



PROTEKSI ISI LAPORAN AKHIR PENELITIAN

Dilarang menyalin, menyimpan, memperbanyak sebagian atau seluruh isi laporan ini dalam bentuk apapun kecuali oleh peneliti dan pengelola administrasi penelitian

LAPORAN AKHIR PENELITIAN

ID Proposal: 671518ab-39fc-4d05-b2e7-6506c5fb3903
Laporan Akhir Penelitian: tahun ke-1 dari 1 tahun

1. IDENTITAS PENELITIAN

A. JUDUL PENELITIAN

Efektifitas Intervensi Family Center Maternity Care (FCMC) dalam menurunkan Kecemasan Ibu Hamil pada masa Pandemi Covid

B. BIDANG, TEMA, TOPIK, DAN RUMPUN BIDANG ILMU

Bidang Fokus RIRN / Bidang Unggulan Perguruan Tinggi	Tema	Topik (jika ada)	Rumpun Bidang Ilmu
Pengembangan Kesehatan Pendidikan	-	Luaran Kegiatan Pendidikan Model pengembangan dan intervensi pendidikan kesehatan	Ilmu Keperawatan

C. KATEGORI, SKEMA, SBK, TARGET TKT DAN LAMA PENELITIAN

Kategori (Kompetitif Nasional/ Desentralisasi/ Penugasan)	Skema Penelitian	Strata (Dasar/ Terapan/ Pengembangan)	SBK (Dasar, Terapan, Pengembangan)	Target Akhir TKT	Lama Penelitian (Tahun)
Penelitian Desentralisasi	Penelitian Kerjasama Antar Perguruan Tinggi	SBK Riset Dasar	SBK Riset Dasar	3	1

2. IDENTITAS PENGUSUL

Nama, Peran	Perguruan Tinggi/ Institusi	Program Studi/ Bagian	Bidang Tugas	ID Sinta	H-Index
KAMSATUN Ketua Pengusul	Poltekkes Kemenkes Bandung	Pendidikan Profesi Ners		6200387	0
VERA FAUZIAH FATAH Anggota Pengusul 1	Poltekkes Kemenkes Bandung	Pendidikan Profesi Ners	Pengumpulan data	6759240	0
SUSI SUSANTI Anggota Pengusul 2	Poltekkes Kemenkes Bandung	Keperawatan	Pengumpulan data	6759756	0
SOFIA FEBRUANTI Ketua TPM 1	Poltekkes Kemenkes Tasikmalaya	Pendidikan Profesi Ners	Tim Peneliti	5982388	0

3. MITRA KERJASAMA PENELITIAN (JIKA ADA)

Pelaksanaan penelitian dapat melibatkan mitra kerjasama, yaitu mitra kerjasama dalam melaksanakan penelitian, mitra

sebagai calon pengguna hasil penelitian, atau mitra investor

Mitra	Nama Mitra
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4. LUARAN DAN TARGET CAPAIAN

Luaran Wajib

Tahun Luaran	Jenis Luaran	Status target capaian (<i>accepted, published, terdaftar atau granted, atau status lainnya</i>)	Keterangan (<i>url dan nama jurnal, penerbit, url paten, keterangan sejenis lainnya</i>)
1	Artikel di Jurnal Nasional terakreditasi peringkat 1-3	Accepted	Jurnal Ilmu Teknogi dan Kesehatan

Luaran Tambahan

Tahun Luaran	Jenis Luaran	Status target capaian (<i>accepted, published, terdaftar atau granted, atau status lainnya</i>)	Keterangan (<i>url dan nama jurnal, penerbit, url paten, keterangan sejenis lainnya</i>)
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5. ANGGARAN

Rencana anggaran biaya penelitian mengacu pada PMK yang berlaku dengan besaran minimum dan maksimum sebagaimana diatur pada buku Panduan Penelitian dan Pengabdian kepada Masyarakat Edisi II.

