



Differences in Anxiety Levels of Pregnant Women in the Third Trimester Before and After Being Given Prenatal Yoga

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ABSTRACT

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Pregnancy is a natural condition in women that brings various physical, physiological, and psychological adaptations. If not properly managed, these psychological changes may trigger anxiety. Interviews with ten pregnant women in their third trimester indicated that seven of them (70%) often experienced anxiety. This research aimed to examine the difference in anxiety levels before and after participating in prenatal yoga among third-trimester pregnant women at UPTD Puskesmas IV South Denpasar. A quasi-experimental design with a one-group pretest–posttest approach was used. The study took place from March to April 2024, employing simple random sampling and involving 24 respondents in their third trimester. Data were collected using questionnaires and analyzed through univariate analysis (frequency distribution) and bivariate analysis (normality test and Paired T-Test) with a significance value of $p < 0.05$. Findings revealed a significant reduction in anxiety levels following prenatal yoga ($p < 0.000$). Thus, prenatal yoga is recommended as an alternative strategy to help alleviate anxiety during pregnancy. Health professionals are encouraged to implement prenatal yoga as a non-pharmacological intervention, and further research is advised to consider additional variables that may contribute to anxiety.

INTRODUCTION

Pregnancy is a normal physiological condition that women will go through in their lifetime. Throughout this period, various physical, physiological, and psychological changes occur. These changes are often more pronounced during a first pregnancy, as the new and unfamiliar experience may contribute to feelings of anxiety. Some stressors may be anticipated, while others may be unanticipated, such as pregnancy complications. Psychological changes during pregnancy that cannot be managed by the mother will generally lead to anxiety in pregnant women ⁽¹⁾.

Anxiety refers to a general sense of uneasiness or distress that is often accompanied by certain reactions, yet the cause may be unclear or not fully recognized by the person experiencing it. It is characterized by worry or fear about potential events, arising from the anticipation of possible threats or harm. Psychological changes commonly experienced by pregnant women in the third trimester are more complex compared to previous trimesters due to the increasingly advanced stage of the pregnancy.



As the pregnancy progresses, the most dominant psychological change felt by pregnant women is anxiety, which tends to persist until the time of delivery ⁽²⁾.

The World Health Organization (WHO) reported in 2020 that around 8–10% of women experience anxiety during pregnancy, and this figure rises to 12% as they near delivery. Data from the Indonesian Ministry of Health (2020) indicates that about 43.3% of pregnant women experience anxiety, with approximately 48.7% feeling anxious specifically when preparing for childbirth. In Bali Province, 2020 data showed that 40.35% of pregnant women experienced severe anxiety, 31.58% moderate anxiety, and 28.07% mild anxiety⁽³⁾. Based on research data from UPTD Puskesmas II Denpasar Barat, most third-trimester pregnant women approaching childbirth experienced mild anxiety (55.4% out of 74 respondents) ⁽⁴⁾.

Biological factors (increased cortisol hormone), social stressors (such as household conflict), and medical conditions (such as gestational hypertension) are the main causes of anxiety ⁽⁵⁾. Anxiety during pregnancy has a negative impact on childbirth, maternal postpartum mental health, and infant health. Unmanaged anxiety increases the risk of postpartum depression and affects the health, well-being, and development of the baby. Anxiety during pregnancy increases the likelihood of postpartum depression by 3.84 times. Stress hormones produced due to anxiety felt by pregnant women can inhibit the blood supply from the mother to the fetus, thus increasing the risk of complications, particularly for both mother and fetus. In addition, maternal anxiety can trigger uterine contractions. This condition may also raise blood pressure, leading to risks such as preeclampsia, miscarriage, low birth weight (LBW) infants, and preterm births. Based on the register data of maternal visits in the inpatient ward of Puskesmas IV South Denpasar, out of 118 mothers who gave birth between January and December 2023, 16 were referred to higher-level facilities/hospitals due to pregnancy-induced hypertension (PIH), 14 mothers were referred due to severe preeclampsia (SPE), and 9 mothers were referred due to imminent preterm labor (IPI).

