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Effect of Home Care Services on Anxiety in Pregnant Women Facing Childbirth: A Quasi-Experimental Study

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ABSTRACT

Introduction: Anxiety during pregnancy, particularly in the third trimester, is a common psychological condition that may adversely affect the childbirth process and maternal well-being. Home care services provide a holistic and continuous approach that integrates education, emotional support, and family involvement, potentially reducing childbirth-related anxiety. However, evidence on the effectiveness of home care in primary health care settings remains limited. This study aimed to examine the effect of home care services on anxiety levels among third-trimester pregnant women facing childbirth.

Research Methodology: A quantitative quasi-experimental study with a posttest-only control group design was conducted at Pattingaloang Primary Health Center from June to August 2025. A total of 40 third-trimester pregnant women were selected using accidental sampling and assigned to an intervention group (n = 20) receiving home care services and a control group (n = 20) receiving standard antenatal care. Anxiety levels were measured using a structured questionnaire. Data were analyzed using univariate analysis and the Independent Sample t-test.

Results: Most pregnant women in the intervention group were not anxious (85.0%), while the majority in the control group experienced anxiety (75.0%). The mean anxiety score in the intervention group was significantly lower than that in the control group (17.90 ± 4.05 vs. 25.80 ± 5.12; $p < 0.001$).

Conclusion: Home care services significantly reduce anxiety among third-trimester pregnant women facing childbirth. Integrating home care into routine antenatal services may enhance psychological preparedness and maternal well-being.

Keywords: Anxiety; Childbirth; Home care; Pregnancy; Third trimester.

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INTRODUCTION

Pregnancy and childbirth are natural physiological processes; however, they are often accompanied by significant psychological challenges, particularly anxiety, which can intensify as women approach labor (Abiiro *et al.*, 2024). Anxiety during pregnancy, especially in the third trimester, is a common condition characterized by excessive worry, fear, and emotional distress related to childbirth, maternal health, and fetal outcomes (Adjie, Priscilla and Safira, 2025). If left unaddressed, maternal anxiety may negatively affect both the mother and the fetus, contributing to prolonged labor, increased perception of pain, higher risk of obstetric interventions, and adverse neonatal outcomes. Therefore, addressing anxiety in pregnant women is a critical component of comprehensive maternal health care (Akalin *et al.*, 2026).

Globally, maternal mental health has gained increasing attention as part of efforts to improve maternal and neonatal outcomes (Banafshe *et al.*, 2024). In many low- and middle-income countries, including Indonesia, maternal health programs have traditionally focused on physical and biomedical aspects of pregnancy. At the same time, psychological well-being has often received less emphasis (Colin *et al.*, 2024). Despite improvements in antenatal care coverage, maternal anxiety remains prevalent, particularly among women approaching childbirth (Dutta *et al.*, 2024). Fear of labor pain, concerns about delivery complications, uncertainty regarding the health of the baby, and limited preparedness for childbirth are commonly reported sources of anxiety among pregnant women. These concerns are often exacerbated by insufficient information, lack of emotional support, and limited access to continuous, individualized care (Frank *et al.*, 2025).

Home care services represent an alternative and complementary model of maternal health care that emphasizes continuity, personalization, and holistic support (Ganatra *et al.*, 2025). In the context of pregnancy, home care enables health professionals, particularly midwives and nurses, to provide antenatal education, psychological support, and monitoring of maternal conditions directly in the woman's home (Hadaro *et al.*, 2024). This approach may foster a sense of safety, comfort, and trust, which is essential for reducing anxiety (Hobday *et al.*, 2025). Home care services also facilitate active family involvement, enabling family members to understand pregnancy-related changes better and to provide emotional support to the expectant mother. As such, home care has the potential to address not only physical health needs but also the psychological and emotional dimensions of pregnancy (Honkavuo, 2026).

Despite the theoretical and practical advantages of home care, empirical evidence regarding its effectiveness in reducing anxiety among pregnant women remains limited, particularly in primary health care settings (Hossain *et al.*, 2025). Existing studies on maternal anxiety have predominantly examined hospital-based interventions, prenatal classes, or group education programs. While these interventions have shown some benefits, they may not adequately reach pregnant women who experience barriers to accessing facility-based services or who require more individualized support. Moreover, many studies focus on educational outcomes or physical indicators of maternal health, with fewer investigations assessing psychological outcomes such as anxiety in a controlled experimental design.

