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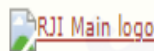
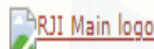


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INDEXING



INTERNATIO



Home > Archives > Vol 2, No 1 (2021)

Vol 2, No 1 (2021)

Indonesian Journal of Health Care Management

Table of Contents

Articles

[THE EFFECT OF TREATMENT OF WATERBOLE JUICE ON BLOOD PRESSURE REDUCTION IN HYPERTENSION PATIENTS: LITERATURE REVIEW](#) PDF

Mashuri Mashuri, Rizeki Dwi Fibriansari, Indriana Noor Istiqomah, Risma Wahyu Khandidah

["WHAT DOES THE BARRIERS OF BEING A LAYPERSON IN COMMUNITY AND MENTAL HEALTH MEAN?" A PHENOMENOLOGICAL APPROACH](#) PDF

DOI : [10.36053/ijohcm.v2i1.13](https://doi.org/10.36053/ijohcm.v2i1.13) | Abstract views : 17 times
 Dedi Kurniawan, Galuh Kumalasari, Frastiqa Fahrany, Hardiyanto Hardiyanto, Ratna Roesardhyati

[THE RELATIONSHIP OF DIET WITH THE EVENT OF HYPERTENSION IN THE ELDERLY AT POSYANDU ELDERLY, KEPANJEN DISTRICT](#) PDF

DOI : [10.36053/ijohcm.v2i1.19](https://doi.org/10.36053/ijohcm.v2i1.19) | Abstract views : 13 times
 May Utami Incorina Andita Putri, Qori Fanani

[COMPARISON OF THE EFFECTIVENESS OF RAW AMBON BANANA MOSS \(MUSA ACUMINATA\) AND 10% POVIDONE IODINE IN CONTROLLING BACTERIA IN CONTAMINATED WOUNDS WHAT TO DO WITH MICE WHITE \(WISTAR STRAIN\)](#) PDF

Laila Nur Fadhilah, Muhasim Muhasim



NON PHARMACOLOGICAL THERAPY OF ANXIETY IN PREGNANT MOTHERS IN THE ERA OF THE COVID-19 PANDEMIC: LITERATURE REVIEW

Primasari Mahardhika Rahmawati, Nisa Nabila Azmi, Sri Wahyuningsih, Musviro

¹Prodi D3 Keperawatan Fakultas Keperawatan Universitas Jember Indonesia

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Keywords:

Non-pharmacology therapy;
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ABSTRACT

Introduction : The cause of the third trimester pregnant women in the Covid-19 Pandemic Era experiencing anxiety, namely concerns related to growth, development, neonatal, a reduction in the frequency of pregnancy checks, and delays in classes for pregnant women. If pregnant women experience anxiety that is not immediately addressed, there will be an increased risk of congenital abnormalities in the form of failure to close the cleft palate, the risk of caesarean section surgery, delivery with tools, premature birth, babies born with low birth weight, and in the long term it is associated with behavioral and emotional disorders in children. In this case, Relaxation of muscle progressive is a kind of therapy for pregnant women.

Method : The method used in the preparation of the literature review uses the PRISMA checklist to determine the selection of the studies found and adapted to the purpose of the literature review. Search literature in this literature review using several electronic databases including Scholar, Pubmed, and Springer Link.

Result : The result from literature review shows that muscle progressive relaxation, Yoga, Dzikir, listening Murrotal Al-Qur'an and Lullaby music are able to reduce the anxiety of pregnant women in the Covid-19 Pandemic era. For further research will be explain non-pharmacological therapy anxiety of Covid-19 for pregnant woman starting in the 1st and 2nd trimesters pregnancy.

Conclusion : Can be used as research material by using the keywords (therapy) AND (anxiety) AND (pregnant woman) AND (covid-19). Further research can explain nonpharmacological therapy for anxiety in pregnant women starting in the 1st, 2nd trimester of pregnancy in anxious cases with Covid-19.

