

Article Review

## ***The Effect of Childbirth Education in Reducing Anxiety in Facing Childbirth in the Third Trimester Pregnant Women: Scoping Review***

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### **ABSTRACT**

*Mothers unable to fight anxiety and fear, especially third-trimester pregnant women, will experience the release of catecholamine hormones in high concentrations and experience increased labour pain, obstructed labour, and discomfort during labour. The purpose is to analyze the effect of childbirth education in Reducing Anxiety in Facing Labor in Third Trimester Pregnant Women by including relevant sources of evidence from each article. The method in this study uses databases, namely Pubmed, ScienceDirect, and Wiley, published between 2012-2022. The results showed that of the nine articles reviewed, seven reports came from developing countries, namely Indonesia and Iran. Two words came from developed countries, namely Australia and that the existence of childbirth education would significantly reduce the level of maternal anxiety so that the delivery process could run smoothly and childbirth education will reduce the desire of pregnant women to give birth by SC. While previous research stated that the cause of anxiety in facing childbirth is, experience and stress can be influenced by family support, marital status, history of disease, mother's age and level of education.*

**Keywords:** *Childbirth Education, Pregnancy, Anxiety Reduction.*

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## **INTRODUCTION**

Causes of anxiety in dealing with labour in Pregnancy there is experience and education. Stress that is not handled correctly can cause complications such as obstructed labour<sup>1</sup>. When approaching delivery, the level of anxiety is two times higher. Where if the pressure continues to increase, the mother's appetite will also decrease, which has an impact on the baby's nutrition and causes the baby to be born with an LBW condition, where the third trimester is the moment closest to the time of delivery so that it can cause fear getting more prominent<sup>2</sup>. Mental disorders have also been shown to be frequently experienced by pregnant women, especially third-trimester pregnant women<sup>3</sup>. According to WHO, deaths in pregnant women during the process of waiting for labour are caused by complications such as experiencing hypertension during Pregnancy, bleeding,

infection complications from childbirth, and illegal abortions, and according to WHO 2019 data, 75% of deaths are due to high blood pressure during Pregnancy. And in terms of research results,<sup>4</sup>.

Then the percentage found that 57.8% of mothers had hypertension with a high level of anxiety, and 52.7% of pregnant women with pre-eclampsia had a moderate level of anxiety<sup>5</sup>. The percentage of pressure before giving birth in Indonesia is 28.7% of 107,000,000, according to research which states that 53.3% of mothers experience Childbirth anxiety<sup>6</sup>. According to<sup>7</sup>, stress will affect the safety of mothers and babies. A subsequent study concluded that it psychologically impacted the mother before the birth process<sup>8</sup>. The cause of anxiety in facing childbirth is experience and education.

Furthermore, it states that stress can be influenced by family support, marital status,

history of disease, mother's age, and level of education<sup>5</sup>. The steps taken to reduce MMR are made so that mothers can quickly get adequate health service facilities, so that mothers get health assistance during Pregnancy, right up to delivery, mainly if complications occur, and get referrals to help immediately, even after delivery, for maternal health and babies and continue family planning services so that it is realized (P4K)<sup>9</sup>. Midwives are health workers who are most expected to be able to convey information about Pregnancy, Childbirth, post-partum, newborns, and family planning. Tadabbur AL-Qur'an therapy can reduce maternal anxiety when facing labour. The Scoping review aims to map existing evidence about the Effect of Childbirth Education in Reducing Anxiety Facing Labor in Third Trimester Pregnant Women by selecting sources -sources obtained as relevant evidence from each article filtered according to charting data.

