THE INFLUENCE OF THE ROLE OF MIDWIVES IN REDUCING ANXIETY DURING THE DELIVERY PROCESS AT HADI HUSADA HOSPITAL

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Article Info	ABSTRACT
	Anxiety during labor can disrupt the smoothness of the labor process and increase the risk of complications. The role of midwives in providing emotional support, information, and assistance is expected to reduce this anxiety. The objective is to analyze the influence of the midwife's role on reducing maternal anxiety during the labor process. The method is a quantitative descriptive correlational study with a total sampling technique. The sample consisted of 32 midwives and 32 mothers giving birth. Data were collected using a questionnaire (Guttman scale for the role of midwives and the HARS scale for anxiety), analyzed univariately and bivariately (chi-square test). The results are that 90.6% of midwives play a supportive role. The level of maternal anxiety is dominated by mild anxiety (46.9%), no anxiety (40.6%), and moderate (12.5%). The chi-square test shows a significant relationship between the midwife's role and the level of anxiety (p = 0.010). The conclusion is that the supportive role of midwives (emotional support, information, and assistance) significantly reduces maternal anxiety during labor. Optimizing the role of midwives is recommended to improve the quality of midwifery services.
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INTRODUCTION

Normal delivery is the process of expelling a fetus at term (37–42 weeks) through uterine contractions in the mother. Delivery is a series of events during which the baby is expelled from the mother's womb, followed by the expulsion of the placenta and fetal membranes from the mother's body (Fitriana, 2021). Childbirth can cause anxiety, one of which is anxiety. Anxiety comes from the Latin word "Anxius" and the German word "Anst," which are words used to describe negative effects and physiological stimuli (Muyasaroh, 2020). Anxiety is an emotional state that arises when an individual is under stress, characterized by feelings of tension and worry, and accompanied by physical responses such as heart palpitations and increased blood pressure (Muyasaroh, 2020). Factors that cause anxiety in the face of childbirth include beliefs about childbirth, namely the response of trust or disbelief by pregnant women regarding myths heard from others. Feelings before labor are related to the mother's fear or lack of fear before labor, as well as the pain experienced during labor. Low knowledge can cause someone to easily experience anxiety, lack of information from health workers regarding the delivery process, and lack of support from husband and family (Liawati & Yuntika, 2020).

The role of midwives is very significant in providing care to pregnant and laboring women who are overcome with anxiety, such as providing counseling, emotional support, and compassionate care for mothers so that the labor process can proceed comfortably, healthily, and without excessive pain. Midwives have a significant role and responsibility as health workers in providing midwifery care in a bio-psycho-social and spiritual manner (Isnaini et al., 2020). According to the World Health Organization (WHO), spontaneous labor that begins is low risk initially and remains so throughout the labor process, with the baby born spontaneously in the cephalic presentation at a gestational age of

THE INFLUENCE OF THE ROLE OF MIDWIVES IN REDUCING ANXIETY DURING THE DELIVERY PROCESS AT HADI HUSADA HOSPITAL – Fahnidar Rahma, SKM, M.KM et.al

Page **197** of **14**

between 37 and 42 weeks. After delivery, the mother and baby are in good condition (Elisabeth Isiwi Walyani, 2021). The WHO (2021) reports that worldwide there is a Maternal Mortality Rate (MMR) of 500,000 people per year and an Infant Mortality Rate (IMR), especially neonates, of 10 million people per year (WHO et al., 2022). In Indonesia, according to the 2021 Indonesian Demographic and Health Survey (SDKI) data, the maternal mortality rate (MMR) reached 305 per 100,000 live births. As many as 73% of maternal deaths occurred during pregnancy, childbirth, and the postpartum period (Achadi, 2021).

According to the Indonesian Ministry of Health (2020), the incidence of anxiety among pregnant women in Indonesia reached 107 million, or approximately 28.7%, with anxiety often occurring before delivery. In 2020, the WHO reported anxiety levels during pregnancy ranged from 8–10% and increased to 12% before delivery (WHO, 2020). Maternal mortality rates in developing countries remain high, with WHO (2021) reporting 239 deaths per 100,000 live births. Physiological and psychological factors play a crucial role in a smooth delivery process. Anxiety is one of the psychological problems often experienced by mothers during labor. As many as 28.7% of all pregnant women in Indonesia reported experiencing anxiety (Imantika et al., 2022).

