

***Hypnobirthing* method in the Perspective of Local Culture Against Maternal Complications and Their Maternal Effects in Lampung**

Supriatiningsih^a, Jeni Wulandari^b, Herlina^c, Nelly Indrasari^d,
^{a,c,d}Department of Obstetrics, Poltekkes Kemenkes Tanjung Karang, Sumatera, Indonesia, ^bUniversitas Lampung, Sumatera, Indonesia

The incidence of complications of childbirth in Indonesia based on the analysis of Riskesdas 2010 in 2005-2010 is still quite high at 47.8 per cent. The causes of maternal death in Lampung in 2018 was 32.34% hemorrhage (Dinkes Provinsi Lampung, 2018). This study aims to know the method of *hypnobirthing* in the perspective of local culture and their effects on maternal complications. This study also seeks to explore the experiences of pregnant women and midwives in using *hypnobirthing* and social responses of culture to the method by identifying the competencies midwives needed. This research used mixed methods embedded concurrently. This study used the quasi-experiment in quantitative research, with analysis tools using the Independent Sample T-Test. While the qualitative method using structured interviews, behavioural event interviews, and expert panels. The population in this study were pregnant women who have entered the third trimester of pregnancy and incorporate all of the inclusion criteria. A sample of 60 people was divided into two groups, 30 were in the control group and 30 were given the *hypnobirthing* treatment. The average length of *hypnobirthing* childbirth is 7.0 hours while that in the control group (without *hypnobirthing*) is nine hours with P-Value of 0.00 (<0.05). There are significant differences in the duration of work between *hypnobirthing* and non-*hypnobirthing* groups, while the normal bleeding is 103cc for the *hypnobirthing* group and 158cc for the non-*hypnobirthing* group. P-Value of 0.000 (<0.05) means that there are significant differences in the amount of bleeding during labour between non-*hypnobirthing* and *hypnobirthing* groups. Experience of mothers and midwives delivering babies by using *hypnobirthing* techniques help mothers feel birthing experience quiet, comfortable, fun, no stress, and no pain. Seven essential competencies supporting the success of midwives in doing *hypnobirthing* are interpersonal communication, understanding others, self-esteem, spiritual/orientation worship, influencing others, specific knowledge of *hypnobirthing*, and active listening. Several things must be considered. For example, the model (frameworks) is not too

complicated or too many titles (seven or eight titles of competence is sufficient). The language used must be clear and not jargon, competence must be selected and defined in the way which ensures that competency can be assessed.

Keywords: *Hypnobirthing, Prolonged labour, Postpartum hemorrhage, The experience of pregnant women and midwives, Midwifery competence.*

Introduction

Labour and vaginal birth is a fetal expenditure process that occurs in pregnancy at term (37-42 weeks), born spontaneously with a presentation that took place behind the head in 18 hours, without complications for both the mother and the fetus (Prawirohardjo, 2006).

Prolonged labour can cause harmful effects on the mother and baby. The severity of injuries continues to increase with the length of the delivery process. The risk rises rapidly after 24 hours. Prolonged labour will cause infection, exhaustion, dehydration in the mother, and even there is an increase in the incidence of the atonic uterus, bleeding, and shock, which can cause the death of the mother. The length of labour will be higher morbidity and mortality of the fetus and the more potentially lead to asfeksia, cerebral trauma, traumatic rupture due to extraction and long before the birth, and ultimately causing the death of the mother and fetus (Oxorn, 1996).

According to Dako et al. (2013), factors affecting the prolonged labour is a stress response, presentation/position of the fetus, cephalopelvic disproportion, restrictions on mobility and half reclining posture, strict fasting and analgesia.

Lampung Province is one of the 34 provinces in Indonesia. According to data from the Lampung Provincial Health Office, in 2012, there were 130 cases of maternal deaths, 770 cases of perinatal deaths, 102 neonatal deaths, 127 cases of infant deaths, and 48 cases of infant mortality. About 90% of maternal mortality are obstetric complications during a labour; one of the obstetric complications is a prolonged labour due to weak uterine contractions (Prawirohardjo, 2006). The use of hypnosis during labour helps mothers cope with the syndrome of "fear-worried-sick," a syndrome that makes delivery more difficult. This syndrome causes blood to flow from the organs of non-essential services such as the uterus toward the muscle groups of the lower limbs. Relaxation achieved through hypnosis avoids this situation.

