

Terbit online pada laman web jurnal : <https://jes-tm.org/index.php/jestm/index>

Journal of Engineering Science and Technology Management

| ISSN (Online) 2828 -7886 |



Article

Psychological Dynamics of Anxiety in Pregnant Women: A Positive Psychology Perspective

Nadya Ali Suryani^{1,a}

Magister Psikologi Sains, Universitas Mercu Buana Yogyakarta, Yogyakarta, Indonesia

DOI: 10.31004/jestm.v6i3.470

E-mail: nadyaaadly@gmail.com

ARTICLE INFORMATION

Volume 6 Issue 3

Received: 21 July 2026

Accepted: 09 September 2026

Publish Online: 13 September 2026

Online: at <https://JESTM.org/>

Keywords

Prenatal Anxiety
Positive Psychology
PERMA Model
Flow state
Well-being

ABSTRACT

Prenatal anxiety presents significant physical and psychological risks to both mothers and fetal development, yet conventional interventions often focus solely on symptom reduction rather than psychological empowerment. This study aims to explain the psychological dynamics of pregnant women experiencing anxiety from a positive psychology perspective. A Systematic Literature Review (SLR) approach was employed using the PRISMA framework, analyzing 20 selected peer-reviewed journals published between 2020 and 2025. The findings indicate that positive psychology interventions, specifically through the PERMA framework and the concept of "Flow," are effective in mitigating prenatal anxiety, particularly during the third trimester. Positive emotions broaden cognitive awareness and facilitate a state of flow, serving as a cognitive coping mechanism to divert negative thoughts regarding childbirth. Deep engagement in activities such as prenatal yoga and self-hypnosis is proven to enhance maternal self-efficacy and a sense of accomplishment. Furthermore, supportive social relationships and the search for meaning assist mothers in redefining physical challenges and body image changes into empowering experiences. The integration of spiritual interventions and affirmation techniques also provides a significant relaxation effect, improving overall emotional preparedness and maternal-fetal attachment. In conclusion, these positive psychology strategies foster stable and holistic psychological well-being, empowering pregnant women throughout the gestational period.

1. Introduction

Pregnancy is a sensitive period for women within their life cycle. The early stage of pregnancy is known as the first trimester, beginning at conception and lasting until the 12th week; the second trimester spans from the 13th to the end of the 27th week; and the third trimester, often described as a period of waiting, anticipation, and vigilance, covers weeks 29 to 42. The third trimester marks active preparation for childbirth and the transition into parenthood, as attention becomes increasingly focused on the baby's arrival. During this trimester, most pregnant women experience anxiety, largely driven by worry about the impending labor process. Hormonal changes accompanying fetal growth and development lead to physical and psychological changes that can act as stressors and trigger anxiety. Age, gestational age, parity, education level, occupation, social support, and environmental factors have all been identified as contributors to anxiety in pregnant women (Ni Luh et al., 2023).

Pregnancy is an important transitional phase in a woman's life, accompanied by complex physiological, hormonal, and psychological changes. Anxiety is one of the most common psychological conditions experienced during this period. Prenatal anxiety can significantly affect not only maternal well-being but also pregnancy outcomes, including an increased risk of preterm birth, low birth weight, and impaired child development (Dennis et al., 2017; Hadfield et al., 2022; Sandonis et al., 2023). The prevalence of anxiety disorders during pregnancy has been reported at 25.5% in early pregnancy, with an overall prevalence of 19.9% (Ayers et al., 2025). Another study reported anxiety prevalence of 19.5% in the first trimester, 16.8% in the second trimester, and 17.2% in the third trimester (Soto-Balbuena et al., 2018).

Most of the changes experienced by pregnant women are driven by hormones, particularly the rise in estrogen and progesterone produced by the corpus luteum and subsequently secreted by the placenta, which affects psychological aspects and can trigger anxiety (Rahmawati, in Suristyawati, Yuliari, & Suta, 2019). Anxiety is a feeling characterized by fearful thoughts or difficulty coping with ambiguous situations, with symptoms including motor hyperactivity such as trembling and fatigue, as well as autonomic hyperactivity such as shortness of breath, rapid heartbeat, cold hands and feet, dizziness, nausea, and difficulty sleeping (Anggraeni & Lubis, 2020; Sulistiyanti & Farida, 2020).

