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Midwives' therapeutic communication to treat antenatal depression

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Abstract

The maternal mortality rate (MMR) and child mortality rate in Indonesia are among the highest in ASEAN (Association of Southeast Asian Nations), ranking 7th out of 10 ASEAN countries. One of the contributing factors is complications during pregnancy and childbirth, in addition to economic, social, and psychological conditions. This situation leads to antenatal depression during pregnancy, highlighting the crucial role of midwives in providing holistic support. The current research investigates the role of midwives in pregnancy using therapeutic communication in tackling the phenomenon of maternal and child mortality. Results indicated that in the pre-interaction, orientation, working, and termination phases, the informants experienced different outcomes that further affected their self-efficacy about those stages.

Introduction

Maternal mortality is one of the crucial health problems and the mortality rate in the world is quite high. According to the World Health Organization (WHO), at least 287,000 women died during pregnancy and childbirth in 2020 (WHO, 2020). The organization, which acts as an international health coordinator, states that in low- to middle-income countries, the percentage of maternal deaths reaches 95%. In other words, in a number of countries with certain economic levels there are significant weaknesses in access to and quality of maternal health services. The challenge of providing adequate health services for pregnant women afflicts countries with low and middle income per capita. Indonesia is one of the many developing countries with a high maternal mortality rate. There has been a drastic decline in recent years, but it cannot be denied that the rate is still high when compared to a number of developed countries in the world. Data from the Ministry of Health of the Republic of Indonesia (2024) shows that the maternal mortality rate in 2020 in Indonesia is estimated at 189 per 100,000 live births. Another factor that contributes to perinatal death due to asphyxia is the age of the mother and the number of previous births she has had (Handayani & Yulianti, 2019). This shows that there are still many cases of maternal deaths during pregnancy, childbirth, and postpartum that occur every year.

WHO states that there are at least 15-20% of pregnant women who are at high risk of experiencing complications during pregnancy. Generally, complications that occur during pregnancy can be prevented or treated. During pregnancy, depression negatively affects the pregnancy process and fetal health (Hossain & Shaikh, 2021). Antenatal depression is a clinical form of depression that can impact women during pregnancy and, if not treated

effectively, can be a precursor to postnatal depression. This type of depression is the most common mental disorder and has a serious adverse impact on the health of both mother and baby (Alderdice, McNeill, & Lynn, 2012). Further, pregnancy is a period characterized by substantial physical and mental changes in women. These major changes in physical and mental state during pregnancy are due to increased levels of the hormone cortisol. As pointed out by Rachel Kwon (2020), the relationship of the hormone cortisol with levels of anxiety and depression has been proven during pregnancy, which then leads to disruptions in pregnancy and changes in fetal development. Physical and mental well-being during pregnancy is an important need for women, which becomes increasingly complicated as time goes by. An expectant mother who strives for a healthy pregnancy will try to maintain, prevent and overcome discomfort. This effort requires knowledge, understanding, methods and actions, all of which are closely related to personal communication.

Facing the complexity of physical and psychological changes during pregnancy, therapeutic communication becomes an essential approach as a form of professional application of interpersonal communication principles in supporting the mental well-being of pregnant women. Interpersonal communication itself is an important foundation for the creation of effective therapeutic communication, because it involves basic elements such as empathy, sympathy, tolerance, honesty, and openness (Babaei et al., 2022). Wiley-Blackwell in its book entitled The Midwife's Labor and Birth Handbook (2018) explains that in midwifery practice, therapeutic communication is applied by midwives who have intensive contact frequency and ongoing relationships with pregnant women throughout pregnancy. Through planned interactions that focus on psychological recovery, midwives not only convey medical information, but also act as professional facilitators who are able to create a safe and emotionally supportive space. Additional research supports the significance of therapeutic communication in alleviating patient anxiety and improving comfort (Mahmudah, Sofia, & Dwivayani, 2022).

