

Midwives' Perception of Therapeutic Communication Strategies in Reducing Maternal Anxiety at RSUD Dr. R Soeprapto Cepu

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Abstract. This study looks at how midwives perceive the use of therapeutic communication methods to help reduce maternal anxiety during labor at RSUD Dr. R. Soeprapto Cepu. Anxiety experienced during labor is a significant problem because it can disrupt the labor process and increase the likelihood of complications. This study used a descriptive qualitative method to collect data through thorough interviews, participatory observation, and documentation. The study focused on 5-7 midwives who were selected through purposive sampling. The findings revealed that midwives identified maternal anxiety through three main aspects: physical symptoms (difficulty sleeping, unable to manage pain), psychological (excessive fear, irritability), and behavioral (impatience, restlessness). Factors that influence anxiety are fears about the labor process, low tolerance for pain, and inadequate family support. Communication strategies applied by midwives included therapeutic communication through a gentle verbal approach and clear explanation of medical procedures, as well as educational techniques such as breathing relaxation practices. Empathy is manifested in special attention when the mother experiences pain, maintaining eye contact, and providing supportive touch. This strategy proved effective in calming the mother and increasing cooperation during the labor process, although there were still challenges in the form of time constraints and emergency conditions that hindered effective communication. This study suggests the need for structured therapeutic communication training for all health workers to improve the quality of caring and responsive maternity delivery services.

Keywords: Midwife Perception; Therapeutic Communication; Communication Strategy; Maternal Anxiety; Childbirth

INTRODUCTION

Communication is an important foundation in the world of health care, especially in the relationship between medical personnel and patients. One form of communication that has a major influence on the psychological well-being of patients is therapeutic communication. Therapeutic communication is an important aspect of health care because it helps build trust and empathic relationships between health workers and patients. Not only does it convey medical information, it also helps create a sense of security that supports the healing process. Therefore, the ability of health workers, including midwives, to implement therapeutic communication effectively and empathetically is very important to improve the quality of service, especially in stressful situations such as the labor process (Dewi & Suryono, 2024).

Midwives' perceptions of women in labor are the views, understandings, or assessments held by a midwife regarding the physical, psychological, social conditions and needs of mothers while undergoing the labor process. This perception is influenced by knowledge, clinical experience, cultural values and the midwife's professional approach in providing midwifery care to pregnant women who are about to give birth to reduce the anxiety felt by pregnant women (Supradewi, 2020).

Pregnant women often feel anxious as the time of labor approaches. This anxiety can be caused by fear of pain, worry about the safety of the baby, or because they have no experience in childbirth. If not handled properly, anxiety can interfere with the course of labor. Research shows that most third trimester pregnant

women experience severe anxiety, especially those who are pregnant and giving birth for the first time (Febbyola et al., 2022). In situations like this, the role of midwives is very important, especially in providing soothing, clear, and empathetic communication to help reduce anxiety in mothers. Prawiraharjo stated that one of the main priorities in the Sustainable Development Goals (SDG's) is to reduce maternal mortality, with a target by 2030 to reach less than 70 deaths per 100,000 live births. The overall safety and well-being of mothers is the main focus for the midwifery profession. In this case, midwives have an important role in providing support and assistance to mothers, especially during the delivery process, so that it takes place hygienically and safely, and prevents the emergence of complications through integrated, comprehensive services, and the minimum intervention possible by providing optimal midwifery care (Fransisca & Tahun, 2023).

Norlina (2021) stated that midwives as health workers who are at the forefront during labor, have an important role in creating a soothing atmosphere for mothers who are about to give birth. In the practice of therapeutic communication, midwives need to have the ability to listen well, show empathy, provide information clearly and calmly, and make mothers feel safe. However, the success of this communication is greatly influenced by how the midwife understands and feels about each interaction in daily midwifery practice.

RSUD Dr. R. Soeprapto Cepu has shown a commitment to improving the quality of public communication. The hospital won two awards at the Social Media Award event at the Blora Regency level in 2024, namely first place in the Communicative category and third place for Public Service Social Media. This achievement continues the previous year's achievement when the hospital won in the Responsive category. This reinforces that RSUD Dr. R. Soeprapto Cepu continues to strive to develop the quality of communication, including in health service spaces such as obstetrics. Although RSUD Dr. R. Soeprapto Cepu has won the award as the most communicative hospital, this is more indicative of the quality of public communication in general. Therefore, it is important to look deeper into how therapeutic communication is carried out directly by health

As in previous studies, it shows that therapeutic communication has a positive impact on reducing the anxiety level of mothers giving birth. Like the research conducted by Marlina et al., (2023) stated that therapeutic communication carried out empathically can reduce maternal anxiety in the first stage of labor. Further research was conducted by Muharomah & Wintarsih (2024) which states that the relationship and therapeutic communication established between midwives and patients can help reduce the anxiety felt by mothers when facing labor. Through this communication, patients feel more free to express their feelings, share their fears and concerns, and get the explanations and solutions needed. When communication goes well, patients understand and accept their condition more easily, so that their anxiety level decreases. Effective therapeutic communication is also able to ease the emotional burden and thoughts of patients before medical procedures are carried out, so that the anxiety felt is within a more controllable limit. However, there are still few studies that explore the subjective experiences and personal meanings of midwives as implementers of such communication in real situations, especially in regional hospitals such as RSUD Dr. R. Soeprapto Cepu.