Puskesmas IV South Denpasar has made efforts to reduce the anxiety levels of pregnant women through outreach programs to villages within the Puskesmas IV South Denpasar service area by providing communication, information, and education (CIE). However, these efforts have not been significantly effective in reducing the anxiety levels of pregnant women. Based on preliminary study results conducted at Puskesmas IV South Denpasar, data on third-trimester pregnant women from October to December 2023 showed that the number of visits was 51 in October, 40 in November, and 44 in December. Based on interviews with ten third-trimester pregnant women, seven of them (70%) stated that they consistently felt anxiety during pregnancy.

Various methods can help expectant mothers manage anxiety during pregnancy, including physical activities such as walking, swimming, prenatal exercise classes, and prenatal yoga⁽⁶⁾. Among these options, prenatal yoga is considered a safe and highly recommended form of exercise for pregnant women. It is a specialized practice tailored to support pregnancy by promoting relaxation and reducing anxiety. Prenatal yoga emphasizes controlled breathing while ensuring safety and comfort, offering numerous advantages for maternal well-being. This form of mind–body exercise helps relax muscles, ease joint tension, and calm the mind, especially beneficial during the third trimester. Additionally, engaging in prenatal yoga has been shown to contribute to increased birth weight, as well as lower the risk of preterm delivery and childbirth complications⁽⁷⁾.

This is also supported by research from Nurfazriah (2021) ⁽⁸⁾, which showed that prenatal yoga classes for pregnant women have an effect on reducing the incidence of anxiety among pregnant women. Research by Vftisia and Afriyani (2021) ⁽⁹⁾ also found that there was a reduction in anxiety among pregnant women after participating in yoga sessions. Similarly, the study by Dewi (2018) ⁽¹⁰⁾ showed that prenatal yoga had a significant effect on pregnant women and was able to lower their anxiety levels.





Based on the background described above, this study aims to determine the difference in anxiety levels among third-trimester pregnant women before and after prenatal yoga at UPTD Puskesmas IV South Denpasar.

METHOD

This research employed a quasi-experimental approach using a one-group pretest–posttest design. The study population consisted of all third-trimester pregnant women in the working area of Puskesmas IV Denpasar Selatan, Denpasar City, with an average of 45 visits per month. The minimum sample used was 22 respondents. The researcher provided additional samples to anticipate the drop out criteria of 10%. So the sample used in this study was 24 people. The sample criteria to be used are as follows: Inclusion criteria: a. Pregnant women who are willing to be respondents; b. Pregnant women in the third trimester with a gestational age of 28-37 weeks; c. Never participated in prenatal yoga; d. Not currently receiving other therapies; e. Pregnant women who have never had a miscarriage; f. Pregnant women who do not have a history of preterm labor; g. Pregnant women who do not have high blood pressure; h. Pregnant women who do not have a history of complications such as bleeding during pregnancy, premature rupture of membranes, and fetal growth retardation. Exclusion criteria are sick pregnant women.

The data used in this study were primary data. These data were obtained directly from the research respondents, who completed the questionnaires themselves. The primary data collected were the anxiety levels of third-trimester pregnant women before and after the intervention (prenatal yoga). The data were analyzed using both univariate and bivariate methods.

Univariate analysis was conducted for each research variable. In this study, it involved presenting frequency distributions and percentages of respondent characteristics, including maternal age, parity, education level, and occupation. Descriptive analysis of anxiety levels before and after prenatal yoga was based on the pretest and posttest results, using measures such as the mean, median, standard deviation, maximum, and minimum values.

Bivariate analysis is conducted when the data consist of two variables, namely an independent and a dependent variable. In this study, the bivariate analysis was used to examine the relationship between the independent variable (prenatal yoga) and the dependent variable (anxiety levels of third-trimester pregnant women). The analysis began with a normality test to determine whether the data were normally distributed. The Shapiro–Wilk test was applied, where a p-value < 0.05 indicates non-normal distribution. The results showed that the data were normally distributed; therefore, the Paired T-Test was used for analysis with a 95% confidence level ($\alpha = 0.05$). The research hypothesis was considered significant if $p < \alpha$ (0.05).