Total RAB 1 Tahun Rp. 40,730,000

Tahun 1 Total Rp. 40,730,000

Jenis Pembelanjaan	Item	Satuan	Vol.	Biaya Satuan	Total
Analisis Data	HR Sekretariat/Administrasi Peneliti	OB	1	500,000	500,000
Analisis Data	HR Pengolah Data	P (penelitian)	1	1,000,000	1,000,000
Analisis Data	Uang Harian	OH	2	110,000	220,000
Analisis Data	Transport Lokal	OK (kali)	2	110,000	220,000
Analisis Data	Biaya konsumsi rapat	OH	20	50,000	1,000,000
Bahan	ATK	Paket	1	3,760,000	3,760,000
Bahan	Bahan Penelitian (Habis Pakai)	Unit	72	60,000	4,320,000
Bahan	Bahan	ONE	75	50,000	3,750,000
Bahan	Barang Persediaan	Unit	88	50,000	4,400,000
Pelaporan, Luaran Wajib, dan Luaran Tambahan	Biaya Publikasi artikel di Jurnal Nasional	Paket	1	500,000	500,000
Pengumpulan Data	HR Sekretariat/Administrasi Peneliti	OB	2	500,000	1,000,000
Pengumpulan Data	HR Petugas Survei	OH/OR	10	100,000	1,000,000
Pengumpulan Data	FGD persiapan penelitian	Paket	16	50,000	800,000
Pengumpulan Data	HR Pembantu Lapangan	OH	20	50,000	1,000,000
Pengumpulan Data	Uang Harian	OH	48	50,000	2,400,000
Pengumpulan Data	Transport	OK (kali)	76	110,000	8,360,000
Pengumpulan Data	Biaya konsumsi	OH	120	50,000	6,000,000
Sewa Peralatan	Transport penelitian	OK (kali)	5	100,000	500,000

6. HASIL PENELITIAN

A. RINGKASAN: Tuliskan secara ringkas latar belakang penelitian, tujuan dan tahapan metode penelitian, luaran yang ditargetkan, serta uraian TKT penelitian.

Pandemi covid 19 bersiko terhadap ibu hamil,karena adanya perubahan fisiologis dan imunologis yang dapat meningkatkan risiko komplikasi obstetrik dari infeksi pernapasan pada ibu hamil (Khan et al., 2020). Kecemasan ibu hamil pada masa pandemi covid dapat berdampak pada gangguan kehamilan sampai masa postpartum, seperti resiko depresi post partum,yang dapat diantisipasi sejak masa kehamilan. Dukungan perawatan dari keluarga, teman, tenaga kesehatan baik fisik maupun psikososial sangat diperlukan bagi ibu hamil. Metode penelitian adalah quasi experiment dengan pre-post test two group design . Populasi adalah ibu hamil di wilayah kerja Puskesmas Kabupaten Bandung dengan sampel tiap kelompok 30 orang, menggunakan teknik purposive sampling. Intervensi berupa pemberian edukasi menggunakan modul dalam edukasi dan pendampingan ibu hamil. Ibu hamil diberikan pre test dengan menggunakan kuesioner berupa kuesioner. Waktu yang mengisi kuesioner sekitar 15 menit. Selanjutnya ibu hamil diberikan edukasi dan pendampingan berupa intervensi FCMC .Waktu untuk edukasi dan pendampingan ibu hamil kira kira 30 menit. Edukasi dan Pendampingan dilakukan sebanyak 2 kali dengan interval 1 minggu. Post test dilakukan untuk mengetahui Kecemasan ibu hamil.Analisis dengan uji T test dependent dan uji T independent. Hasil penelitian terdapat pengaruh intervensi FCMC terhadap penurunan kecemasan ibu hamil, p-value 0,010

Luaran : artikel pada Jurnal sinta 3.(Jurnal Ilmu dan Teknologi Kesehatan) .

Target TKT3

B. KATA KUNCI: Tuliskan maksimal 5 kata kunci.

Kata Kunci: Family Center Maternity Care (FCMC); ibu hamil; Kecemasan

Pengisian poin C sampai dengan poin H mengikuti template berikut dan tidak dibatasi jumlah kata atau halaman namun disarankan ringkas mungkin. Dilarang menghapus/memodifikasi template ataupun menghapus penjelasan di setiap poin.

