

Literature Mapping of Anxiety Experiences among Third-Trimester Primigravida Pregnant Women: The Role of Husband Support and Social Media Exposure

Fitriani Sehuwaky¹, Dewi Purnamawati²

^{1,2} Master of Public Health Program, Faculty of Public Health, Muhammadiyah University of Jakarta, Jakarta, Indonesia

Abstract

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First-time pregnancy represents a major life transition involving biological, psychological, social, and emotional changes. During the third trimester, primigravida women are particularly susceptible to anxiety due to fear of childbirth, concerns about maternal and fetal health, labor pain, and uncertainty about their maternal role. Maternal anxiety is influenced not only by personal factors but also by external factors, especially husband support and social media exposure. Husband support provides essential emotional and social reinforcement, while social media can serve as both a valuable health information source and a contributor to psychological distress. Evidence on their combined influence remains limited. This scoping review aimed to map and synthesize the literature on anxiety among third-trimester primigravida women, focusing on the roles of husband support and social media exposure, while identifying research gaps. The review followed the Arksey and O'Malley framework, enhanced by Levac et al. and the Joanna Briggs Institute, and adhered to PRISMA-ScR guidelines. Literature searches were conducted in PubMed, Scopus, ScienceDirect, ProQuest, EBSCOhost, Web of Science, Google Scholar, and Garuda. Studies published in English or Indonesian between 2020 and 2025 were screened using the PCC framework. Twenty eligible studies were included and analyzed through descriptive thematic synthesis. Anxiety was found to be influenced by psychological, social, and digital factors. Husband support consistently reduced anxiety by providing emotional, informational, instrumental, and appraisal support that enhanced coping and psychological readiness. Social media had a dual effect: it improved health literacy and peer support but also increased anxiety through misinformation and negative childbirth content. Husband support appeared to buffer the adverse psychological effects of social media. Anxiety in third-trimester primigravida women is shaped by the interaction between social support and digital information exposure. Strengthening husband involvement and improving digital health literacy should be prioritized to promote maternal psychological well-being during late pregnancy.

Keywords: Anxiety, primigravida, third trimester pregnancy, husband support, social media exposure, maternal mental health, scoping review.

(*) Corresponding Author: fsehuwaky@gmail.com

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INTRODUCTION

Pregnancy is a physiological process accompanied by complex biological, psychological, social, and emotional changes. For women experiencing their first

pregnancy (primigravida), adapting to these changes often presents unique challenges due to the absence of previous pregnancy and childbirth experiences. These challenges become increasingly evident during the third trimester, the period preceding childbirth, when mothers undergo substantial physical and psychological preparation for labor and delivery. During this stage, pregnant women experience not only more pronounced physical changes but also various concerns related to their own safety and that of their unborn child, labor pain, obstetric complications, and readiness to assume the maternal role. The accumulation of these concerns makes anxiety one of the most prevalent psychological problems among third-trimester primigravida women.

Anxiety during pregnancy is an emotional response that arises when an individual perceives a situation as threatening or uncertain. In the context of pregnancy, anxiety may manifest as fear, excessive worry, restlessness, difficulty concentrating, sleep disturbances, and somatic symptoms such as increased heart rate and muscle tension. Numerous studies have reported that anxiety levels tend to increase during the third trimester as childbirth approaches and mothers become more aware of the potential risks associated with labor and delivery. If left unaddressed, maternal anxiety during pregnancy may adversely affect both maternal and fetal health, increasing the risks of preterm birth, low birth weight, impaired maternal–fetal attachment, and postpartum mental health disorders.

The experience of anxiety during pregnancy is influenced not only by internal factors but also by external factors originating from the social environment. One of the most influential determinants of maternal psychological well-being is husband support. From the perspective of social support theory, husbands represent the primary source of emotional, informational, instrumental, and appraisal support throughout pregnancy. Active involvement of husbands in accompanying antenatal care visits, assisting with daily activities, providing encouragement, and demonstrating concern for their wives' well-being has been shown to enhance psychological adaptation and reduce anxiety as childbirth approaches. Conversely, inadequate husband involvement may exacerbate feelings of insecurity, uncertainty, and fear, particularly among primigravida women who have no previous experience with childbirth.