In the Indonesian context, research on home care services for pregnant women has largely concentrated on service quality, patient satisfaction, or postnatal and neonatal outcomes. There is a notable lack of rigorous quantitative studies that evaluate the direct impact of home care interventions on maternal anxiety, particularly using a quasi-experimental design with a

comparison group. This gap in the literature limits policymakers' and health care providers' ability to make evidence-based decisions about integrating home care into routine antenatal services. Furthermore, few studies have been conducted at the community health center (Puskesmas) level, where home care programs are increasingly being implemented as part of community-based maternal health strategies.

The novelty of this study lies in its focus on evaluating the effect of home care services on anxiety among third-trimester pregnant women using a quasi-experimental posttest-only control group design. By comparing anxiety levels between women who receive structured home care services and those who receive standard antenatal care, this study provides empirical evidence on the psychological benefits of home care interventions. Additionally, this research is conducted in a primary health care setting, offering context-specific insights that are directly relevant to community-based maternal health services. The findings are expected to contribute to the growing body of knowledge on maternal mental health and to support the development of integrated, holistic antenatal care models that address both physical and psychological needs of pregnant women.

RESEARCH METHODOLOGY

Study Design

This study employed a quantitative research approach using a quasi-experimental design with a posttest-only control group. This design was selected to examine the effect of home care services on anxiety levels among pregnant women without random assignment, which is appropriate for community-based health service settings where randomization is often impractical. The study compared outcomes between an intervention group that received home care services and a control group that received standard antenatal care.

Study Setting and Period

The study was conducted at the Pattingaloang Primary Health Center (Puskesmas Pattingaloang), a community-based health facility that provides maternal and child health services. Data collection took place from June to August 2025. This setting was chosen due to the availability of an established home care program for pregnant women and the high utilization of antenatal services in the area.

Population and Sample

The study population consisted of all pregnant women registered for antenatal care at Puskesmas Pattingaloang during the study period. The target population was pregnant women in their third trimester, as this stage is commonly associated with increased anxiety related to childbirth. A total of 40 third-trimester pregnant women were included in the study. Participants were divided into two groups: an intervention group (n = 20) and a control group (n = 20). The intervention group comprised pregnant women who received home care services, while the control group included pregnant women who received routine antenatal care without home care. The sample was selected using accidental sampling, in which eligible participants encountered during the data collection period who met the inclusion criteria were invited to participate.

Inclusion and Exclusion Criteria

The inclusion criteria were: (1) pregnant women in the third trimester, (2) registered and receiving antenatal care at Puskesmas Pattingaloang, (3) willing to participate in the study, and (4) able to communicate effectively. The exclusion criteria included: (1) pregnant women with diagnosed psychiatric disorders, (2) those experiencing obstetric emergencies or severe

pregnancy complications, and (3) participants who did not complete the home care intervention or questionnaire.

Intervention

The intervention consisted of structured home care services provided by trained health professionals, primarily midwives. Home care services included antenatal health assessments, childbirth preparation education, recognition of danger signs, counseling on coping strategies and relaxation techniques, and emotional support. The services were delivered through scheduled home visits during the third trimester in accordance with the health center's standard operating procedures.

Control Group

Participants in the control group received standard antenatal care services at the health center, which included routine pregnancy check-ups, basic health education, and counseling provided during clinic visits, without additional home-based services.

Research Variables

The independent variable in this study was home care services, while the dependent variable was the level of anxiety related to childbirth. Anxiety levels were measured using a structured anxiety questionnaire that produced numerical scores, which were used for statistical analysis.

Data Collection Instruments

Data were collected using a structured questionnaire consisting of two parts: demographic characteristics and anxiety assessment. The anxiety questionnaire was administered after the intervention period (posttest) for both groups. The instrument had been previously tested for validity and reliability in measuring anxiety among pregnant women.

Data Analysis

Data analysis was conducted using statistical software. Univariate analysis was performed to describe participants' characteristics and the distribution of anxiety scores. Data normality was assessed before inferential analysis. Bivariate analysis was conducted using an independent-samples t-test to compare mean anxiety scores between the intervention and control groups. A p-value of less than 0.05 was considered statistically significant.

