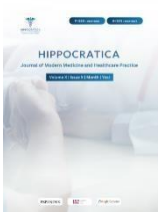

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The Relationship Between Previous Childbirth Experience and Self-Efficacy Among Third-Trimester Multigravida Pregnant Women in Preparing for Childbirth at Santi Rahayu Independent Midwifery Practice, Malang Regency

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Abstract

Childbirth is a complex physiological and psychological experience in which previous birth experiences may influence women's confidence in preparing for subsequent deliveries. This study aimed to examine the relationship between previous childbirth experience and childbirth self-efficacy among third-trimester multigravida pregnant women at Santi Rahayu Independent Midwifery Practice, Malang Regency. This empirical study employed a quantitative correlational design with a cross-sectional approach. The study involved 31 third-trimester multigravida pregnant women with gestational ages of 28–40 weeks who were recruited using total population sampling during March–April 2022. Data were collected using the Childbirth Experience Questionnaire version 2 (CEQ-2) and the Childbirth Self-Efficacy Inventory (CBSEI), and were analyzed using Spearman's Rank correlation test. The findings showed that 71.0% of respondents reported negative childbirth experiences and 51.6% demonstrated low childbirth self-efficacy. Statistical analysis revealed a significant positive relationship between previous childbirth experience and childbirth self-efficacy ($p < 0.001$) with a strong correlation coefficient ($\rho = 0.600$). The findings indicate that women with more positive previous childbirth experiences tend to have higher confidence in preparing for childbirth. Assessing previous childbirth experiences during antenatal care may support individualized psychological interventions to strengthen maternal confidence before labor.

Keywords: *Childbirth Experience, Childbirth Self-Efficacy, Multigravida, Pregnancy, Third Trimester.*

INTRODUCTION

Childbirth represents a multidimensional physiological and psychological transition in which pain, emotional responses, cognitive appraisal, and social support interact dynamically to shape maternal adaptation throughout pregnancy and labor, making psychological readiness an increasingly recognized determinant of obstetric outcomes rather than merely a complementary aspect of maternity care (J.S. Sondakh, 2013). The contemporary maternity care paradigm has progressively shifted from emphasizing clinical safety alone toward integrating maternal psychological well-being, self-efficacy, and positive birth experiences as essential indicators of quality maternal healthcare because emotional preparedness substantially influences women's responses to labor challenges (Annisa et al., 2017). Current evidence consistently demonstrates that childbirth self-efficacy, conceptualized as a woman's confidence in her capability to successfully cope with labor and delivery, constitutes one of the strongest psychological predictors of adaptive coping behaviors during childbirth (Bandura, 1997). Within Bandura's social cognitive framework, mastery experiences derived from previous successful performances constitute the most influential source of self-efficacy beliefs, suggesting that previous childbirth experiences may substantially shape women's confidence when preparing for subsequent deliveries (Bandura, 2006). This theoretical proposition is reinforced by personality psychology, which recognizes that cognitive evaluations of previous life events continuously influence expectations and behavioral responses toward similar future experiences (Alwisol, 2019). Despite increasing international attention to childbirth self-efficacy, the mechanisms through which previous childbirth

experiences influence psychological preparedness among multigravida women remain insufficiently elucidated across diverse maternal healthcare settings. In Indonesia, strengthening maternal psychological readiness has become increasingly relevant because effective preparation for childbirth extends beyond physical assessment and requires comprehensive antenatal care that addresses women's emotional adaptation before labor begins.

Previous empirical studies consistently indicate that childbirth self-efficacy is associated with lower fear of childbirth, reduced prenatal stress, better coping strategies, and more favorable maternal and neonatal outcomes, although the magnitude and determinants of these associations vary considerably across populations and healthcare systems (Heravan & Rashki, 2022). Randomized controlled trials have demonstrated that motivational interviewing and structured childbirth preparation programs effectively improve women's childbirth perceptions and self-efficacy, suggesting that psychological readiness is responsive to targeted interventions rather than being a fixed personal characteristic (Barut & Uçar, 2023). A recent systematic review and meta-analysis further concluded that antenatal education significantly enhances maternal self-efficacy while simultaneously reducing childbirth fear and improving birth outcomes across multiple countries, strengthening the evidence supporting psychological preparation as an integral component of maternity services (Zaman et al., 2025). Similar findings from Indonesia reveal that childbirth preparation classes, Smart Mother Classes, and hypnobirthing relaxation interventions contribute to improved childbirth self-efficacy and reduced maternal anxiety, indicating that psychosocial interventions remain clinically beneficial within local healthcare contexts (Runjati et al., 2022). Research also demonstrates that maternal knowledge, age, parity, educational attainment, and antenatal care compliance collectively influence childbirth preparation and psychological readiness, implying that self-efficacy emerges from interactions between personal experiences and broader sociodemographic factors rather than from a single determinant (Azahra & Soekiswati, 2025). Existing evidence increasingly supports the proposition that childbirth experience and maternal confidence develop through reciprocal psychological processes whose complexity cannot be adequately explained by isolated demographic characteristics alone.