## METHOD

Scoping this review uses the Prism-Scr Method to determine scope according to this theme<sup>10</sup>. The scoping review aims to broaden knowledge or information about research activities related to the desired theme and map the literature with the intended topic; it also seeks to synthesize a study<sup>11</sup>. The method is to recognize the scoping review to see the results broadly and in-depth. The framework aims to identify the scope of the study as a viable and scientifically proven method for conducting a literature review. As suggested by Arksey and O'Malley, The steps of the process used in

### Identify Relevant Articles

After identifying the scoping review questions, the reviewers identified relevant

**Table 2. Eligibility Criteria**

Inclusion Criteria	Exclusion Criteria
1) Published in the last ten years (2012-2022)	1) Article Reviews
2) Published in Indonesian or English	2) Opinion Article
3) Original research article	3) Specific formal documents/reports/draft policies/organizations
4) Full-text article	
5) Open access articles	
6) Articles that discuss anxiety in pregnant women	

writing this scoping review consist of (1) identifying how questions from the scoping review, (2) identifying the inclusion and exclusion criteria of the selected articles (3) filtering articles according to the topic the target (4) conducts data charting (5) reports after compiling the data and results in<sup>12</sup>.

### Identify Scoping Review Questions

Researchers use the Population, Exposure, Outcome, and Study Design (PEOS) framework to expand the topic focus and literature search method to formulate scoping review questions. PEOS is used to make it easier to identify more specific keywords that match the interests of the direction of the review, expand terms in the desired search to develop problems and determine inclusion and exclusion criteria<sup>13</sup>.

The following is a framework as a reference for inclusion and exclusion criteria Scoping review:

**Table 1. Framework PEOS**

P (Population)	I (Exposure)	C (Outcome)	O (Study Design)
Pregnant mother	Childbirth education	Birth education is not given	Anxiety Level

Based on the above framework, the Scoping review question is: How Does Childbirth Education Influence Reducing Anxiety in Facing Childbirth in Third Trimester Pregnant Women?

articles using the inclusion and exclusion criteria as follows:

## Data Bases

### 1. PubMed

PubMed is a service of the National Library of Medicine, which includes more than 20 million citations for biomedical articles. PubMed includes links to many sites providing the full text of related articles and resources.

### 2. Wiley

Wiley is John Wiley & Sons' international scientific, technical, medical, and publishing business, with strengths in every central academic and professional area and partnerships with many of the world's leading societies. Wiley's Online Library houses the world's largest and deepest collection of multidisciplinary online resources covering the life, health, and physical sciences, social sciences, and humanities.

### 3. ScienceDirect

Science Direct is a website that provides subscription access to scientific and medical research databases.

### 4. Google Scholar

Google Scholar provides services to get scientific journals from various countries so that they can strengthen research that can be used as a reference.

## Literature Searching

Articles are searched using Booleans, namely AND, OR, NOT, and Truncation (\*) as connectors to combine or exclude keywords to obtain more focused and relevant results. The keywords used in the search process are effect\* AND Childbirth education\* AND pregnant\* AND anxiety reduction\*.

## Literature Selection

PubMed, Wiley, Science Direct, and Google Scholar were used as sources of literature obtained through searches using several search engines. The search engines in question consist of PubMed, Wiley and Science Direct, and Google Scholar. In writing this scoping review, the researcher documented a literature search following the Meta-Analyses (PRISMA) guidelines. The stages of data filtering use the PRISMA flowchart:

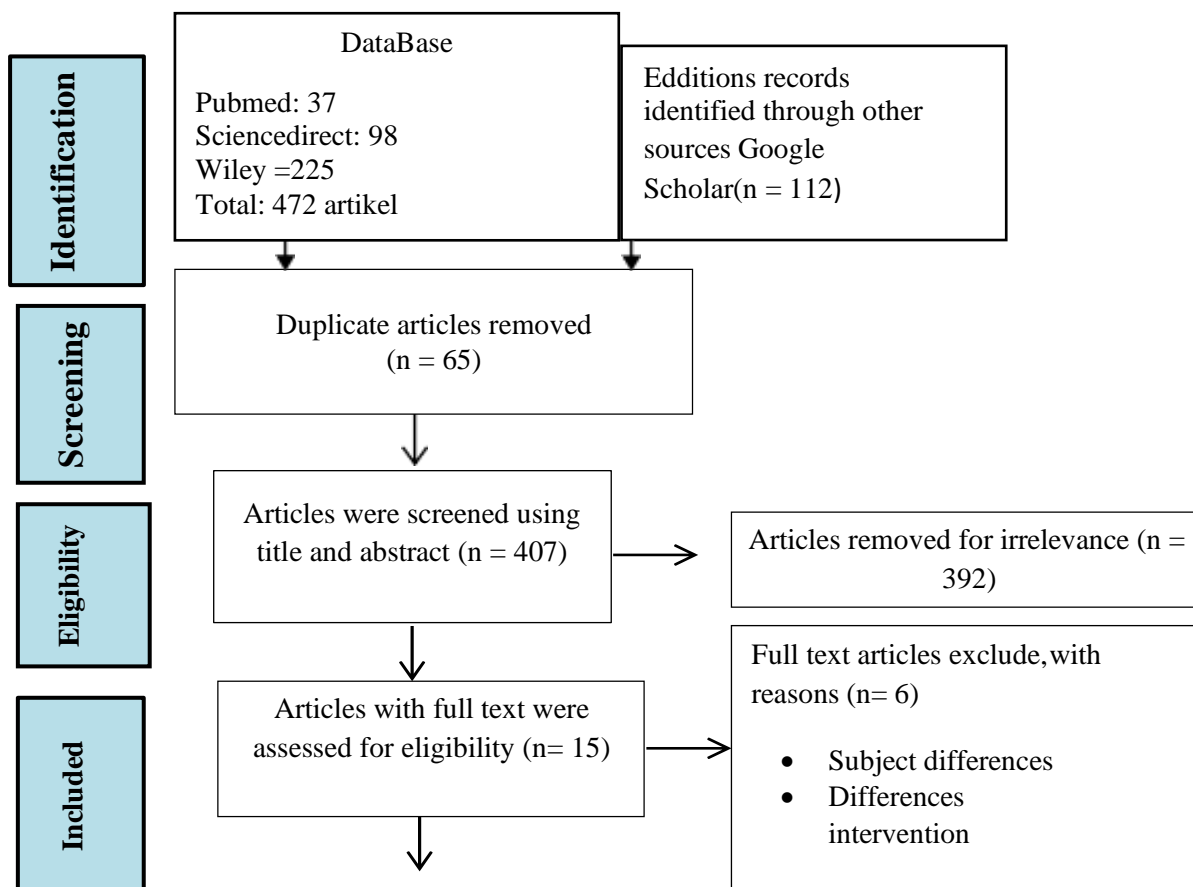


Figure 1. Flow chart PRISMA-ScR Flow Chart

## Charting Data

Data from 9 articles were included in the table according to predetermined inclusion criteria. The author records information independently and compares the data reviewed.

**Table 3. Reference Article Code**

No	Article Code	Article Reference
1	A1	(Tahereh Baloochi Beydokhti et al., 2020)
2	A2	(Jocelyn Toohill et al., 2014)
3	A3	(Eti Surtiati dan Yunani Sri Astuti., 2020)
4	A4	(Nunung Ernawati dan Desant.,2015)
5	A5	(Jennifer Fenwick et al., 2015)
6	A6	(Siti Pangarsi et al., 2022)
7	A7	(Theresia Eugenie et al., 2014)
8	A8	(Mukhoirotin et al., 2020)
9	A9	(Ganda Agustina et al., 2021)