Ethical Considerations

This study was conducted in accordance with ethical principles for research involving human participants. Ethical approval was obtained from the Health Research Ethics Committee of the School of Health Sciences Nani Hasanuddin (Sekolah Tinggi Ilmu Kesehatan Nani Hasanuddin) with approval number 103a/STIKES-NH/KEPK/V/2025. Before data collection, all participants were provided with clear and comprehensive information regarding the study objectives, procedures, potential benefits, and any possible risks. Written informed consent was obtained from each participant before their inclusion in the study. Participation was entirely voluntary, and participants were informed of their right to withdraw from the study at any time without any consequences for their access to health care services. Confidentiality and anonymity of participant data were strictly maintained throughout the research process. Personal identifiers were not recorded in the data set, and all collected data were used solely for research purposes. The study ensured respect for the autonomy, privacy, and dignity of all participants in line with established ethical standards.

RESULT

This section presents the findings of the study examining the effect of home care services on anxiety levels among pregnant women facing childbirth. The results are based on data collected from 40 third-trimester pregnant women, who were divided into an intervention group that received home care services and a control group that received standard antenatal care. The analysis includes a description of anxiety distribution in both groups and a comparison of mean anxiety scores to determine the effectiveness of the home care intervention.

Table 1. Distribution of Anxiety Levels in the Intervention and Control Groups

Group	Not Anxious, n (%)	Anxious, n (%)	Total (n)
Intervention	17 (85.0)	3 (15.0)	20
Control	5 (25.0)	15 (75.0)	20
Total	**22 (55.0)**	**18 (45.0)**	**40**

Table 1 shows that the majority of pregnant women in the intervention group who received home care services were classified as not anxious (85.0%). In contrast, most participants in the control group experienced anxiety related to childbirth (75.0%). These findings indicate a clear difference in anxiety status between the two groups, suggesting that home care services may contribute to reducing anxiety among third-trimester pregnant women.

Table 2. Descriptive Statistics of Anxiety Scores by Study Group

Group	n	Mean	Standard Deviation	Minimum	Maximum
Intervention	20	17.90	4.05	11	25
Control	20	25.80	5.12	18	34

As shown in Table 2, the mean anxiety score for pregnant women in the intervention group was substantially lower (Mean = 17.90; SD = 4.05) than in the control group (Mean = 25.80; SD = 5.12). This result indicates that participants who received home care services experienced lower levels of childbirth-related anxiety than those who received routine antenatal care alone.

Table 3. Normality Test and Independent Sample t-test Results of Anxiety Scores

Group / Analysis	n	Mean (SD)	p-value (Normality)	p-value (t-test)
Intervention (Home Care)	20	17.90 (4.05)	0.156	
Control (Standard Care)	20	25.80 (5.12)	0.094	
Between-group comparison				**< 0.001**

The results presented in Table 3 indicate that anxiety scores in both the intervention and control groups were normally distributed, as shown by p-values greater than 0.05 in the normality test. This finding confirms that parametric analysis was appropriate. The Independent Sample t-test revealed a statistically significant difference in mean anxiety scores between the two groups ($p < 0.05$). Pregnant women who received home care services had significantly lower anxiety scores compared to those who received standard antenatal care, demonstrating the effectiveness of home care in reducing childbirth-related anxiety.

The findings of this study demonstrate that home care services have a significant effect on reducing anxiety among third-trimester pregnant women in facing childbirth. Pregnant women who received home care interventions exhibited substantially lower anxiety levels compared to those who received standard antenatal care. These results indicate that home care services, through continuous education, emotional support, and individualized care provided in the home setting, effectively enhance psychological preparedness for childbirth. Therefore, integrating home care into routine maternal health services may serve as an effective strategy to improve maternal mental well-being during late pregnancy.

DISCUSSION

The findings of this study indicate that home care services have a significant effect on reducing anxiety among third-trimester pregnant women facing childbirth. Pregnant women who received home care interventions demonstrated markedly lower anxiety levels compared to those who received standard antenatal care. These results highlight the importance of integrating psychosocial support into maternal health services, particularly during late pregnancy when anxiety related to childbirth tends to increase (Johansson *et al.*, 2025).

Anxiety during pregnancy, especially in the third trimester, is commonly associated with fear of labor pain, concerns about delivery complications, uncertainty regarding maternal and fetal outcomes, and lack of preparedness for childbirth (Johnson *et al.*, 2024). Without adequate support, these psychological stressors may negatively influence the physiological process of labor by increasing stress hormone levels, which can interfere with uterine contractions and prolong labor (Kaçar *et al.*, 2024). The significantly lower anxiety scores observed in the intervention group suggest that home care services effectively address these concerns through personalized, continuous, and supportive care (Lamminpää *et al.*, 2026).