C. HASIL PELAKSANAAN PENELITIAN: Tuliskan secara ringkas hasil pelaksanaan penelitian yang telah dicapai sesuai tahun pelaksanaan penelitian. Penyajian dapat berupa data, hasil analisis, dan capaian luaran (wajib dan atau tambahan). Seluruh hasil atau capaian yang dilaporkan harus berkaitan dengan tahapan pelaksanaan penelitian sebagaimana direncanakan pada proposal. Penyajian data dapat berupa gambar, tabel, grafik, dan sejenisnya, serta analisis didukung dengan sumber pustaka primer yang relevan dan terkini.

Pengisian poin C sampai dengan poin H mengikuti template berikut dan tidak dibatasi jumlah kata atau halaman namun disarankan ringkas mungkin. Dilarang menghapus/memodifikasi template ataupun menghapus penjelasan di setiap poin.

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Hasil Penelitian

Hasil pengolahan data sebagai berikut

Tabel berikut menjelaskan tentang karakteristik dan kesetaraan responden antara kelompok intervensi dan kelompok kontrol berdasarkan umur, paritas dan pendidikan responden

Tabel 1. Karakteristik Responden pada kelompok intervensi dan kontrol

No	Variabel	Intervensi		Kontrol		Ket
		Frekuensi	(%)	Frekuensi	(%)	
1	Umur (Tahun)					
	Mean	28.77		27,53		
	Min	20		19		
	Maks	41		39		
2	Paritas					
	a.0 (Primi)	5	16.7%	9	30%	
	b. 1	11	36.7%	9	30%	
	c.>1	14	46.16%	12	40%	
	Jumlah	30	100	30	100	
3	Pendidikan					
	Pendidikan Dasar	20	66.7%	14	46.7%	
	Pendidikan Menengah	8	26,7%	15	50%	
	Pendidikan Tinggi	2	6,7%	1	3.3%	
	Jumlah	30	100	30	100	

Pendidikan responden terbanyak adalah Pendidikan Dasar. Responden sebagian besar sudah mempunyai anak 1 atau lebih, sebagian termasuk primigravida.

Tabel 2. Distribusi Rata-rata Skor Kecemasan Responden sebelum intervensi

Kelompok	Mean	SD	SE	<i>p-value</i>	N
Intervensi	11.70	3.669	0.670	0,467	30
Kontrol	10.33	4.130	0.754		30

Analisis perbedaan rerata Skor Kecemasan menunjukkan tidak ada perbedaan yang bermakna pada pre test dengan nilai $p=0,467$. $p>0,05$ maka varian sama (equal). Pada alpha 5 % didapat tidak ada perbedaan yang signifikan Skor Kecemasan sebelum intervensi antara kelompok intervensi dan kelompok kontrol. Hal ini menunjukkan bahwa sebelum intervensi kedua kelompok setara, tidak ada perbedaan antara kelompok intervensi dan kelompok kontrol.

Tabel 3. Distribusi Rata-rata Skor Kecemasan Responden setelah intervensi berdasarkan kelompok

Kelompok	Mean	SD	SE	<i>p-value</i>	N
Intervensi	10.03	3.079	0.562	0,010	30
Kontrol	9.23	4.376	0.799		30

Analisis perbedaan rerata skor kecemasan menunjukkan ada perbedaan yang bermakna pada post test dengan nilai $p=0,010$. $p<0,05$ maka varian tidak sama (tidak equal). Nilai $p<$ alpha (0.000), maka pada alpha 5% di dapat ada perbedaan yang signifikan rata rata skor kecemasan antara kelompok intervensi dan kelompok kontrol setelah diberikan intervensi. Hal ini menunjukkan ada perbedaan yang signifikan skor kecemasan responden setelah diberikan intervensi FCMC

Hasil uji statistik didapatkan nilai $p=0,010$ maka dapat disimpulkan ada perbedaan yang signifikan antara skor kecemasan sebelum dan sesudah penerapan intervensi FCMC. Sehingga dapat disimpulkan ada pengaruh intervensi terhadap kecemasan responden, $p-value < \alpha$ (0,05) maka secara statistik terdapat pengaruh intervensi FCMC terhadap kecemasan.

