Original Research

Hypnotherapy Can Reduce Anxiety Score In High Risk Pregnant Women

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ABSTRACT

Background: A high-risk pregnancy can affect the psychological, social, and emotional conditions, feel afraid and anxiety. Excessive anxiety can trigger uterine contractions, abortion, and hypertension that can trigger the occurrence of preeclampsia. Hypnotherapy is one of the relaxation techniques that are done by opening the subconscious so that all forms of positive affirmations given by the therapist can be absorbed properly. Techniques like this can become good habits by empowering pregnant women so that they can get used to making positive affirmations.

Methods: This study uses quasy experimental design, respondents in the study were pregnant women who were at high risk based on the Poedji Rochyati scorecard and experienced anxiety based on the HARS questionnaire in July-August 2021. This intervention was given three sessions in 1 week for 40-50 minutes. This research process has been through informed consent from respondents.

Results: After three sessions of hypnotherapy each sample showed an effect. This can be seen from the total number of anxiety scores after the final therapy session is given. At the end of the session, two pregnant women experienced a category decrease to mild anxiety, namely Mrs N and Mrs Q. The other three pregnant women did not experience a category decrease but experienced a decrease in anxiety scores. However, all pregnant women in the study sample experienced a decrease in anxiety scores.

Conclusion: Hypnotherapy can be concluded that hypnotherapy can help pregnant women at high risk of reducing anxiety during the Covid-19 pandemic.


INTRODUCTION

According to the Poedji Rochjati Scorecard, a person's pregnancy can be categorized into several categories of high risk (Gilbert & Harmon, 2010; Saraswati et al., 2017). Pregnant women who realize that their pregnancy is at high risk will become
more alert to themselves (Fourianalistyawati & Caninsti, 2017). A high-risk pregnancy can affect the mother’s psychological, social, and emotional conditions. Mothers often feel afraid, anxious, worried excessively, and fail to be an average pregnant woman, resulting in pregnancy processes that would handle increasingly difficult (Dwitama et al., 2021).

Excessive anxiety can trigger uterine contractions at the age of preterm pregnancy. It can cause abortion, premature birth, bleeding during labor, or even the fetus would be born in a state of death. In addition, excessive anxiety can hugely cause hypertension in pregnancy that can trigger the occurrence of preeclampsia (Hasim, 2017). Covid-19 pandemic caused restrictions on various types of activities, one of which is conditions in maternal and neonatal health services such as a frequency decrease of pregnancy examinations and class practices of pregnant women (Direktorat Kesehatan Keluarga, 2020).

Restrictions on activities during the Covid-19 pandemic also contributed to increased anxiety experienced by high-risk pregnant women. Following Diki Retno's research in 2020, pregnant women's anxiety prevalence was 64% experienced mild-moderate anxiety, 11% experienced severe anxiety (Yuliani et al., 2018). Handling anxiety in high-risk pregnant women can be done by using pharmacological therapy, but this usually could cause dependence to affect both the fetus and the mother. Another treatment can be done by hypnotherapy (Legrand et al., 2017; Lestari & Putri, 2018).

Preliminary studies have been conducted on pregnant women with a high risk in the Kersanagara Health Center region. There were five pregnant women with anxiety. Three of them experienced moderate anxiety, one shared severe anxiety, and one more experienced mild anxiety. Some of the pregnant women said that they had been given counseling on dealing with the anxiety they felt, especially after being informed that the pregnancy is a high-risk one aggravated by this pandemic.

However, there was no special treatment given to reduce their anxiety, so they were still confused about reducing anxiety. Thus, this study was conducted to determine the effect of hypnotherapy on the anxiety of high-risk pregnant women during the Covid-19 pandemic.

MATERIALS AND METHOD
This study uses quasi experimental design, the research was carried out with the approval of respondents and carried out under the supervision of the ethics committee of the Semarang Ministry of Health's Poltekkes. The research was conducted in Kampung Cjejerih, located in the working area of Kersanagara Health Center of Tasikmalaya City, Indonesia, in July-August 2021.