Anxiety in pregnant women can trigger the release of stress hormones such as ACTH (adrenocorticotrophic hormone), cortisol, and catecholamines, which cause systemic vasoconstriction and weaken uterine muscle contractions, prolonging labor and increasing the risk of fetal distress. Fear of labor pain also increases sympathetic nervous system activity; elevated adrenaline and noradrenaline levels can trigger physical tension that makes pregnant women more irritable, restless, unable to concentrate, and indecisive (Riza et al., 2025).

Anxiety during pregnancy is an emotional reaction related to a mother's concerns about her own and her fetus's well-being, the continuity of the pregnancy, labor, the postpartum period, and the transition into motherhood (Nurfaizah Alza & Ismarwati, 2017, in Suristyawati, Yuliari, & Suta, 2019). Anxious pregnant women also worry about fetal development, fear for the fetus's health, potential accidents during delivery, and the delivery process itself. According to the National Comorbidity Study, one in four people meets the diagnostic criteria for at least one anxiety disorder, and anxiety disorders occur more frequently in women (30.5%) than in men (19.2%). World Health Organization (2010) data show that around 8-10% of pregnant women experience anxiety, rising to 13% as delivery approaches; this condition can potentially lead to depression in pregnant women, which also negatively affects the fetus (Ministry of Health of the Republic of Indonesia, 2019). The incidence of severe anxiety among pregnant women in Indonesia reaches 57.5% (Yuliani & Aini, 2020).

Unmanaged anxiety can weaken uterine contractile force during labor, hindering labor progress and causing prolonged labor, which risks fetal distress and increases maternal mortality and morbidity (Susanti, 2008; Zamriati, Hutagaol, & Wowiling, 2019). Persistent anxiety can also accelerate cardiac and respiratory activity, placing strong pressure on the fetus and increasing the risk of preterm birth; poorly managed anxiety may further develop into more serious mental health disorders, such as prenatal depression (Barlow et al., 2003; Heriani, 2016).

Women's psychological well-being is an important issue in the context of modern life, as it is closely related to happiness, life satisfaction, and an individual's ability to adapt to environmental change (Sugeng et al., 2025). Positive psychology has emerged as a new paradigm offering a different perspective on human well-being, making it important to identify effective ways to reduce

anxiety in pregnant women so that they can experience a healthy and happy pregnancy. The positive psychology theory popularized by Martin Seligman through the PERMA model (Positive Emotion, Engagement, Relationships, Meaning, Accomplishment) provides a relevant conceptual framework for understanding the impact of anxiety on pregnant women. This model emphasizes that a person's well-being is determined not only by physical health but also by the capacity to experience positive emotions, build meaningful relationships, find purpose in life, and feel empowered when facing challenges capacities that can be cultivated through communicative and educational guidance that helps pregnant women redefine the challenges of pregnancy as an opportunity to achieve greater spiritual and psychological well-being (Seligman, 2018).

2. Literature Review

In general, anxiety is defined as an unpleasant emotional state characterized by fear of something, trembling, and a feeling that something bad is about to happen (Nevid, 2005, in Kring, Johnson, Davison, & Neale, 2013). Anxiety has also been defined as an unpleasant feeling such as restlessness and worry about something (Hurlock, 1990, in Hapsari, Karini, & Setyanto, 2021). Anxiety is particularly high among pregnant women because pregnancy strongly affects a mother's psychological state, and several developing countries such as Ethiopia, Nigeria, Senegal, South Africa, Uganda, and Zimbabwe show a high risk of psychological disorders among pregnant women (15.6%) and postpartum mothers (19.8%) (Muliani, 2022).

Positive psychology offers an effective approach for building women's psychological well-being amid the complexity of modern life. By strengthening self-esteem, self-acceptance, and healthy social relationships, women can develop lasting emotional resilience and happiness. Principles such as mindfulness, gratitude, and meaning in life have been shown to help women cope with stress and anxiety, increase life satisfaction, and find balance between personal needs and social responsibilities. Positive psychology therefore functions not merely as a theory of happiness but as an empowerment strategy that enables women to live more empowered, stable, and holistically happy lives (Sugeng et al., 2025).