Although childbirth self-efficacy has become an important research focus, the current body of literature remains conceptually fragmented because many studies predominantly investigate primigravida women while relatively limited attention has been devoted to multigravida mothers whose previous childbirth experiences may simultaneously function as sources of confidence or psychological vulnerability (Dwiarini, 2022). Recent investigations continue to report significant relationships between childbirth fear, prenatal attachment, and childbirth self-efficacy among first-time mothers, leaving uncertainty regarding whether similar psychological mechanisms operate among women with previous childbirth histories (Gürsoy & Palas Karaca, 2025). Analytical studies examining determinants of childbirth self-efficacy have identified multiple associated factors, yet previous childbirth experience itself has rarely been evaluated as an independent experiential construct that may generate either mastery experiences or persistent traumatic memories influencing future pregnancy adaptation (Bostan & Kabukcuoğlu, 2022). Recent systematic evaluations of childbirth experience measurement have also highlighted substantial methodological heterogeneity across assessment instruments, limiting cross-study comparisons and weakening cumulative evidence regarding how childbirth experiences should be conceptualized and operationalized within maternal health research (Cheng et al., 2025). The availability of a culturally validated Indonesian version of the Childbirth Self-Efficacy Inventory provides a stronger methodological foundation for investigating childbirth self-efficacy among Indonesian women, although its application to multigravida populations remains relatively limited (Suryaningsih et al., 2022). These unresolved conceptual and methodological issues indicate that important empirical questions remain regarding the psychological significance of previous childbirth experiences among women approaching another delivery.

Addressing these gaps is scientifically and clinically important because anxiety before childbirth continues to represent a persistent maternal health concern that may compromise labor progression, maternal coping capacity, and psychological well-being if not identified and managed appropriately (Nurbaiti et al., 2025). Evidence from Indonesian maternity settings demonstrates that stronger childbirth self-efficacy is consistently associated with lower anxiety levels among third-trimester pregnant women, emphasizing the practical relevance of strengthening maternal confidence before labor begins (Septieny Sitepu, 2025). Studies investigating childbirth preparation further reveal that parity, maternal knowledge, and previous reproductive experiences significantly influence women's

readiness for delivery, although the direct contribution of previous childbirth experience to self-efficacy has not yet been comprehensively clarified (Rokmah & Karim, 2025). Research has also shown that supportive interpersonal environments, including spousal assistance during childbirth, contribute to reduced maternal anxiety, indicating that psychological readiness develops through interactions between personal experiences and contextual support systems (Yulianti & Syaifuro, 2025). Within routine midwifery practice, understanding whether previous childbirth experiences enhance or undermine self-efficacy has immediate implications for designing individualized antenatal counseling strategies for multigravida women rather than assuming that previous childbirth automatically results in greater psychological preparedness. Such evidence is particularly relevant for independent midwifery practices, where personalized continuity of care provides opportunities to identify women whose previous childbirth experiences may require additional psychological intervention before labor.

This study is positioned within the expanding interdisciplinary literature integrating maternal psychology, social cognitive theory, and evidence-based midwifery by specifically examining previous childbirth experience as a theoretically meaningful experiential determinant of childbirth self-efficacy among third-trimester multigravida pregnant women receiving antenatal care at Santi Rahayu Independent Midwifery Practice, Malang Regency. Rather than treating parity merely as a demographic characteristic, this research conceptualizes previous childbirth experience as an accumulated psychological resource whose quality may influence maternal confidence through mechanisms proposed in self-efficacy theory. The investigation also extends existing Indonesian evidence by focusing on multigravida women in a community-based maternity care setting where individualized antenatal services can facilitate more contextualized psychological assessment. Such an approach is expected to strengthen understanding of how experiential learning acquired from previous childbirth contributes to women's preparation for subsequent deliveries under routine midwifery care.