The population in this study was pregnant women in Kersanagara Village. The sampling technique used was purposive sampling, and the method found five mothers with high risk based on Poedji Rochyatı Scorecard in July-August 2021, and they were willing to be respondents. Anxiety was measured using the Hamilton Anxiety Rating Scale (HARS) consisting of 14 standardized statements, with a validity level of 0.93 and reliability of 0.97.(Novitasari, 2013).

The intervention was carried out towards three sessions in 1 week for 40-50 minutes to each pregnant woman. The analysis in this study was conducted with quantitative analysis of high-risk factors, high-risk distribution of pregnant women’s anxiety, and HARS score results.
RESULTS
This research has been conducted in the working area of Kersanagara Health Center, and data was taken in July 2021. In conjunction with implementing the Restriction of Community Activities (PPKM) in Java-Bali, which took place from 3 to 20 July 2021, the sample used was five pregnant women with high risk who were in 1 area of Kampung Cieurih.

Table 1. Frequency distribution of high-risk factors for pregnant women

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too many children, four or more</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>Too old to be pregnant, ≥ 35 y.o.</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Experienced failure in pregnancy</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Preeclampsia</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Based on table 1, from 5 research samples, there are two pregnant women with several children more than 4, namely Mrs. H and Mrs. S. 1 pregnant woman has her first child at the age of more than 35 years, namely Mrs. A, one pregnant woman has had a miscarriage, namely Mrs. N, and one pregnant woman has preeclampsia that is Mrs. T

Table 2. Distribution of anxiety of high-risk pregnant women

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-Intervention</th>
<th>Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Moderate Anxiety</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Mild Anxiety</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

In table 2, there can be seen pregnant women who are at high risk, especially during the Covid-19 pandemic who experienced anxiety. Anxiety measurements in pregnant women were conducted using the Hamilton Anxiety Rating Scale questionnaire. Before hypnotherapy intervention was given, all five pregnant women experienced moderate anxiety.

After the intervention, three pregnant women still experienced moderate anxiety, and two pregnant women experienced mild anxiety. Nevertheless, every process of hypnotherapy intervention Administered affects the anxiety of pregnant women at high risk. A decrease indicates this in the score on each study subject following the following graph.

Table 3. Hamilton Anxiety Rating Scale (HARS) Score Result

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Anxiety Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention 1</td>
</tr>
<tr>
<td>Ny. H</td>
<td>27</td>
</tr>
<tr>
<td>Ny. S</td>
<td>26</td>
</tr>
<tr>
<td>Ny. A</td>
<td>24</td>
</tr>
<tr>
<td>Ny. T</td>
<td>22</td>
</tr>
<tr>
<td>Ny. N</td>
<td>21</td>
</tr>
</tbody>
</table>
DISCUSSION

In detail, the decrease of anxiety scores in high-risk pregnant women, based on the study results, showed a reduction in symptoms at each hypnotherapy session. Hypnotherapy is more effective in overcoming high-risk pregnant women's anxiety. The implementation of self-hypnosis in community service was proven to lower anxiety in preparing for labor (Permatasari, 2020).

In the first anxiety measurement before the intervention, the entire study sample experienced moderate anxiety. Anxiety with the highest score occurred in Mrs. H with the risk factor of too many children, namely 4, and there is a high probability of the anxiety score being aggravated by the incident that happened to the husband of Mrs. H, who had just been dismissed from construction work. The same thing happened to Mrs. S with risk factors of having five children. Other research samples, namely Mrs. A, Mrs. T, and Mrs. N, said they had significant concerns during the pandemic, particularly those felt by Mrs. A, who had just become pregnant with her first child at the age of 35.

During the study process, researchers observed every high-risk pregnant woman who got hypnotherapy. This observation activity was conducted by following respondents directly to get data on the anxiety quality of high-risk pregnant women before hypnotherapy during three intervention sessions. All respondents came from economically minor families. The five pregnant women already knew that their pregnancy now belongs to the high-risk category.

The village midwife has given every pregnant woman information to contact the midwife as soon as possible if something happens to the pregnancy. High-risk factors in pregnancy not only affected the anxiety of pregnant women, but the state of family life during the pandemic also contributed to the increase in the anxiety of pregnant women. It can be known when 2 of the pregnant women was interviewed and complained about their family circumstances.