In contrast to the research of Marlina et al. (2023) and Muharomah & Wintarsih (2024) which highlighted the impact of therapeutic communication on mothers giving birth, this study aims to investigate midwives' perceptions of therapeutic communication strategies in reducing maternal anxiety during labor. This study provides a new perspective compared to previous research because this study emphasizes the views or perceptions of midwives as people who directly carry out therapeutic communication during childbirth. This study seeks to understand more deeply the personal experiences, perspectives, and communication strategies used by midwives in daily practice, especially in regional hospitals. By taking place in RSUD Dr. R. Soeprapto Cepu, this study also adds important information to the limited studies on the implementation of therapeutic communication outside major cities. Hopefully, the results of this study can help clarify how therapeutic communication is actually carried out, the obstacles faced by midwives, and the ways they consider most effective in reducing maternal anxiety during childbirth.

Based on the background described above, this study aims to explore more deeply how the experience and meaning of midwives towards the application of therapeutic communication strategies in reducing maternal anxiety. The qualitative phenomenological approach was chosen because it allows researchers to deeply understand the personal experiences of midwives and the meanings they give to these communication practices in the professional and emotional contexts they experience directly. Through in-

depth interviews and observations, this study is expected to provide a richer picture of the dynamics of therapeutic communication in midwifery practice, as well as contribute to the development of an empathic communication approach in maternal and child health services.

METHODS

The method in this study is based on the aim to answer how midwives' perceptions of therapeutic communication strategies in reducing maternal anxiety at RSUD Dr. R. Soeprpto Cepu, through a qualitative descriptive approach. The qualitative approach in this study was used by researchers to explore in depth the experiences, understandings, and practices of therapeutic communication applied by midwives to birthing mothers who experience anxiety. Qualitative method is the right method to explore descriptive data in oral and written form based on the point of view of participants who are directly involved in the phenomenon studied (Creswell, 2021).

In the data collection stage, the researcher used participatory observation techniques, in-depth interviews, and documentation. The researcher used purposive sampling technique in determining informants, namely by selecting 5-7 midwives who met the research criteria based on their relevance and experience in therapeutic communication practices. This technique allows researchers to obtain in-depth data from individuals who are considered to be the most knowledgeable about the issues under study (Sugiyono, 2013). The researcher also made direct observations of the interactions of midwives and mothers giving birth in the labor room, to understand the application of therapeutic communication contextually and realistically. The results of interviews and observations were collected in the form of descriptive field notes, containing all the important things seen and heard by researchers during the interaction. Data analysis in this study was carried out through the stages of data reduction, data presentation, and conclusion drawing, as stated by Sugiyono (2013). Data reduction aims to filter relevant information from raw data, data presentation helps to see patterns and relationships between information, while conclusion drawing is done to answer the formulation of research problems and build a meaningful understanding of the observed phenomena.

For data validity techniques, researchers use triangulation techniques. Triangulation is done by combining various data sources, techniques, and methods, such as interviews, observations, and documentation to ensure information Lincoln & Guba in (Husnullail et al., 2024). This triangulation helps ensure that the findings obtained truly reflect the reality in the field related to the perceptions and experiences of midwives in applying therapeutic communication to mothers giving birth.

RESULT AND DISCUSSION

Result

The results of interviews with five midwives, namely mothers Yunita Cyintino, Motika Fitaria, Rawuh Sri W, Tatik Riyanti, and Dianati at Dr. R Soeprpto Cepu Hospital showed that they have certain methods in assessing the level of maternal anxiety during childbirth. In general, anxiety is assessed through three main aspects, namely physical, psychological, and behavioral symptoms. From a physical perspective, anxiety is seen through complaints of sleeplessness and inability to manage pain. Psychological symptoms are indicated by excessive fear, irritability, and high emotional tension. Meanwhile, behaviorally, mothers who experience anxiety usually show impatience, restlessness, or difficulty cooperating during the delivery process. This assessment is done through direct observation by the midwife when accompanying the patient before and during the labor process.

Factors that influence maternal anxiety were also identified by the midwives. One of the main causes is fear of the labor process itself, especially in first-time mothers. In addition, the level of pain tolerance is also a determining factor; mothers who are unable to tolerate pain tend to experience higher anxiety. Another important factor consistently expressed by midwives is family support. The lack of presence or involvement of family members in accompanying the mother is considered to have a significant effect on anxiety levels. In many cases, the presence of a husband or close family member can significantly reduce anxiety.

In dealing with mothers who experience anxiety, midwives use various communication strategies, the most dominant of which is therapeutic communication and effective communication. Therapeutic communication is done through a gentle and calming verbal approach, as well as through explaining medical procedures and conditions in a clear and non-threatening manner. In addition, the midwives also used educative techniques, such as explaining and practicing relaxation techniques, such as regular breathing, to help the mother reduce pain and feel calmer. The goal of this communication strategy is for the mother to feel supported and understood, and to be able to follow the labor process calmly and cooperatively.