Tabel 4. Perubahan Rerata Nilai Kecemasan sebelum dan sesudah intervensi

Variabel	Intervensi (n=30)				Kontrol (n= 30)			
	Pre	Post	Beda	P	Pre	Post	Beda	P
Kecemasan	11.70	10.33	1.33	0,467	10.03	9.23	0.8	0,010

Rerata Kecemasan pre test kelompok intervensi adalah 11.70 dan Kecemasan post test adalah 10.33. Terlihat nilai mean perbedaan antara pre test dan post test adalah 1,33. Hasil uji statistik didapatkan nilai $p=0,010$ maka dapat disimpulkan ada perbedaan yang signifikan antara Kecemasan sebelum dan sesudah intervensi FCMC. Sehingga dapat disimpulkan ada pengaruh intervensi FCMC terhadap penurunan kecemasan responden, $p\text{-value} < \alpha (0,05)$ maka secara statistik terdapat pengaruh intervensi FCMC terhadap kecemasan.

Pada kedua kelompok baik kelompok intervensi maupun kontrol menunjukkan ada pengaruh. Pada kelompok intervensi (penerapan FCMC) menunjukkan peningkatan yang sangat signifikan yang dapat dilihat pada nilai perbedaan (cukup signifikan) pada kelompok intervensi. Hasil uji statistik didapatkan nilai $p=0,010$ maka dapat disimpulkan ada perbedaan yang signifikan antara Kecemasan sebelum dan sesudah intervensi FCMC. Sehingga dapat disimpulkan ada pengaruh intervensi FCMC terhadap penurunan kecemasan responden, $p\text{-value} < \alpha (0,05)$ maka secara statistik terdapat pengaruh intervensi FCMC terhadap kecemasan.

Pendekatan FCMC melalui pengkajian kebutuhan ibu hamil, memfasilitasi kehadiran keluarga, suami, orang tua, teman, kader, pendampingan keluarga secara berkelanjutan, pemanfaatan media pendidikan kesehatan dan melibatkan keluarga dalam perawatan fisik dan psikologis ibu hamil. Intervensi keperawatan ini sangat penting sebagai *supportive-educative system*.

Pendampingan orang tua sebagai bagian yang tidak dapat dipisahkan merupakan sumber motivasi bagi ibu hamil dalam meningkatkan psikologis ibu hamil. (Stelwagen, 2020)

Dukungan pada keluarga dalam pelaksanaannya sangat membutuhkan dukungan dari interprofesional (Lega, et. all, 2022)

Ibu dengan dukungan keluarga melalui pendekatan FCMC diharapkan memiliki kemampuan yang optimal dalam beradaptasi secara maternal pada masa nifas, juga kemampuan dalam mengasuh bayi (Clay & Parsh, 2014). Perawatan yang berpusat pada keluarga (FCMC) adalah perawatan yang dirancang untuk memenuhi kebutuhan informasional, sosial, emosional,

kenyamanan, dan dukungan bagi wanita hamil normal (mereka yang tidak memiliki komplikasi atau penyakit yang menyertai) dan keluarga mereka selama kehamilan.

Family Centered Maternity Care (FCMC) adalah perawatan yang berpusat pada keluarga yang digunakan untuk mengintegrasikan kehamilan, persalinan, nifas, kemudian perawatan bayi (Widhiastuti, R., & Muryani, S. 2021).

Hasil penelitian Lega et al tahun 2022 menyatakan bahwa dukungan sosial termasuk dari pelayanan kesehatan perlu untuk ditingkatkan. Upaya meningkatkan dukungan selama pandemi sangat penting karena banyak masalah psikologis yang terjadi pada masa kehamilan seperti kesulitan keuangan, gangguan emosi, kecemasan sebelum hamil maupun saat hamil, dalam pelaksanaannya sangat membutuhkan dukungan dari semua pihak (Lega, et al, 2022). Perubahan dalam pelayanan antenatal dikeluhkan kurang lebih 60 % ibu hamil, sehingga dukungan dari teman, keluarga sangat membantu mengurangi masalah psikologis selama kehamilan

SIMPULAN

Hasil penelitian terdapat pengaruh intervensi FCMC terhadap penurunan kecemasan ibu hamil, $p\text{-value}$ $0,010 < \alpha (0,05)$.