In contrast to ordinary interpersonal communication that is spontaneous and equal, therapeutic communication emphasizes the provision of structured and purposeful help, withmidwives being able to create and emotionally supportive environments. This involves the application of specific techniques such as active listening, expressing empathy, and providing emotional validation in an honest and non-judgmental manner. These approaches align with therapeutic techniques that have proven effective in nursing practice (Sasmito et al., 2018). It is explained that in midwifery practice, therapeutic communication is applied by midwives who have intensive contact frequency and maintain ongoing relationships with pregnant women throughout pregnancy. Through planned interactions that focus on psychological support, midwives not only convey medical information but also act as professional facilitators who are able to create safe and emotionally supportive spaces.

In contrast to ordinary interpersonal communication that is spontaneous and equal, therapeutic communication emphasizes the provision of structured and purposeful help, with midwives being able to create safe and emotionally supportive environments, this involves the application of specific techniques such as active listening, expressing empathy, and providing emotional validation honestly and without judgment. In the context of midwifery practice in Indonesia, the therapeutic communication approach is increasingly relevant and important, especially considering the role of midwives who are very close to the community and serve as the spearhead of maternal and child health services, particularly in rural areas (Suparti & Fauziah, 2021). The midwifery profession in Indonesia has developed considerably to include wider psychosocial duties (Putra, 2023).

Many midwives in Indonesia not only provide medical care but also serve as outlets for emotional support for pregnant women who may be experiencing anxiety, fear, or

social pressure. Therefore, the ability of midwives to build empathetic and communicative relationships is an important component of quality care. Therapeutic communication training for midwives is one aspect that needs to be strengthened in midwifery education and practice in Indonesia in order to improve maternal well-being during pregnancy and childbirth.

It has been mentioned earlier, regarding the relationship between therapeutic communication and interpersonal communication, which is also closely related to the phenomenon in Indonesia, where not a few pregnant women decide to give birth with the assistance of a midwife. Launching from the hellosehat.com page, according to the International Confederation of Midwives (ICM), midwives are individuals who have completed midwifery education recognized by the state and are licensed to practice midwifery in the country. They function not only as healthcare providers but also as emotional and psychological support for pregnant women (Madarina, 2022). On the other hand, WHO states that midwives are individuals who are routinely recognized in legally recognized midwifery education programs, have completed midwifery training, and are licensed to practice midwifery. Launching from the site ikatandinas.com, during pregnancy, a pregnant woman will experience quite striking emotional changes. These changes are generally triggered by hormonal changes in the mother's body. Midwives have a role to help expectant mothers recognize these emotional changes, so that they are able to understand the mood swings experienced and be able to overcome negative feelings that may arise. Excessive levels of stress can have a negative impact on the well-being of the mother and the development of the fetus in the womb. Thus, midwives are tasked with guiding prospective mothers in understanding the series of labor processes that will be faced, starting from physical readiness, as well as mental and emotional readiness.

In providing midwifery care to pregnant women, midwives communicate. Diagnostic, treatment, and prevention actions always occur in the context of communication. Communication is a systemic process in which individuals interact through symbols to create and interpret meaning (Wood, 2013). According to Wood, there are four main aspects of communication, one of which is process. Communication has a process, continuous and dynamic nature. So midwives are expected to have the ability to behave, think, and act with full professionalism. They are expected to continuously improve their professionalism through various forms of learning, including updating their knowledge, skills, and collaborating with other professions. Effective communication skills, both in active and passive forms, as well as oral and written, are core elements of midwives' professionalism today. Therapeutic communication plays an important role in overcoming antenatal depression in pregnant women (Amfo, 2018). Several therapeutic communication strategies can be used by midwives or health workers. Therapeutic communication is a process in which health care providers use a planned approach to understand patients (Keltner, Schweche, & Bostrom, 1991). It is also an essential part of providing efficient public service in healthcare facilities (Prasanti & Fuady, 2019).