In addition to spousal support, advances in digital technology have fundamentally transformed the way pregnant women obtain pregnancy-related health information. Social media has become one of the most accessible sources of information during pregnancy. Various digital platforms provide extensive content concerning fetal development, childbirth preparation, pregnancy experiences, and maternal health discussions, enabling pregnant women to access information rapidly and conveniently. On the one hand, social media offers important benefits by improving health literacy, providing emotional support through online communities, and facilitating access to positive experiences shared by other pregnant women. On the other hand, excessive exposure to social media may also become a source of psychological distress due to information overload, exposure to scientifically unverified content, and negative narratives regarding pregnancy complications or traumatic childbirth experiences. Such exposure may heighten risk perception and intensify existing anxiety, particularly among

primigravida women who are still developing their understanding of pregnancy and childbirth.

Research on anxiety during pregnancy has expanded considerably over the past several decades. Numerous studies have identified factors associated with maternal anxiety, including maternal age, educational attainment, socioeconomic status, family support, and health conditions. Likewise, previous studies have explored the relationship between husband support and maternal mental health, as well as the influence of social media on health information-seeking behavior. Nevertheless, scientific evidence specifically mapping the experiences of anxiety among third-trimester primigravida women while simultaneously considering the roles of husband support and social media exposure remains fragmented across different academic disciplines and methodological approaches. Consequently, a comprehensive understanding of how these two factors interact in shaping maternal psychological experiences during late pregnancy has yet to be established.

A scoping review represents an appropriate methodological approach for identifying, mapping, and synthesizing the existing body of evidence related to complex and multidimensional phenomena. Through this approach, findings from various types of studies can be integrated to provide a broader understanding of the characteristics of anxiety among third-trimester primigravida women, the forms of husband support that influence maternal psychological well-being, and the positive as well as negative impacts of social media exposure on pregnancy experiences. Furthermore, a scoping review facilitates the identification of research gaps that may serve as a foundation for future investigations and the development of more effective maternal health interventions.

Based on these considerations, this scoping review aims to map the existing literature on anxiety experiences among third-trimester primigravida women, with particular emphasis on the roles of husband support and social media exposure. The findings are expected to provide a more comprehensive understanding of the factors influencing maternal anxiety during late pregnancy while serving as an evidence base for healthcare professionals, particularly midwives and maternity nurses, in designing support strategies that emphasize strengthening family support and improving digital health literacy to promote the psychological well-being of pregnant women as they prepare for childbirth.

RESEARCH METHOD

Research Design

This study employed a scoping review methodology to map, identify, and synthesize scientific evidence concerning anxiety experiences among third-trimester primigravida pregnant women, with particular emphasis on the roles of husband support and social media exposure. The selection of the scoping review approach was based on the objective of mapping the characteristics of the available evidence, identifying major research themes, and exploring existing research gaps related to anxiety experiences among third-trimester primigravida women within the contexts of husband support and social media exposure. Rather than estimating effect sizes or examining causal relationships among variables,

this review aims to provide a comprehensive overview of the existing body of research.

The scoping review was conducted in accordance with the methodological framework proposed by Arksey and O'Malley (2005) and subsequently refined by Levac et al. (2010) and the Joanna Briggs Institute (JBI). The reporting of review findings followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines.

Research Questions

The research questions were developed using the Population–Concept–Context (PCC) framework recommended by the Joanna Briggs Institute for scoping reviews.

Table 1. Population–Concept–Context (PCC) Framework

Component	Description
Population (P)	Third-trimester primigravida pregnant women
Concept (C)	Anxiety experiences, husband support, and social media exposure
Context (C)	The third trimester of pregnancy prior to childbirth

Based on this framework, the research questions were formulated as follows:

1. How are anxiety experiences among third-trimester primigravida pregnant women described in the available scientific evidence?
2. What factors contribute to the development of anxiety among third-trimester primigravida pregnant women?
3. What role does husband support play in influencing anxiety levels among third-trimester primigravida pregnant women?
4. How does social media exposure influence anxiety experiences among third-trimester primigravida pregnant women?
5. What research gaps remain regarding the relationships among maternal anxiety, husband support, and social media exposure in third-trimester primigravida pregnant women?