Implikasi penelitian ini dapat sebagai acuan dalam mengembangkan program dengan FCMC menekankan edukasi dan pendampingan yang memungkinkan wanita hamil untuk mengambil peran aktif dalam meningkatkan kesehatannya dan mendorong keterlibatan anggota keluarga. Dukungan perawatan dari keluarga, teman, tenaga kesehatan baik fisik maupun psikososial sangat diperlukan bagi ibu hamil untuk pencegahan kecemasan yang dapat berdampak buruk bagi ibu hamil dan janinnya

D. STATUS LUARAN: Tuliskan jenis, identitas dan status ketercapaian setiap luaran wajib dan luaran tambahan (jika ada) yang dijanjikan. Jenis luaran dapat berupa publikasi, perolehan kekayaan intelektual, hasil pengujian atau luaran lainnya yang telah dijanjikan pada proposal. Uraian status luaran harus didukung dengan bukti ketercapaian luaran sesuai dengan luaran yang dijanjikan. Lengkapi isian jenis luaran yang dijanjikan serta unggah bukti dokumen ketercapaian luaran wajib dan luaran tambahan melalui Simlitabkes.

Luaran : Tahap Submitted artikel pada Jurnal sinta 3, Jurnal Ilmu dan Teknologi Kesehatan

E. PERAN MITRA: Tuliskan realisasi kerjasama dan kontribusi Mitra baik *in-kind* maupun *in-cash* (untuk PTUPT, PPUPT serta KRUPPT). Bukti pendukung realisasi kerjasama dan realisasi kontribusi mitra dilaporkan sesuai dengan kondisi yang sebenarnya. Bukti dokumen realisasi kerjasama dengan Mitra diunggah melalui Simlitabkes.

Tidak ada Mitra

F. KENDALA PELAKSANAAN PENELITIAN: Tuliskan kesulitan atau hambatan yang dihadapi selama melakukan penelitian dan mencapai luaran yang dijanjikan, termasuk penjelasan jika pelaksanaan penelitian dan luaran penelitian tidak sesuai dengan yang direncanakan atau dijanjikan.

Hambatan : Jurnal Ilmu dan Teknologi Kesehatan hanya 2 kali terbit yaitu bulan Maret dan bulan September
Sementara masih bulan Nopember

G. RENCANA TAHAPAN SELANJUTNYA: Tuliskan dan uraikan rencana penelitian di tahun berikutnya berdasarkan indikator luaran yang telah dicapai, rencana realisasi luaran wajib yang dijanjikan dan tambahan (jika ada) di tahun berikutnya. Pada bagian ini diperbolehkan untuk melengkapi penjelasan dari setiap tahapan dalam metoda yang telah direncanakan termasuk jadwal berkaitan dengan strategi untuk mencapai luaran seperti yang telah dijanjikan dalam proposal. Jika diperlukan, penjelasan dapat juga dilengkapi dengan gambar, tabel, diagram, serta pustaka yang relevan. Jika laporan akhir tahun merupakan laporan pelaksanaan tahun terakhir, pada bagian ini dapat dituliskan rencana penyelesaian target yang belum tercapai.

Menunggu review artikel jurnal yaitu Jurnal sinta 3, Jurnal Ilmu dan Teknologi Kesehatan

H. DAFTAR PUSTAKA: Penyusunan Daftar Pustaka berdasarkan sistem nomor sesuai dengan urutan pengutipan. Hanya pustaka yang disitasi pada laporan akhir tahun yang dicantumkan dalam Daftar Pustaka.