The present study therefore aims to analyze the relationship between previous childbirth experience and childbirth self-efficacy among third-trimester multigravida pregnant women in preparing for childbirth at Santi Rahayu Independent Midwifery Practice, Malang Regency. The study is expected to contribute theoretically by enriching the application of self-efficacy theory within maternal psychological adaptation during repeated pregnancies while clarifying the experiential mechanisms underlying maternal confidence before labor. Methodologically, the research provides empirical evidence from a community-based Indonesian maternity setting using a validated measurement approach for childbirth self-efficacy among multigravida women. The findings are expected to support the development of more individualized antenatal counseling strategies that incorporate women's previous childbirth experiences as an integral component of psychological preparation for safe and positive childbirth.

RESEARCH METHODS

This study employed an empirical quantitative research design using a correlational analytic approach with a cross-sectional design to examine the relationship between previous childbirth experience and childbirth self-efficacy among third-trimester multigravida pregnant women preparing for childbirth. The study was conducted at Santi Rahayu Independent Midwifery Practice (PMB Santi Rahayu), Kemantren Village, Jabung District, Malang Regency, during March–April 2022. The study population comprised all third-trimester multigravida pregnant women attending antenatal care at the study site, and total population sampling was applied, resulting in a final sample of 31 respondents. Eligible participants were multigravida women with a gestational age of 28–40 weeks, able to communicate effectively, willing to participate by providing written informed consent, and capable of completing the study questionnaires independently. Women diagnosed with severe obstetric complications, cognitive impairment, or incomplete questionnaire responses were excluded from the analysis. Data were collected through direct administration of structured questionnaires following participant recruitment and eligibility screening, enabling simultaneous measurement of previous childbirth experience and childbirth self-efficacy in accordance with the principles of cross-sectional observational research (Suryaningsih et al., 2022).

Previous childbirth experience was assessed using the Childbirth Experience Questionnaire version 2 (CEQ-2), consisting of 22 items rated on a four-point Likert scale, which demonstrated satisfactory psychometric properties with item validity coefficients ranging from 0.654 to 0.899 and a Cronbach's alpha coefficient of 0.840. Childbirth self-efficacy was measured using the Childbirth Self-

Efficacy Inventory (CBSEI) adapted to the Indonesian context, comprising 16 validated items with excellent internal consistency (Cronbach's alpha = 0.960), and the Indonesian version has demonstrated adequate validity and reliability for assessing childbirth self-efficacy among pregnant women (Suryaningsih et al., 2022). Descriptive statistics were used to summarize respondents' demographic and obstetric characteristics, while the association between previous childbirth experience and childbirth self-efficacy was analyzed using Spearman's Rank correlation test because both variables were measured on ordinal scales and did not require assumptions of normal distribution. Statistical analyses were performed using a significance level of $p < 0.05$. Ethical principles of voluntary participation, confidentiality, anonymity, and the right to withdraw at any stage were upheld throughout the research process, and ethical approval was obtained from the appropriate institutional research ethics committee before data collection commenced, with all participants providing written informed consent prior to enrollment.

RESULTS AND DISCUSSION

Mother's Labor Experience

Previous childbirth experience was analyzed to describe the quality of labor experiences among third-trimester multigravida pregnant women receiving antenatal care at Santi Rahayu Independent Midwifery Practice, Malang Regency. Childbirth experience constitutes an important psychological component because it reflects how women cognitively and emotionally interpret previous labor events, which may subsequently influence their readiness for future childbirth. In multigravida women, previous birth experiences become an accumulated source of knowledge and emotional memory that may either strengthen or weaken confidence when preparing for another delivery. Examining the distribution of childbirth experience therefore provides an initial understanding of the psychological characteristics of the study population before assessing its relationship with childbirth self-efficacy.

Table 1. Frequency Distribution of Childbirth Experience

Childbirth Experience	Frequency (n)	Percentage (%)
Negative	22	71,0
Positive	9	29,0
Total	**31**	**100**

Table 1 indicates that 22 respondents (71,0%) reported a negative childbirth experience, whereas only nine respondents (29,0%) described their previous childbirth experience as positive. This distribution demonstrates that negative birth experiences were considerably more common among the respondents than positive ones. Such findings suggest that many women entered their current pregnancy carrying unfavorable memories of previous childbirth, which may influence their emotional preparation and expectations regarding the upcoming labor process. The predominance of negative childbirth experiences deserves careful attention because subjective perceptions of childbirth often extend beyond obstetric outcomes and continue to influence maternal psychological well-being long after delivery.