In this context, therapeutic communication refers to the process of conveying messages between sender and receiver through interaction, which aims to restore the health of individuals who are experiencing health limitations, therapeutic communication involves the use of verbal and nonverbal techniques by health workers, focusing on the needs of patients (Maulana, 2009). When nurses use therapeutic communication effectively, taking into account the knowledge, attitudes, and methods used, this greatly influences efforts to deal with patients' psychological problems. Rahmatullah and Fajarini (2020) similarly discovered that therapeutic communication aids individuals with depression in forming effective coping strategies.

Method

This study uses a qualitative approach with a phenomenological method. With this approach, researchers can explore how participants delve into the interpretation of their experiences, producing richer and more relevant data to reveal the phenomenon being studied (Creswell & Poth, 2024). Phenomenology also allows researchers to explore participants' life experiences without intervention or manipulation from the researcher, providing space for authentic experiences and individual perceptions to emerge naturally (Palinkas et al., 2015). The phenomenological approach was chosen because its purpose is to understand participants' subjective experiences in a specific context, namely pregnant women experiencing depression. The aim is to explore and uncover the meaning of the experiences participants have undergone, with a focus on how they interpret those experiences. With this approach, data and information related to the research theme will be collected and analyzed, and the results will be systematically and accurately explained (Tolley et al.,2016).

This study involved five midwives with experience in handling pregnant women experiencing antenatal depression, namely Mrs. Tina, Mrs. Maya, Mrs. Yulia, Mrs. Fitri, and Mrs. Lita. Purposive sampling was used to obtain participants, with the main criterion being their expertise in conducting therapeutic communication with pregnant women experiencing antenatal depression (Palinkas et al., 2015). Therefore by using qualitative approach with a phenomenological method for this research, data on the participants' experiences and perspectives, can be obtained.

Data collection for this research were collected through in-depth interviews and thematic analysis, which aimed to obtain more in-depth information about the participants' experiences and perspectives on the therapeutic communication they used in treating pregnant women with antenatal depression. The interviews were conducted in a semi-structured manner to allow for greater freedom in collecting richer and more in-depth information on the topic being studied (Jamshed, 2014). After data collection, thematic analysis was used to detect, analyze, and summarize patterns or themes emerging from the interview data (Braun & Clarke, 2021).

Results and Discussion

Based on interviews with the midwives, many pregnant women admit to experiencing extreme anxiety, worrying about their pregnancy, and feeling confused about the changes happening to their bodies and lives. One of the informants; Midwife Fitri explained that pregnant women who are not prepared for pregnancy tend to complain more about physical issues, such as excessive dizziness and nausea, which are actually manifestations of their emotional instability. As explained by Accortt et al. (2015), depression during pregnancy can exacerbate emotional instability, esquapecially when pregnant women lack adequate social support. These feelings become more intense when the pregnancy is unexpected or occurs too close to a previous pregnancy, leading to increased stress, as the pregnant woman is not emotionally or physically prepared to face the new pregnancy (Marcus, 2009). Some participants stated that the pregnant women they cared for often struggled to accept their pregnancy, especially if their family or financial situation was unstable.

Additionally, Firouzbakht et al. (2015) found that providing education during pregnancy through therapeutic communication can help reduce uncertainty, which often causes pregnant women to feel anxious during their pregnancy regarding the childbirth process. As participants mentioned, therapeutic communication focused on education about pregnancy and the childbirth process helps pregnant women feel more mentally

prepared to face childbirth. Therapeutic communication has been demonstrated to lower anxiety levels, especially during the third trimester (Purba, 2022). Midwife Fitri added that after pregnant women were given information about what would happen during childbirth, they became calmer and were able to manage their emotions better. Thus, therapeutic communication conducted by midwives not only helps overcome symptoms of depression in pregnant women but also plays an important role in improving the overall mental health and well-being of pregnant women.