E-mail: ns.ichal8@gmail.com

1. Introduction

Covid-19 is a virus that is almost similar to SARS-CoV and MERS-CoV with symptoms of the first case in Wuhan, China in the form of acute pneumonia (Rosyanti & Hadi, 2020). Coronavirus disease 2019 or Covid-19 is a new type of Coronavirus, besides having a physical impact it can also have a serious effect on a person's mental health (Huang & Zhao, 2020). Various psychological disorders have been reported and publicized during the Covid-19 outbreak in China, at individual, community, national and international levels. People are more likely to experience fear of contracting and experiencing severe or dying symptoms, to feel helpless, and to stereotype others. The pandemic even causes a psychological crisis (Xiang et al., 2020). The incidence of Covid-19 cases continues to increase from day to day so that health workers as the front line are increasingly stressed due to the increasing workload, worrying about their health, and their families (Chen et al., 2020). According to Brooks et al (2020), post-traumatic stress disorder (post-traumatic stress disorder), confusion, anxiety, frustration, fear of infection, insomnia, feeling helpless, and psychosomatic as a result of excessive worrying are forms of psychological impact during a pandemic. Almost all types of mild to severe mental disorders can occur during this Covid-19 pandemic. Cases of xenophobia and cases of suicide due to fear of being infected with the virus have started to emerge.

Pregnancy in the era of the Covid-19 pandemic causes anxiety for pregnant women. Covid-19 can cause some mild to severe symptoms. The symptoms caused are influenced by each person's different immunity or body resistance. Various studies have concluded that pregnancy causes the body to be more susceptible to severe Covid-19 symptoms (Ministry of Health of the Republic of Indonesia, 2020), because this situation can cause anxiety in pregnant women such as feelings of restlessness, worry, and fear that continuously changes so that will trigger the stimulation of uterine contractions

which is very dangerous, especially in the first trimester (Hasim, 2018). Pregnant women who experience anxiety during the third trimester of pregnancy will experience an increased risk of congenital abnormalities in the form of failure to close the cleft palate, the risk of sectio caesarea surgery, delivery by means of delivery, premature birth, giving birth to babies with low birth weight (LBW) and in the long term related to with behavioral and emotional disorders in children (Utami & Amalia, 2020).

A survey conducted by the American Psychiatric Association (APA) on more than 1000 adults in the United States found that 48% of respondents felt worried that they would contract the corona virus. Around 40% are worried that they will become seriously ill or die from Covid-19, 6% are worried that their family or loved ones are infected, and 59% of the public say the effects of Covid-19 are quite severe on their daily lives. The case of Covid-19 in Indonesia itself was declared to be in March with an increasing number of cases that continues to grow. On March 20, 2020, the distribution of data on positive cases of Covid-19 increased to 369 people. A total of 32 of them died. Meanwhile, the day before, the Government stated that the positive cases of Corona had reached 309 people, with 25 people having died. Anxiety in pregnant women in Indonesia reaches 373 million. As many as 28.7% of them anxiety occurs in pregnant women before the delivery process. Research conducted on primigravida mothers 22.5% experienced mild anxiety, 30% experienced moderate anxiety, 27.5% severe anxiety, and 28% experienced very severe anxiety. Third trimester pregnant women in Tanah Bumbu Regency in 2018 Trimester 2,788 people (Wiulin Setiowati, 2020).

Pregnant women are a vulnerable population, because it is known that physiological changes during pregnancy have a significant impact on the immune system, respiratory system, cardiovascular function, and coagulation. All maternal and neonatal health services during the Covid-19 pandemic were subject to restrictions, this would make pregnant women experience anxiety. Anxiety in third trimester pregnant women brings feelings of unease, worry, and constant fear of having a smooth delivery or Caesarean section. Anxiety and anxiety in pregnant women if not treated seriously will have an impact and influence on the physical and psychological, both for the mother and the fetus. Mothers who experience anxiety and stress, the signal goes through the HPA (Hypothalamo-Pituitary-Adrenal) which can cause the release of stress hormones including ACTH (Adreno Cortico Tropin Hormone), cortisol, and catecholamines.

The release of these stress hormones causes systemic vasoconstriction, including constriction of the uterine vasa utero which causes disruption of blood flow in the uterus, so that oxygen transport into the myometrium is disrupted and results in weak uterine muscle contractions. This incident causes the length of the labor process (long labor) so that the fetus can experience an emergency (fetal distress) (Utami & Amalia, 2020).

Anxiety in third trimester pregnant women, if not treated, will have an adverse impact on the physical and psychological health of the mother and the fetus. Therefore, health workers must strive to provide social support for pregnant women in reducing their risk perception by carrying out non-pharmacological therapies such as music lullaby therapy, dhikr therapy, progressive muscle relaxation techniques, yoga exercises for pregnant women, and murottal Al-Qur' therapy. an (Setiani, Fibrinika Tuta and Official, 2020). This literature review is expected to provide a relationship between anxiety in pregnant women with these non-pharmacological therapies so that preventive measures can be taken to prevent anxiety in pregnant women in the era of the Covid-19 pandemic.