The Maternal Mortality Rate (MMR) in the ASEAN region recorded Myanmar at 178 per 100,000 live births, followed by Indonesia at 126 per 100,000 live births. Meanwhile, Malaysia recorded 6 per 100,000, Thailand 20 per 100,000, and Singapore 10 per 100,000 live births. In Indonesia, the fact that Caesarean section delivery carries a higher risk of death and disability than vaginal delivery, and requires a longer recovery time after surgery, raises concerns about the increasing number of Caesarean section deliveries (Ikhlasiah & Riska, 2022). In 2021, Indonesia recorded 7,389 maternal deaths—a higher figure than the 4,627 deaths in 2020 (Ministry of Health of the Republic of Indonesia, 2021). In the same year, West Java became the province with the second-highest number of maternal deaths after East Java, with a total of 1,204 deaths, an increase from 745 deaths in 2020 (Ministry of Health of the Republic of Indonesia, 2021). The number of maternal deaths reported in North Sumatra Province in 2019 was 202, consisting of 53 pregnant women, 87 women giving birth, and 62 postpartum women. The age group that contributed most to the highest maternal mortality rate was 20–34 years old (North Sumatra Provincial Health Profile, 2019). Anxiety during normal childbirth ranges from 10–25%. Research at the Pantai Labu Community Health Center shows that anxiety levels can complicate normal childbirth by 10–15%, while in mothers who give birth by Caesarean section, the rate is around 15–25%. In general, the causes of anxiety in pregnant women are related to pain during labor, history of pregnancy examinations, the mother's physical condition, misunderstandings about the labor process, social support, psychosocial history, and communication between pregnant women (Mastitah, 2020).

Based on data from Sumut.bps.go.id (2023), in Batu Bara Regency, the number of women giving birth assisted by midwives reached 56.44% of normal deliveries. Based on data obtained from Hadi Husada Hospital in 2024, the number of women giving birth was 287 people, with a total of 32 midwives. Based on an initial survey conducted by researchers at Hadi Husada Hospital, from interviews with 32 midwives, it was found that every woman giving birth normally at the hospital was always accompanied by a midwife to provide emotional support before delivery. The role of midwives is very important for the mother's psychology in reducing anxiety during the labor process and providing information and explanations about what will be felt during the labor process. Thus, the role of midwives is very influential in reducing anxiety during the labor process. Based on the description above, the researcher is interested in taking the research title "The Influence of the Role of Midwives in Reducing Anxiety During the Childbirth Process at Hadi Husada Hospital in 2024" to determine the extent to which the role of midwives influences reducing maternal anxiety during the childbirth process, so that it can improve the quality of midwifery services and reduce maternal anxiety at Hadi Husada Hospital in 2024.

THE INFLUENCE OF THE ROLE OF MIDWIVES IN REDUCING ANXIETY DURING THE DELIVERY PROCESS AT HADI HUSADA HOSPITAL ─ Fahnidar Rahma, SKM, M.KM et.al

Page **198** of **14**

METHODS

In this study, the author used a quantitative research method with a descriptive correlational design. According to Nursalam (2022), descriptive correlational research aims to reveal the correlative relationship between independent and dependent variables. Correlation studies examine the relationship between two or more variables, specifically the extent to which variation in one variable is related to variation in another variable.

Population and Sample

The population in this study was all midwives at Hadi Husada Hospital, a total of 32 midwives.
According to Sugiyono (2021:127), a sample is a portion of the population's size and characteristics. Therefore, samples taken from the population must be truly representative.
In this study, the sample consisted of 32 midwives and 32 mothers giving birth at Hadi Husada Hospital.

Sample Size

Sample size is the number of individuals from a population included in a study. Determining sample size is crucial in research design because it affects the validity of the results. In this study, 64 respondents were selected, consisting of 32 midwives and 32 mothers giving birth at Hadi Husada General Hospital.

Sampling Techniques

The sampling method in this study uses the Total Sampling technique.
Total Sampling is a technique in which all members of the population are used as research samples.

Inclusion Criteria

Inclusion criteria are characteristics that must be met by each member of the population in order to be used as a research sample.
The age of the mother at birth is between 18-40 years.
The birth status of the mother is in the active labor stage.
Maternal anxiety levels were measured using a valid and reliable anxiety scale.
The role of midwives is measured by the services provided by midwives who have experience and competence in caring for mothers in labor.
Midwives have good communication skills and are able to interact effectively with patients.
Midwives have the ability to provide emotional and psychological support to patients.
Midwives have experience in using relaxation and stress reduction techniques.
Midwives work in hospitals or maternity clinics that have good service standards.
The health of the mother and baby is good and they have no medical problems that could affect the results of the study.
The willingness of the mother in labor to participate and sign the informed consent.