In therapeutic communication, there are four phases that are essential to building an effective therapeutic relationship between healthcare providers, such as midwives, and patients. Each phase has different goals and processes that contribute to the overall effectiveness of the therapeutic interaction. These phases are the pre-interaction phase, orientation phase, working phase, and termination phase.

Pre-interaction Phase

The pre-interaction phase occurs before the encounter between a healthcare provider, such as a midwife, and the patient. Herfira and Supratman (2019) explain that in this phase, the healthcare provider gathers information and reviews the patient's medical record or other data which is then used to prepare and plan the interaction with the patient. This phase helps the healthcare provider to identify preconceptions about the patient's situation, recognize the feelings felt by the patient, and make conscious preparations to avoid bias. Moreover, Hagerty et al. (2017) highlighted the importance of self-reflection and preparation in establishing a therapeutic relationship, emphasizing that healthcare providers who engage in this phase will be better prepared to meet the patient's needs. This can help healthcare providers to interact effectively and supportively with patients, and set the stage for a productive therapeutic relationship.

In practice, the pre-interaction phase can occur in various situations. For example, Midwife Maya's interviewee said:*"read the complaint that the patient has filled in during the reservation."*

The complaint written by the patient during the reservation helps Midwife Maya to be able to provide a more appropriate response and understand the patient's condition before the communication session begins. Meanwhile, in an interview with Midwife Lita, she said:

> *"there are differences between patients in clinics, hospitals, and independent practices. At the clinic, the relationship with the patient is closer because there are fewer human resources at the clinic, so the communication between the patient and the midwife is more personalized and heart-to-heart. The same applies to patients who are directly treated in independent practices."*

Not only that, she clarified the characteristics of patients in the hospital:

> *"In the hospital, because the hospital has more human resources, there are also more patients, patients cannot choose which midwife handles them."*

Because there are differences in patient characteristics according to the place of care, this helps Midwife Lita to recognize and have an initial presumption about the patient, and adjust her communication approach (Setianingsih, 2018). Similarly, midwife Tina, who practices in the village, said:

> *"The level of awareness of patients in the village is still minimal. Sometimes they only come to the midwife when the opening is large or they are about to give birth, which results in other effects after the patient has just given birth. This makes midwives aware to be more empathetic to understand and understand patients who experience this."*

Through Midwife Tina's statement, it emphasizes that it is important for midwives to reflect on themselves to evaluate their own experiences and emotions, in order to be empathetic and more sensitive to patient reactions and needs.

Orientation Phase

The orientation phase in therapeutic communication is an important early stage in the therapeutic relationship where in this phase, the midwife and patient first meet in person. This phase focuses on building the patient's trust in the midwife, understanding the patient's needs, creating a supportive environment, and collaboratively setting clear goals for the patient (Ernstmeyer & Christman, 2024). By doing so, the midwife can facilitate effective communication that will significantly increase the patient's sense of satisfaction and confidence to follow the care plan (Campbell et al., 2022).

In practice, the orientation phase involves various strategies to build patient trust and comfort. As Midwife Tina says:

> *"If a patient comes with a problem, we need to listen first, then validate the patient. After that, we start to analyze the patient's complaints before going into the emotional and physical treatment session."*

This shows that in order to get into an in-depth treatment session, it is important for the midwife to build the patient's trust in the midwife by listening and validating what the patient feels. This is also similar to what Midwife Yuli said:

> *"When dealing with different patients, I usually try to relate to the patient first, then automatically mirror the way the patient communicates".*

Meanwhile, in the interview, Midwife Maya explained another strategy:

> *"Usually giving a touch, such as a hug when they are going home, so that patients are more comfortable and feel closer to the midwife."*

Not only that, Midwife Maya also said:

> *"This helps the patient become more open and during the next consultation it becomes more comfortable and more personalized. Later, when the patient comes again, the patient will automatically become more open."*

This shows that through touch, a sense of trust can be built between midwives and patients, so that the therapeutic relationship that is built becomes closer and more meaningful.