Home care services offer a unique opportunity for health professionals to deliver antenatal education and emotional support in a familiar, comfortable environment (Marfuah, Sansuwito and Ayakannu, 2025). In this study, home visits allowed midwives to offer individualized counseling on childbirth preparation, explain the stages of labor, address misconceptions, and teach relaxation and coping techniques (Muluve *et al.*, 2024). Such individualized interactions are often difficult to achieve in facility-based antenatal care due to time constraints and high patient volumes (Reifsnider *et al.*, 2026). As a result, home care may enhance pregnant women's understanding of the childbirth process and increase their confidence in facing labor, thereby reducing anxiety (Setyawati *et al.*, 2024).

The findings of this study are consistent with previous research demonstrating that continuous support and education during pregnancy can reduce maternal anxiety (Soeiro *et al.*, 2024). Prior studies have shown that psychosocial interventions, including counseling and emotional support, play a crucial role in improving maternal mental health outcomes (Sola-Martinez *et al.*, 2025). The presence of health professionals through home care services fosters a therapeutic relationship that encourages pregnant women to express their fears and concerns openly. This open communication enables timely reassurance and appropriate guidance, which are essential for reducing anxiety (Suprapto *et al.*, 2024).

Furthermore, home care services promote active involvement of family members in maternal care. Family participation during home visits helps create a supportive environment that reinforces the information provided by health professionals (Tuncay *et al.*, 2025). Emotional support from family members has been widely recognized as a protective factor against anxiety during pregnancy. By engaging family members, home care services strengthen the support system available to pregnant women, which may further contribute to lower anxiety levels (Yamaji *et al.*, 2025).

In contrast, pregnant women in the control group who received routine antenatal care exhibited higher anxiety levels. Standard antenatal services are typically delivered in health facilities and often focus on physical examinations and basic health education (Yeshitila *et al.*, 2024). While these services are essential, they may not adequately address individual psychological needs, particularly for women experiencing heightened anxiety. Limited consultation time and lack of continuous follow-up may prevent health care providers from

identifying and managing anxiety effectively. This gap underscores the added value of home care as a complementary approach to conventional antenatal services (Yoosefi lebni *et al.*, 2025).

The use of a quasi-experimental design in this study strengthens the validity of the findings by allowing comparison between intervention and control groups in a real-world health care setting. The posttest-only control group design was appropriate, given the practical constraints of community-based research and minimized potential testing effects. However, the absence of baseline anxiety measurements limits the ability to assess changes in anxiety levels over time. Future studies employing pretest–posttest designs could provide a more comprehensive understanding of the magnitude of anxiety reduction attributable to home care interventions.

Despite these limitations, the results of this study have important implications for maternal health practice and policy. Integrating home care services into routine antenatal care programs may offer a feasible and effective strategy to address maternal anxiety, particularly in primary health care settings. Training health professionals to incorporate psychosocial support and counseling into home care visits could enhance the quality of maternal care and improve psychological preparedness for childbirth.

In conclusion, this study provides empirical evidence that home care services are effective in reducing anxiety among third-trimester pregnant women. By offering individualized education, emotional support, and family involvement, home care addresses key psychological factors associated with childbirth-related anxiety. These findings support the adoption of holistic, community-based maternal health care models that prioritize both physical and psychological well-being during pregnancy.

CONCLUSION

This study concludes that home care services have a significant effect on reducing anxiety among third-trimester pregnant women in facing childbirth. Pregnant women who received home care interventions demonstrated lower anxiety levels compared to those who received standard antenatal care. These findings indicate that individualized education, continuous emotional support, and family involvement provided through home care play an important role in improving psychological readiness for childbirth.

Based on these findings, it is recommended that primary health care facilities integrate home care services as a complementary component of routine antenatal care, particularly for pregnant women in the third trimester. Health professionals, especially midwives, should be encouraged to strengthen psychosocial support during home visits. Future research is recommended to use larger sample sizes and more robust study designs to explore further explore the long-term impact of home care on maternal and neonatal outcomes.

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Conflict of Interest

There are no potential conflicts of interest relevant to this article.

Data Availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to ethical and confidentiality considerations.

Authors' Contributions

Uliarta Marbuna conceptualized and designed the study, coordinated data collection, and prepared the initial draft of the manuscript. Irnawatia contributed to data analysis, result interpretation, and manuscript revision. Lili Purnama Saria participated in data collection and assisted in literature review and data management. Dahniara contributed to the implementation of the home care intervention and data acquisition. Arisna Kadira assisted in statistical analysis, data interpretation, and critical review of the manuscript. All authors read and approved the final manuscript.

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