The PERMA model developed by Seligman (2018) consists of five pillars of well-being: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment. In the context of pregnancy, positive emotion functions to broaden a mother's cognitive awareness, thereby facilitating the attainment of Flow a state of total engagement in an activity that serves as a cognitive coping mechanism to divert negative thoughts about childbirth. Social support and supportive interpersonal relationships form the foundation of psychological safety, while meaning helps mothers redefine physical challenges and body image changes into empowering experiences, and accomplishment, or a sense of competence, strengthens maternal self-efficacy in facing childbirth.

3. Research Methodology

This study employed a systematic literature review (SLR) approach to collect, identify, and analyze relevant research on anxiety in pregnant women and positive psychology interventions. This method was chosen because it allows researchers to obtain a comprehensive and objective picture of previous research findings and to draw valid, reliable scientific conclusions. The review process followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) technique through four stages: identification, screening, eligibility, and inclusion. PRISMA is a set of evidence-based reporting standards that helps authors report systematic reviews and meta-analyses transparently and completely (Saur, Vanessa, & Meta, 2024).

3.1 Search Strategy and Databases

Articles were retrieved using the Publish or Perish (POP) application, searching the Google Scholar, Science Direct, and Scopus databases, restricted to publications from the last five years (2020-2025). The keywords used in the search were "positive psychology", "Seligman", "anxiety", and "pregnant women". The initial search at the identification stage yielded 613 journals and articles from Google Scholar (n = 400), Science Direct (n = 130), and Scopus (n = 83).

3.2 Screening and Selection Process

Article selection applied inclusion criteria limited to journals and articles examining anxiety in pregnant women. At the screening stage, records classified as books, deemed irrelevant, off-topic, duplicated, incomplete, or inaccessible were excluded, leaving 613 records screened by title and abstract; of these, 163 were excluded, leaving 450

records retrieved for further assessment. The research methods of the retrieved records were then verified, including the removal of articles using a literature-review method, after which 80 full-text articles were assessed in depth for eligibility. At the eligibility stage, 60 articles were excluded for the following reasons: full text was insufficiently relevant or lacked substantive discussion ($n = 38$), the article involved an unrelated comparison (compare) outside the research focus ($n = 12$), or the article addressed a different topic ($n = 10$). This selection process resulted in 20 final articles that met the criteria and were used as the material for this review. The article selection flow is summarized in Figure 1.

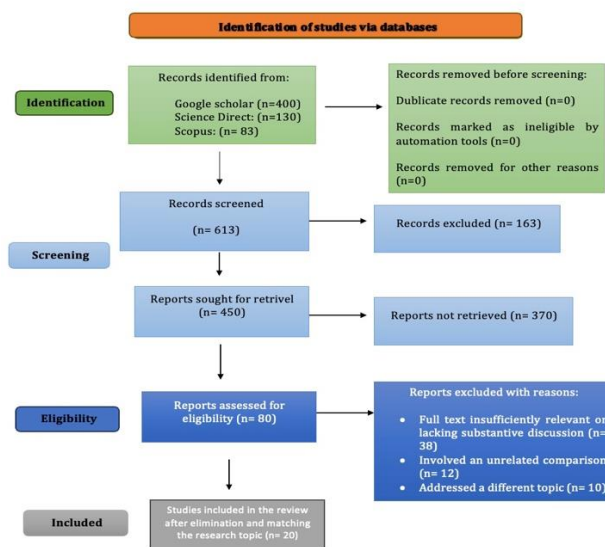


Figure 1. Systematic flow diagram using the PRISMA method

4. Results and Discussion

4.1 Presentation of Results

The literature search using the Systematic Literature Review (SLR) method retrieved 613 journals and articles using the keywords positive psychology and pregnancy-related anxiety from the Google Scholar, Science Direct, and Scopus databases. After the identification, screening, and eligibility-assessment stages summarized in Figure 1 (see Section 3.2), 20 final articles met the criteria and were analyzed in depth in this review. These 20 articles generally discussed the relationship between positive psychology approaches particularly the PERMA framework (Positive Emotion, Engagement, Relationships, Meaning, Accomplishment) and the Flow experience and the reduction of prenatal anxiety in pregnant women, particularly during the third trimester.