2. Method

1. Literature Search Strategy

The secondary database obtained is in the form of reputable journal articles, both nationally and internationally, on predetermined topics. Search literature in this literature review using several electronic databases including Google Scholar, Pubmed, and Springer Link. The results obtained using the keywords (therapy) (anxiety) AND (pregnant woman) AND (Covid-19).

2. Inclusion and Exclusion Criteria

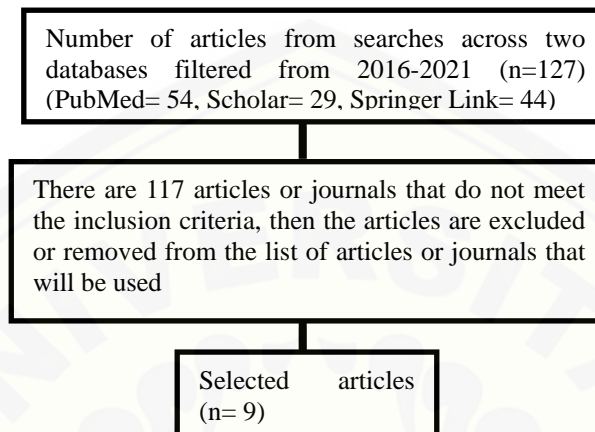
The strategy used to find articles using PICOS consists of Population/problem, Intervention, Comparators, Outcomes, Study Design and Publication Type, Publication Years, Language. The population taken is pregnant women in the third trimester. The intervention is non-pharmacological therapy. The treatments used as comparisons or comparisons are Progressive Muscle Relaxation therapy, Yoga therapy, Dhikr therapy, Lullaby music therapy, and Murottal Al-Qur'an therapy. The expected result from previous studies is that there is a decrease in anxiety levels. The study design used was quasi-experimental studies, randomized controlled



clinical trials, systematic reviews, qualitative reviews. The year of publication of the article is 2016-2021 and uses Indonesian and English.

3. Study Selection and Quality Assessment

The search strategy in this literature study uses the Google Scholar, PubMed, and Springer Link databases. The initial stage of the article search found 127 articles with PubMed 54 articles, Google Scholar 29 articles, and Springer Link 44 articles. After being filtered from 2016-2021, there were 117 articles that did not fit the study area. The total number of articles that can be reviewed is 9 articles. The selection results can be illustrated in the Flow Diagram below.



3. Result and Analysis

Characteristics of Respondents

The search strategy in this literature study uses databases including PubMed and Schoolar. At the initial search stage, 127 articles were found (PubMed= 54, Schoolar= 29, Springer Link= 44), after being filtered from 2016-2021. There are 117 articles that do not fit the study area. The total number of articles that can be reviewed is 9 articles. Participants in some of these studies were patients of third trimester pregnant women who experienced anxiety problems. Participants in this study were pregnant women in their third trimester who experienced anxiety due to the Covid-19 pandemic. The gender characteristics of the respondents are almost the same, namely women because the study is specific.

4. Discussion

Progressive Muscle Relaxation Therapy

Based on the results of research on progressive muscle relaxation therapy given to 13 respondents in the intervention group, the average anxiety score was 40 before being given progressive muscle relaxation therapy, which means that respondents experienced moderate anxiety, and after being given progressive muscle relaxation therapy, the average score for anxiety was 26. so that there is a decrease in anxiety from moderate anxiety to mild anxiety (Rahmawati, 2017). Likewise in the 13 control group respondents, the initial anxiety score before being given progressive muscle relaxation therapy was 40, and decreased to 37 after being given progressive muscle relaxation therapy. It's just that the anxiety range of respondents in the control group remained in the moderate anxiety range.

Progressive muscle relaxation

therapy given to respondents in the intervention group and this control can reduce anxiety but there is a significant difference, because the intervention group from the moderate to mild anxiety range while in the control group only experienced a decrease in anxiety scores. This is in line with the theory that progressive muscle relaxation therapy can reduce anxiety within a certain period of time as well as in overcoming a brief anxiety event through cognitive and physical aspects (somatic) and provide a relaxing effect so that in addition to reducing anxiety it can also improve the patient's physical and psychological status. (Rahmawati, 2017).

