” is scored 0. The highest score is 10, and the lowest score is 0.

Using Sudjana’s statistical method, the class interval length was calculated as follows:

$$P = \frac{(10 - 0)}{3}$$

$$P = 3.3 \text{ (rounded to 3)}$$

Anxiety levels are categorized as follows:

- Mild anxiety: score 0–3
- Moderate anxiety: score 4–6
- Severe anxiety: score 7–10

Data Processing Techniques

Editing

Editing was conducted in the field by collecting and rechecking the completeness of the data obtained, particularly the anxiety scores experienced by respondents. All collected data were found to be complete and correctly filled.

Coding

Coding involves assigning numerical codes to responses using coding sheets or cards containing respondent numbers and question numbers to facilitate data processing.

Tabulating

Tabulating is the process of organizing data into tables according to the research objectives.

Data Analysis Techniques

Univariate Analysis

Univariate analysis was conducted to describe the characteristics of each variable studied. This analysis includes the frequency distribution and percentage of respondent characteristics and anxiety management practices.

Bivariate Analysis

Bivariate analysis was conducted to determine the effect of hypnobirthing on anxiety levels. The variables analyzed were hypnobirthing (categorical) and maternal anxiety level (categorical). The Chi-square test was used to analyze the relationship between these variables.

FINDING AND DISCUSSION

After conducting the study by distributing questionnaires to pregnant women, this research aimed to determine whether hypnobirthing has an effect on anxiety levels related to the duration of labor at Klinik Pratama Sejahtera in 2025. The results are presented through univariate and bivariate analyses.

Univariate Analysis

Univariate analysis is a descriptive statistical technique used to analyze each variable independently without relating it to other variables. This analysis aims to describe the distribution and characteristics of hypnobirthing practice and maternal anxiety levels.

Table 1 Frequency Distribution of Respondents Based on Hypnobirthing and Anxiety Levels

No	Variable	Category	Frequency (f)	Percentage (%)
1	Hypnobirthing	Not performed	12	30.8
		Performed	27	69.2
		Total	39	100
2	Anxiety Level	Mild	28	71.8
		Moderate	7	17.9
		Severe	4	10.3
		Total	39	100

Table 1 shows that most respondents had undergone hypnobirthing (69.2%). The majority of pregnant women experienced mild anxiety (71.8%), while only a small proportion experienced severe anxiety (10.3%).

Bivariate Analysis

Bivariate analysis was conducted to examine the effect of hypnobirthing on anxiety levels related to the duration of labor using the Chi-square test.

Table 2 The Effect of Hypnobirthing on Anxiety Levels Related to the Duration of Labor

Hypnobirthing	Mild Anxiety (%)	Moderate Anxiety f (%)	Severe Anxiety (%)	Total f (%)
Performed	23 (82.1)	4 (57.1)	0 (0.0)	27 (69.2)
Not performed	5 (17.9)	3 (42.9)	4 (100)	12 (30.8)
Total	28 (100)	7 (100)	4 (100)	39 (100)

The Chi-square test showed a significance value (Sig. 2-tailed) of 0.003, which is lower than the significance level of 0.05. Therefore, the null hypothesis was rejected, indicating a significant effect of hypnobirthing on anxiety levels related to the duration of labor.

Discussion

Univariate Analysis Discussion

The results of the univariate analysis indicate that the majority of pregnant women at Klinik Pratama Sejahtera in 2025 had participated in hypnobirthing, accounting for 69.2% of respondents, while 30.8% did not undergo hypnobirthing. This finding suggests that hypnobirthing has been relatively well implemented and accepted among pregnant women in this clinical setting.

Regarding anxiety levels prior to labor, most respondents experienced mild anxiety, with a proportion of 71.8%. Moderate anxiety was observed in 17.9% of respondents, while severe anxiety was reported by 10.3% of respondents. These results indicate that anxiety levels among pregnant women were generally low to moderate, with only a small proportion experiencing severe anxiety before labor.

The predominance of mild anxiety among mothers who participated in hypnobirthing supports the theoretical foundation of hypnobirthing, which emphasizes relaxation, positive suggestion, and mental preparation for childbirth. Hypnobirthing helps mothers achieve a calm psychological state, thereby reducing fear and tension that commonly arise before labor. Reduced anxiety allows the

body to function more physiologically during labor, facilitating smoother uterine contractions and potentially shortening the duration of labor.