Childbirth experience is recognized as a multidimensional construct encompassing women's perceptions of pain, emotional responses, interpersonal support, perceived control, and satisfaction with intrapartum care rather than merely reflecting clinical outcomes of labor (Cheng et al., 2025). Women who perceive childbirth positively generally report greater emotional recovery and a stronger willingness to engage confidently in subsequent pregnancies, whereas negative experiences are frequently associated with persistent fear, anxiety, and avoidance behaviors during later pregnancies (Bandura, 1997). From a clinical perspective, childbirth should be viewed as both a physiological and psychological event because women's interpretations of labor substantially influence future reproductive attitudes and health-seeking behaviors. These considerations explain why childbirth experience has become an increasingly important indicator of quality maternity care in contemporary maternal health research.

The high proportion of negative childbirth experiences identified in this study may reflect interactions among several maternal and healthcare-related factors rather than a single determinant. Previous investigations have shown that maternal age, perceived labor pain, obstetric complications,

communication with healthcare professionals, and the adequacy of emotional support during childbirth significantly influence how women evaluate their childbirth experiences (Bostan & Kabukcuoğlu, 2022). Indonesian midwifery literature similarly emphasizes that respectful maternity care, effective pain management, and continuous emotional support contribute substantially to positive childbirth perceptions among mothers (Legawati, 2018). Childbirth experiences are therefore shaped through continuous interactions between individual psychological adaptation and the quality of professional maternity care provided during labor. Variations in these factors may explain why women with similar obstetric characteristics often report markedly different childbirth experiences.

From the perspective of social cognitive theory, previous experiences represent the most influential source of efficacy beliefs because successful mastery experiences strengthen confidence, whereas distressing experiences undermine expectations of future capability (Bandura, 2006). This theoretical perspective suggests that childbirth experiences should not be interpreted solely as retrospective memories but also as psychological resources that influence women's preparedness for subsequent pregnancies. The predominance of negative childbirth experiences observed in this study indicates the importance of routinely assessing women's previous labor experiences during antenatal care to identify those requiring additional psychological support. Integrating childbirth experience assessment into routine maternal services may facilitate individualized counseling strategies that enhance psychological readiness before labor while reducing the potential adverse effects of unresolved negative birth memories. Such an approach is consistent with comprehensive maternity care, which recognizes maternal psychological well-being as an integral component of safe and positive childbirth (Annisa et al., 2017).

Confidence Level in Facing Childbirth (Childbirth Self-Efficacy)

The level of confidence in facing childbirth, commonly referred to as childbirth self-efficacy, was assessed to determine respondents' perceived ability to cope with the physical and psychological demands of labor. Childbirth self-efficacy represents one of the most influential psychological determinants of maternal adaptation because it affects how women perceive labor-related challenges and regulate their emotional responses during childbirth. Women with stronger self-efficacy generally demonstrate greater confidence in applying coping strategies, whereas those with lower confidence tend to perceive labor as an overwhelming event. Evaluating the distribution of childbirth self-efficacy among multigravida women is therefore essential for understanding their psychological preparedness before delivery. The findings of this variable are presented in Table 2. The distribution provides an important foundation for interpreting the influence of previous childbirth experiences on maternal confidence.

Table 2. Frequency Distribution of Confidence Level in Facing Childbirth (Childbirth Self-Efficacy)

Childbirth Self-Efficacy	Frequency (n)	Percentage (%)
Low	16	51,6
Moderate	10	32,3
High	5	16,1
Total	**31**	**100**

Table 2 demonstrates that 16 respondents (51,6%) had a low level of childbirth self-efficacy, 10 respondents (32,3%) demonstrated a moderate level, and only five respondents (16,1%) exhibited high confidence in facing childbirth. These findings indicate that more than half of the respondents perceived themselves as insufficiently confident in managing the childbirth process despite having experienced previous deliveries. The predominance of low childbirth self-efficacy suggests that previous pregnancy alone is not necessarily accompanied by adequate psychological preparedness for subsequent childbirth. Individual perceptions regarding previous childbirth experiences may remain influential even after women have accumulated reproductive experience. Consequently, multigravida status should not automatically be interpreted as an indicator of stronger confidence during pregnancy. These findings

highlight the importance of assessing maternal psychological readiness independently from obstetric history.