Hypnosis in labour and delivery is more widely known as *hypnobirthing*. *Hypnobirthing* method is autohypnosis (self-hypnosis) or suggestion in the face. It goes through pregnancy

and childbirth so that they can go through pregnancy and birth in a natural, smooth, and comfortable way (not painful) (Kuswandi, 2014). It is supported by studies showing that *hypnobirthing* can reduce pain or discomfort during birth, reduction of pain medication, less delivery by cesarean section, labour was a shorter, and less postpartum depression in labour (Atis & Rathfisch, 2018; Muhidayati et al., 2018; Astuti & Noviyanti, 2015; Abbasi et al., 2009). Additionally, *hypnobirthing* consistently generates a positive attitude and resistance to stress in the face of medical treatment or emergency (Bulez et al., 2018; Wright & Geraghty, 2017; Imannura et al., 2016).

Based on this study, it can be seen that there have been several studies on the impact of *the hypnobirthing* method to labour and birth. The study also analysed the effect of this *hypnobirthing*, particularly against maternal complications caused by bleeding and the length of time of the delivery in pregnant women in Lampung province. Because based on the data, in Lampung Province, in particular, cases of maternal mortality (59.78%) occur during labour, with the leading causes of maternal death are hemorrhage (40.23%) (Dinas Kesehatan Pemerintah Provinsi Lampung, 2012). Meanwhile, one of the reasons for postpartum bleeding is their prolonged labour. Prolonged labour is also a factor of maternal mortality in the world with an average of 8%, and in Indonesia by 9% (Varney, Kriebs, and Gregor 2007).

In the end, this study seeks to provide the design basis for the competence of midwives capacity building in using *the hypnobirthing* method. Not many studies assess the ability of midwives in applying such techniques during pregnancy and delivery in pregnant women. Midwives can use the concept of power to analyse new practices when they were asked to consider adding such freshness in the preparation of midwifery care (Fullerton et al., 2011). Competence is "outcomes (vocational standards that describe what people need to be able to do the job), tasks that people do (explain what is happening at the moment), and the personal character or characteristics (describe what that person).

So based on this understanding, the results of this study are expected to contribute widely. It not only demonstrates the impact of the methods *hypnobirthing* quantitatively but also describes in greater depth the benefits, experience/satisfaction in the form of social response to cultural qualitatively. It also provides support to the development of skills of midwives through curriculum target competency training has clear and focused on absorbing the *hypnobirthing* method interpretation of the overall analysis. Therefore, to assess the problem, we used mixed methods (mixed method) embedded concurrent.

Methods

This study used a pre-experimental design along with a comparison group design. In this design, there was one group that was used for analysis, but divided into two, an experimental (treated) group and a control group (untreated) (Sugiyono, 2013). The population in this study

was the third-trimester pregnant women located in Metro City and Central Lampung. Samples using quota sampling were sampling based on a consideration - specific consideration of researchers taken appropriate inclusion and exclusion criteria.

Inclusion criteria were the third-trimester pregnant women who were willing to:

1. Sample.
2. Do *hypnobirthing* techniques.
3. No abnormalities tumour.
4. With a single pregnancy.
5. No abnormal position.

Thus, the sample consisted of 30 third-trimester pregnant women treated with *hypnobirthing* and 30 third trimester pregnant women who did not receive *hypnobirthing* treatment as a control group.

Result

Quantitative

Univariate analysis

The parity status of pregnant women is divided into two categories, namely primigravidas, for the first pregnancy and multigravida for second and subsequent pregnancies. In the *hypnobirthing* group, there were eight mothers (13%) and 22 primigravida mothers (37%) multigravida. For the non-*hypnobirthing* group, there were 13 mothers (22%) and 39 primigravida mothers (65%) multigravida.