Ethics in research are very important in carrying out research considering that research is directly related to humans, so in terms of research ethics must be maintained because humans have basic rights in research activities. This research has obtained ethical approval Number: DP.04.02/F.XXII.25/ 0371/2024 from the Ethics Commission of the Denpasar Ministry of Health Polytechnic on April 4, 2024.

RESULT AND DISCUSSION

Based on the predetermined sampling criteria, a total of 24 third-trimester pregnant women in the working area of UPTD Puskesmas IV, South Denpasar District Health Office, were selected as research participants. The sample characteristics—including maternal age, education level, occupation, and parity—are presented in the following table:



Table 1.
Respondent characteristics based on maternal age, parity, education, and occupation

No	Characteristics	f	%
1	Mother's Age		
	a. < 20 years	1	4,17
	b. 20-35 years	20	83,33
	c. >35 years	3	12,5
	Total	24	100
2	Parity		
	a. Primigravida	13	54,17
	b. Multigravida	11	45,83
	Total	24	100
3	Education		
	a. Elementary School	3	12,5
	b. Junior High School	5	20,83
	c. High School	11	45,83
	d. College	5	20.83
	Total	24	100
4	Work		
	a. Working	9	37,5
	b. Not Working	15	62,5
	Total	24	100

Based on table above, respondents aged 20 to 35 years were 20 respondents (83.33%), primigravida parity was 13 respondents (54.17%), high school education was 11 respondents (45.83%), and work as housewives or not working was 15 respondents (62.5%).

In this study, it was found that almost all pregnant women were aged 20-35 years, the youngest was a mother aged 19 years and the oldest was 42 years. Research conducted by Sulistyowati (2015)⁽¹¹⁾ showed that most pregnant women were aged 20-35 years, this is because at that age it is a productive age and the age of pregnancy that does not have many risks. The mother's age greatly determines maternal health and is related to pregnancy conditions. At the age of 20-35 years which is the productive age of pregnancy, this is related to the mother's ability to respond to anxiety related to good coping mechanisms, where good coping is generally more widely applied by mothers with older ages compared to groups of mothers with younger ages. In addition, the age of pregnant women has an influence on readiness to face the labor process, namely mothers with younger ages tend to have a sense of physical and psychological unpreparedness in facing labor which can also increase anxiety levels.

The distribution of respondents based on parity showed that the largest proportion were first-time pregnant women (primigravida), totaling 13 respondents (54.17%). Meanwhile, 11 respondents (45.83%) were multigravida, or women who had experienced pregnancy previously. Primigravida women are more likely to feel anxious during pregnancy because they lack experience with pregnancy and childbirth. Entering the third trimester, anxiety often increases as labor approaches, as they are still adapting to physical and emotional changes and have limited knowledge compared to multigravida mothers. They may also have difficulty recognizing bodily changes, which can lead to discomfort. Meanwhile, multigravida women generally experience anxiety only due to memories of previous pregnancy or childbirth experiences⁽¹²⁾.



The distribution of respondents based on their most recent education showed that the largest proportion were high school graduates, totaling 11 respondents (45.83%). Education plays an important role in enabling individuals to access information related to health, which in turn can enhance quality of life. It also influences a person's attitudes and behaviors, particularly in motivating them to engage in health-related activities. A higher level of education generally makes it easier for individuals to understand and absorb information, thereby increasing their knowledge. On the other hand, limited education may constrain one's ability to adopt new values and attitudes that are introduced ⁽¹³⁾.

The distribution of pregnant women based on occupation with the highest percentage is pregnant women who do not work, which is 15 respondents (62.5%). Pregnant women who do not work will experience more anxiety because they do not have their own income, get less knowledge about their pregnancy compared to pregnant women who work. Pregnant women who work will often meet other people outside their homes, so they will get more information or knowledge from other people's experiences about their pregnancy and make them feel calmer. Working may help reduce anxiety among pregnant women, as work activities occupy their time and shift their focus away from their worries. Working also allows pregnant women to engage socially and interact with others, which can broaden their knowledge. In addition, employment contributes to the family's financial stability, helping to meet needs during pregnancy. Having their own income enables pregnant women to fulfill personal needs—whether primary, secondary, or tertiary—without relying solely on their husbands ⁽¹⁴⁾.