1. Clay, A., & Parsh, B. (2014). Patient- and family-centered care: not just for kids. *Nursing*, 44(5), 57-58. doi: 10.1097/01.NURSE.0000445764.18817.d2
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11. WHO. (2020). Coronavirus. https://www.who.int/health-topics/coronavirus#tab=tab_1
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13. Lega, I., Bramante, A., Lauria, L., Grussu, P., Dubini, V., Falcieri, M., Ghiani, M. C., Giordano, A., Guidomei, S., Mignuoli, A. D., Paris, S., Bettinelli, M. E., Proietti, P., Andreozzi, S., Brenna, V., Bucciarelli, M., Martelli, G., Ferraro, C., Torrisi, M., ... Donati, S. (2022). The Psychological Impact of COVID-19 among Women Accessing Family Care Centers during Pregnancy and the Postnatal Period in Italy. *International Journal of Environmental Research and Public Health*. <https://doi.org/10.3390/ijerph19041983>
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Dokumen pendukung luaran Wajib #1

Luaran dijanjikan: Artikel di Jurnal Nasional terakreditasi peringkat 1-3

Target: Accepted

Dicapai: Accepted

Dokumen wajib diunggah:

1. Naskah artikel
2. Surat keterangan accepted dari editor

Dokumen sudah diunggah:

1. Surat keterangan accepted dari editor
2. Naskah artikel

Dokumen belum diunggah:

-

Family Center Maternity Care (FCMC) is Effective in Reducing Anxiety in Pregnant Women

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ABSTRACT

The COVID-19 pandemic poses a risk to pregnant women due to physiological and immunological changes that can increase the risk of obstetric complications from respiratory infections in pregnant women. Anxiety for pregnant women during the Covid pandemic can impact pregnancy disorders until postpartum, such as anxiety can be anticipated during pregnancy. Care support from family, friends, and health workers, both physically and psychosocially, is needed for pregnant women. The research method is quasi-experimental with a pre-post test two-group design. The population is pregnant women in Gajah Village, Kutawaringin sub-district, Bandung Regency, with a sample of 30 people per group, using a purposive sampling technique. Before the intervention, pregnant women were given a pre-test using a questionnaire. The time to fill out the questionnaire is approximately 15 minutes. The FCMC intervention is in the form of providing education using the module and assisting pregnant women. The duration of education and assistance for pregnant women is approximately 30 minutes. Education and assistance are carried out twice an interval of 1 week. Post-test was conducted to determine the anxiety of pregnant women—analysis with T-test dependent test and independent T-test. The results showed an effect of the FCMC intervention on reducing the anxiety of pregnant women, with a p-value of 0.000. FCMC interventions and modules can be a reference in improving services for pregnant women and support for pregnant women and their families in preventing anxiety.

Keywords: Family Center Maternity Care (FCMC); pregnancy; Anxiety

ABSTRAK

Pandemi covid 19 berisiko terhadap ibu hamil, karena adanya perubahan fisiologis dan imunologis yang dapat meningkatkan risiko komplikasi kebidanan dari infeksi pernapasan pada ibu hamil (Khan et al., 2020). Kecemasan ibu hamil pada masa pandemi covid dapat berdampak pada gangguan kehamilan sampai masa postpartum, seperti kecemasan ,yang dapat diantisipasi sejak masa kehamilan. Dukungan perawatan dari keluarga, teman, tenaga kesehatan baik fisik maupun psikososial sangat diperlukan bagi ibu hamil. Metode penelitiannya adalah quasi

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Restrictions on health services, such as antenatal care, and programs for pregnant women, such as exercise for pregnant women, can increase the risk of declining the health of pregnant women due to a lack of monitoring. Reduced support from health workers during the Covid 19 pandemic and families during pregnancy can cause stress for mothers. Weak physical conditions and high anxiety can lead to a lack of health care for both mother and baby, which can cause stress in pregnant women. The family approach can improve health indicators for pregnant women (Samal, 2016)

The Covid 19 pandemic risks increasing the threat of risk to vulnerable groups. One of the groups that are vulnerable to the Covid-19 virus is pregnant women (Luo and Yin, 2020; Hazfiarini *et al.*, 2022). The risk for pregnant women can increase due to

physiological and immunological changes that increase the risk of obstetric complications from respiratory infections in pregnant women (Suliman *et al.*, 2020). Information about Covid-19 during pregnancy is still limited, which can hurt the health of pregnant women during their pregnancy during the Covid-19 pandemic (Liang and Acharya, 2020). Anxiety during the covid pandemic can impact pregnancy disorders even up to the postpartum period.