4.2 Discussion of Results

Based on the findings of the literature review of 20 journals, the positive emotions dimension broadens pregnant women's cognitive awareness. A stable, positive emotional state creates a clear mental space that allows mothers to become more easily absorbed in prenatal activities and reach a flow experience. Without a foundation of positive emotion, anxiety narrows a mother's focus and hinders the flow state needed to mitigate distress. Aeni et al. (2025) found that one approach considered effective in addressing anxiety is the positive self-talk technique, a psychological technique that transforms negative thought patterns into positive ones through affirmations and constructive statements, and has been shown to effectively reduce anxiety and stress across various populations (Mathew, 2022). Nonetheless, its application to pregnant women remains limited, and research evaluating brief interventions such as one-day positive self-talk sessions is still scarce. Individuals who practice gratitude tend to value the people around them more, including third-trimester pregnant women, who come to value their unborn child, husband, and family more deeply. Erviana (2020) confirmed that self-talk interventions are highly beneficial in helping individuals manage short-term anxiety, particularly when paired with easy-to-understand, practical training, and that consistent positive-thought affirmations can reduce anxiety while enhancing a pregnant woman's sense of self-control (Agestianti et al., 2024; Putri et al., 2022).

Engagement, realized through the flow experience, acts as a powerful cognitive coping mechanism whenever a pregnant woman becomes fully absorbed in an activity that is challenging yet matched to her capacity. Luluk and Endang (2020) found that pregnant women's anxiety about their baby's condition and the delivery process occurs not only during a first pregnancy but also in subsequent pregnancies, since a degree of anxiety persists even for mothers with prior delivery experience. Hypnobirthing has become one natural way to help pregnant women navigate pregnancy and delivery safely and comfortably while overcoming fear and pain. Spiritual interventions are also widely used to reduce pregnant women's anxiety, as they are believed to strengthen emotional readiness, increase feelings of safety, and improve a mother's relationship with the pregnancy process (Fard & Pakmehr, 2020; Zuwariah et al., 2025). Spiritual practices such as prayer, dhikr, positive affirmations, or self-reflection provide a calming

effect, boost self-confidence, and help mothers face childbirth with greater composure.

The quality of relationships, or supportive interpersonal relationships, for pregnant women functions as both social support and a foundation of psychological safety. When a mother feels safe and emotionally connected to her partner or companion, cognitive barriers to flow diminish, so that positive relationships make it easier for her to achieve an optimal experience during labor preparation without being disrupted by anxiety. Complementary and integrative approaches, grounded in a holistic and humanistic paradigm that focuses on balance among body, mind, and emotion, are increasingly recognized as safe and effective non-pharmacological interventions for managing stress and anxiety (Qian, Sun, Liu, & Yu, 2021); one example is oxytocin massage, which has shown significant potential in reducing postpartum stress and anxiety (Kartilah & Februanti, 2024). Family support, especially from the husband, is essential during pregnancy so that the mother feels comfortable and calm when facing challenges (Juwita et al., 2024), and husband support also influences the attachment between the pregnant woman and the fetus she carries (Sulistami & Prihandini, 2022).

The meaning pillar in the PERMA model provides a deep sense of purpose for every activity a mother undertakes during pregnancy. When a mother is able to interpret physical and psychological challenges as part of a greater life purpose, routine prenatal activities are no longer felt as a burden but as a meaningful challenge, and the synergy between this sense of meaning and the flow experience creates total engagement that displaces anxiety. Body-image changes can produce either positive or negative attitudes; women with a negative body image or body dissatisfaction are more prone to depression than those who feel satisfied with their bodies (Elita & Asri, 2021). Education that integrates body-image building with hypnosis and fetal well-being monitoring, guided by a facilitator, has been shown to improve pregnant women's knowledge and skills and to help foster a more positive self-image, enabling them to more fully embrace the changes occurring in themselves and in the fetus they carry.

