

THE INFLUENCE OF FAMILY SUPPORT AND MATERNAL READINESS ON PREGNANT WOMEN'S ANXIETY IN THE THIRD TRIMESTER BEFORE CHILDBIRTH AT TPMB TELUK JAMBE BARAT, KARAWANG REGENCY

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Abstract

Background: Family support, especially support obtained from the husband, will create inner peace and feelings of happiness in the wife. The quality and quantity of family support is assessed from three parameters, namely, material, informational and psychological support. So family support has a big influence on the mother's emotional atmosphere in reducing the mother's anxiety in preparation for the birthing process. **Research Objective:** To determine the influence of family support and maternal readiness on the anxiety of pregnant women in the third trimester before giving birth at TPMB Telukjambe Barat, Karawang Regency. **Research Method:** Quantitative research, the quantitative research study in this research is observational using a cross-sectional or cross-sectional approach which measures the independent variable and the dependent variable at the same time. The research was conducted at TPMB Teluk West Jambe, Karawang Regency in September-November 2023 with a total of 63 respondents. The sampling technique uses total sampling technique. **Research Results:** the majority of respondents found out of the 63 respondents studied that the majority of respondents were of productive age, namely 20-35 years, 56 respondents (89%), and for maternal age <20 years and >35 years, there were 7 respondents (11%). Of the 63 respondents from third trimester pregnant women, the majority experienced moderate anxiety, namely 32 respondents (51%), 27 respondents (43%) had mild anxiety, while 4 respondents (6%) experienced severe anxiety. **Conclusions and Suggestions:** There is a significant relationship between the influence of family support and maternal readiness and the anxiety of pregnant women in the third trimester before delivery. It is hoped that midwives will provide evaluations for health workers to better understand the emotional conditions of pregnant women and provide appropriate SOP (Standard Operating Procedure) interventions, when they find out that there is a relationship between husband's assistance and the anxiety of pregnant women facing childbirth, especially those at TPMB Telukjambe Barat, Karawang Regency.

Keywords: Anxiety Before Childbirth, Family Support, Third Trimester, Pregnant Women

Introduction

Worry in pregnancy is circumstances similar emotions _ with worry general, however on worry pregnancy in a way special more focus to pregnancy they and the process towards labor later. Worry caused by a number of factors influencing it, p This mentioned in research in Latvia, Europe that support family, level education, economic status family And readiness Mother is a number of factor affecting _ worry approaching childbirth (Betan et al., 2021). Worry appear as intense fear _ _ or panic. If left can continues trigger a number of complications like 1st stage elongated, mother lost power (power) even parturition congested.

Support on Mother giving birth can reduce worry Mother during face labor. Support on Mother approaching labor can given with somen form, ie support emotional, price self, financial And information (Amiri et al 2019). Readiness Mother give birth to Also Wrong One strategy comprehensive For lower worry during labor with increase vigilance during the birthing process And key intervention For lower death Mother. Prepare birth The same case with readiness complications, meaning make anticipation happen complications during labor And prepare necessary action _ in circumstances emergency (Nadziroh, 2021).

From the results studies introduction carried out at TPMB Teluk West Jambe on September of 10 mothers who will _ giving birth, there were 7 people (70%) who stated experience worry. Among them are 4 mothers say worried Because only together with husband without accompaniment family, 3 mothers say worried Because birth child First so that Mother feel Afraid And Not yet Ready. Based on description the so researcher interested For do study regarding “Influence Support Family And Readiness Mother With Worry Mother Third Trimester of Pregnancy Approaching Childbirth at TPMB Telukjambe Barat Regency Karawang.”

Research Methods

This research design is quantitative research. The quantitative research study in this research is observational using a cross-sectional approach which measures the independent variable and the dependent variable at the same time (M. Sari et al., 2022).

The population in this study were all pregnant women in the third trimester who experienced anxiety in September-November, with 63 pregnant women responding. This data was obtained from TPMB Aisyah with 26 respondents, TPMB Wiwin with 20 respondents and TPMB Dewi with 17 respondents.