Specific Criteria

Normal delivery (not by caesarean section).
Have no history of severe anxiety disorders or medical conditions requiring special treatment.
Do not use drugs that can affect anxiety levels.

Location and Time of Research

This research was conducted at Hadi Husada Hospital from September 2023 to June 2024, covering the stages of data collection, data processing, analysis, and preparation of research results.
Research Variables, Operational Definitions, and Measurement Methods

Research Variables

According to Rafika (Ulfa, 2021:342), research variables are objects that are attached to or owned by research subjects, whether in the form of people, objects, transactions, or events that reflect a certain condition.

Independent Variable (Free Variable)

According to Sugiyono (2020), independent variables are often called predictor or stimulus variables. These variables are factors that influence or cause changes in the dependent variable.

In this study, the independent variable is the Role of Midwives (emotional support, information, and assistance).

Dependent Variable (Bound Variable)

According to Sugiyono (2020), dependent variables are often called output or consequent variables. These variables are the result or consequence of the influence of the independent variable.

In this study, the dependent variable is the level of maternal anxiety during childbirth.

Operational Definition

Operational definitions explain in detail each variable used in the research so that readers and examiners can understand the meaning and limitations used by the researcher.

Variables	Definition Operational	Tool Measuring	Scale Measuring	Mark
Independent Role midwife	All matter Which known by midwife about role midwife in reduce anxiety	**Scale Guttman**	Nominal	1. Support 0. No Support
Dependents: Level anxiety on Mother giving birth	Anxiety is response psychological Which in experience by Mother moment process labor	**Scale HARS**	Ordinal	1. <14 No There is anxiety 2. 14-20 anxiety light 3. 21-27 anxiety currently 4. 27-41 anxiety heavy 5. 42-56 anxiety heavy very

Method Measurement Sample

Method measurement Which used researchers use method *scale* Gutman And *must* Which obtained from sheet Questionnaire by researchers And Already responded to by respondents.

Scale Guttman is technique measurement in survey Which use a series statement Which arranged in a

way hierarchical, in where answer "agree" on One statement implies agreement on all statement in

underneath. Scale This measure attitude or attribute unidimensional with give two choice answer fir m, like "yes" or "No", And produce data ordinal Which cumulative.

HARS (Hamilton Anxiety Rating Scale). Scale HARS is measurement anxiety Which based on on emergence symptoms on individual Which experience anxiety. According to scale HARS there is 14 symptoms Which visible on individual Which experience anxiety. Every items Which observed given 5 levels score between 0 (no symptoms) until with 4 (severe).

Technique And Procedure Collection Data
Variables Which investigated
Study This done For know Influence Role Midwife In Reduce Anxiety During Process Labor In Hadi Husada Hospital.

Technique Collection Data
Method collection data in study done with filling instrument sheet Questionnaire, Where previously instrument Already done test try sheet Questionnaire. Whereas data secondary Which collected is description general location study, amount power health part maternity Which There is at the location study as well as data coverage Labor Which obtained from Hadi Husada Hospital.

Procedure Collection Data
In do study, procedure collection data Which set is as following
1. Researchers This do Method Charging Questionnaire For see Influence Role Midwife In Reduce Anxiety During Process Childbirth.
2. Collection data secondary: data Labor year 2023 Which done in Hadi Husada Hospital.

Aspect measurement
Aspect measurement is rule –
 rule Which covering method or tool measuring, results from measurement, category as well as scale Which used For evaluate something variables.
1. Instrument measurement: questionnaire, data secondary, method observation
2. Scale measurement: scale *Gottman* And *must*, used For measure variables Which own order or levels (for example; Anxiety Mother.