Table 1. The frequency distribution parity of birth mothers between non-*hypnobirthing* and *hypnobirthing*

Mother Maternity	Hypno birthing	Non-Hypno	Total
Primigravidas	8 (13%)	13 (22%)	21 (35%)
Multigravida	22 (37%)	17 (28%)	39 (65%)
Total	30 (50%)	30 (50%)	60 (100%)

Bivariate analysis

Delivery time is categorised into two groups, namely the fast delivery and prolonged labour. In the group, there were 25 maternal *hypnobirthing* (42%) who belonged to the quick delivery, and five mothers (8%) experienced prolonged labour. For the non-*hypnobirthing* group, there were 21 women giving birth (35%) included in the fast delivery, and the remaining 9 (15%) experienced prolonged labour.

Table 2. Old frequency of delivery on with *hypnobirthing* and non-*hypnobirthing* mothers

CATEGORY	MOM maternity		Total
	Hypno birthing	Non-Hypno	
Fast delivery	25 (42%)	21 (35%)	46 (77%)
Prolonged labour	5 (8%)	9 (15%)	14 (23%)
Total	30 (50%)	30 (50%)	60 (100%)

Table 3. The statistical difference in the duration of labour between non-*hypnobirthing* and *hypnobirthing*

KLP LABOUR	N	mean	SD	Std.	P-
				error Mean	Value
Hypno	30	7.0	.37905	.06920	,000
Nonhypno	30	9.0	.46609	.08510	,000

The *hypnobirthing* labour group with an average length of confinement is 7.0 hours, with a standard deviation of 0.38. In the intervention group, *hypnobirthing* childbirth without long imprisonment had an average of 9 hours, with a standard deviation of 0.47. Results of the bivariate analysis showed P-Value of 0.00 (<0.05), so it can be said that there is a significant difference in the duration of labour between non-*hypnobirthing* and *hypnobirthing* groups. The average bleeding in the whole sample was 130cc, with an average of 103cc for the *hypnobirthing* group and 158cc for the non-*hypnobirthing* group. The below table shows the standard deviation of 0.26 for the *hypnobirthing* group and 0.43 for the non-*hypnobirthing* group.

Table 4. The statistical difference in the amount of bleeding between non-*hypnobirthing* and *hypnobirthing*

KLP					Std. error	P-Value
LABOUR	N	mean	SD	Mean		
Hypno	30	103	.25371	.04632		,000
Nonhypno	30	158	.43018	.07854		,000

The results of the bivariate analysis showed that P-Value of the t-test was 0.000 (<0.05), meaning that there was a significant difference in the amount of bleeding during labour between *hypnobirthing* and non-*hypnobirthing* groups.

Qualitative

Pregnant women's experience with *Hypnobirthing*

Mother's condition after birth by using *hypnobirthing* physically showed the opening process faster, delivery was also faster (less than 12 hours). The mother did not feel pain, bleeding slightly/normally, for those who must section because conditions were not predicted, bleeding post sc did not happen, few stitches, even intact perineum, and they quickly returned to normal activities after delivery. Psychologically, the mother felt more calm, comfortable, happy, no stress, healthy, and ASI was smooth. (Example: one interview on maternal below: "After the child out, yes Plong wrote, seams are not many. Not many complaints after delivery, any kind of way, why only, normal activity.")

Maternal Satisfaction Using *Hypnobirthing* Method

After passing through the delivery phase, *hypnobirthing* disconfirmation was fast and quiet to form pleasant postpartum experience for the mother. This increased the maternal satisfaction using *the hypnobirthing* method and even shaped interest behaviour to retry delivery with this method if given a chance to become pregnant again someday (The results of the interview on maternal: "When participating classes and after sensing spawned by this method is in line with expectations, not Just the way wrote, the reality is as expected. Alhamdulillah satisfied. It can be a chance to get pregnant again, want to use this method again.")

Social and Cultural Response Against *Hypnobirthing*

Hypnobirthing is a new model applied in the community in offering standard delivery that gives tranquillity. Of course, this approach does not always get a positive response. Because hypnosis is not an experience base that can be easily understood logically and physically, then there is little that see *hypnobirthing* as a method of containing elements of magic or mystery.

However, for pregnant women who already found out in advance about this method through social media, they provided a very positive response to the application of this method. Moreover, supports were also found in the social environment that was close to the pregnant women, such as husbands and parents who made this method to be more readily accepted, and strengthened the success of *hypnobirthing*.

