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Pengembangan Layanan Kesehatan Mental Antenatal Melalui Kolaborasi Tenaga Kesehatan Untuk Pengelolaan Kecemasan Pada Ibu Hamil di Layanan Primer
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ABSTRAK

Latar Belakang: Kecemasan selama kehamilan adalah masalah kesehatan mental yang umum terjadi selama kehamilan yang dapat mengancam kesehatan ibu dan perkembangan bayi/anak jika tidak ditangani. Di fasilitas pelayanan kesehatan primer, perawatan antenatal masih lebih fokus pada pemeriksaan fisik. Skrining psikologis dan intervensi masih belum terintegrasi dengan baik. Model layanan kesehatan mental antenatal berbasis kolaborasi perlu diterapkan di pelayanan primer, dengan melibatkan banyak penyedia layanan kesehatan.
Tujuan: Mengembangkan model layanan kesehatan mental antenatal yang berbasis kolaborasi (bidan, dokter, psikolog) di antara penyedia layanan kesehatan primer dalam pengelolaan kecemasan pada wanita hamil, dan menguji efektivitasnya dalam mengurangi kecemasan serta meningkatkan kepuasan ibu dan kolaborasi penyedia.
Metode: Penelitian menggunakan *mixed methods* dengan pendekatan *exploratory sequential design.* Studi kualitatif dengan desain fenomenologis deskriptif melalui wawancara individu semi-terstruktur dan diskusi kelompok terarah (FGD) pada 20 partisipan yang terdiri dari ibu hamil, bidan, dokter, psikolog, serta pemangku kebijakan. Data dianalisis secara induktif menggunakan analisis tematik enam langkah Braun dan Clarke. Temuan kualitatif digunakan untuk menyusun dan memfinalisasi model Si-Laksmi. Tahap kuantitatif menggunakan *quasi-experiment nonequivalent pre-test post-test with control group design* pada total 60 responden, pada masing-masing kelompok yang diikuti mulai trimester 1 hingga trimester 3 (*consecutive sampling*). Digunakan instrumen EPDS-3A, PRAQ-R2, CSQ-8 dan CSACD untuk mengevaluasi efektivitas. Analisis meliputi uji beda, *repeated-measures ANOVA*, *effect size*, dan regresi linear berganda.
Hasil: Studi kualitatif pada wilayah yang belum terintegrasi layanan kesehatan mental dalam ANC mengidentifikasi tiga tema: 1) Determinan dan upaya mengelola kecemasan pada masa kehamilan; 2) Kesenjangan layanan kesehatan mental; dan 3). Kebutuhan dan harapan integrasi layanan Kesehatan mental berbasis kolaborasi tenaga kesehatan, sedangkan wilayah yang telah terintegrasi layanan kesehatan mental dalam ANC) teridentifikasi dua tema: 1). Dinamika dan praktik layanan antenatal yang terintegrasi kesehatan mental; 2). Unsur-unsur kolaborasi antarprofesi pada layanan ANC terintegrasi kesehatan mental. Pada data kuantitatif, proporsi tidak cemas pada trimester 3 (T2) lebih tinggi pada kelompok intervensi dibanding kontrol (83,3% vs 53,3%; p=0,012). Skor PRAQ-R2 kelompok intervensi menurun bermakna (T0–T2 Δ=4,5; p<0,001). Repeated-measures ANOVA interaksi kelompok×waktu signifikan pada EPDS-3A (F=3,91; p<0,001; effect size=−1,28) dan PRAQ-R2 (F=7,38; p<0,001; effect size=−0,72). Kepuasan ibu meningkat signifikan (CSQ-8: 26,3±2,91 menjadi 29,1±2,40; p<0,001) dan lebih tinggi dibanding kontrol (effect size=1,53). Kolaborasi dan kepuasan tenaga kesehatan meningkat dalam kelompok intervensi (p=0,003), tetapi perbedaan perubahan dibandingkan kelompok kontrol belum mencapai signifikansi statistik. Analisis multivariat: intervensi konsisten menurunkan kecemasan umum EPDS 3A (koefisien −2,1 s.d. −2,5; p < 0,001; model terpilih R^2 0,36), kecemasan spesifik PRAQ R2 (koefisien −4,6 s.d. −5,9; p < 0,001), dan meningkatkan kepuasan ibu (koefisien 2,4 s.d. 3,2; p < 0,001; model terbaik R^2 0,52).
Kesimpulan: Model inovatif Si-Laksmi yang mengintegrasikan kolaborasi bidan, dokter, dan psikolog secara efektif mengurangi kecemasan umum dan kecemasan spesifik kehamilan, sekaligus meningkatkan kepuasan ibu di semua trimester kehamilan di pelayanan primer.