Results

1. Analysis Univariate

a. Characteristics of Respondents Based on Age, Parity, Education, and Occupation of Pregnant Women in the Third Trimester Before Childbirth at TPMB Telukjambe Barat, Karawang Regency

No	Karakteristik Responden	Frekuensi	Persentase (100%)
1	Usia		
	<20 tahun dan > 35 tahun	7	11
	20-35 tahun	56	89
	Jumlah	63	100
2	Pendidikan		
	Rendah <SLTA	26	41
	Tinggi >SLTA	37	59
	Jumlah	63	100
3	Pekerjaan		
	Bekerja	25	40
	Tidak Bekerja	38	60
	Jumlah	63	100
4	Paritas		
	Primipara	22	35
	Multipara	20	32
	Grandemulti	21	33
	Jumlah	63	100

Source: primary data

Based on table 5.1, it can be seen from the 63 respondents studied that the majority of respondents were of productive age, namely 20-35 years, 56 respondents (89%), and for maternal age <20 years and >35 years, there were 7 respondents (11%). For the education category, the majority had higher education >high school as many as 37 respondents (59%) while for the low education category <high school there were 26 respondents (41%). For the occupational category, the majority of mothers do not work, namely 38 respondents (60%) and 25 respondents (40%) of working mothers. For the parity category, the majority were primipara, namely 22 respondents (35%), while for multipara parity there were 20 respondents (32%) and grandemulti, there were 21 respondents (33%).

Table 5.2 Frequency Distribution of Family Support for Pregnant Women Third Trimester Before Childbirth at TPMB West Telukjambe, Karawang Regency

Dukungan Keluarga	N	%
Kurang Dukungan	14	22
Cukup Dukungan	6	10
Dukungan Baik	43	68
Total	63	100

Based on Table 5.2, it can be seen that of the 63 respondents of third trimester pregnant women, the majority of mothers who have good family support are 43 respondents (68%), 14 respondents (22%) have less support and 6 respondents (10%) have sufficient support. from family.

Table 5.3 Frequency Distribution of Pregnant Women's Readiness in Third Trimester Before Childbirth at TPMB Telukjambe Barat, Karawang Regency

Kesiapan Ibu	N	%
Siap	53	84
Tidak Siap	10	16
Total	63	100

Based on Table 5.3, it can be seen that of the 63 respondents from third trimester pregnant women, the majority of mothers who were well prepared were 53 respondents (84%) and there were 10 respondents (16%) who felt unprepared before giving birth.

Table 5.4 Frequency Distribution of Anxiety for Pregnant Women in the Third Trimester Before Childbirth at TPMB Telukjambe Barat, Karawang Regency

Kecemasan Ibu	N	%
Cemas Ringan	27	43
Cemas Sedang	32	51
Cemas Berat	4	6
Total	49	100

Of the 63 respondents from third trimester pregnant women, the majority experienced moderate anxiety, namely 32 respondents (51%), 27 respondents (43%) had mild anxiety, while 4 respondents (6%) experienced severe anxiety. For the family support category, the majority of mothers had mild anxiety, 27 respondents (43%), 14 respondents (22%) had moderate anxiety and 2 respondents (3%) had severe anxiety. Meanwhile, in the lack of family support category, the majority experienced moderate anxiety, 12 respondents (19%), 2 respondents (3%) experienced severe anxiety and for the moderate support category, the majority had good support, 6 respondents (10%). Based on the chi

square test with CI = 95%, the p value was 0.000 ($P < 0.05$) which means there is a significant influence between family support and maternal anxiety.

Table 5.6 The Influence of Pregnant Women's Readiness and Anxiety in the Third Trimester Before Childbirth at TPMB Telukjambe Barat, Karawang Regency

Kesiapan Ibu	Cemas Ringan		Cemas Sedang		Cemas Berat		Jumlah		P-Value
	F	%	F	%	F	%	N	%	
Siap	27	43	22	35	4	6	53	84	0.003
Tidak Siap	0	0	10	16	0	0	10	16	
Total	27	43	32	51	4	6	63	100	

From 63 respondents Mother The majority of third trimester pregnancies experience worry currently that is as many as 32 respondents (51%), were anxious mild 27 respondents (43%) whereas as many as 4 respondents (6%) experienced worry heavy. Whereas For category Ready part big experience worried mild (43%), anxious while 22 respondents (35%) and worried weight 4 respondents (6%) whereas For category No Ready as many as 10 respondents (16%) experienced worried currently. Based on chi square test with CI = 95% obtained a p value of 0.003 ($P < 0.05$) which means There is significant relationship _ between readiness Mother with worry.

Discussion

A. Distribution Characteristics Respondents in TPMB Teluk West Jambe Regency Karawang. Respondent's Age

Based on table 5.1, it can be seen from the 63 respondents studied that the majority of respondents were of productive age, namely 20-35 years, 56 respondents (89%), and for maternal age <20 years and >35 years, there were 7 respondents (11%).