The husbands of the two pregnant women were laid off from work, and they still had young children, and some did not have jobs yet. The other three pregnant women said that the economic situation during this pandemic made them more anxious because they had to keep connecting the entire family's lives. This is in line with other researchers who stated that psychological changes during pandemics are influenced by changes in income, employment, and childcare needs (Lebel et al., 2020).

The anxiety of pregnant women can cause changes in physical activity, rest, nutrition that will affect the mood of the mother's feelings and fetal development. Anxiety can also increase the risk of miscarriage, preterm birth, BBLR, and lower APGAR scores at birth (Corbett et al., 2020). Molecular biology, which is well known during pregnancy for women who experienced stress, concluded that stress can cause a decrease in placental blood flow. This can reduce the amount of liquor and impair fetal growth (Catsaros & Wendland, 2020), primarily if the anxiety occurs in mothers who previously had a high risk of pregnancy.

In general, respondents seemed to experience anxiety. When researchers visited, almost all respondents showed a conservative attitude. The observations also obtained that some respondents often squint, sitting in a rigid position. The respondent's expression seemed friendly, smiling often but still alert at the first meeting.

The Covid-19 virus is more susceptible to contracting high-risk groups such as pregnant women, the elderly, and children. The covid-19 pandemic impacts physical and psychological changes that affect a person's behavior (Dashraath et al., 2020). Typical behavioral changes in pandemic times are social isolation closely related to
psychological problems, so excessive anxiety arises (Berghella & Hughes, 2021). Covid-19 disease increases mortality, limited care, and economic and social systems disruption. This also affects a person's psychological condition (Capobianco et al., 2020).

The hypnotherapy intervention, which was done in 3 sessions for one week, helped respondents to increasingly recognize themselves and be able to accept the current situation. Respondents felt better at dealing with anxiety, were more comfortable, were able to control their emotions, and calmed down during pregnancy with high risk. Almost all respondents said that with hypnotherapy, respondents are more confident and trust the positive suggestions routinely said every day. In the last session, respondents looked more comfortable and open to researchers, chatted full of laughter, and felt more familiar than at the first visit. Facial expressions seemed more friendly and relieved.

The problems or stresses that affect pregnancy were handled in trance circumstances, and the purpose was to achieve deep relaxation. Circulation throughout the body improved after relaxation and was fulfilled with hypnosis. This phenomenon was very helpful in enhancing placental circulation, increasing amniotic fluid, and increasing fetal growth (Shah & Sejal H Thakkar, 2011). Self-hypnosis training helped respondents quickly manage themselves with what we might think as natural sedatives.

The use of hypnotherapy helped to reduce anxiety, including freedom from adverse side effects and drug interactions, a lack of addictive risk, and an increase of the patient's sense of mastery knowing that they have self-management skills, other studies on the use of hypnotherapy or self-hypnosis, in general, resulted in physiological improvements such as a more stable heart rate and have the potential to improve immune function due to reduced stress (Domínguez-Solís et al., 2021).

In addition, correct information and counseling towards high-risk pregnant women about coronavirus can minimize the anxiety that the patients experience. Health workers or midwives can visit pregnant women's homes or create WhatsApp groups as a tool to monitor pregnancy, so the patients can quickly know alternative solutions that can be done to reduce excessive anxiety that will be fatal for the mother and fetus.

After three hypnotherapy sessions, each sample showed the effect of this therapy that had been administered. This can be seen from the number of anxiety scores after the entire therapy session was given. At the end of the therapy session, two pregnant women experienced a decrease in category to mild anxiety, namely Mrs. N and Mrs. T. The other three pregnant women did not experience a reduction in the class but experienced decreased anxiety scores. Despite this, all pregnant women sampled by the study experienced a decrease in anxiety scores.

When viewed based on the line graph, which was decreasing in each sample, the lines of Mrs. H, Mrs. S, and Mrs. T have a reasonably constant line decrease on each measurement of high-risk anxiety scores.

CONCLUSION

Hypnotherapy reduces the anxiety of pregnant women at high risk in the Covid-19 pandemic. For subsequent researchers, to improve more objective anxiety assessments can use biomaker measurements such as cortisol levels. The results of this study are expected to be applied as a simple therapy in stress management, especially pregnant women.
REFERENCES