According to Yusuf (2015) ⁽¹⁵⁾ anxiety is a vague feeling due to discomfort or fear accompanied by a response. Anxiety in pregnant women in the third trimester can be influenced by several factors such as internal factors (age, parity, education, and work) and external factors (environment and husband's support). To overcome anxiety in pregnant women in the third trimester, according to the theory put forward by Yulinda (2017) ⁽¹⁶⁾ prenatal yoga is a sport intended for pregnant women which is useful for reducing anxiety and providing a sense of comfort. The results of this study are in line with research conducted by Farasari, et al. (2024) ⁽¹⁷⁾ on prenatal yoga which can reduce anxiety levels in pregnant women.

It is known that most of the respondents are unemployed or housewives, namely 15 respondents (62.5%) and are pregnant for the first time or primigravida as many as 13 respondents (54.17%). The factors that may influence the level of anxiety from the results of this study are the type of work and parity. The mother's job can influence anxiety because pregnant women who do not work will experience more anxiety because they do not have their own income, get less knowledge about their pregnancy than pregnant women who work.

According to the researchers, it is natural for primigravida women to experience anxiety, as it is their first pregnancy and they lack prior experience in caring for the fetus. However, this anxiety becomes concerning when it reaches an excessive and irrational level, potentially affecting the mother's psychological well-being. The study findings showed that after the intervention of prenatal yoga (posttest), half of the respondents (12 women or 50%) experienced mild anxiety. Meanwhile, 9 respondents (37.5%) reported moderate anxiety, and 3 respondents (12.5%) continued to experience severe anxiety.

Anxiety Levels Before and After Being Given Prenatal Yoga

Table 2.
Anxiety level before and after given prenatal yoga

	<i>Mean</i>	<i>Median</i>	<i>Standard Deviation</i>	<i>Min</i>	<i>Max</i>	<i>Range Mean</i>	<i>P</i>
<i>Pre Test</i>	25.70	25,5	6,37	15	40	5,54	0,000
<i>Post Test</i>	20.16	20	5,10	14	30		



Based on Table 2, it can be seen that the results of measuring the anxiety level of pregnant women before being given prenatal yoga from the results of the Hamilton Rating Scale for Anxiety (HARS-A) questionnaire are the average value (mean) is at a score of 25.70, the middle value (median) is at a score of 25.5, the standard deviation (SD) value is at a score of 6.37, while the lowest value is at a score of 15 and the highest value is at a score of 40. Measurement of the anxiety level of pregnant women in the third trimester after being given prenatal yoga from the results of the Hamilton Rating Scale for Anxiety (HARS-A) questionnaire is the average value (mean) is at a score of 20.16, the middle value (median) is at a score of 20, the standard deviation (SD) value is at a score of 5.10, while the lowest value is at a score of 14 and the highest value is at a score of 30.

The results of the study conducted on 24 respondents showed that pregnant women in the third trimester before being given prenatal yoga (pretest) as many as 13 respondents (54.17%) experienced moderate anxiety, as many as 7 respondents (29.16%) experienced severe anxiety, and as many as 4 respondents (16.67%) experienced mild anxiety. This indicates that most respondents have moderate levels of anxiety.

One way to overcome anxiety in pregnant women is according to the theory that prenatal yoga has an effect on anxiety in pregnant women and can reduce the level of anxiety in pregnant women ⁽¹⁰⁾. Prenatal yoga treatment is given to pregnant women in the third trimester 1 (one) time with a duration of 60 minutes. This helps reduce anxiety levels. According to researchers, pregnant women in the third trimester who experience excessive anxiety levels must be reduced immediately so as not to interfere with their pregnancy. Based on the results of the study, most respondents experienced mild anxiety after being given prenatal yoga, although there were still a small number of respondents experiencing moderate anxiety, almost all respondents experienced a decrease in one level of anxiety from before, severe to moderate, moderate to mild.