Accomplishment, or a sense of competence, is often the result of an individual's success in completing a challenge that is well matched to her ability — the primary condition for flow to occur.

For anxious pregnant women, successfully reaching a flow state while practicing coping techniques provides a sense of mastery that automatically strengthens the accomplishment pillar and reduces the perceived threat of childbirth. Self-efficacy in pregnant women is an important psychological factor that predicts maternal behavior and increases confidence and competence during pregnancy; it is shaped by performance accomplishments from previous pregnancies, vicarious experience from other pregnant women, verbal persuasion from others, and physiological responses such as fatigue, stress, anxiety, and sleep disturbances (Celiya & Masta, 2022). Pregnant women with high self-efficacy show greater satisfaction with their pregnancy process and are thus better able to reduce the anxiety they experience. Self-efficacy can be enhanced through non-pharmacological interventions such as prenatal yoga and self-hypnosis, which have been shown to serve multiple functions in reducing anxiety, optimizing physical and mental readiness, improving bodily strength and flexibility, and helping to mitigate the discomforts of pregnancy; specific breathing techniques within prenatal yoga also strengthen psychological readiness, minimize anxiety, and improve energy efficiency during labor (Amalia et al., 2025). These findings are consistent with previous studies showing that prenatal yoga effectively reduces anxiety in pregnant women (Amalia et al., 2020; Putri et al., 2022; Situmorang et al., 2020; Yuniza et al., 2021), that self-hypnosis can reduce anxiety in pregnant women (Siregar et al., 2022), and that prenatal yoga improves pregnant women's self-efficacy (Yulyanticha et al., 2023).

5. Conclusion

Based on an in-depth analysis of 20 research journals, it can be concluded that applying positive psychology through the PERMA model and the flow experience is effective in building the well-being and emotional resilience of pregnant women in facing the complexity of prenatal anxiety. This dynamic begins with the positive-emotion dimension, which broadens cognitive awareness and creates a clear mental space, enabling mothers to attain flow, or total engagement, in prenatal activities. Successfully reaching this flow state acts as a powerful cognitive coping mechanism that automatically mitigates the distress and negative thoughts about the delivery process that often arise in both first and subsequent pregnancies.

Integrating the practice of gratitude forms an important foundation, since pregnant women who practice gratitude tend to value themselves, their husbands, their families, and the child they are carrying more deeply, which in turn strengthens the relationships pillar as a foundation of psychological safety. Supportive interpersonal support, particularly from husbands, is crucial in reducing cognitive barriers to flow and strengthening the attachment between mother and fetus. The meaning pillar provides a deep sense of purpose, enabling mothers to interpret physical challenges and body-image changes as part of a larger life journey, so that routine activities are no longer felt as a burden but as a meaningful challenge aligned with their life values.

The sense of accomplishment that emerges from successfully mastering coping techniques such as prenatal yoga, self-hypnosis, and positive self-talk has been shown to improve mothers' self-efficacy and confidence in facing childbirth. Complementary interventions such as hypnobirthing, oxytocin massage, and spiritual approaches involving prayer and dhikr further strengthen emotional readiness and provide a significant calming effect. Overall, this holistic positive-psychology approach functions not only as a safe, non-pharmacological anxiety-reduction strategy but also as a means of empowerment that enables pregnant women to live more empowered, stable, and fully happy lives throughout the transition into parenthood.