Working Phase

The working phase is the phase where the actual therapeutic work takes place. In this phase, the midwife focuses on identifying the patient's problems, collaboratively exploring solutions for the patient, setting goals according to the patient's needs, and implementing therapeutic services (Mersha et al., 2023). Deane and Fain (2016) emphasized that this phase of work is crucial to support patients leading to better health outcomes. Therefore, there needs to be active engagement between midwives and patients, such as midwives providing support to patients.

The results of interviews with midwives show that in the work phase, midwives face various challenges and situations that require different approaches. For example, Midwife Tina admitted that she had faced a patient who was experiencing emotional problems:

"For patients who are indicated to be depressed, only the doctor has the right to deliver a diagnosis. At most, it is explained that the symptoms lead to depression and anxiety, so they are directed to be checked."

Not only that, Midwife Tina also said:

"There was a patient in the village, 23 years old, who had never been checked and only came when she had a severe tantrum. The patient did not accept the pain of childbirth, so it had an effect after childbirth, where the patient experienced postpartum depression. So it was suggested for the husband and family to communicate and persuade the patient also for birth control. Afterward, the patient began to calm down."

In this situation, Midwife Tina approached the patient by listening carefully, validating the patient's feelings, and providing appropriate suggestions or interventions to help the patient overcome her problems. Meanwhile, Midwife Maya also admitted that she had handled a patient who was experiencing severe stress:

"There was a patient who lost weight and had to take medicine. But her husband only found out that his wife had this condition. Because her husband thinks that complaining like that is trivialized. Her level of awareness was still low. Finally, the patient conducted a counseling session, and after conducting a counseling session, the patient's recovery became faster."

In addition, Midwife Maya also said:

"There are also patients who hurt themselves, both during pregnancy and after giving birth. Usually because the patient feels alone, lack of support from her husband, lack of communication with her husband too. It is usually suggested that husband and wife and their children take a walk, go out, and have family time."

Through intensive counseling sessions, Midwife Maya managed to help the patient in a faster recovery process. On the other hand, Midwife Lita explained:

"If the patient is pregnant because she wants to be, she will definitely feel happy, but if the patient is not ready for her pregnancy, then there will be more complaints and feel that whatever is done is very difficult. So as a midwife, we have to be more empathetic and listen more while incorporating advice from midwifery science."

This shows that the working phase not only involves identifying problems and implementing solutions, but also requires a humanistic and empathic approach from the midwife to achieve optimal therapeutic outcomes.

Termination Phase

The termination phase occurs when the therapeutic relationship comes to an end. This phase is crucial for providing closure and evaluating the progress that has been made during the therapeutic process. In this phase, the midwife focuses on evaluating the process that has been passed from start to finish, understanding the feelings of the patient who has reached this end point, and discussing future plans that the patient may still need after passing through the stages (Ernstmeyer & Christman, 2024). The midwife really needs to ensure that the patient finishes the therapeutic relationship feeling strong, motivated, and ready for the next step.

As a crucial stage, the midwives evaluate and ensure the patient is ready for the next step. As Midwife Maya said:

"When the patient comes again, I don't need to try too hard to ask questions anymore because the patient will automatically open up, I just need to do the evaluation process."

This shows that the therapeutic relationship has gone well and is ready for the final stage. At the same time, Midwife Yuli said:

"Now that the patient's awareness has increased because they have been facilitated by BPJS, patients who come are more open and willing to vent. After going through several sessions, patients already understand more."

This indicates that the termination phase is effective because patients are able to overcome their problems independently. On the other hand, Midwife Tina, who has handled patients with severe conditions, said:

"So it is advisable for husbands and families to communicate and persuade patients also to use family planning. After that, the patient began to calm down."