Age is the span of life that can be measured in years. In the Age category, respondents are in the productive age range, namely 20-35 years of age and this is the ideal age for a woman to get pregnant. because at the age of 20-35 years is a mature age and has enough knowledge and experience both in terms of maturity in thinking and mentality to run a household. It is important to know that a woman's age when pregnant should not be too young and not too old to avoid risks or things that could harm the mother or the child she is carrying.

Ages <20 years and >35 years are classified as young people who have a high risk of childbirth. Pregnant women at a young age usually often feel anxious and have excessive fear about giving birth. Because at the age of < 20 years, the physical condition, especially the reproductive and psychological organs, is not 100% ready to undergo pregnancy and childbirth. Meanwhile, pregnancy at the age of > 35 years is a condition that is categorized as having a high risk of congenital abnormalities and complications during pregnancy and childbirth (Pregnancy, 2023).

According to researchers, age greatly influences a person's psychological factors, the higher the age, the better a person's level of emotional maturity and ability to deal with various problems.

Respondent's Education

For the education category, the majority had higher education >high school as many as 37 respondents (59%) while for the low education category <high school there were 26 respondents (41%).

In the education category, the majority of pregnant women have higher education >high school level. It is known that the higher a person's education, the higher the level of knowledge they have. This influences pregnant women in receiving new information so that they will not be indifferent to

the information they receive. Meanwhile, for low education levels <high school seniors, pregnant women will usually be a little indifferent to the information they receive or even ignore the information.

According to (Lindawati, 2019) education influences a person's learning process, the higher the education, the easier it is for the person to receive information both from other people and from the mass media. There are several factors that can influence a person's knowledge apart from education, namely mass media, social culture, experience, age and environment.

According to researchers, a person's education greatly influences the anxiety level of pregnant women before the day of delivery because the mother's education influences her ability to think. The higher a person's education, the easier it is for pregnant women to find solutions to relieve the anxiety they experience. A person's low level of education can cause that person to easily experience anxiety.

Respondent's Occupation

For the occupational category, the majority of mothers do not work, namely 38 respondents (60%) and 25 respondents (40%) of working mothers. Working is generally a time-consuming activity, and working for mothers will have an impact on family life.

The social environment will support a person's high level of knowledge. If the economy is good, then the level of education will be high. If education is high then the level of knowledge will also be high (Rudiyanti & Rosmadewi, 2019). Work can also be a source of conflict for mothers, excessive conflict can make them disinterested in work, worried about not being able to pay attention to the condition of their pregnancy.

According to researchers, pregnant women who work as housewives are calmer in facing the birthing process because pregnant women can take the time to have their pregnancy checked by health workers so that their knowledge of the danger signs of pregnancy is much better, besides that, information can also be obtained from the environment, social mother's culture and experiences.

Parity

For the parity category, the majority were primipara, namely 22 respondents (35%), while for multipara parity there were 20 respondents (32%) and grandemulti, there were 21 respondents (33%)

Pregnancy is a natural and physiological process. Every woman who has healthy reproductive organs, who has menstruated and has had sexual relations with a man is very likely to experience pregnancy (Hatini, 2019). According to (Mail et al., 2023) primiparas are women who are pregnant for the first time. A primipara mother usually experiences difficulty in dealing with the changes that occur in her body which cause discomfort during pregnancy.

Multipara pregnant women and grandemulti pregnant women do not have too much difficulty in facing childbirth, because these pregnant women have experienced what it feels like to give birth before, pregnant women are ready physically, mentally, physiologically and financially and are waiting for the day of delivery to arrive.

According to parity researchers, pregnant women who experience anxiety occur in primiparous pregnant women because this is the first time a mother feels what it feels like to give birth and have a child. This happens because the mother is not fully ready to face childbirth.

Family support

Based on Table 5.2, it can be seen that of the 63 respondents of third trimester pregnant women, the majority of mothers who have good family support are 43 respondents (68%), 14 respondents (22%) have less support and 6 respondents (10%) have sufficient support. from family. This research is in line with research (Sinambela, 2020) which examined the relationship between family support and the level of anxiety of pregnant women facing the birthing process. In this research conducted by

Sinambela, it was stated that the lowest percentage was good family support, namely (30%) compared to poor family support (70%). The same research was also conducted at Riga Stradins University, Latvia, stating that the majority of respondents were planning their first pregnancy in the second trimester and that the pregnancy was completely physiological, stating that the majority of respondents, 62.5%, were quite supported by their family and husband.