The interview with the midwife: "Amazing, The public response was quite nice, enthusiastic, nobody saw it as a mystical element, even if they could be more intense. " With maternal "Family support, allow husband, there's no shadow of a mystical effect, jinn, and so on. All receive. Given out equally midwife if at home can not sleep, can not be what, told the same practices at home husband ".

Midwives' competence in Doing *Hypnobirthing*

Based on the analysis of the answers to the informants, some competencies underlie the successful implementation of *hypnobirthing*, particularly in the provision of midwives' suggestions to pregnant mothers. The skills or the competencies that must be owned by a midwife, were seven essential competencies supporting the success of midwives in doing *hypnobirthing*, particularly interpersonal communication, understanding others, self-esteem, spiritual/orientation worship, influencing others, specific knowledge of *hypnobirthing*, and active listening.

Discussion

The results of the analysis of data from 30 women who get *hypnobirthing* showed that there were 25 people (42%) in labour faster and 5 (8%) in prolonged labour, while for 30 women who did not get *hypnobirthing*, there were 21 people (35%) in ordinary labour and 9 (15%) in prolonged labour. Prolonged labour is labour lasting more than 24 hours for primiparous, and more than 18 hours for multiparous (Prawirohardjo, 2006). This study used the standard delivery time table outside of stage IV, i.e., 10-12 hours on primigravidae, and minimum 8-10 hours on multigravida. The duration of labour is influenced by several factors, including strength, travel, passenger, and psychological changes in the mother. Stress is a factor that affects the duration of labour.

The results of the analysis showed that the average length of work for women without *hypnobirthing* was 9 hours longer, and the average length of labour with *hypnobirthing* was 7 hours with the p-value of 0.00, meaning that there was a time difference between mothers with non-hypnobirthing and *hypnobirthing*. It is in line with Nuraisyah's study showing that there is a significant effect of *hypnobirthing* technique on the duration of the labour with the p-value of 0.034. It is also supported by Mahmudah (2013) finding no effect of *hypnobirthing* on the length of labour with the p-value of 0.011.

The results are consistent with other studies conducted by Nur (2019), women who receive prenatal hypnosis have a much better outcome than women who do not receive hypnosis. Wanita showed that women attending *hypnobirthing* relaxation classes that have more positive emotional and psychological problems do not experience postpartum than women who do not attend a *hypnobirthing* relaxation class.

Mothers who use the technique *hypnobirthing* have the faster time of childbirth than women who do not use the technique *hypnobirthing*, because naturally at the time of birth, spending endorphins increase in mothers in a relaxed state, and will spur an increase in the hormone oxytocin, which affects the speed of delivery, while in women who did not use the technique *hypnobirthing*, most will go through the process of childbirth under stress. Hence, it caused the delay in spending endorphin that will stimulate hormone oxytocin; therefore, it is highly recommended that all mothers entering the second stage of delivery should give priority to relaxation techniques and assistance from their husband.

Hypnosis or hypnotherapy in obstetrics, better known as *hypnobirthing*, is a natural effort to build positive intentions into the soul/subconscious mind during pregnancy and childbirth (Triana, 2016). *Hypnobirthing* methods can provide mental support with a positive impact on maternal psychological affecting labour. According to Magfuroh (2012), women younger than age 20 have a higher pain intensity because this age has a more intense pain sensor and a higher level of pain. Based on the above, giving positive affirmations to the maternal will encourage mothers to think positively about pregnancy and childbirth so that anxiety and pain can be reduced by midwives' positive statements, making the delivery time shorter and more comfortable so that the process of childbirth runs safely and comfortably.

The risk of prolonged labour can be detected, one only with less partograph, WHO's (2014) partograph should be used during work on all mothers. In the case of prolonged labour, these instruments are beneficial in deciding whether to wait or consider a vaginal delivery or cesarean section.

Hypnobirthing is a new paradigm in teaching natural childbirth. *Hypnobirthing* is a natural relaxation method used to remove the fear, panic, tension, and other pressures that haunt the mother in labour (Harianto, 2010). This technique is easy to learn, involves a pattern of deep, slow breathing relaxation, and instructions to release endorphins in the body (the body's natural relaxation), which allow pregnant women to enjoy a delivery that is safe, soft, fast, and without surgery (Mezy, 2016).