Childbirth self-efficacy refers to an individual's belief in her capability to organize and perform behaviors required to successfully cope with labor and childbirth, making it a central construct within Bandura's social cognitive theory (Bandura, 1997). Women with higher childbirth self-efficacy generally interpret labor pain as a manageable physiological process rather than as an uncontrollable threat, enabling them to maintain emotional stability throughout childbirth (Bandura, 2006). This psychological belief develops progressively through interactions between mastery experiences, observational learning, verbal encouragement, and emotional regulation instead of being determined solely by parity or maternal age. The relatively high proportion of respondents with low confidence observed in this study suggests that previous childbirth experiences may not always provide positive mastery experiences capable of strengthening efficacy beliefs. Personality characteristics, previous emotional adaptation, and cognitive appraisal of childbirth experiences may also influence women's confidence before labor (Alwisol, 2019). These findings reinforce the importance of considering childbirth self-efficacy as a multidimensional psychological construct that requires continuous assessment during antenatal care.

Several contextual factors may explain the predominance of low childbirth self-efficacy among respondents in the present study. Maternal confidence is influenced not only by previous childbirth experiences but also by educational background, parity, maternal knowledge, and adherence to antenatal care services, all of which contribute to women's preparedness before delivery (Azahra & Soekiswati, 2025). Adequate childbirth preparation enables women to understand the physiological process of labor, recognize warning signs, and develop realistic expectations that reduce psychological distress before childbirth (Rokmah & Karim, 2025). Conversely, limited preparation may increase uncertainty regarding labor, resulting in lower confidence despite previous reproductive experience. Emotional support from family members and healthcare providers also contributes substantially to maternal confidence because positive interpersonal interactions reinforce women's perceptions of their ability to cope with childbirth. These multiple influences indicate that childbirth self-efficacy emerges through the interaction of individual psychological resources and supportive environmental conditions.

The findings of this study are consistent with previous investigations demonstrating that inadequate childbirth self-efficacy is associated with increased antenatal anxiety and poorer emotional adaptation during late pregnancy (Septieny Sitepu, 2025). Similar evidence indicates that women with stronger childbirth self-efficacy exhibit lower fear of childbirth, greater prenatal attachment, and more adaptive coping strategies when approaching labor (Gürsoy & Palas Karaca, 2025). Research examining coping styles further demonstrates that higher childbirth self-efficacy encourages women to employ problem-focused coping rather than emotional avoidance when experiencing childbirth-related stress (Heravan & Rashki, 2022). These findings collectively suggest that childbirth self-efficacy functions as a protective psychological factor capable of improving maternal adaptation during pregnancy and labor.

Low childbirth self-efficacy should therefore be recognized as an important indicator for early psychological intervention rather than merely reflecting temporary emotional discomfort. Routine psychological screening during antenatal care may facilitate earlier identification of women requiring additional support before childbirth.

Current evidence also demonstrates that childbirth self-efficacy is a modifiable psychological construct that can be strengthened through evidence-based maternity interventions. Structured childbirth preparation classes, motivational interviewing, Smart Mother Classes, and antenatal education programs have consistently been shown to improve maternal confidence, reduce childbirth fear, and contribute to better pregnancy and birth outcomes (Azza et al., 2025). Similar improvements have been reported following motivational interviewing interventions that enhanced women's perceptions of childbirth while simultaneously increasing childbirth self-efficacy before labor (Barut & Uçar, 2023). A recent systematic review and meta-analysis further concluded that comprehensive antenatal education significantly strengthens maternal self-efficacy and improves childbirth outcomes across diverse healthcare settings (Zaman et al., 2025). Within the Indonesian context, structured educational interventions have likewise demonstrated positive effects on childbirth self-efficacy and birth outcomes among pregnant women receiving antenatal care (Runjati et al., 2022). These findings emphasize that strengthening childbirth self-efficacy should become an integral component of routine

antenatal services, particularly for multigravida women whose previous childbirth experiences have not generated sufficient confidence for subsequent deliveries.

Relationship Between Childbirth Experience and Confidence Level in Facing Childbirth (Childbirth Self-Efficacy)

The relationship between previous childbirth experience and childbirth self-efficacy was examined to determine whether the quality of previous labor experiences was associated with maternal confidence in preparing for subsequent childbirth. This analysis represents the primary objective of the present study because childbirth experience is theoretically recognized as one of the strongest determinants of self-efficacy formation. Understanding this relationship is important for identifying whether previous birth experiences function as psychological resources or barriers during later pregnancies. The association between the two variables was analyzed using Spearman's Rank correlation test because both variables were measured on an ordinal scale. The results of the cross-tabulation and statistical analysis are presented in Table 3. These findings provide empirical evidence regarding the contribution of previous childbirth experience to maternal psychological preparedness before labor.