Technique Processing And Analysis Data
Technique Processing Data
Processing data done after gather questionnaire on respondents. Processing data use stages as following:
a. *Editing*
   Stages This done on moment gather data questionnaire from respondents or when inspect sheet observation. Inspect return whether There
   is answer respondents or results observation Which double or Not yet answered. If There is delivered to respondents For filled or repaired answer on questionnaire the.
b. *Coding*
   Stages give code on answer respondents between other: First, give code identity respondents For guard confidentiality identity respondents And make things easier process search biodata respondents when required. Second, set code For scoring answer respondents or results observation Which has done.
c. *Tabulating*
   Stages tabulate data based on group data Which has in determine to in master table.
d. *Entry*

THE INFLUENCE OF THE ROLE OF MIDWIVES IN REDUCING ANXIETY DURING THE DELIVERY PROCESS AT HADI HUSADA HOSPITAL — Fahnidar Rahma, SKM, M.KM et.al

Page **201** of **14**

Thatis enter data Which Already done editing And coding the to in computer that
is For ensure whether all data Already Ready in analysis.

e. *Cleaning*
Thatis activity checking return data Which Already processed whether There
is error or No on each variables Which Already processed
so that can repaired And assessed.

Analysis Data
1. Analysis Univariate
Analysis univariate aim For explain or decrypt characteristics every
variables study. On generally in analysis univariate only produce
distribution, frequency And percentage from every variables with use test statistics chi-square.
2. Analysis Bivariate
Analysis vary done For know whether Midwife Playing a role Reduce Anxiety During Process
Labor in Region Work Community Health Center End Fortress Based
on design study And variables Which used test statistics chi-square.

Channel Study
1. Planning study
Researchers determine objective research, hypothesis study And determine design study.
2. Collection data
Researchers gather data secondary And primary through interview And observation
3. Processing data
Researchers use analysis statistics use device soft SPSS (Statistical *Package for the Social Science
s*)
4. Analysis Data
Researchers use technique test chi-
square For know Influence Role Midwife In Reduce Anxiety On Process Labor.
5. Interpretation Results
Researchers interpret results analysis data in context Which wide.

In this study, the researcher has obtained permission from the university to conduct the research at
the working area of the Community Health Center of Ujung Kubu. After obtaining the approval, the
researcher conducted observations on mothers who were about to give birth and were accompanied
by midwives in the same working area.

Furthermore, the researcher reviewed secondary data from the year 2024 at the Community Health
Center of Ujung Kubu to examine medical record information related to mothers who experienced
anxiety during the labor process. Then, the researcher distributed questionnaires to assess the level
of maternal anxiety during labor, while emphasizing research ethics as follows:

Informed Consent
The study ensured the respondents' rights by guaranteeing the confidentiality of their identities. The
researcher provided clear explanations regarding the objectives and benefits of the study and gave
respondents the right to refuse participation without any consequences.

Anonymity (Without Name)
To maintain the confidentiality of the subjects' identities, the researcher did not include respondents'
names on the observation sheets. Each respondent was assigned a specific code instead.

THE INFLUENCE OF THE ROLE OF MIDWIVES IN REDUCING ANXIETY DURING THE DELIVERY PROCESS
AT HADI HUSADA HOSPITAL — Fahnidar Rahma, SKM, M.KM et.al

Page **202** of **14**

Confidentiality
All information obtained from respondents in this study was guaranteed to remain confidential. Only grouped or summarized data were presented in the research findings.

Right to Participate or Not Participate (Right to Self-Determination)
Respondents had the right to decide whether or not they wished to participate in the study without facing any form of sanction or pressure.

RESULTS AND DISCUSSION

Analysis Univariate
Study This done to 32 Mother giving birth in Hadi Husada Hospital. Results study about influence role midwife in reduce anxiety during process labor in Hadi Husada Hospital can explained on table following This:

Data Demographics Respondents

Table 1. Distribution Frequency Data Demographics Respondents in Hadi Husada Hospital

No	Characteristics Respondents	Frequency	Percentage (%)
1	**Age Mother**		
	20-35 year	26	81.2
	>35 year	6	18.8
	Amount	**32**	**100.0**
2	**Education Mother**		
	Elementary School	0	0.0
	JUNIOR HIGH SCHOOL	3	9.4
	SENIOR HIGH SCHOOL	19	59.4
	D-III / S-1	10	31.2
	Amount	**32**	**100.0**
3	**Work**		
	Housewife	28	87.5
	Teacher	3	9.4
	Nurse	1	3.1
	Amount	**32**	**100.0**

Based on Table 1, it is known that the majority of respondents are in the productive age group, namely 20–35 years old, totaling 26 people (81.2%), while the remaining 6 respondents (18.8%) are in the age group above 35 years. Viewed from the level of education, most respondents have a moderate level of education, namely Senior High School, totaling 19 people (59.4%), followed by D-III/S-1 as many as 10 people (31.2%), and Junior High School as many as 3 people (9.4%). There are no respondents with an Elementary School education (0.0%). Based on occupation, most respondents are housewives, totaling 28 people (87.5%), followed by teachers as many as 3 people (9.4%), and nurses as many as 1 person (3.1%).