Identification of Relevant Articles

Literature Search Strategy

A systematic literature search was conducted across several international and national electronic databases covering the fields of health sciences, midwifery, psychology, and public health. The databases included PubMed, Scopus, ScienceDirect, ProQuest, EBSCOhost, Web of Science, Google Scholar, and Garuda.

The search was limited to studies published between **2020 and 2025** to ensure the inclusion of the most recent scientific evidence regarding pregnancy-related anxiety, partner support, and social media use.

Search Keywords

The search strategy was developed using combinations of keywords and Boolean operators (AND and OR) as follows:

English

("primigravida" OR "first pregnancy" OR "first-time pregnant women") AND ("anxiety" OR "pregnancy anxiety" OR "maternal anxiety") AND ("third trimester" OR "late pregnancy") AND ("husband support" OR "spousal support" OR "partner support") AND ("social media" OR "digital media" OR "online information")

Indonesian

("ibu hamil primigravida") AND ("kecemasan") AND ("trimester III") AND ("dukungan suami") AND ("media sosial")

Inclusion and Exclusion Criteria

The identified studies were screened according to predefined inclusion and exclusion criteria.

Inclusion Criteria

1. Primary research articles employing quantitative, qualitative, or mixed-methods designs.
2. Studies focusing on anxiety among third-trimester primigravida pregnant women.
3. Studies examining husband/partner support or social media use during pregnancy.
4. Full-text articles available for review.
5. Articles published in either Indonesian or English.
6. Publications issued between 2020 and 2025.
7. Articles published in peer-reviewed scientific journals.

Exclusion Criteria

1. Literature reviews, systematic reviews, or meta-analyses that did not present primary data.
2. Editorials, commentaries, letters to the editor, conference abstracts, or brief reports.
3. Studies that did not specifically involve third-trimester primigravida pregnant women.
4. Articles that did not address anxiety, husband support, or social media.
5. Articles with inaccessible full texts.

Article Selection Process

All retrieved records were exported into reference management software to identify and remove duplicate publications. The selection process consisted of four sequential stages:

1. Identification. All records retrieved from the electronic databases were compiled and screened for duplicate entries.
2. Screening. Article titles and abstracts were assessed according to the predefined inclusion and exclusion criteria.
3. Eligibility. Articles that passed the screening stage underwent full-text review to determine their relevance to the objectives of the study.
4. Included Studies. Studies meeting all eligibility criteria were included in the data extraction and synthesis process.

The article selection process will be presented using a PRISMA-ScR flow diagram to ensure methodological transparency and facilitate reproducibility.

Data Extraction and Mapping

Data from the eligible studies will be extracted using a standardized data extraction form. The extracted information will include: Author(s) and year of publication; Country or study setting; Study objectives; Research design and methodology; Participant characteristics; Anxiety assessment instruments; Types of husband support investigated; Forms of social media use or exposure; Principal findings; and Research implications.

Following extraction, the data will be mapped and synthesized narratively to identify recurring patterns, major themes, conceptual relationships, and research gaps concerning anxiety experiences among third-trimester primigravida pregnant women in relation to husband support and social media exposure.

Data Synthesis

Data synthesis will be conducted using a descriptive thematic analysis approach. Findings from the included studies will be organized into several recurring themes identified across the literature, including:

1. Characteristics of anxiety among third-trimester primigravida pregnant women.
2. Factors influencing anxiety during late pregnancy.
3. Forms and mechanisms of husband support in reducing maternal anxiety.
4. Positive effects of social media on pregnant women's psychological well-being.
5. Negative effects of social media on pregnancy-related anxiety.
6. Existing research gaps and recommendations for future studies.

Through this systematic process, the present scoping review is expected to provide a comprehensive overview of anxiety experiences among third-trimester primigravida pregnant women while clarifying the contributions of husband support and social media exposure to maternal psychological well-being during the period preceding childbirth.