**Table 4. Data Charting**

No	Title/author/year	Country	Objective	Types of research	Metode	Results
1	Effect of educational-counselling program based on precede proceeds model during Pregnancy on post-partum depression.	Iran	To find out whether there is an effect of Precede-Proceed Education extension programs on post-partum anxiety	This was a randomized clinical trial (RCT).	Data was collected using predisposing, reinforcing, and supporting factor questionnaires, GHQ, and Edinburgh Postnatal Depression Scale (EPDS). 130 pregnant women were selected and randomly assigned to the intervention and control group.	Childbirth Education with Precede-Proceed Model supports the effectiveness an educational intervention to reduce post-partum depression and demonstrated that implementing this training during Pregnancy led to a reduction in the rate depression
2	A Randomized Controlled Trial of aPsycho-Education Intervention by Midwives in Reducing ChildbirthFear in Pregnant Women	Australia	Psycho-educational intervention by midwives in Reducing Childbirth Fear in Pregnant Women	Randomized controlled Trial	All women receive assistance with decision-making with a booklet on birthing options. Counselling intervention via telephone She was given at 24 and 34 weeks of gestation. The control group received the usual care offered.	Statistically, there was no significant effect on the control group, 48.5%, and the intervention group, 55.4%, but mothers experienced

						decreased anxiety.
3	Influence Psycho-education	Indonesia	To know influence	Quasi experimental	Here, mothers who received psycho-education were used as the intervention group, and mothers who did not receive psycho-educational interventions were used as the control group.	There are differences in the level of anxiety of pregnant women from the results of the pretest and post-test
4	The Influence of Health Education About the Childbirth Process on the Anxiety Level of Trimester III Primigravida Mothers	Indonesia	To determine the effect of psycho-education on reducing anxiety in facing childbirth	Experiment with pretest and posttest	The anxiety scale was taken using the Zung scale (ZSAS). Then it was analyzed using the Wilcoxon test. Where is the population of pregnant women with a sample of 12 respondents	Pretest results in 7 mothers with mild anxiety and five mothers with severe anxiety, The post-test results of 9 mothers with mild anxiety, and three people with moderate pressure, the test was carried out with the Wilcoxon test with a level of 0.05 From the results obtained, there is a significant effect.
5	Effects of a midwife psycho-education Intervention to reduce childbirth fear on Women's birth outcomes and post-partum psychological well-being	Australia	reducing fear of Childbirth on Women's Birth outcomes and Well-being post-partum psychology	This was a randomized clinical trial (RCT).	Women in their second trimester of Pregnancy were recruited. Woman with a fear score of $\geq 66$ on the Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ) were randomized to receive telephone psycho-education by a midwife or regular maternity care. (n = 339) randomized women (intervention n = 170; controls n = 169)	Women who received psycho-education had lower CS rates compared to controls,

6	The Effect of Labor Preparation Classes with Anxiety Before Delivery to Third-Trimester Pregnant Women at a Clinic in Indramayu	Indonesia	There is an influence from the class of pregnant women on reducing the anxiety of TM III pregnant women.	Experiment Pretest and posttest	Primary data was obtained by the researcher from the subject directly and conducted preparation classes for pregnant women two meetings with one week distance each.	The results found that there was a significant effect on the level of maternal anxiety with the delivery preparation class; the anxiety level decreased.
7	The Influence of Health Education on Primigravida Anxiety in Facing Childbirth	Indonesia	determine the effect of health education on primigravida anxiety levels	Quasi-experiment with pretest and post-test design with the control group	66 respondents were then divided into 2, where the control group (n=33) was given health education, and then the intervention group (n=33) was assigned health education interventions and booklets	The pretest results for both groups were the same (p>0.05). Then the post-test results showed a significant decrease in scores for the intervention group, 36.79-29.79, and for the control group, 36.85-32.03 (p <0.05) independent t-test.
8	The Effect of Health Education on Primigravida Anxiety in Facing Labor	Indonesia	To know The effect of health education on maternal anxiety when wanting to give birth in this study was also only for primigravida mothers	quasi experiment	Data Collection was Obtained from the subject of primigravida pregnant women directly for the intervention group of 30 people and the control group of 30 people	, there is a difference in the average level. The results show that the mean pretest for the control group is 41.97, and the intervention group is 40.33. The results for the post-test with the results for the control group are 42.87 and for the intervention group 31.63, so it can be

						concluded that there is a significant effect. An independent t-test was carried out.
9	Mother Class Influence Pregnant Against Worry Face Labour In Mother Pregnant at Risk	Indonesia	know mother class influence pregnant for anxiety level	quasi experiment with design pretest and post-test	The group is divided into Two groups of groups control where group intervention gets class pregnant women and groups control did not get the class of pregnant women. a sample of 30 on experimental group and 30 in the control group	got there that influence significant treatment pregnant women class against rate mother's anxiety in dealing with childbirth, with mean value 36.10 and the standard deviation of 9.397 and p-value = 0.00 paired t-test was performed