Table 2. Distribution Frequency Data Characteristics Midwife in Hadi Husada Hospital

No	Characteristics Midwife	Frequency	Percentage (%)
1	**Age Midwife**		
	25-30 year	2	6.2
	31-40 year	15	46.9
	41-50 year	15	46.9
	Amount	**32**	**100.0**

2	Education Mother		
	Diploma	2	6.2
	Bachelor	27	84.4
	Profession	3	9.4
	Amount	**32**	**100.0**

Based on Table 2, known that distribution age midwife in Region Work Community Health Center End Fortress Year 2025 part big is at on group age 31–40 year And 41–50 year, each as much as 15 person (46.9%). Temporary That, midwife Which aged 25–30 year amount to 2 person (6.2%). Seen from level education, majority midwife educated Bachelor as much as 27 person (84.4%), followed by Profession as much as 3 person (9.4%), And Diploma as much as 2 person (6.2%).

Role Midwife In Reduce Anxiety During Process Labor In Hadi Husada Hospital
Results study about role midwife in reduce anxiety during process labor in Hadi Husada Hospital can seen on table 3 following:

Table 3. Distribution Frequency Role Midwife In Reduce Anxiety During Process Labor In Hadi Husada Hospital

No	Role Midwife	Frequency	Percentage (%)
1	Support	29	90.6
2	No Support	3	9.4
	Amount	**32**	**100.0**

Based on Table 3, known that from total 32 respondents, part big midwife play a role support in reduce anxiety during process labor, that is as much as 29 person (90.6%), whereas midwife Which No support as much as 3 person (9.4%).

Anxiety Mother Giving birth During Process Labor In Hadi Husada Hospital
Results study about anxiety Mother giving birth during process labor in Region Work Community Health Center End Fortress Year 2025 can seen on table 4 following:

Table 4. Distribution Frequency Anxiety Mother Giving birth During Process Labor In Hadi Husada Hospital

No	Level Anxiety Mother Giving birth	Frequency	Percentage (%)
1	No There is anxiety	13	40.6
2	Anxiety Light	15	46.9
3	Anxiety Currently	4	12.5
	Amount	**32**	**100.0**

Based on Table 4, known that from total 32 respondents, part big Mother giving birth experience anxiety light during process labor, that is as much as 15 person (46.9%). As many as 13 person (40.6%) No experience anxiety, whereas 4 person (12.5%) experience anxiety currently.

Analysis Bivariate
For test connection variables independent Which covering role midwife with variables dependent th at is anxiety during process labor in a way analysis bivariate use test *chi-square* with α=0.05 Which explained as following:

Influence Role Midwife In Reduce Anxiety During Process Labor In Hadi Husada Hospital

Results data analysis influence role midwife in reduce anxiety during process labor in Hadi Husada Hospital can seen on table following :

Table 5. Influence Role Midwife In Reduce Anxiety During Process Labor In Hadi Husada Hospital

Role Midwife	Level Anxiety Mother Giving birth						Total		p-value
	No There is anxiety		Anxiety Light		Anxiety Currently				
	f	%	f	%	f	%	f	%	
Support	13	40.6	14	43.8	2	6.3	29	90.6	
No Support	0	0.0	1	3.1	2	6.3	3	9.4	0.010
Total	13	40.6	15	46.9	4	12.5	32	100.0	

Based on Table 5, it is known that in the group of mothers who received support from midwives to reduce anxiety during labor, 13 people (40.6%) did not experience anxiety, 14 people (43.8%) experienced mild anxiety, and 2 people (6.3%) experienced moderate anxiety. Meanwhile, in the group of mothers who did not receive midwife support, there were no mothers in the "no anxiety" category (0.0%), 1 person (3.1%) experienced mild anxiety, and 2 people (6.3%) experienced moderate anxiety. The results of the Chi-Square statistical test show a p-value = 0.010, which means there is a significant relationship between the role of the midwife and the level of anxiety among mothers giving birth (p < 0.05). Thus, midwives who play a supportive role tend to help reduce anxiety levels in mothers giving birth compared to those who do not receive support.