Based on the results of the study, there were still 3 (three) pregnant women who experienced severe anxiety after being given prenatal yoga due to several factors that may affect the level of anxiety of pregnant women in the third trimester, namely due to lack of concentration when doing prenatal yoga exercises or treatments. In addition, the frequency of prenatal yoga implementation has only been given 1 (one) time so that it has not had a significant impact on pregnant women in the third trimester. This is in line with research conducted by Suwondo, et al. (2017) ⁽¹⁸⁾ which stated that the more often pregnant women participate in prenatal yoga, the more it will reduce anxiety levels. In addition, pregnant women may still feel anxious after being given prenatal yoga because anxiety is not only influenced by physical activity, but also by psychological factors, internal factors, and external factors such as the environment and husband's support ⁽¹⁹⁾.

The researchers believe that prenatal yoga, which emphasizes breathing, safety, and comfort, offers significant benefits for pregnant women. This exercise supports both physical and mental well-being by helping to relax joints and calm the mind. Prenatal yoga can promote a healthier and smoother pregnancy and childbirth. It has also been shown to support increased birth weight and reduce the risk of preterm birth and delivery complications ⁽¹³⁾.

Difference in Anxiety Levels Before and After Being Given Prenatal Yoga

Table 3.

Data normality (Shapiro-Wilk) test result

	Statistic	df	p
<i>Pretest</i>	0.943	24	0,191
<i>Posttest</i>	0.921	24	0,061





Based on the table above, the results of the normality test for anxiety levels before being given prenatal yoga were $p = 0.191$ and after being given prenatal yoga were $p = 0.061$, this shows the significance value before and after being given prenatal yoga $p > \alpha (0.05)$ which means the data is normally distributed so that what is presented is the average value (mean).

The test used to analyze the difference in anxiety levels before and after being given prenatal yoga is by using the Paired T-Test. The basis for making the decision of the Paired T-Test is a p value > 0.05 , then there is no difference in anxiety levels before and after being given prenatal yoga and a p value ≤ 0.05 , then there is a difference in anxiety levels before and after being given prenatal yoga.

Prenatal yoga is a comprehensive movement that uses physical exercises that combine breathing techniques, relaxation, meditation, and stretching. Prenatal yoga can reduce anxiety in pregnant women because yoga exercises emphasize concentration which has a positive effect, namely peace of mind. Concentration can be a means of relaxing the mind that is much needed by a stressed mind. In addition, yoga exercises can reduce the performance of the hypothalamus to release neuropeptides which will then stimulate the pituitary gland to release ACTH (Adrenocorticotrophic Hormone), which then suppresses cortisol production. When cortisol levels decrease, anxiety symptoms also decline. This reduction is accompanied by a slower heart rate, calmer breathing, lower blood pressure, reduced muscle tension, and decreased production of stress-related hormones. As the body enters a state of healing and restoration, pregnant women feel more relaxed and their anxiety symptoms lessen⁽¹⁴⁾.

The findings showed a decrease in the average anxiety score of third-trimester pregnant women from 25.70 before prenatal yoga to 20.16 after the intervention, indicating a reduction in anxiety levels. Statistical analysis revealed a significant difference between pre- and post-intervention anxiety scores, with $p = 0.000$ ($p < 0.05$). These results suggest that prenatal yoga is effective in reducing anxiety among third-trimester pregnant women at UPTD Puskesmas IV, South Denpasar District Health Office.

Based on statistical tests using Paired T-Test conducted on 24 pregnant women in the third trimester who had been given prenatal yoga 1 (one) time, it can be seen that the difference in the average (mean) anxiety value of pregnant women in the third trimester was at a score of 5.54, the standard deviation value was 5.29, while the difference in the lowest value was at a score of 3.30, and the difference in the highest value was at a score of 7.77, p value of 0.000. The results of the statistical test p value $0.000 < \alpha (0.05)$, so there is a significant difference before and after being given prenatal yoga on the level of anxiety of pregnant women in the third trimester at the UPTD Puskesmas IV, South Denpasar District Health Office.