References

- Aeni, N., et al. (2025). Empowering the mind: Intervensi one-day positive self-talk untuk menurunkan tingkat kecemasan pada ibu hamil. *Midwifery Care Journal*, 4(1). <https://doi.org/10.55110/mcj.v4i1.220>
- Agestianti, R., Khalila Mustafid, A., Bulan Andari, N., Afifah Azzahra, F. T., Ayu Regitha Pramesti, N. K., Zakariyya, F., & Lestari, S. (2024). Efektivitas pelatihan positive self-talk dalam meningkatkan kepercayaan diri mahasiswa baru Psikologi Universitas Pendidikan Indonesia. *Jurnal Consulenza: Jurnal Bimbingan Konseling dan Psikologi*, 7(1), 132–142. <https://doi.org/10.56013/jcbkp.v7i1.2588>
- Amalia, R., et al. (2020). Prenatal yoga terhadap tingkat kecemasan primigravida trimester III. *Jurnal Sains Kebidanan*, 2(1), 29–34. <https://doi.org/10.31983/jsk.v2i1.5788>
- Amalia, R., et al. (2025). Atasi nyeri punggung ibu hamil dengan prenatal yoga. *Eureka Media Aksara*.
- Ayers, S., Sinesi, A., Meade, R., Cheyne, H., Maxwell, M., Best, C., et al. (2025). Prevalence and treatment of perinatal anxiety: Diagnostic interview study. *BJPsych Open*, 11, 1–6.
- Celiya, C., & Masta, M. (2022). Tingkat kecemasan ibu hamil berhubungan dengan self efficacy dalam melakukan pemeriksaan antenatal care (ANC). <https://doi.org/10.31290/jiki.v5i2.1381>
- Dennis, C. L., Falah-Hassani, K., & Shiri, R. (2017). Prevalence of antenatal and postnatal anxiety: Systematic review and meta-analysis. *British Journal of Psychiatry*, 210, 315–323.
- Elita, E., & Asri, A. (2021). Membangun body image ibu hamil terintegrasi hypnosis dalam upaya pemantauan kesejahteraan janin. *Journal of Community Engagement in Health*, 4(1). <https://doi.org/10.30994/jceh.v4i1.137>
- Hadfield, K., Akyirem, S., Sartori, L., Abdul-Latif, A. M., Akaateba, D., Bayrampour, H., et al. (2022). Measurement of pregnancy-related anxiety worldwide: A systematic review. *BMC Pregnancy and Childbirth*, 22, 1–10.
- Hapsari, N., Karini, S. M., & Setyanto, A. F. (2021). Pelatihan mindfulness untuk menurunkan kecemasan ibu dengan kehamilan pertama trimester III. *INSAN Jurnal Psikologi dan Kesehatan Mental*, 6(1), 10–21.
- Heriani, H. (2016). Kecemasan dalam menjelang persalinan ditinjau dari paritas, usia dan tingkat pendidikan. *Jurnal Aisyah: Jurnal Ilmu Kesehatan*, 1(2), 1–8. <https://doi.org/10.30604/jika.v1i2.14>
- Juwita, J., et al. (2024). Hubungan peran suami dengan pelaksanaan pijat endorphin pada ibu hamil di wilayah kerja Puskesmas Payung Sekaki. <https://doi.org/10.58794/jubida.v3i2.1283>
- Kartilah, T., & Febuanti, S. (2024). Emotional freedom techniques and oxytocin stimulation massages that effectively reduce anxiety and increase smooth breast milk production of nursing mothers. *Malaysian Journal of Nursing*, 16(2), 46–53. <https://doi.org/10.31674/MJN.2024.V16I02.005>
- Kring, A. M., Johnson, S. L., Davison, G., & Neale, J. (2013). *Abnormal psychology* (12th ed.). John Wiley & Sons.
- Luluk, L., & Endang, E. (2020). Hypnobirthing sebagai upaya menurunkan kecemasan pada ibu hamil. *Gaster*, 18(1). <https://doi.org/10.30787/gaster.v18i1.541>
- Mathew, B. (2022). Effectiveness of psychological intervention package on anxiety and wellness level among patients with anxiety disorders. *Journal of Family Medicine and Primary Care*, 11(11), 6704–6713. https://doi.org/10.4103/jfmpe.jfmpe_561_21
- Ni Luh, N., et al. (2023). Hubungan antara tingkat pengetahuan ibu dan dukungan suami dengan tingkat kecemasan ibu hamil trimester III dalam