**Presentation of data/results, discussions, and conclusions**

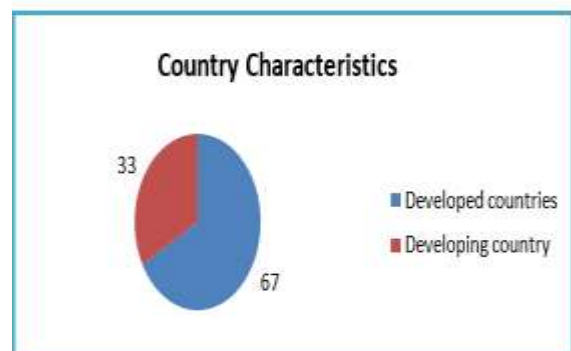
The data extracted from the articles obtained by IaIu are organized into several themes. The themes that have been included in the purpose of this article include, among others.

**Table 5. Data Map**

No	Theme	Sub-Themes	Article No
1	Forms of childbirth education	a. Health Education b. Pregnant class	A2,A4, A5, A8,A9 A1,A6,A7
2	Anxiety Level	a. Instrument used b. Level of Anxiety	A1, A2, A3, A4, A5, A6, A7, A8, A9 A1,A2,A3,A4,A5,A6,A7,A8,A9

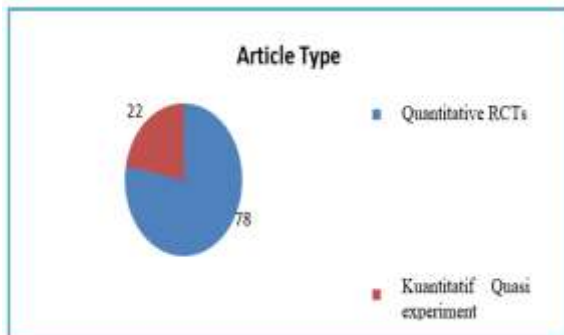
Based on the nine selected articles, there are several characteristics, namely country characteristics and type of research:

1. Characteristics of articles by country of the nine articles obtained, seven pieces came from developing countries, namely Indonesia and Iran, and two reports came from developed countries, namely Australia.



**Figure 2. Country Characteristics Diagram**

2. Developed country's Characteristics Based on the type of article, Of the nine pieces that have carried out charting data, there are 3 Quantitative RCTs and 6 Quantitative Quasi experiments.



**Figure 3. Research Methods Diagram**

## RESULTS AND DISCUSSION

The researcher uses nine articles following the scoping review's purpose in this review. Based on the nine selected articles, several results were obtained regarding the Effect of Childbirth Education in Reducing Anxiety in Facing Labor in Third Trimester Pregnant Women, namely as follows:

### Forms of Childbirth Education

#### Health Education

Based on article (A2) Health education process, all women receive decision assistance and a booklet about birth options. Telephone counselling interventions are offered in the second trimester, namely 24 weeks and 34 weeks of Pregnancy. This intervention is carried out to strengthen a mother's belief that Pregnancy is a natural process that does not need to be worried about so that negative thoughts and fear can be minimized. The standard delivery process can run smoothly<sup>14</sup>. The intervention was carried out in two sessions, the intervention lasted about 58 minutes (range = 22–125 minutes) and 45 minutes for the second session (Range = 10–104 minutes), and the control group received the usual care offered by the Australian public because learning will change a person's knowledge so that it also changes the person's behaviour.