Experience of mothers and midwives delivering babies by using *hypnobirthing* techniques help mothers feel birthing experience quiet, comfortable, fun, no stress, and no pain. Moreover, mothers experience a good physical condition of postpartum, a faster process of opening and delivery, normal/little bleeding, fewer stitches, and even intact perineum. They also return to

normal activities after childbirth quickly, and with smooth breastfeeding. There is an additional contribution from the *hypnobirthing* process management for business development aspects of the clinic or hospital as a side effect of the application of *hypnobirthing*.

A midwife must own competence, and seven essential competencies supporting the success of midwives in doing *hypnobirthing* are interpersonal communication, understanding others, self-esteem, spiritual/orientation worship, influencing others, specific knowledge *hypnobirthing*, and active listening. Several things must be considered. For example, the model (frameworks) is not too complicated or too many titles (seven or eight titles of competence is sufficient). The language used must be clear and not jargon; competence must be selected and defined in the way which ensures that competency can be assessed.

Interpersonal communication competence can be defined as a set of skills of a person to convey information so that it can be accepted and understood, associated with the formation of a particular behaviour performed by a person in connection with the information submitted (Alifkalia & Maharani, 2009). In medical practice, this leads to a process of interpersonal communication transmission and reception of information, and at least one of the communicating parties must have active listening skills such as understanding the message, and answering a few questions to interpret non-verbal language, motivated to support the ongoing conversation (Chicirez & Purcarea, 2018).

Competence to understand other people is similar to showing empathy, i.e., the depth of understanding and responsiveness to the problems of others. The indicators that understand the attitudes, needs, motivations, strengths/advantages, and restrictions, including behaviour revealed that belongs to someone else. Besides, always trying to communicate both ways, hear responsive problems, and understand the reasons behaviour of others.

Self-competence esteem is associated with belief in ourselves in the face of challenges and is responsible for the failure. It can take the form of trust that can perform a role; it has to be a vote of confidence (Spencer & Spencer, 1993). "There must be a sense of trust between the midwife and the patient, the patient must trust us, we must also be confident if we ga ga PD" (Midwife).

Spiritual and religious issues are identified as relevant topics in counselling. Spiritual domain generally only receives attention for advice with clients. While belief or spiritual values are pervasive and affect one's perspective, and are embedded in most of the life experiences, i.e., in the family, relationships, work, vacation, including self-care (Robertson, 2008; Werner et al., 2013).

Competence affects other people related to the amount/level of difficulty of the actions taken to influence others. It is often seen in the form of use of data or information, demonstration of

benefits, concrete examples, reasons or logic, a unique and specific technique, or use of a third party to influence others or obtain a particular influence (Spencer & Spencer, 1993).

In the context of *hypnobirthing*, this competence relates to the ability of midwives to convince clients (pregnant women) and to provide suggestions that may affect the client (Maternity) to feel calm and comfortable during the process of *hypnobirthing*, including patience to give support to clients (pregnant women) to continue to focus and feel relaxed to repeat giving positive suggestions.

Hypnobirthing competence is specific knowledge that is depth, mastering, and including the dissemination of knowledge possessed (Spencer & Spencer, 1993). In the context of *hypnobirthing*, this particular knowledge is related to the understanding of the techniques, procedures, and steps to perform the hypnosis and hypnotherapy clients (pregnant women).

Active listening competence encompasses activities that inquire and observe essential personal information, without distraction that make the information unrevealed in depth. The focused listening process makes the client feel more comfortable to explore the complaints, and discuss individual problems (Langlois, 2010). In doing *hypnobirthing*, competence is reflected not only in digging up information about the condition of the client, but also listen to what client complaints are, to then be followed by giving suggestions based on the client's needs.

Conclusion

Labour duration is categorised into two groups, namely the fast delivery and prolonged labour. In the group, there were 25 maternal *hypnobirthing* (42%) who belonged to the quick delivery, and five mothers (8%) experienced prolonged labour. For the non-*hypnobirthing* group, there were 21 women giving birth (35%) included in the fast delivery, and the remaining 9 (15%) experienced prolonged labour. The average length of confinement of the *Hypnobirthing* labour group is 7.0 hours, with a standard deviation of 0.38. In the intervention group, *hypnobirthing* childbirth without long imprisonment had an average of 9 hours, with a standard deviation of 0.47. Results of the bivariate analysis show the p-value of 0.00 (<0.05).