Yoga Therapy

There are 3 yoga therapy journals that discuss yoga therapy. The results of the research from the three yoga therapy journals are that there are differences in the level of anxiety of respondents before and after being given prenatal yoga therapy with a p value = 0.000. The mean score before yoga

therapy was 24.9 and after yoga therapy was 13.6. The results of the research from the three journals explain that prenatal yoga therapy can reduce anxiety. This is in accordance with what was conveyed by Sindu (2014) that prenatal yoga has an effect on reducing anxiety levels (Nadholta et al., 2020).

Dhikr Therapy

There are two journals that discuss dhikr therapy for third trimester pregnant women who experience anxiety. The results of the two journals are that dhikr therapy is effective for reducing anxiety in third trimester pregnant women (Niko, 2018). This is in line with the results of the study, that the intervention of dhikr therapy can reduce anxiety (Anita, 2018). The cause of anxiety in third trimester pregnant women is due to the process of adjusting to their new circumstances, the condition of the baby in the womb, the delivery process, and the physical conditions that change during pregnancy (Widiastuti et al., 2018).

Murottal Al-Qur'an Therapy

There are 4 journals that discuss Al-Qur'an murottal therapy for 3rd trimester pregnant women who experience anxiety. The four journals use different suras, namely Surah Maryam, Surah Ar-Rahman, Surah Al-Fatihah, and Verse Kurs. Although different suras, the results shown are the same. Based on the results of research from the four journals, pregnant women in the third trimester experienced severe anxiety before being given murottal Al-Qur'an therapy. However, after being given murottal Al-Qur'an therapy, the level of anxiety decreased to moderate, mild, and even the respondents did not experience anxiety. This is in line with the theory that pregnant women in the third trimester experience severe anxiety at the time of delivery and can be reduced by giving murottal Al-Qur'an therapy.

Lullaby Music Therapy

Based on the results of the study, before 30 respondents were given classical Lullaby music therapy, the average value or mean value of the anxiety level was 29.1, the median value was 29, the standard deviation was 2.6. The lowest or minimum anxiety result is 25 and the highest anxiety result or maximum anxiety result is 34 (Suciati et al., 2020). After the 30 respondents were given classical Lullaby music therapy, the average value or mean anxiety level was 10.8, the median value was 11, the standard deviation was 2.3, the lowest or minimum anxiety result was 8, and the highest or maximum anxiety result was 16. (Suciati et al., 2020). This is because music can provide energy and commands through rhythm so that music with the right tempo can help women regulate their breathing so that in addition to reducing anxiety, it can also reduce the pain felt by the patient. The results of the t-test obtained p value $0.000 < 0.05$ meaning H_0 is rejected and H_a is accepted, which means that there is an effectiveness of Lullaby classical music therapy on anxiety in third trimester pregnant women (Suciati et al., 2020).

The results of this study are in line with research that has been carried out by Abdillah Noor (2018) the effect of music therapy on childbirth anxiety in third trimester primigravida pregnant women at the Fatimah Kudus Main Clinic. and willing to participate in research activities (Suciati et al., 2020).

5. Conclusion

- 5.1** Pregnant women who experience anxiety can be given non-pharmacological therapy such as progressive muscle relaxation therapy, murottal Al-Qur'an therapy, dhikr therapy, Lullaby classical music therapy, and yoga therapy.
- 5.2** Progressive muscle relaxation therapy is divided into 3 sessions that are carried out directly for 30-45 minutes. The first session identified the body's perceived muscle tension along with an explanation of the relationship between anxiety and muscle tension and an explanation of the procedures, goals, and benefits of therapy. The second session was the implementation of progressive muscle relaxation therapy. The third session is an evaluation to assess the respondent's ability to perform all movements.
- 5.3** Murottal Al-Qur'an therapy using Surah Maryam with a duration of 30 minutes 6 times in 2 weeks, Surah Ar-Rahman with a duration of 15 minutes, and Surah Al-Fatihah and Ayat Kursi with a time of 25 minutes repeated several times.
- 5.4** Dhikr therapy is carried out for 25 minutes with the remembrance of "Subhanallah". This therapy is done by doing ablution, sitting relaxed, deep breathing techniques, and stretching muscles, and ends with the reading "Alhamdulillah".
- 5.5** Lullaby Classical Music Therapy is a means to focus on spiritual awareness, to calm the soul.
- 5.6** Yoga therapy has several aspects, namely breathing and body posture exercises that can be done easily by pregnant women.



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