Discussion

The Role of Midwives in Reducing Anxiety During Labor at Hadi Husada Hospital

Based on the results of this study in the working area of the End Fortress Community Health Center in 2025, the role of midwives in reducing anxiety during labor was dominated by the supportive category, which was as high as 90.6%. This achievement aligns with the framework of Normal Labor Care (APN), which emphasizes emotional support, empathetic communication, clear information delivery, and continuous mentoring as the main pillars of mother-centered care.

Indonesian midwifery literature confirms that midwives are expected to create a safe and comfortable birthing environment, facilitate non-pharmacological pain management techniques such as breathing and relaxation, and validate the mother's feelings to enhance her sense of control during labor (Manuaba, 2022).

From a regulatory perspective, the Ministry of Health's guidelines on antenatal, labor, and postpartum care emphasize the integration of psychosocial support and effective communication in every service interaction. This policy is reinforced by the Minister of Health Regulation Number 6 of 2024, which governs the fulfillment of clinical and experiential quality standards in primary health facilities, implicitly covering emotional support provided by midwives during intrapartum care (Ministry of Health of the Republic of Indonesia, 2024).

The high percentage of midwives providing supportive roles in this study demonstrates good implementation of national policies at the primary service level. These findings are consistent with several studies in Indonesia. For instance, a study at Barnacle Community Health Center, Barito Kuala Regency (Norlina, 2021), found a significant relationship between therapeutic midwife communication and reduced maternal anxiety during childbirth (correlation coefficient –0.439; p = 0.0006). Another study at Uswah Medika Clinic, Serang (Umairo & Anggraini, 2022), revealed that midwife support was strongly correlated with reduced anxiety among third-trimester pregnant women (r = 0.57; p = 0.000). Similarly, a study at Imelda Hospital Medan (Gultom et al., 2023) found that mothers who did not receive emotional support from midwives tended to experience higher levels of anxiety.

Overall, these findings indicate that supportive midwife roles — through therapeutic communication, emotional support, and active mentoring — play an important role in maintaining the mother's psychological stability during labor and effectively reducing anxiety.

Researchers believe that enhancing midwives' ability to communicate empathetically, apply non-drug pain reduction techniques, and provide continuous mentoring — alongside patient experience-based service quality monitoring — will strengthen the positive impact of these efforts in community health centers and other healthcare facilities.

Maternal Anxiety During Labor at Hadi Husada Hospital

The results of this study show that out of 32 respondents, the majority of mothers experienced mild anxiety during labor, totaling 15 people (46.9%). A total of 13 people (40.6%) did not experience anxiety, while 4 people (12.5%) experienced moderate anxiety.

THE INFLUENCE OF THE ROLE OF MIDWIVES IN REDUCING ANXIETY DURING THE DELIVERY PROCESS AT HADI HUSADA HOSPITAL — Fahnidar Rahma, SKM, M.KM et.al

Page **206** of **14**

This finding suggests that anxiety is a general response commonly experienced by mothers during childbirth, although the intensity varies. Labor anxiety can be triggered by biological factors (such as painful contractions, concerns about the baby's condition, and unfamiliarity with the birth process) as well as psychosocial factors (such as family support, past experiences, and mental readiness).

In terms of age characteristics, most mothers giving birth were in the productive age group (20–35 years) — 26 people (81.2%) — which theoretically carries a lower risk of anxiety than those aged <20 years or >35 years. This is because mothers in the productive age range generally possess better physical and psychological readiness. However, those aged >35 years (18.8%) are more likely to experience anxiety due to concerns about pregnancy and delivery complications. This finding aligns with Sari et al. (2022), who found a significant relationship between maternal age and anxiety levels during labor.

From the educational aspect, the majority of respondents had a medium level of education (Senior High School) — 19 people (59.4%) — followed by higher education (D-III/S-1) — 10 people (31.2%) — and lower education (Junior High School) — 3 people (9.4%). A higher education level helps mothers better understand labor information, prepare mentally, and apply non-pharmacological pain control strategies, leading to lower anxiety. Conversely, mothers with lower education tend to experience higher anxiety due to limited access to information and understanding about childbirth. This result is consistent with Wulandari & Utami (2021), who stated that good knowledge contributes to reducing maternal anxiety during childbirth.