According to Aprilia (2024)⁽⁵⁾, practicing prenatal yoga offers substantial mental and spiritual benefits for pregnant women. It serves as a form of self-help therapy that supports emotional well-being, particularly when mothers experience anxiety, worry, or fear throughout pregnancy. Through controlled breathing techniques, prenatal yoga helps regulate emotions, reduce negative thoughts, and manage feelings of doubt and uncertainty. This practice fosters inner peace, enhances self-acceptance, and builds a sense of surrender and trust in the natural process of pregnancy and childbirth. In addition, prenatal yoga encourages mindfulness and body awareness, allowing pregnant women to connect more positively with the physical and emotional changes they experience. The calmness generated through yoga practice can strengthen their mental resilience, enabling them to cope better with challenges during pregnancy. Regular sessions also promote relaxation, improve sleep quality, and contribute to a more optimistic outlook, which ultimately supports a healthier pregnancy journey and prepares mothers both mentally and emotionally for labor and delivery.

The results of this study align with the findings of Amalia, et al. (2020)⁽²⁰⁾, which also reported a statistically significant reduction in anxiety levels among third-trimester pregnant



women following prenatal yoga sessions. Their study demonstrated that prenatal yoga is an effective intervention to help decrease maternal anxiety, with participants showing lower anxiety scores after the yoga treatment compared to before. This supports the conclusion that prenatal yoga contributes positively to emotional regulation and psychological well-being during pregnancy. Furthermore, Amalia et al. emphasized that prenatal yoga provides a calming effect through relaxation techniques, breathing regulation, and gentle movements that help balance both the body and mind. These elements work together to reduce tension, increase emotional stability, and enhance feelings of comfort and confidence as pregnant women approach childbirth. The consistency between these research findings strengthens the evidence that prenatal yoga is a beneficial non-pharmacological method to manage anxiety, making it a valuable recommendation for maternal health programs, especially for third-trimester mothers preparing for labor.

According to research by Ashari, et al. (2019) ⁽¹³⁾ who conducted research on primigravida pregnant women, the results of the study showed that as many as 14 primigravida pregnant women (87.5%) had high levels of anxiety, but after being given prenatal yoga, there was a decrease to 8 people (50%) of primigravida pregnant women who experienced anxiety. This is because prenatal yoga is a good way to prepare for childbirth which is done in prenatal classes, because in this class the exercises are adjusted to the condition of the pregnant woman by sharing exercise approaches such as stretching, concentration, and breathing control which have many benefits for pregnant women and their fetuses such as reducing anxiety, improving sleep quality, increasing strength, flexibility and endurance needed for childbirth, reducing lower back pain, nausea, headaches, shortness of breath, and reducing the risk of premature labor, hypertension in pregnancy.

Based on the findings, the researcher concludes that prenatal yoga can help lower anxiety levels and may be used as a preventive measure against anxiety. Therefore, it can be stated that there is a difference in the anxiety levels of third-trimester pregnant women before and after participating in prenatal yoga at UPTD Puskesmas IV, South Denpasar District Health Office.

CONCLUSION

Based on the results of the study on "Differences in Anxiety Levels of Pregnant Women in the Third Trimester Before and After Being Given Prenatal Yoga at the UPTD Puskesmas IV, South Denpasar District Health Office in 2024", it can be concluded that prenatal yoga is effective in reducing anxiety levels in pregnant women in the third trimester. Before being given prenatal yoga, most respondents experienced moderate anxiety, while after being given prenatal yoga, the respondents' anxiety levels decreased, with half of the respondents experiencing mild anxiety. Thus, prenatal yoga can be one of the non-pharmacological interventions that are useful for reducing anxiety during pregnancy. It is hoped that health workers, especially midwives and nurses in health facilities, can educate and facilitate prenatal yoga activities as a promotive and preventive effort in reducing anxiety in pregnant women, so that pregnancy can be healthier and more comfortable.

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