Pregnancy is one of the most important periods in a woman's life because it brings many changes, not only physically, but also socially and psychologically. Having a family can provide support that makes the mother safer going through the changing times of the mother before giving birth. Another research that is in line with this research is by (WNI Sari, 2019) at the Mlati II Yogyakarta Community Health Center, in this study the percentage of good family support (42.86%) was less than the poor family support category (57.14%). From this research it is also concluded that the support that mothers really need before giving birth can be in the form of emotional support, information and assessment. However, these results are not in line with research conducted at the Mauk Tangerang District Health Center which stated that out of 50 respondents, there were more (70%) pregnant women who received good family support than pregnant women who received poor/insufficient family support (30 %) respondents (Zuhrotunida., 2019). The presence of the family and providing support is very important for the mother during the birthing process. The family can involve themselves during the mother's pregnancy and birth so that it has a positive impact on the complete family function, namely the internal function of the family, both in providing psychosocial protection and support to family members and the family as well as being a source of love, recognition (Zuhrotunida., 2019).

Based on researchers' observations, family support for pregnant women before delivery is very important. The support provided by the family to pregnant women can increase the mother's confidence in approaching delivery, so that the mother feels comfortable and avoids negative thoughts that make the mother anxious. If the family also provides full support such as continuous presence when the mother needs it, the pregnant mother will feel more confident, happier in carrying out the pregnancy, in addition to providing information, assessment support, or emotional support as evidenced by the family providing information about pregnancy and the process. Giving birth can save the mother from feeling anxious.

Mom's readiness

Based on Table 5.3, it can be seen that of the 63 respondents from third trimester pregnant women, the majority of mothers who were well prepared were 53 respondents (84%) and there were 10 respondents (16%) who felt unprepared before giving birth.

Other research that is in line with this research is research (Evareny, Lubis, et al., 2022) at the Jetis I Bantul Health Center, Yogyakarta, which obtained results that 56.5% of respondents were in the category of no readiness for childbirth and 43.5% of respondents were in the category there is readiness. Readiness is a state of being ready to prepare something. Then the same research conducted in Africa stated that the majority (63.8%) of respondents felt inadequately prepared for the day of delivery and agreed that there were danger signs that could occur during pregnancy, childbirth and postpartum, while (36.2%) of them felt confident that She already felt well prepared to go through her delivery day. Respondents also said that they knew the danger signs during pregnancy and also what solutions should they occur (Kaso, 2014). Research is not in line with the above, research conducted by Chatrine (2020) found more results in mothers in the ready category (83.5%) and in the less ready category (16.2%). This probably happens because the husband's support for the mother is given very well so that the mother feels ready to go through the birthing process. Childbirth is the highest point of all the preparations that a pregnant mother has prepared. The readiness of pregnant women to face the birth process is the final process that needs to be prepared before giving birth (Rosyidah, 2017). This

preparation includes physical and mental readiness where the process of physical and mental readiness includes the mother's health condition, including matters relating to physiological changes during pregnancy until the time of delivery, regulation of nutritional needs during pregnancy, as well as planning efforts to prepare for childbirth and prevent complications which includes signs of labor complications (Ministry of Health, 2020).

Based on researchers' observations, readiness is the most important thing that needs to be considered after support in facing childbirth. Readiness can be divided into two, namely physical and psychological readiness. Mothers can fulfill physical readiness by attending classes for pregnant women in each region. In classes for pregnant women, mothers will be prepared physically and mentally, both in terms of training and additional information regarding anticipation if complications occur.

Worry

Based on Table 5.4, it can be seen that of the 63 respondents from third trimester pregnant women, the majority of mothers had moderate anxiety, 32 respondents (51%), 27 respondents (43%) had mild anxiety and 4 respondents (6%) had severe anxiety.

Other research that is in line with this research is Rahmitha's (2017) research at the Tamanlanrea Makassar Health Center where in this study the respondents were TM III primigravida mothers and the results of her research stated that the majority of respondents experienced moderate anxiety (29.7%) compared to respondents who experienced severe anxiety (13.5%). Then the same research conducted by Deklava, Liana, et al (2015) involving 150 adult women stated that the majority of respondents, 72.1% of pregnant women, experienced moderate anxiety rather than severe anxiety, 23.1% of pregnant women, and also stated in their research that anxiety is a normal response to threat or danger and part of the normal human experience, but can be a mental health problem if the response is excessive, lasts more than three weeks and interferes with daily life. This anxiety usually describes the experience of unpleasant feelings when faced with certain situations, demands, or objects or events.