Regarding occupation, the majority of respondents were housewives — 28 people (87.5%) — followed by teachers (9.4%) and one nurse (3.1%). Working mothers, especially those in the education or health sectors, tend to have higher self-confidence and better stress management skills, resulting in lower anxiety levels. Conversely, housewives who are less exposed to childbirth information or external experiences tend to be more prone to anxiety. Handayani et al. (2020) support this finding, stating that social activity and routine work play a role in reducing anxiety levels during labor.

Overall, although most mothers in the End Fortress Community Health Center area are in the productive age group and have medium education levels — both factors that can reduce anxiety — the dominance of the housewife occupation remains a challenge. Therefore, interventions such as routine counseling for housewives, emotional support from midwives, and continuous mentoring during the labor process are essential to reduce anxiety and create a more positive childbirth experience.

Researchers believe that the relatively low proportion of moderate anxiety (12.5%) in this study is largely influenced by the active role of midwives in the area, who provide emotional support, adequate education, and continuous mentoring during labor. If this support continues to be maintained and improved — especially for mothers of extreme ages, with lower education, or without work — anxiety levels can be further reduced, self-confidence will increase, and childbirth experiences will become more positive.

The Influence of the Midwife's Role in Reducing Anxiety During Labor at Hadi Husada Hospital
Based on data analysis, it was found that in the group of midwives who played a supportive role, most mothers giving birth were in the "no anxiety" category (40.6%) and "mild anxiety" category (43.8%), with only 6.3% experiencing moderate anxiety. Conversely, in the group of midwives who did not provide support, no mothers were in the "no anxiety" category (0.0%), while 3.1% experienced mild anxiety and 6.3% moderate anxiety.

The Chi-Square test results showed a p-value of 0.010, indicating a significant relationship between the midwife's role and maternal anxiety levels during childbirth (p < 0.05). These findings show that midwives who provide emotional support, effective communication, clear information, and continuous mentoring contribute significantly to reducing maternal anxiety.

This aligns with the theory of Normal Labor Care (APN), which places the midwife as the main companion in creating a sense of safety, teaching non-pharmacological pain management techniques (such as breathing and relaxation), and validating the mother's feelings to foster self-confidence (Ministry of Health, 2022; WHO, 2018).

This study is consistent with Wulandari et al. (2020), which showed that midwife support significantly reduced maternal anxiety during childbirth. Similar results were also reported by Handayani & Sari (2021), stating that continuous mentoring by midwives (continuous support) reduces perceived pain, increases satisfaction, and decreases psychological stress.

According to the researchers, the large proportion of supportive midwives (90.6%) at Hadi Husada Hospital indicates that midwifery services are already well implemented according to Ministry of Health standards and current regulations. Such midwife support may play an important role in preventing an increase in mothers experiencing moderate anxiety. Researchers believe that when midwives continue to maintain friendly communication, provide clear childbirth preparation education, and teach drug-free pain reduction techniques, the mental health benefits for mothers will be greater — especially for those at higher risk of anxiety.

Conclusion

Based on the results of this study regarding the influence of the midwife's role in reducing anxiety during labor at Hadi Husada Hospital, it can be concluded that the role of midwives is dominated by the supportive category (90.6%). The majority of mothers experienced mild anxiety during labor (46.9%).

There is a significant influence between the midwife's supportive role and reduced maternal anxiety levels ($p = 0.010$, $p < 0.05$). Midwives who play supportive roles tend to help lower maternal anxiety compared to those who do not.

The results of this study are expected to serve as evaluation material and input for Hadi Husada Hospital to continue strengthening the role of midwives in supporting mothers during childbirth — particularly through empathetic communication, clear education, and continuous mentoring. These efforts can help reduce anxiety, especially among mothers with extreme ages, lower education, or without employment.

For educational institutions, this study can serve as additional reference material at STIKes US Syifa Range, particularly regarding factors influencing maternal anxiety during childbirth. The results may also be used as a reference for students conducting research in maternal and child health, especially regarding the role of healthcare providers in the psychological aspects of childbirth.

For respondents, this study is expected to provide insight to pregnant and birthing mothers at Hadi Husada Hospital about the importance of healthcare support during labor. It is expected that mothers will become more proactive in seeking information, preparing mentally, and collaborating with midwives to create a more positive childbirth experience.

For future researchers, this study can serve as a foundation for further research with a larger sample size or broader coverage area. Future research may also include other related variables such as family support, maternal knowledge level, and non-pharmacological pain management methods used during labor.

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Page **208** of **14**

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Page **209** of **14**

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Page **210** of **14**