- menghadapi persalinan. <https://doi.org/10.37294>
- Putri, N. K. R. A., Suarni, N. K., & Dharsana, I. K. (2022). Efektivitas konseling REBT pendekatan teknik self-talk untuk menurunkan tingkat kecemasan akademik siswa kelas X SMAN “A” Denpasar. *Jurnal Educatio: Jurnal Pendidikan Indonesia*, 8(2), 215. <https://doi.org/10.29210/1202222633>
- Qian, J., Sun, S., Liu, L., & Yu, X. (2021). Effectiveness of non-pharmacological interventions for reducing postpartum fatigue: A systematic review protocol. *BMJ Open*, 11. <https://doi.org/10.1136/BMJOPEN-2021-051136>
- Riza, R., et al. (2025). Prenatal yoga kombinasi self-hypnosis menurunkan hormon kortisol dan meningkatkan efikasi diri ibu hamil trimester III. *Jurnal Sains Kebidanan*, 7(2). <https://doi.org/10.31983/jsk.v7i2.14094>
- Sandonis, M., Temprado, J., Hernández-Fleury, A., Parramón-Puig, G., Dip, M. E., Ramos-Quiroga, J. A., et al. (2023). Impact of the trait anxiety during pregnancy on birth weight: An observational cohort study. *Journal of Psychosomatic Obstetrics & Gynecology*, 44.
- Saur, C. S., Vanessa, G., & Meta, A. (2024). Systematic literature review dengan metode PRISMA: Dampak teknologi blockchain terhadap periklanan digital. <https://doi.org/10.35968/m-pu.v14i1.1182>
- Seligman, M. (2018). PERMA and the building blocks of well-being. *Journal of Positive Psychology*, 13(4), 333–335. <https://doi.org/10.1080/17439760.2018.1437466>
- Soto-Balbuena, C., Rodríguez, M. de la F., Gomis, A. I. E., Barriendos, F. J. F., Le, H. N., Blanco, C. F., et al. (2018). Incidence, prevalence and risk factors related to anxiety symptoms during pregnancy. *Psicothema*, 30, 257–263.
- Sugeng, S., et al. (2025). Psikologi positif dan kesejahteraan psikologis perempuan: Pendekatan untuk membangun kebahagiaan dan ketangguhan emosional. <https://doi.org/10.36835/jipi.v23i3.216>
- Sulistami, S., & Prihandini, P. (2022). Efikasi kesehatan mental sebagai mediator antara dukungan suami dengan kelekatan ibu-janin. <https://ejournal.unair.ac.id/index.php/JPKM>
- Suristyawati, P., Yuliari, S. A. M., & Suta, I. B. P. (2019). Meditasi untuk mengatasi kecemasan. *E-Jurnal Widya Kesehatan*, 1(2).
- Yuliani, D. R., & Aini, F. N. (2020). Kecemasan ibu hamil dan ibu nifas pada masa pandemi Covid-19. *Jurnal Sains Kebidanan*, 2(2), 11–14. <https://doi.org/10.31983/jsk.v2i2.6487>
- Yuniza, Y., Tasya, T., & Suzanna, S. (2021). Pengaruh prenatal yoga terhadap kecemasan pada ibu hamil trimester III di Kecamatan Plaju. *Jurnal Keperawatan Sriwijaya*, 8(2), 78–84. <https://doi.org/10.32539/JKS.V8i2.1595>
- Yulyanticha, A., Trisanti, I., Puspitasari, I., & Pusparatri, E. (2023). Pengaruh prenatal yoga terhadap efikasi diri ibu hamil menghadapi persalinan. *Indonesia Jurnal Kebidanan*, 7(2), 10–16. <https://doi.org/10.26751/ijb.v7i2.2148>
- Zamriati, W. O., Hutagaol, E., & Wowiling, F. (2019). Faktor-faktor yang berhubungan dengan kecemasan ibu hamil menjelang persalinan di Poli KIA PKM Tuminting. *Jurnal Keperawatan UNSRAT*, 1(1), 1–7.
- Zuwariah, Z., et al. (2025). Pemberdayaan kader dalam pengembangan program kesehatan spiritual untuk mengatasi kecemasan ibu hamil menjelang persalinan. *Menara Science Indonesia*. <https://jupenkes.menarascienceindo.com/index>.