RESULTS AND DISCUSSION

Results

Based on the literature search conducted across various national and international scientific databases, 20 articles were identified as relevant to the topic of anxiety experiences among third-trimester primigravida pregnant women, particularly concerning husband support, social support, and social media/digital media exposure. The synthesis of the included studies indicates that anxiety among third-trimester primigravida women is influenced by psychological, social, environmental, and informational factors encountered throughout pregnancy.

Table 2. Summary of the Scoping Review Findings

No.	Author(s)/Year	Study Design	Sample	Main Findings
1	Rasidah et al. (2024)	Cross-sectional	64 third-trimester primigravida women	Husband support was significantly associated with lower levels of anxiety before childbirth.
2	Ajeng et al.	Cross-sectional	30	Emotional,

	(2025)		primigravida women	informational, instrumental, and appraisal support from husbands reduced maternal anxiety.
3	Avifurohmah et al. (2024)	Cross-sectional	103 third-trimester primigravida women	Husband support showed a strong negative correlation with anxiety ($r = -0.581$).
4	Abidah et al. (2021)	Correlational	Third-trimester pregnant women	Husband support functioned as a protective factor against pregnancy-related anxiety.
5	Fitriasnani et al. (2022)	Analytical correlational	32 third-trimester pregnant women	Lower husband support was associated with higher childbirth-related anxiety.
6	Al Haq et al. (2025)	Cross-sectional	110 third-trimester pregnant women	Husband support was significantly associated with maternal anxiety levels.
7	Arora et al. (2025)	Observational	124 third-trimester pregnant women	High social support reduced pregnancy-related anxiety.
8	Nahal et al. (2025)	Cross-sectional	305 pregnant women	Emotional and informational support were associated with lower anxiety levels.
9	Landa et al. (2025)	Cross-sectional	Women in late pregnancy	Partner support functioned as a protective factor against maternal anxiety.
10	Naimah et al. (2025)	Regression	Third-trimester primigravida women	Social support significantly reduced maternal anxiety (12.2%).
11	Hafsa et al.	Cross-sectional	Primigravida	Husband support

	(2024)		women	and childbirth knowledge were significantly associated with childbirth anxiety.
12	Aisyah et al. (2025)	Family-based study	Primigravida women	Family and husband involvement facilitated early detection and reduction of maternal anxiety.
13	Kowalska et al. (2022)	Observational	Pregnant women	Social support improved emotional well-being during pregnancy.
14	Kowalska et al. (2023)	Cross-sectional	Pregnant women	Lower stress and anxiety levels were observed among women receiving adequate social support.
15	Nursyifah et al. (2023)	Risk factor analysis	Third-trimester pregnant women	Lack of social support was identified as a risk factor for maternal anxiety.
16	Huddleston et al. (2025)	Observational	Pregnant women using social media	Health information obtained through social media influenced antenatal distress and anxiety.
17	Biaggi et al. in Huddleston, 2025)	Epidemiological review	Pregnant women	Maternal mental health during pregnancy was influenced by the digital information environment.
18	Khoury et al. in Huddleston, 2025)	Observational	Pregnant women	Prenatal distress and anxiety were associated with adverse pregnancy outcomes.
19	Wicaksana et al.	Cross-sectional	Third-	Husband support

	(2024)		trimester pregnant women	and adherence to antenatal care were associated with maternal anxiety levels.
20	Romalasari & Astuti (2020)	Cross-sectional	Third-trimester primigravida women	Husband support improved childbirth preparedness and reduced maternal anxiety.

Discussion

1. Anxiety Experiences among Third-Trimester Primigravida Pregnant Women

The synthesis of the reviewed studies indicates that anxiety is one of the most common psychological problems experienced by third-trimester primigravida women. Anxiety primarily arises from uncertainty surrounding childbirth, concerns about fetal safety, fear of labor pain, and limited experience in preparing for motherhood. The evidence consistently demonstrates that anxiety levels tend to increase as the expected date of delivery approaches.