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This research is a Quasy Experimental study with a pre-test - post-test two-group design. The population is pregnant women in the work area of the Bandung District Health Center, with a sample of 30 people per group, so the total sample is 60 people. The sampling technique used purposive sampling technique. The time for conducting the research is from July to December 2022. The intervention is in the form of providing education using educational modules and assisting pregnant women. Assistance was carried out by the research team by involving cadres as a team by facilitating the presence of family, husbands, and parents to discuss the module material provided. The pre-test was carried out by filling out the anxiety questionnaire. The post-test was carried out in the treatment group after the FCMC intervention was given. The control group was only given the module without assistance.

complications of pregnancy and the after-effects of the postpartum period for both pregnant women and the unborn fetus, as well as prevention of infection which is very urgent to prevent disease, especially covid

This research consists of two stages, namely:

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Intervention in the form of providing education using modules in Empowering pregnant women. Pre-test using a questionnaire in the form of a questionnaire.

The time required to fill out the questionnaire is approximately 15 minutes. Furthermore, pregnant women are given FCMC interventions, namely providing education using modules and mentoring. The time for

educating and assisting pregnant women is approximately 30 minutes. Education and assistance are carried out two times an interval of 1 week. Post-test was conducted to determine the anxiety of pregnant women.

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No	Variable	Intervention		Control	
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Analysis of the average Anxiety Score difference showed no significant difference in the pre-test with a p -value = 0.467. $p > 0.05$, then the variance is equal. At alpha 5%, there was no significant difference in anxiety

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Analysis of the average anxiety score difference showed a significant difference in the post-test with a $p = 0.010$. $p < 0.05$, then the variances are not equal (not equal). The p -value $< \alpha$ (0.000), then at 5% alpha, there can be a significant difference in the

average anxiety score between the intervention group and the control group after being given the intervention. This shows a significant difference in the anxiety scores of the respondents after being given the FCMC intervention.

Table 4. Changes in Average Anxiety Score before and after intervention

Variable	Intervention (n=30)				Control (n= 30)			
	Pre	Post	Different	<i>p.s</i>	Pre	Post	Different	<i>p.s</i>
Worry	11.70	10.33	1.4	0.00	10.03	9.23	1,1	0.000

The mean pre-test anxiety for the intervention group was 11.70, and post-test anxiety was 10.33. The mean difference between the pre-test and post-test is 1.4. Statistical test results obtained p -value = 0.000, it can be concluded that there is a significant difference between anxiety before and after the FCMC intervention. So, it can be concluded that there is an effect of FCMC intervention on decreasing

respondent's anxiety, p -value $< \alpha$ (0.05), so statistically, there is an effect of FCMC intervention on anxiety. In both groups, both the intervention and control groups showed a significant effect. The intervention group (the application of FCMC) showed a greater increase than the control group. The FCMC approach is through assessing the needs of pregnant women, facilitating the presence of family, husband, parents, friends, cadres, and

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The results showed an effect of the FCMC intervention on reducing pregnant women's anxiety, *with a p-value* of $0.010 < \alpha (0.05)$. There was also a decrease in the control group, so it can be concluded that both FCMC and without FCMC intervention or only with the module can reduce anxiety. The implications of this research can be used as a reference in developing the FCMC program by emphasizing education through modules and assistance that allows pregnant women to take an active role in improving their health and encourages the involvement of family members. Care support from

family, friends, and health workers, both physically and psychosocially, is needed for pregnant women to prevent the anxiety that can hurt them and their fetuses.

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Family Center Maternity Care (FCMC) is Effective in Reducing Anxiety in Pregnant Women

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ABSTRACT

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