In the article (A3), there are two groups, namely the intervention group and the control group, where the intervention group is given psycho-education and the control group is not

given psycho-education<sup>15</sup>. The form of intervention is in the form of material about anxiety and dangerous signs in Pregnancy and preparation for the birth of a baby. Here, mothers can express their problems and exchange opinions<sup>5</sup>. As described in the article (A4), This research provides psycho-education discussing popular/simple psycho-education, development, and delivering information (dissemination) where it is concerned about the birth process and the mother's anxiety about how her life and the baby will be worried about whether the baby can be born with a standard delivery process. Pregnant women are also given leaflets so mothers can read and understand when they want so that their anxiety levels decrease when facing labour. In this study, there was no control group<sup>16</sup>.

As described in article (A5), Women who take part in the intervention group receive psycho-education via telephone media led by midwives during Pregnancy; midwives provide psycho-education at 24 weeks and 34 weeks of gestation, which are scheduled according to their approval and the time they want and after six weeks post-partum they will report their level of anxiety, through the questionnaire given, the psycho-education session lasts about 1 hour (Range of the first session: 22-125 minutes, Range of the second session: 10-104 minutes) than the control group only gets regular maternity care at the facility they are interested in<sup>17</sup>.

As described in article (A8), the intervention group was given health education and booklets, with the intervention of childbirth education discussing what childbirth is, what the signs are, when it's time to give birth, and what needs to be prepared when about to give birth. And efforts to reduce pain and given opinion session<sup>18</sup>. each has the opportunity to participate and is then given a questioning session for things that are not understood<sup>19</sup>.

The researcher taught me how to reduce pain during the opening process. The intervention group also received a booklet containing health issues so that he could read whenever he wanted, but the control group was only given health education<sup>20</sup>. It goes on to explain that there are two groups. In the intervention group, mothers received class health education for pregnant women who attended at least three meetings, and in the control group only received pregnancy care<sup>21</sup>.



## **Pregnant Women Class**

Based on article (A1), the educational intervention program according to the PRECEDE-PROCEED model was conducted for five groups (n = 12), with each session being held once a week and the program is held for four consecutive sessions (60-90 minutes) <sup>22</sup>. Topics covered include changes in maternal anatomy and physiology during Pregnancy, prenatal and postnatal care, mental health during Pregnancy and after, events during Pregnancy and after delivery, feelings and thoughts of the mother, and post-partum and control groups only given prenatal care <sup>13</sup>.

Based on article (A6), a pretest was carried out first, then childbirth preparation education with a (treatment) post-test after the intervention was carried out two times with an interval of 1 week; in this study, there was no control group. Whereas with childbirth preparation classes given two meetings, with a time of 1 week, it was found that there was research in Italy which stated that childbirth preparation classes significantly reduced maternal anxiety in facing labour <sup>12</sup>.

Then in the article (A7), Women who take part in the intervention group are pregnant women who attend classes for pregnant women, which are held three times every Tuesday, then as a control group, namely pregnant women who take part in ANC every Friday at least 3. the case and control groups are given a pretest after that the class for pregnant women in the case group and the control group carried out a pregnancy examination two weeks later it was scheduled as a second visit for the course for pregnant women while the control group was only one week apart <sup>1</sup>.

## **Level of Anxiety**

### **Instruments used**

As described in the article (A1), the Instrument in this study used a questionnaire asking questions in three domains: knowledge of post-partum depression, knowledge of symptoms, and how to control post-partum depression and its symptoms. Each correct answer is given one; if not, no points are awarded. A score of 5 indicates the highest level of positive attitude, while the lowest is marked by a score of 1. The Instrument used is EPDS <sup>10</sup>. Furthermore, the article measuring anxiety levels in childbirth uses the Wijma Delivery Expectancy/Experience Questionnaire Version

A (W-DEQ A) with the help of an interpreter <sup>24</sup>.