This is also similar to what Midwife Maya stated:

"Usually it is suggested that the husband and wife and children take a walk, go out, and family time."

This evaluation helps to ensure that patients are ready to move on with their lives without relying on intensive therapeutic interventions. Thus, the termination phase not only marks the end of the therapeutic relationship, but also ensures that the patient has achieved independence and readiness to face the future.

At the same time, a midwife must have the mindset that her profession is not just a job, but a calling to serve. As Midwife Tina said, when she helps patients give birth, the most important thing for her is that the patient is healthy and the baby is also born healthy. In this regard, it is crucial for midwives to have empathy. By understanding the importance of the different mindset required when becoming a midwife and the mindset that is important for a midwife to possess, they can maintain professionalism, improve the quality of their relationships, and help midwives avoid burnout. If a midwife brings their professional mindset into their personal life, they may feel stressed and find it difficult to enjoy their time. Having a platform for midwives to share their stories, as mentioned by Midwife Yuli, is very helpful in helping midwives release stress and feel more relieved.

When handling patients, midwives will encounter various different cases, which means they need the ability to solve problems by making quick and accurate decisions in patient care. From the interview results, it is known that to do their job, midwives need to have self-confidence. This confidence is known as self-efficacy, a concept developed by Albert Bandura (1997) to explain how someone believes in their ability to complete tasks and face challenges. This is important for midwives because when they have high self-efficacy, they will be more confident in performing medical procedures, educating patients, and managing stress in their work. In Bandura's theory, self-efficacy has three main dimensions: magnitude, strength, and generality.

Magnitude

Magnitude refers to a person's confidence in their ability to perform tasks with different levels of difficulty (Medyasari et al., 2021). In the context of midwives, this means how much confidence they have to handle a variety of different situations, ranging from those with low levels of difficulty to handling complex patients, such as antenatal depression. A midwife who has high self-efficacy in the magnitude dimension will feel

confident to handle various cases of pregnancy and childbirth. This confidence is important for midwives to have in order to provide effective care and be responsive to patient needs.

The difference in these situations is felt by Midwife Lita:

> *"In the hospital, the patients are more middle to upper class, where generally patients have more knowledge, so when communicating, there is two-way communication. When explaining, the patient can ask questions back. In districts, the challenge is that many patients lack knowledge."*

This explains that demographic differences mean there are differences in the character of the patients, which means the approach will be different. With high self-efficacy in the magnitude dimension, midwives are able to face challenges like this. Likewise, with patients whose clinical situations vary, ranging from those who are not so much a problem and often do control to midwives, to patients who are indicated to have experienced a disease.

For example, this can be seen from the confession of Midwife Tina who once handled a patient who never did control and only came to the midwife when it was time to give birth, so the patient experienced postpartum depression due to not accepting the pain the patient felt. Finally, Midwife Tina immediately communicated to the patient's family to refer the patient to a psychiatrist and conduct birth control. This shows that, in handling complex cases like this, a midwife's confidence is needed in handling it, because it requires the ability to make quick and accurate decisions, as Midwife Tina did.

Strength

Strength refers to how strongly a person believes in their abilities, especially in the face of challenges and pressures (Medyasari et al., 2021). This dimension is closely related to the resilience and mental health of midwives, where these two things influence each other. In this sense, a midwife who has high self-efficacy, especially in the strength dimension, will feel more confident in facing challenges and stressful situations. This confidence allows midwives to remain calm and focused, even if they have to face difficult situations, which in turn increases their mental resilience. At the same time, mental resilience and good mental health can also support the development of strength dimension self-efficacy (Pamungkas & Hindiarto, 2023). For example, midwife Fitri said:

> *"There are many patients who are emotionally unstable. This is usually because the patient is in pain, so the patient is more emotional, angry, sometimes rebellious. When dealing with patients who are emotionally unstable to the point of depression, I focus more on building the patient's trust in me as a midwife."*