This happens because primigravida mothers will actively prepare themselves for childbirth, but often mothers cannot get rid of feelings of worry and fear during the birth process. Mother's anxiety at mild and moderate levels can be seen from changes in the mother focusing on important things to the exclusion of other things, in other words the mother's focus is not good, the body feels weak, irritable, decreased concentration and often thinks of negative thoughts. Maternal anxiety at moderate and mild levels will narrow the mother's field of perception, and requires special attention. And if left untreated, it can become a serious level of anxiety that can make the mother feel that something is different and threatening

B. The Influence of Family Support and Anxiety of Pregnant Women in the Third Trimester Before Childbirth at TPMB Teluk Jambe Barat, Karawang Regency.

Based on the chi square test with CI = 95%, a p value of 0.000 ($P < 0.05$) was obtained, which means there is a significant influence between family support and maternal anxiety. The results of this study are in line with (Evareny, Ramadani Lubis, et al., 2022) showing that 17 respondents who had family support experienced mild anxiety (64.7) and 19 respondents who did not have family support experienced more moderate anxiety. (78.9). The statistical test results (chi square) obtained a value of $p=0.007$ ($p<0.005$), so it can be concluded that there is a relationship between family support and maternal anxiety during childbirth.

This research is in line with research conducted by (Yelvita, 2022), the results showed that there was a relationship between family support and maternal anxiety facing childbirth, which was also in line with research conducted by (Asiah et al., 2022) regarding the relationship between family support

and the level of anxiety before giving birth in trimester mothers. III shows that there is a relationship between family support and anxiety about giving birth.

In accordance with the opinion of (Kartika et al., 2021) that the family support received by pregnant women will have an effect on pregnant women in reducing anxiety, because when pregnant women believe they have support from their environment, their belief in being able to reduce anxiety will increase. Lack of family support can cause severe anxiety when pregnant women face childbirth. Social support has been shown to have a beneficial effect on the mother, therefore family support plays a large role in determining the mother's health status.

According to (Dewi, 2022) that family support involving a fairly extensive network has a positive impact which is directly beneficial to a person's health and well-being and can reduce anxiety and helplessness. A person who is experiencing stress (anxious) will get positive feelings and 28 experiences that life can go on. stable if it gets support from the surrounding environment. Family support can modify a person's reaction to anxiety stressors after prior assessment. People who do not receive support from their family have a high tendency to experience the negative impact of stress (anxiety).

Pregnancy is one of the most important periods in a woman's life because it brings many changes, not only physically, but also socially and psychologically. Family support is a form of interpersonal relationship that includes attitudes, actions and acceptance of family members, so that family members feel that someone is paying attention. Having a family can provide support that makes the mother safer going through the changing times of the mother before giving birth. Support for birthing mothers can reduce maternal anxiety during childbirth. Support for mothers before delivery can be given in several forms, namely emotional support, self-esteem, financial and information (Evareny, Lubis, et al., 2022).

The function of a complete family is the internal function of the family, both in providing psychosocial protection and support to family members and the family as well as being a source of love and affection. Support can be provided by the family, especially the husband who accompanies the wife during antenatal visits, provides extra attention and affection when the wife is pregnant, apart from that the family can provide additional important information in caring for the pregnancy and provide the means, both costs and transportation, for ANC. All of this will make you feel better. The mother is happy so it is easy to adjust to the situation of her pregnancy. The presence of the family and providing support is very important for the mother during the birthing process. Families can involve themselves during the mother's pregnancy and birth so that it has a positive impact (Yelvita, 2022).

Based on researchers' observations, family support for pregnant women before delivery is very important. The support provided by the family to pregnant women can increase the mother's confidence in approaching delivery, so that the mother feels comfortable and avoids negative thoughts that make the mother anxious. If the family also provides full support such as continuous presence when the mother needs it, the pregnant mother will feel more confident, happier in carrying out the pregnancy, in addition to providing information, assessment support, or emotional support as evidenced by the family providing information about pregnancy and the process. Giving birth can save the mother from feeling anxious. Support that has a positive impact is physical and emotional support. This support includes several aspects such as rubbing the mother's back, holding her hand, maintaining eye contact, the mother being accompanied by friendly people and the mother not going through the birthing process alone.