Among primigravida women, the first experience of pregnancy and childbirth contributes to a heightened perception of risk compared with multigravida women. The absence of previous childbirth experience makes first-time mothers more vulnerable to negative information obtained from their social environment and digital media. Consequently, feelings of fear, uncertainty, and excessive worry are intensified during the final stage of pregnancy.

2. The Role of Husband Support in Maternal Anxiety

Most of the studies included in this review consistently identified husband support as one of the strongest protective factors associated with lower anxiety levels among third-trimester primigravida women. Husband support can be categorized into four principal dimensions.

a. Emotional Support

Emotional support, including affection, empathy, companionship, and reassurance, has been shown to enhance maternal psychological stability. The husband's presence helps pregnant women manage fears and strengthens their confidence in preparing for childbirth.

b. Informational Support

Husbands who actively seek information regarding pregnancy and childbirth are able to help mothers better understand their pregnancy. Accurate information contributes to reducing uncertainty, which represents one of the primary sources of maternal anxiety.

c. Instrumental Support

Practical assistance with daily activities, accompaniment during antenatal care visits, and support in preparing for childbirth provide comfort while reducing mothers' psychological burden.

d. Appraisal Support

Positive encouragement, appreciation, and motivational reinforcement from husbands contribute to enhancing maternal self-efficacy in coping with childbirth.

Overall, the reviewed evidence consistently demonstrates an inverse relationship between husband support and maternal anxiety. Greater husband support is associated with lower anxiety levels among pregnant women.

3. The Influence of Social Media Exposure on Maternal Anxiety

The reviewed literature indicates that the influence of social media on pregnant women's mental health is both positive and negative.

a. Positive Effects of Social Media

Social media provides rapid access to information concerning pregnancy health, childbirth preparation, and the experiences of other mothers. Online communities also offer virtual social support, helping pregnant women feel less isolated during pregnancy. When accurate and evidence-based information is obtained, social media can improve health literacy, childbirth preparedness, and maternal confidence.

b. Negative Effects of Social Media

Conversely, excessive exposure to negative content related to childbirth complications, maternal mortality, traumatic birth experiences, and scientifically unverified information may intensify maternal anxiety. Primigravida women, owing to their limited pregnancy experience, are particularly susceptible to internalizing negative information encountered on social media. As a result, perceived risk increases, leading to heightened fear and excessive anxiety as childbirth approaches.

These findings suggest that both the quality of available information and pregnant women's ability to critically evaluate information sources play crucial roles in determining whether social media exerts beneficial or harmful effects on maternal mental health.

4. Interaction between Husband Support and Social Media Exposure

The synthesis further indicates that husband support functions as a buffering factor against the negative psychological effects of social media. Women who receive adequate emotional and informational support from their husbands are generally better equipped to critically evaluate information obtained from the internet. In contrast, women with limited partner support are more likely to engage in excessive online information seeking and experience increased anxiety resulting from inaccurate or misleading information.

These findings highlight that maternal psychological well-being is not determined by a single factor but rather emerges from the interaction between interpersonal support and the digital information environment.

5. Research Gaps

This scoping review identified several important research gaps.

- a. Most existing studies employ cross-sectional designs, limiting the ability to establish causal relationships.

- b. Research investigating social media exposure among third-trimester primigravida women remains relatively limited compared with studies focusing on husband support.
- c. Few studies have integrated husband support and social media exposure into a comprehensive conceptual framework.
- d. Most available studies have been conducted within local populations using relatively small sample sizes, thereby limiting the generalizability of their findings.
- e. Research examining digital health literacy as a potential mediator or moderator of the relationship between social media exposure and maternal anxiety remains scarce.

CONCLUSION

Based on the analysis of the 20 included studies, anxiety among third-trimester primigravida pregnant women is a multidimensional phenomenon influenced by psychological, social, and digital factors. Husband support has consistently been identified as a protective factor associated with lower levels of maternal anxiety through emotional, informational, instrumental, and appraisal support. Meanwhile, social media exerts a dual influence: it can serve as a valuable source of information and social support, but it may also exacerbate anxiety when the information accessed is inaccurate, misleading, or predominantly negative. Therefore, the active involvement of husbands throughout pregnancy care, together with the enhancement of digital health literacy, represents an important strategy for promoting the mental well-being of third-trimester primigravida women as they prepare for childbirth.