The average bleeding in the whole sample is 103cc for the *hypnobirthing* group and 158cc for the non-*hypnobirthing* group. The results of the bivariate analysis using the Independent, T-Test got the p-value of 0.000 (<0.05), so that it can be said there is a significant difference in the amount of bleeding during labour between *hypnobirthing* and non-*hypnobirthing*. Experience of mothers and midwives delivering babies by using *hypnobirthing* techniques help mothers feel birthing experience quiet, comfortable, fun, no stress, and no pain. Moreover, mothers experience a good physical condition of postpartum, a faster process of opening and delivery, normal/little bleeding, fewer stitches, and even intact perineum. They also return to normal activities after childbirth quickly, and with smooth breastfeeding.



A midwife must have competence, and seven essential competencies supporting the success of midwives in doing *hypnobirthing* are interpersonal communication, understanding others, self-esteem, spiritual/orientation worship, influencing others, specific knowledge of *hypnobirthing*, and active listening. Several things must be considered. For example, the model (frameworks) is not too complicated or too many titles (seven or eight titles of competence is sufficient). The language used must be clear and not jargon, competence must be selected and defined in the way which ensures that competency can be assessed.

REFERENCES

- Abbasi, M., Ghazi, F. & Barlow-Harrison, A. (2009). The effect of hypnosis on pain relief during labour and childbirth in Iranian pregnant women. *International Journal of Clinical and Experimental Hypnosis*, 57(2), pp. 174-183. <https://doi.org/10.1080/00207140802665435>
- Alifkalia, & Maharani, A. (2009). Faktor-faktor pendukung komunikasi interpersonal: Studi kasus pada mahasiswa tingkat pertama di Universitas Paramadina. *Jurnal Ilmu Komunikasi*, 6(1), 25-44.
- Astuti, I. & Noviyanti. (2015). Pengaruh *hypnobirthing* terhadap tingkat nyeri dan kemajuan persalinan pada ibu bersalin di BPM Kota Cimahi, 1(1), hh.43-47. <https://doi.org/10.36749/seajom.v1i1.57>
- Atis, F. Y. & Rathfisch, G. (2018). The effect of *hypnobirthing* training given in the antenatal period on birth pain and fear. *Complementary Therapies in clinical practice*, 33, pp. 77-84. <https://doi.org/10.1016/j.ctcp.2018.08.004>
- Bulez, A., Turfan, E. C. & Sogukpinar, N. (2018). Evaluation of the effect of *hypnobirthing* education during antenatal period on fear of childbirth. *The European Research Journal*, May, pp. 1-5. <https://doi.org/10.18621/eurj.371102>
- Chichirez, C. M., & Purcarea, V. L. (2018). Interpersonal communication in healthcare. *Journal of Medicine and Life*, 2, (April-June), 119-122.
- Dako-Gyeke, P., Aikins, M., Aryeetey, R., Mccough, L. & Adongo, P. B. (2013). The influence of socio-cultural interpretations of pregnancy threats on health-seeking behaviour among pregnant women in urban Accra, Ghana, *BMC Pregnancy and Childbirth*, 13(211). <https://doi.org/10.1186/1471-2393-13-211>
- Dinas Kesehatan Pemerintah Provinsi Lampung. (2012). *Profil Kesehatan Lampung 2012*. Lampung.
- Fullerton, J. T., Gherissi, A., Johnson, P. G. & Thompson, J. B. (2011). Competence and competency: core concepts for international midwifery practice. *International Journal of Childbirth*, 1(1), pp. 4-12. <https://doi.org/10.1891/2156-5287.1.1.4>
- Hariato, M. (2010). Aplikasi Hypnosis (*Hypnobirthing* Dalam Asuhan Kebidanan Kehamilan Dan Persalinan. *Jurnal Ilmiah Kebidanan*, 5(2). Yogyakarta : Gosyen Publishing.
- Imannura, P. S. U., Budhiastuti, U. R. & Poncorini, E., 2016, 'The effectiveness of *hypnobirthing* in reducing anxiety level during delivery', *Journal of Maternal and Child Health*, 1(3), pp. 200-204. <https://doi.org/10.26911/thejmch.2016.01.03.08>