These findings are consistent with a study conducted by Yuseva Sariati in 2016, entitled “*The Effect of Hypnobirthing on Anxiety Levels Related to the Duration of Labor.*” The study reported that mothers who practiced hypnobirthing reached full cervical dilation more quickly than those who did not. Furthermore, mothers who received hypnobirthing training were psychologically calmer throughout labor and into the postpartum period. This similarity suggests that hypnobirthing plays a significant role in improving maternal psychological readiness for childbirth.

Bivariate Analysis Discussion

The bivariate analysis demonstrated a significant relationship between hypnobirthing and anxiety levels related to the duration of labor at Klinik Pratama Sejahtera in 2025. Among mothers who underwent hypnobirthing, the majority experienced mild anxiety during labor, accounting for 82.1%, while only 17.8% of mothers who did not undergo hypnobirthing experienced mild anxiety. This finding indicates that hypnobirthing is strongly associated with lower anxiety levels during labor.

For moderate anxiety, 57.1% of respondents who underwent hypnobirthing experienced this level of anxiety, compared to 42.8% among those who did not undergo hypnobirthing. Notably, severe anxiety was exclusively found among mothers who did not participate in hypnobirthing, with a proportion of 100%. This result further emphasizes the protective effect of hypnobirthing against high anxiety levels before and during labor.

Statistical analysis using the Chi-square test yielded a p-value of 0.003, which is lower than the significance level of 0.05. This result indicates a statistically significant effect of hypnobirthing on anxiety levels related to the duration of labor. Consequently, the null hypothesis was rejected, and the alternative hypothesis was accepted, confirming that hypnobirthing has a significant influence on reducing maternal anxiety prior to childbirth.

The reduction in anxiety among mothers who practiced hypnobirthing can be explained by the physiological and psychological mechanisms involved. Hypnobirthing promotes deep relaxation and controlled breathing, which stimulate the release of endorphins and suppress stress hormones such as adrenaline and cortisol. This hormonal balance contributes to pain reduction, emotional stability, and more effective uterine contractions, ultimately supporting a smoother and potentially shorter labor process.

Overall, the findings of this study reinforce the importance of hypnobirthing as a non-pharmacological intervention that can be integrated into maternal care services. By reducing anxiety levels, hypnobirthing not only enhances maternal comfort but also contributes to improved labor outcomes.

CONCLUSIONS

The results of the bivariate analysis demonstrate a significant effect of hypnobirthing on anxiety levels related to the duration of labor. Among mothers who practiced hypnobirthing, the majority experienced mild anxiety during labor, accounting for 82.1%, while only 17.8% of mothers who did not practice hypnobirthing experienced mild anxiety. For moderate anxiety, 57.1% of respondents who practiced hypnobirthing experienced this level of anxiety, compared to 42.8% among those who did not. Notably, severe anxiety was entirely found among mothers who did not undergo hypnobirthing, accounting for 100%.

The Chi-square statistical test produced a p-value of 0.003, which is smaller than the significance level of 0.05. Therefore, the null hypothesis (H_0) was rejected and the alternative hypothesis (H_a) was accepted. This confirms that hypnobirthing has a statistically significant effect on reducing anxiety levels related to the duration of labor at Klinik Pratama Sejahtera in 2025.

Recommendations

Based on the findings of this study, several recommendations are proposed.

For respondents, it is recommended that pregnant women receive adequate information regarding the benefits of hypnobirthing so that it can be used as a method to reduce fear and anxiety during the childbirth process. Increased understanding may encourage mothers to actively participate in hypnobirthing practices.

For Klinik Pratama Sejahtera, the results of this study may serve as valuable input in improving the quality of maternal health services, particularly through enhancing education and implementation of hypnobirthing related to labor preparation. It is also recommended that the clinic collaborate with local health centers and the Binjai City government to increase pregnant women's knowledge through counseling and health education programs regarding the effect of hypnobirthing on anxiety levels related to the duration of labor.

For educational institutions, this study can contribute to the academic literature and serve as a reference for lecturers and students, thereby broadening knowledge about the effect of hypnobirthing on maternal anxiety and labor outcomes. The findings may also be used as a benchmark to improve maternal health education and services, particularly for pregnant women receiving care at Klinik Pratama Sejahtera.

For the researcher, this study provides valuable experience and enhances knowledge regarding the effect of hypnobirthing on anxiety levels related to the duration of labor. It also serves as an important learning opportunity to apply research methodology and analytical skills acquired during the educational process.

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