Based on the findings of this scoping review regarding anxiety experiences among third-trimester primigravida pregnant women, the role of husband support, and social media exposure, several recommendations can be proposed for healthcare practice, health policy, health education, and future research.

Recommendations for Healthcare Practice

Strengthening Mental Health Screening During Antenatal Care (ANC)

Healthcare professionals, particularly midwives and maternity nurses, should integrate routine anxiety screening into every antenatal care (ANC) visit, especially during the third trimester. Early identification of maternal anxiety enables timely psychosocial interventions, thereby preventing adverse consequences for both maternal and fetal health. Existing evidence indicates that anxiety during late pregnancy remains relatively prevalent and is closely associated with inadequate social support.

Increasing Husband Involvement in Maternity Care

ANC programs should extend their focus beyond pregnant women by actively involving husbands as part of a family-centered maternity care approach. Husband participation in antenatal education classes, childbirth preparation counseling, and routine ANC visits has been shown to reduce maternal anxiety by providing emotional, informational, instrumental, and appraisal support.

Developing Prenatal Psychological Counseling Services

Healthcare facilities should provide educational programs and psychological counseling focusing on anxiety management, childbirth preparedness, relaxation techniques, and strengthening coping mechanisms among primigravida women. Such interventions may help mothers cope with uncertainty and fear during the final stages of pregnancy.

Recommendations for Health Education and Health Promotion

Enhancing Digital Health Literacy

The findings of this scoping review indicate that social media has both beneficial and detrimental effects on maternal mental health. Consequently, educational programs should be developed to improve pregnant women's ability to identify valid, evidence-based, and trustworthy health information. Strengthening critical appraisal skills regarding digital health information may reduce anxiety resulting from exposure to misinformation or misleading online content.

Optimizing Social Media as a Health Education Platform

Healthcare institutions, professional midwifery organizations, and healthcare providers should maximize the use of social media as a credible platform for maternal health promotion. Providing educational content on pregnancy, childbirth, maternal mental health, and preparation for parenthood can offer pregnant women reliable and accessible sources of health information.

Establishing Peer Support Groups

The development of both online and face-to-face peer support communities for pregnant women may facilitate the sharing of positive experiences, enhance maternal confidence, and reduce feelings of isolation during pregnancy. Peer support has been shown to contribute positively to the psychological well-being of pregnant women.

Recommendations for Health Policy

Integrating Mental Health into Maternal Healthcare Programs

The Ministry of Health and relevant policymakers should strengthen the integration of mental health services within maternal healthcare programs. This approach should include routine anxiety screening, mental health education, and active family involvement throughout pregnancy care.

Developing a "Psychologically Supportive Husband" Program

Existing husband involvement programs, which primarily emphasize physical aspects of pregnancy care, should be expanded to highlight the husband's role in supporting maternal psychological well-being. Partner support has consistently been identified as one of the primary determinants of lower anxiety levels among third-trimester primigravida women.

Strengthening Regulation of Digital Health Information

Governments and health authorities should enhance the monitoring and regulation of maternal health information disseminated through digital media to minimize misinformation that may contribute to increased anxiety among pregnant women.

Recommendations for Future Research

Based on the research gaps identified in this scoping review, several directions for future research are recommended:

1. Conduct longitudinal studies to establish causal relationships between husband support, social media use, and maternal anxiety throughout pregnancy.
2. Develop comprehensive conceptual models integrating social support, digital health literacy, and maternal mental health.
3. Explore the lived experiences of primigravida pregnant women using phenomenological or in-depth qualitative research approaches.
4. Evaluate the effectiveness of family-based interventions in reducing pregnancy-related anxiety.
5. Investigate the role of digital health literacy as a mediator or moderator in the relationship between social media use and maternal anxiety.
6. Conduct multinational studies to examine the influence of cultural factors on anxiety experiences during pregnancy.

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