It was explained further that the research instrument used a questionnaire and the Hamilton Anxiety Rating Scale (HARS) parameters to measure the level of anxiety from the assessment results. Moderate and a score of 28-41 is concluded as severe anxiety; if the score is 42-56, it is completed as panic <sup>21</sup>. And the Instrument used here is the Zung anxiety scale questionnaire (ZSAS) to test the hypothesis using the Wilcoxon test with a significance level of 0.05 <sup>5</sup>.

In the article (Balasoio et al., 2021), instruments for the trend of reducing the use of decision conflict (DCS) and depressive symptoms (EPDS) and decreasing the level of prenatal fear (W-DEQ) then increasing self-efficacy of Childbirth (CBSEI). In the article, The method used is quasi-experimental, with a questionnaire and the measurement scale used by Shapiro-Wilk using SPSS 24 software for Windows using a questionnaire. In the article the method used uses the results from the pretest and post-test using the quasi-experimental method, and so does the control group. The Instrument used is the questionnaire referring to the HARS scale. In Article <sup>1</sup>, the method used was a quasi-experiment with a pretest and post-test design using the Zung Self-Rating Anxiety Scale instrument. The Instrument used was a questionnaire with pretest and post-test <sup>20</sup>.

## **Anxiety Level**

In the article (A1) from the research showed the results of the post-test with the average mark for the group of pregnant women who attended classes for pregnant women, namely 38.12 and for the control group who did not attending the class for pregnant women was 47.44 so that it could be concluded that the group used as an experiment had decreased anxiety levels from moderate to mild and for the control group the results tended to be the same, and the results of the paired t test showed a decrease in anxiety for mothers taking part in the pregnant class <sup>22</sup> Decreased anxiety in the intervention group with a percentage (n = 56/101, 55.4%) compared to controls (n = 47/97, 48.5%) but statistically there was no significant change, but women who received the intervention reported a reduction fear of giving birth at 36 weeks of gestation so that from the results obtained there was a decrease for CS deliveries <sup>23</sup>.

The result significantly influences the anxiety level of pregnant women who receive psycho-education interventions with a p-value of 0.047. For the results of the pretest mean value obtained was 23.15 after being given the intervention; there is a decrease of 10.24<sup>24</sup>. Before the intervention, seven mothers were experiencing severe anxiety, and five people had mild anxiety; after the intervention, the results obtained were nine mothers with mild anxiety and three mothers with moderate anxiety levels. Then statistically, a value of 0.038 <0.05 was obtained to conclude that psycho-educational interventions had an effect<sup>24</sup>.

It was further explained that Fewer women in the intervention group chose cesarean section for their subsequent Pregnancy (18% vs 30%, p = 0.04), and postnatal women reported that they felt that the intervention reduced their fear (53% vs 37% P =0.02)<sup>5</sup>. And the statistical test results from the research in this article obtained a p-value of 0.000 (p-value <0.05). It can be concluded that this class for preparing pregnant women is very effective in reducing maternal anxiety in facing childbirth so that it can prevent unwanted complications, in line with research in Italy that childbirth preparation classes minimize stress about the delivery process<sup>16</sup>.

And for the results obtained statistically using the independent t-test after there was a mother's class which was carried out three times, it was found that there was a significant difference (p <0.05), meaning that in this study, it was found that there was a good influence for the level of maternal anxiety to decrease<sup>20</sup>. In the research in this article, the statistical results obtained from the two groups were comparable (p > 0.05). Still, this score decreased significantly after treatment from 36.79-29.79 in the treatment group and from 36.85-32, 03 in the control group<sup>12</sup>. Furthermore, from the results obtained in this experimental study, mothers with "moderate" anxiety were around 46.7%, while there was a "low" anxiety class for pregnant women, around 83%.

## CONCLUSION

Based on the nine articles reviewed, seven reports came from developing countries, namely Indonesia and Iran, and two words came from developed countries, namely Australia and Childbirth education will significantly reduce

maternal anxiety so that the delivery process can run smoothly. Childbirth education will reduce the desire of pregnant women to give birth by SC.

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## CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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