Table 3. Relationship Between Childbirth Experience and Confidence Level in Facing Childbirth (Childbirth Self-Efficacy)

Childbirth Experience	Low		Moderate		High		Total		*p*-value
	n	%	n	%	n	%	n	%	
Negative	15	68,2	6	27,3	1	4.5	22	100	
Positive	1	11,1	4	44,4	4	44.5	9	100	**0,000**
Total	**16**	**51,6**	**10**	**32,3**	**5**	**16.1**	**31**	**100**	

Table 3 demonstrates that respondents with negative childbirth experiences were predominantly classified as having low childbirth self-efficacy, with 15 of 22 women (68,2%) reporting low confidence in facing childbirth. In contrast, respondents with positive childbirth experiences were more frequently categorized as having moderate and high childbirth self-efficacy, with each category representing approximately 44% of women with positive experiences. The cross-tabulation illustrates a clear distributional pattern in which more favorable childbirth experiences were accompanied by greater confidence in preparing for subsequent labor. Only one respondent with a negative childbirth experience demonstrated high self-efficacy, whereas only one respondent with a positive childbirth experience reported low confidence. These descriptive findings indicate that childbirth experience is not merely a historical obstetric event but also a psychological factor that shapes maternal perceptions during later pregnancies. The observed distribution supports the proposition that the emotional quality of previous childbirth contributes substantially to women's confidence before labor.

Statistical analysis using Spearman's Rank correlation produced a p-value of 0,000, indicating that the association between childbirth experience and childbirth self-efficacy was statistically significant at the 5% significance level. The correlation coefficient of $\rho = 0{,}600$ indicates a strong positive relationship, suggesting that increasingly positive childbirth experiences are associated with higher levels of confidence in facing childbirth. The magnitude of this correlation demonstrates that childbirth experience constitutes an important psychological determinant of maternal self-efficacy rather than representing an isolated reproductive event. Although correlation analysis does not establish causality, the findings indicate that women who perceived their previous childbirth positively were more likely to possess stronger confidence during their current pregnancy. The direction of the relationship also suggests that negative childbirth memories may continue to influence women's emotional responses long after the previous birth has occurred. These results reinforce the importance of integrating psychological evaluation into routine antenatal services for multigravida women.

The present findings are strongly supported by Bandura's Social Cognitive Theory, which identifies mastery experience as the most influential source of self-efficacy development because successful personal experiences strengthen expectations regarding future performance (Bandura, 1997).

Women who successfully manage previous childbirth are more likely to develop confidence in their ability to cope with subsequent labor, whereas traumatic or distressing childbirth experiences may generate persistent doubt regarding their own capabilities (Bandura, 2006). Personality characteristics further influence how previous experiences are cognitively interpreted, explaining why similar obstetric events may produce different levels of self-confidence among different individuals (Alwisol, 2019). From this perspective, childbirth experience functions not only as a reproductive history but also as a cognitive process through which women evaluate their competence in facing future childbirth. The findings of this study therefore provide empirical support for the application of self-efficacy theory within maternal health research. They also reinforce the importance of considering women's previous childbirth experiences during psychological assessment throughout pregnancy.

The findings of this study are consistent with previous empirical investigations demonstrating that women with stronger childbirth self-efficacy experience lower fear of childbirth and greater emotional readiness before delivery (Gürsoy & Palas Karaca, 2025). Similar evidence indicates that childbirth self-efficacy is positively associated with adaptive problem-focused coping strategies, enabling pregnant women to manage labor-related stress more effectively than women with lower confidence (Heravan & Rashki, 2022). Research conducted among Indonesian pregnant women likewise reported that childbirth self-efficacy was significantly associated with reduced antenatal anxiety, emphasizing its importance for maternal psychological well-being during late pregnancy (Septieny Sitepu, 2025). Studies examining determinants of childbirth self-efficacy have also identified previous experiences, parity, and psychosocial support as significant contributors to maternal confidence before labor (Dwiarini, 2022). Collectively, these findings indicate that childbirth self-efficacy develops through continuous interactions between previous experiences and ongoing psychological adaptation rather than emerging automatically from reproductive experience alone. The consistency between the present findings and previous studies strengthens the external validity of the observed relationship.