The forms of empathy provided by the midwives varied but led to one goal: calming and providing a sense of security to the mother. The midwives showed empathy by paying special attention when the mother was in pain, and avoiding language or actions that could increase psychological distress. They also maintain eye contact, touch supportively, and stay by the mother's side to provide comfort. Constant explanations delivered in a gentle and non-patronizing tone is another form of empathy, which is expected to make the mother feel understood and not alone in dealing with pain.

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From the experience of the midwives, effective communication and support had a positive impact on changes in the attitude of laboring mothers. Mothers who were previously anxious, agitated, and refused to be directed, became calmer and could follow directions after being given good communication. Some mothers were even able to manage their pain better after being taught relaxation techniques. This shows that communication is not just about conveying information, but also a tool to change behavior and reduce anxiety psychologically and emotionally.

However, in practice, midwives also face a number of challenges in delivering communication to laboring mothers. One of the main challenges is the midwife's ignorance of the mother's ability to withstand pain. When a mother is unable to control her pain, her response can be panic, excessive crying, or even hysterics. This makes the communication process ineffective. Time constraints and emergencies during the labor process are also obstacles, as midwives do not always have the opportunity to build deep communication relationships in a short period of time.

To overcome these challenges, the midwives took a collaborative approach by involving family members in the mentoring process. The presence of the family, especially the husband, is considered very helpful in reducing the mother's anxiety level. On the other hand, midwives still strive for effective communication despite the limited conditions. They choose simple, calming, and to-the-point words, while still prioritizing empathy and attention to the mother's emotional state. This approach is proven to help mothers understand directions more quickly and feel calmer.

As a reflection of their experience, the midwives suggested that health agencies pay more attention to training in therapeutic and effective communication for all health workers, especially those who handle childbirth. According to them, structured training can increase midwives' confidence in delivering appropriate communication, even in emergency situations. Hopefully, with good communication skills, all health workers will be able to reduce maternal anxiety and provide more humane services.

At the end of the interview, the midwives also expressed their hope to the hospital or health institution, so that communication training is not only given to midwives, but also to all employees who have direct contact with patients. This hope arises from the realization that good childbirth services require teamwork and synergy between medical staff. With evenly distributed communication skills, the quality of service will improve, and birthing mothers will feel calmer and more assisted during the labor process.

Discussion

The results of these interviews show that maternal anxiety during childbirth is a complex condition involving physical, emotional, and social aspects. The assessment of anxiety by midwives through

observation of physical, psychological, and behavioral symptoms shows that midwives intuitively apply a holistic approach to care. This supports the biopsychosocial concept, where maternal well-being is not only determined by medical factors, but also by emotional conditions and support from the social environment.

The anxiety-causing factors mentioned, such as fear of labor, pain, and lack of family support, align with Lazarus and Folkman's stress and coping theory. This theory states that individuals will experience anxiety if they feel that the demands of the situation exceed their ability to cope. In this context, the role of family becomes very important as an external source of coping that can strengthen the mother's emotional resilience (Sidabukke et al., 2020).

The midwives' communication strategies, especially the use of therapeutic communication and relaxation techniques, reflect the application of effective interpersonal communication in health services. This communication not only conveys medical information, but also pays attention to the patient's psychological condition. The success of this strategy is also reinforced by the empathy shown consistently by the midwives. According to Zuhdi & Ayuningtyas (2024) that empathic communication will establish a trusting relationship between the patient and medical personnel, which in turn increases the patient's positive response to treatment or medical action.

The positive impact of this communication on maternal behavior change also suggests that a psychosocial approach in delivery care should be an important concern. The therapeutic communication training suggested by midwives is a crucial step in improving the quality of health care, especially in crisis situations such as childbirth. This is in line with the principle of patient-centered care, where the needs and comfort of the patient are the main focus of the service (Benu & Kuswanti, 2016).

Thus, this study reinforces that good communication in maternity care not only supports the medical process, but is also key in creating a safer and more humane birth experience.

CONCLUSION

Based on the results of the interviews, it can be concluded that midwives assess maternal anxiety through three main aspects: physical, psychological, and behavioral. Factors that influence anxiety include fear of the labor process, ability to endure pain, and family support. To reduce anxiety, midwives use therapeutic and effective communication, such as explaining relaxation techniques and giving emotional attention. Good communication is proven to help reduce maternal anxiety and increase cooperation during labor, although challenges remain especially when the mother is unable to control pain. Family support and communication training for midwives are key to success in providing empathic and responsive childbirth care.

ACKNOWLEDGMENTS

The authors would like to thank RSUD Dr. R. Soeprapto Cepu for the opportunity and permission given to conduct this research. Gratitude is also extended to the midwives who have been willing to become participants and provide very meaningful information. The authors would like to express their appreciation to the supervisors for their guidance and valuable input during the process of preparing this article. Hopefully, this research can make a positive contribution to the application of therapeutic communication in midwifery practice.

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