- Kormanik, M. B., Lehner, R., D. & Winnick, T. (2009). General competencies for the HRD scholar-practitioner: perspectives from across the profession. *Advances in Developing Human Resources*, 11(4), pp. 486-506. <https://doi.org/10.1177/1523422309344170>
- Kuswandi, L. (2014). *Gentle Hypnobirthing a gentle way to give birth*. Puspa Swara.
- Langlois, M. A., & Hallam, J. S. (2010). Integrating multiple health behaviour theories into program planning: The PER worksheet. *Health Promo Pract*, 11(2), 282-288. <https://doi.org/10.1177/1524839908317668>
- Manuaba. 2010. *Ilmu Kebidanan, Penyakit Kandungan, dan KB*. Buku Kebidanan. EGC. Jakarta.
- Mahmudah, S. (2013). *Pengaruh Pemberian Hypnobirthing Dengan Lama Persalinan Kala I Fase Aktif Pada Ibu Bersalin Di Bps Prita Yusita Mangunsari Salatiga*. Ngudi Waluyo.
- Magfuroh. (2012). *Faktor-Faktor Yang Berhubungan Dengan Nyeri Persalinan Kala I Fase Aktif Di Ruang Bersalin Rumah Sakit Umum Kabupaten Tangerang*.
- Mezy, B. (2016). *Manajemen Emosi Ibu Hamil*. Yogyakarta: Serambi Semesta.
- Muhidayati, W., Hidayat, S. T., Khafidhoh, N. & Suwondo, A. (2018). Effect of *Hypnobirthing* on the progress of the latent phase of labour in primigravida. *Belitung Nursing Journal*, 4(2), hh.219-225. <https://doi.org/10.33546/bnj.360>
- Nur, A. F. (2019). *Faktor resiko Paritas terhadap perdarahan Post Partum pada Ibu Bersalin*. <https://doi.org/10.31227/osf.io/5aeph>
- Oxorn, H. & Forte, W. R. (2010). *Ilmu Kebidanan Patologi & Fisiologi Persalinan*. Yogyakarta: Yayasan Essentia Medica
- Prawirohardjo, S. (2006). *Buku Panduan Praktis Pelayanan Kesehatan Maternal Neonatal*, YPB, Jakarta.
- Robertson, L. A. (2008). "The spiritual competency scale: A Comparison to the ASERVIC spiritual competencies. *Dissertation*. Department of Child, Family, and Community Sciences, University of Central Florida.
- Spencer, L. M. & Spencer, S. M. (1993). *Competence at work: models for superior performance*. John Wiley & Sons, Inc, USA.
- Sugiyono. (2013). *Statistika untuk penelitian*. Alfabeta: Bandung.
- Triana. (2016). Hubungan Minat Ibu Hamil Dengan Metode Relaksasi *Hypnobirthing* Di Bpm Bidan Evi Pekanbaru. *KTI*. Sekolah Tinggi Ilmu Kesehatan Hang Tuah Pekanbaru Indonesia.
- Varney, H., Kriebs, J. M., Gregor, C. L. (2007). *Buku Ajar Asuhan Kebidanan*. Diterjemahkan Oleh Hartono. Jakarta: EGC.



- WHO. 2014. Global Health Observatory (GHO) data. Diakses dalam www.who.int/gho/database/en/.
- Werner, A., Uldbjerg, N., Zachariae, R., Rosen, G. & Nohr, E. A. (2013). Effect of self-hypnosis on duration of labour and maternal and neonatal outcomes: a randomized controlled trial. *Acta Obstetrica et Gynecologica Scandinavica*, 92(7), pp. 816-823. <https://doi.org/10.1111/aogs.12141>
- Wright, C. & Geraghty, S. (2017). Mind over matter: inside *Hypnobirthing*. *A Journal of Clinical Neuroscience and Psychopathology*, 19(3), pp. 54-60. <https://doi.org/10.5350/Sleep.Hypn.2016.18.0120>