The clinical implications of these findings extend beyond statistical significance because they emphasize the need for individualized antenatal care that addresses women's previous childbirth experiences alongside routine obstetric assessment. Women reporting negative childbirth experiences should receive early psychological screening, counseling, and confidence-building interventions to prevent persistent anxiety from influencing subsequent childbirth preparation. Evidence indicates that childbirth preparation classes, motivational interviewing, and structured antenatal education effectively improve childbirth self-efficacy while simultaneously reducing childbirth fear and improving maternal outcomes (Barut & Uçar, 2023). Comparable improvements have also been demonstrated following structured childbirth preparation programs and Smart Mother Classes implemented within Indonesian maternal healthcare services (Azza et al., 2025). These intervention strategies provide practical approaches for strengthening maternal confidence among women with unfavorable childbirth experiences before labor begins (Runjati et al., 2022). Integrating psychological assessment with evidence-based educational interventions may therefore contribute to more comprehensive maternity care by enhancing both maternal confidence and overall childbirth preparedness.

CONCLUSION

The findings of this study demonstrate that previous childbirth experience is significantly associated with childbirth self-efficacy among third-trimester multigravida pregnant women receiving antenatal care at Santi Rahayu Independent Midwifery Practice, Malang Regency. Statistical analysis using Spearman's Rank correlation test revealed a significant positive relationship ($p = 0.000$) with a strong correlation coefficient ($\rho = 0.600$), indicating that women who reported more positive childbirth experiences tended to have higher levels of confidence in preparing for subsequent childbirth. Conversely, respondents with negative childbirth experiences were more likely to report low childbirth self-efficacy, suggesting that unfavorable birth memories may continue to influence maternal psychological readiness during later pregnancies. These findings support the theoretical perspective that previous mastery experiences constitute the primary source of self-efficacy development and highlight the importance of positive childbirth experiences in strengthening maternal confidence before labor. The study also confirms that childbirth self-efficacy should be regarded as an essential psychological component of comprehensive antenatal care rather than merely an individual characteristic. Assessing

previous childbirth experiences during routine antenatal visits may therefore assist healthcare professionals in identifying women who require additional psychological support before childbirth.

The present study contributes to the growing body of evidence emphasizing the importance of integrating psychological assessment into maternal healthcare, particularly for multigravida women whose previous childbirth experiences may influence their preparation for subsequent deliveries. The findings suggest that individualized antenatal interventions, including childbirth education, counseling, and confidence-building programs, should be developed according to women's previous childbirth experiences to improve childbirth self-efficacy and emotional readiness. Such an approach has the potential to reduce childbirth-related anxiety while promoting more positive childbirth experiences and better maternal outcomes. Although the study provides meaningful empirical evidence, its findings should be interpreted within the context of the relatively small sample size and the use of a single independent midwifery practice as the study setting. Future research involving larger multicenter samples and additional psychosocial variables, including social support, fear of childbirth, and antenatal education, is recommended to provide a more comprehensive understanding of the determinants of childbirth self-efficacy. Expanding this line of research may contribute to the development of evidence-based maternity care strategies that address both the physical and psychological needs of pregnant women throughout the childbirth continuum.

REFERENCES

Albert Bandura. (1997). *Self-Efficacy: The Exercise of Control*. New York: W. H. Freeman.

Albert Bandura. (2006). *Guide for Constructing Self-Efficacy Scales. Dalam Self-Efficacy Beliefs of Adolescents*. Information Age Publishing.

Alwisol (2019) *Psikologi Kepribadian Edisi Revisi*. Malang: UMM Press.

Annisa, M. dkk (2017). *Asuhan Persalinan Normal Dan Bayi Baru Lahir*. Penerbit Andi: Yogyakarta

Azahra, M., & Soekiswati, S. (2025). Peran Usia, Paritas, dan Pendidikan dalam Kepatuhan Ibu Hamil terhadap Kunjungan Antenatal Care di Puskesmas. *Jurnal Keilmuan dan Keislaman*, 168-178. https://doi.org/10.23917/jkk.v4i2.398

Azza, A., Sasarari, Z. A., & Yunus, M. (2025). Effect of implementing childbirth preparation classes on women's self-efficacy and pregnancy outcomes. *Jurnal Ilmiah Kesehatan Sandi Husada, 14*(1), 36-44. https://doi.org/10.35816/jiksh.v14i1.308

Barut, S., & Uçar, T. (2023). Effects of Motivational Interviews on Childbirth Perceptions and Childbirth Self-Efficacy in Nulliparous Pregnant Women: A Randomised-Controlled Trial. *Journal of Reproductive and Infant Psychology, 41*(5), 540–555. https://doi.org/10.1080/02646838.2022.2102601