C. The Influence of Pregnant Women's Readiness and Anxiety in the Third Trimester Before Childbirth at TPMB Teluk Jambe Barat, Karawang Regency.

Of the 63 respondents from third trimester pregnant women, the majority experienced moderate anxiety, namely 32 respondents (51%), 27 respondents (43%) had mild anxiety, while 4 respondents (6%) experienced severe anxiety. Meanwhile, in the ready category, the majority experienced mild anxiety (43%), 22 respondents (35%) experienced moderate anxiety and 4 respondents (6%) experienced severe anxiety, while for the not ready category, 10 respondents (16%) experienced moderate anxiety. Based on the chi square test with CI = 95%, a p value of 0.003 ($P < 0.05$) was obtained, which means there is a significant influence between maternal readiness and anxiety.

This research is the same as research (Evareny, Lubis, et al., 2022) Regarding the assessment of respondents' knowledge about birth readiness and readiness for complications, there were respondents who experienced sufficient readiness (84.7%) who were better prepared for their birth and prepared to face complications than preparedness. less than (45.4%). Similar research was conducted (Dewi, 2022) that out of 53 respondents from pregnant women, the results showed that respondents who experienced moderate levels of anxiety (41.5%) compared to respondents who experienced mild anxiety (30.3%), this was influenced by factors internal state of the mother, one of which is the physical readiness of the mother who is not ready to face childbirth. Being physically unprepared often causes symptoms such as headaches, body aches, muscle tension, feeling tired and heart palpitations. Therefore, it is necessary to involve the husband in the mother's readiness to give birth and the readiness of the mother and family if complications occur at any time, so that it can reduce the occurrence of danger during the birth process.

Childbirth is the highest point of all the preparations that a pregnant mother has prepared. Pregnant women's readiness to face the birthing process is the final process that needs to be prepared before giving birth. This preparation includes physical and mental readiness where the process of physical and mental readiness includes the mother's health condition, including matters relating to physiological changes during pregnancy until the time of delivery, regulation of nutritional needs during pregnancy, as well as efforts to plan preparation for childbirth and prevention of complications which includes signs of labor complications (Evareny, Lubis, et al., 2022)

Maternal unpreparedness for childbirth is one of the factors causing the high maternal mortality rate (MMR) and infant mortality rate (IMR). Readiness for childbirth is everything that a pregnant mother prepares to welcome a child. This readiness can include preparation regarding psychological and physiological changes, danger signs and how to handle them initially. Apart from that, there are several things that mothers must prepare before giving birth, namely avoiding panic and fear and being calm. Unpreparedness makes pregnant women feel anxious about what will happen in the future during childbirth. With good preparation, the mother will avoid worrying about giving birth, but this readiness is influenced by a mother's comfort before giving birth in a family (Yelvita, 2022)

According to researchers' assumptions, readiness is the most important thing that needs to be considered after support in facing childbirth. Readiness can be divided into two, namely physical and psychological readiness. Physical readiness can be met by mothers by attending classes for pregnant women in each region. By attending mother's classes, pregnant women have knowledge, skills and motivation related to the awareness to improve the health of mothers and babies obtained while attending lessons in pregnancy class activities. A mother may feel afraid of the pain and physical danger that will arise during childbirth, so the mother herself needs to be prepared. In the pregnant women's class, mothers will be prepared physically and mentally, both in terms of training and additional information regarding anticipation if complications occur. Pregnant women who experience good and sufficient preparation will make mothers more confident to go through the birthing process and be able to face all conditions of complications. which could happen at any time.

Conclusion

From the results of research on the influence of family support and maternal readiness on the anxiety of third trimester pregnant women before delivery at TPMB Telukjambe Barat, Karawang Regency, it can be concluded

1. Most pregnant women in the third trimester experienced moderate anxiety, 32 respondents (51%), 27 respondents (43%) had mild anxiety and 4 respondents (6%) had severe anxiety.
2. The results of the chi square test with CI = 95% obtained a p value of 0.000 ($P < 0.05$), which means there is a significant influence between family support and maternal anxiety.
3. The results of the chi square test with CI = 95% obtained a p value of 0.003 ($P < 0.05$), which means there is a significant influence between maternal readiness and anxiety.
4. There is an influence of family support and maternal readiness on the anxiety of pregnant women in the third trimester before giving birth at TPMB Telukjambe Barat, Karawang Regency.

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