Kata Kunci: layanan kesehatan mental antenatal; kecemasan kehamilan; layanan kesehatan primer; kepuasan ibu hamil; kolaborasi tenaga kesehatan.

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ABSTRACT

Background: *Anxiety during pregnancy is a common mental health problem that may threaten maternal health and infant/child development if left unaddressed. In primary healthcare settings, antenatal care remains predominantly focused on physical examinations, while psychological screening and interventions have not yet been well integrated. A collaborative antenatal mental health care model involving multiple healthcare providers is therefore needed in primary healthcare services.*
Objective: To develop a collaborative antenatal mental health care model involving midwives, physicians, and psychologists within primary healthcare settings for the management of anxiety among pregnant women, and to evaluate its effectiveness in reducing anxiety while improving maternal satisfaction and provider collaboration.
Methods: *This study employed a mixed-methods approach using an exploratory sequential design. The qualitative phase applied a descriptive phenomenological design through semi-structured individual interviews and focus group discussions (FGDs) involving 20 participants, including pregnant women, midwives, physicians, psychologists, and policymakers. Data were analyzed inductively using Braun and Clarke's six-step thematic analysis. The qualitative findings were used to develop and finalize the Si-Laksmi model. The quantitative phase employed a quasi-experimental nonequivalent pre-test–post-test control group design involving a total of 60 participants, with respondents in each group followed from the first to the third trimester using consecutive sampling. The EPDS-3A, PRAQ-R2, CSQ-8, and CSACD instruments were used to evaluate effectiveness. Data analysis included comparative tests, repeated-measures ANOVA, effect size estimation, and multiple linear regression.*
Results: *The qualitative study conducted in areas where antenatal mental health services had not yet been integrated identified three themes: (1) determinants of and strategies for managing anxiety during pregnancy; (2) gaps in mental health services; and (3) the need for and expectations regarding the integration of collaborative antenatal mental health services. In contrast, areas with integrated antenatal mental health services generated two themes: (1) the dynamics and practices of integrated antenatal mental health care; and (2) interprofessional collaboration components within integrated ANC services. Quantitative findings showed that the proportion of women without anxiety in the third trimester (T2) was significantly higher in the intervention group than in the control group (83.3% vs. 53.3%; $p=0.012$). PRAQ-R2 scores decreased significantly in the intervention group (T0–T2 $\Delta=4.5$; $p<0.001$). Repeated-measures ANOVA demonstrated significant group × time interactions for EPDS-3A ($F=3.91$; $p<0.001$; effect size$=-1.28$) and PRAQ-R2 ($F=7.38$; $p<0.001$; effect size$=-0.72$). Maternal satisfaction increased significantly (CSQ-8: 26.3±2.91 to 29.1±2.40; $p<0.001$) and was higher than that of the control group (effect size=1.53). Collaboration and healthcare provider satisfaction also improved significantly within the intervention group ($p=0.003$); however, the difference in change between the intervention and control groups did not reach statistical significance. Multivariate analysis showed that the intervention consistently reduced general anxiety measured by EPDS-3A (coefficient -2.1 to -2.5; $p<0.001$; selected model $R^2=0.36$), pregnancy-specific anxiety measured by PRAQ-R2 (coefficient -4.6 to -5.9; $p<0.001$), and increased maternal satisfaction (coefficient 2.4 to 3.2; $p<0.001$; best model $R^2=0.52$).*
Conclusion: *The innovative Si-Laksmi model, which integrates collaboration among midwives, physicians, and psychologists, effectively reduces both general and pregnancy-specific anxiety while improving maternal satisfaction throughout all trimesters of pregnancy in primary healthcare settings.*

Keywords: *antenatal mental health services; pregnancy anxiety; primary healthcare; maternal satisfication; interprofessional collaboration*