Bostan, FS, & Kabukcuoğlu, K. (2022). Faktor-faktor yang berhubungan dengan efikasi diri persalinan pada wanita hamil: analisis CHAID. *Jurnal Obstetri dan Ginekologi , 42*(7), 2805–2812. https://doi.org/10.1080/01443615.2022.2109412

Cheng, Y., Bai, R., Shan, S., Zhao, X., & Xia, C. (2025). Childbirth experience assessment tools based on COSMIN guidelines: A systematic review. *International Journal of Nursing Sciences, 12*(1), 89-95. https://doi.org/10.1016/j.ijnss.2024.12.001

Dwiarini, M. (2022). Factors Related to Childbirth Self-Efficacy Among Primigravida in Yogyakarta. *JNKI (Jurnal Ners dan Kebidanan Indonesia), 10*(2), 151–157. https://doi.org/10.21927/jnki.2022.10(2).151-157

Gürsoy, B., & Palas Karaca, P. (2025). The relationship between fear of birth and prenatal attachment and childbirth self-efficacy perception in Primigravida women. *BMC Pregnancy and Childbirth, 25*(1), 462. https://doi.org/10.1186/s12884-025-07555-7

Heravan, M. B., & Rashki, S. (2022). The Relationship Between Childbirth Self-Efficacy and Coping Styles of Problem-Based and Emotion-Based in Nulliparous Pregnant Women. *Journal of Education and Health Promotion*, 11, 213. https://doi.org/10.4103/jehp.jehp_987_21

J.S Sondakh, J. (2013). *Asuhan Kebidanan Persalinan & Bayi Baru Lahir*. Penerbit Erlangga: Jakarta

Legawati. (2018). *Asuhan Persalinan dan Bayi Baru Lahir*. Wineka Media: Malang.

Marmi. (2012). *Intranatal Care Asuhan Kebidanan Pada Persalinan*. Pustaka Belajar: Yogyakarta.

Nurbaiti, M., Nainggolan, S. S., & Angelina, R. (2025). Pengaruh Relaksasi Hypnobirthing Terhadap Tingkat Kecemasan Ibu Primigravida Trimester III Menjelang Persalinan. *Jurnal'Aisyiyah Medika, 10*(1). https://doi.org/10.36729/jam.v10i1.1300

Putu Widiastini, L. (2018). *Buku Ajar Asuhan Kebidanan Pada Ibu Bersalin dan Bayi Baru Lahir*. IN MEDIA: Bogor.

Rokmah, S., & Karim, F. (2025). Hubungan Pengetahuan, Usia Dan Paritas Dengan Persiapan Persalinan Pada Ibu Hamil Trimester III di Klinik P Kabupaten Subang Tahun 2024. *Bunda Edu-Midwifery Journal (BEMJ), 8*(1), 447-452. https://doi.org/10.54100/bemj.v8i1.306

Runjati, R., Rahayu, S., & Octaviani, D. A. (2022). The Influence of Smart Mother Classes Toward Stress, Childbirth Self-Efficacy and Birth Outcomes. *International Journal of Public Health Science, 11*(3), 868–876. https://doi.org/10.11591/ijphs.v11i3.20756

Septieny Sitepu, Y. E. N. I. N. D. A. (2025). *Hubungan Self Efficacy Ibu Hamil Trimester III dengan Tingkat Kecemasan dalam Menghadapi Persalinan di Klinik Wirati Tahun 2025* (Doctoral dissertation, JURUSAN KEBIDANAN). https://repository.poltekkes-denpasar.ac.id/18656/

Suryaningsih, E. K., Zulala, N. N., Lestari, S., & Nguyen, T. V. (2022). Translation and Validation of Childbirth Self-Efficacy Inventory into Indonesia. *Open Access Maced J Med Sci, 10*(G), 534–540. https://doi.org/10.3889/oamjms.2022.9135

Yulianti, D., & Syaifuro, K. M. Y. (2025). Hubungan Pendampingan Suami dengan Tingkat Kecemasan pada Ibu Bersalin Primigravida di klinik Sahabat Ibu dan Anak (Sida). *Healthy Journal, 14*(1), 53-67. https://doi.org/10.55222/pre9qx02

Zaman, A., Fadlalmola, H. A., Ibrahem, S. E., Ismail, F. H., Abedelwahed, H. H., Ali, A. M., ... & Saad, A. M. (2025). The role of antenatal education on maternal self-efficacy, fear of childbirth, and birth outcomes: A systematic review and meta-analysis. *European journal of midwifery*, 9, 10-18332. https://doi.org/10.18332/ejm/200747