Because of Midwife Fitri's high self-efficacy, she was able to deal with patients with serious problems more calmly and stay focused, so that she could responsively determine the next step. Likewise, Midwife Maya has faced patients who self-harm:

> *"There are also patients who hurt themselves, both during pregnancy and after giving birth. Usually because the patient feels alone, lack of support from her husband, lack of communication with her husband too."*

As emphasized by WHO (2022) to deal with patients with mental problems, it is also important for health care providers such as midwives to maintain their mental health, as it affects the provision of effective services for patients. Realizing this, Midwife Maya said:

> *"Usually I make time for myself by turning off the cellphone, then resting, sometimes also writing,"*

as an effort to heal herself and maintain her mental health, which in turn helps Midwife Maya in developing self-efficacy in the strength dimension.

Generality

This generality dimension refers to the extent to which a midwife's self-efficacy applies in various situations and conditions (McLeish & Redshaw, 2019). Some midwives may feel confident only in certain tasks, but for midwives who have high self-efficacy, they can generalize their confidence across various activities. In this sense, they not only feel confident in clinical practice, but also in social interactions with patients, such as providing education to patients, education to patients' families, helping communicate with other medical personnel, and being a counselor for patients. As Midwife Maya said when facing a patient who had communication problems with her husband:

> *"There are also patients who hurt themselves, both during pregnancy and after giving birth. Usually because the patient feels alone, lack of support from her husband, lack of communication with her husband too. It is usually suggested that husband and wife and their children take a walk, go out, and have family time."*

This shows the midwife's role as an educator and counselor for the patient's family.

Not only that, from the findings obtained after interviews with midwives, the midwives said that when they encountered different patients, they felt confused about how to approach patients with different characteristics. Midwives also felt the need to understand and be able to read situations in order to know when to use verbal or nonverbal communication. This makes midwives feel that communication psychology is important, and they want to study it in the hope of approaching patients more effectively.

In addition to self-efficacy, there is another aspect that plays a role in improving the quality of midwifery services, namely self-experience. While self-efficacy relates to midwives' belief in their own ability to complete tasks, self-experience emphasizes personal experiences that shape how midwives understand and respond to patients' needs. These personal experiences influence how they interact with patients, enabling midwives to better understand patients' emotional and psychological conditions, not just theoretically. This leads to three main aspects found in self-experience: empathy, tolerance, and sympathy.

Empathy

Empathy is a person's ability to understand and feel the conditions that others experience. Empathy is important for a midwife to have in order to build strong relationships with patients, because midwives are not only responsible for the physical health of mothers and babies, but also for the emotional well-being of patients. This is especially true when dealing with patients who are experiencing antenatal depression. Midwives who have high empathy can understand the fear, pain, and anxiety felt by pregnant women. As Midwife Lita said:

> *"Patients vary. If they are pregnant because they want it, they will feel happy, but if the patient is not ready for the pregnancy, then there will be more complaints and feel that whatever is done is very heavy. As a midwife, we have to empathize and listen more while incorporating advice from midwifery science."*

This is also agreed by Midwife Tina who has handled patients who experience postpartum depression, she also emphasized:

> *"It is important for midwives to be more empathetic to understand and understand patients who experience this."*

On the other hand, Midwife Fitri gave a statement:

"Nowadays many midwives are still girls or have never given birth but are already working as midwives in the delivery room. Because the personal experience of the midwife usually affects the way the midwife empathizes with her patients."

Midwife Fitri also added from her experience,

"There are differences in being a midwife from before marriage, after marriage, and having children. Before marriage and childbirth, my approach is usually still in accordance with theory because I don't really understand how it feels to give birth. After having experienced childbirth, the approach becomes more intense and personal, the words used are also more upgraded, and the patient becomes more confident in the advice given."

In a sense, the midwife's own personal experience is an advantage for the midwife to more easily understand the patient's condition, so that the approach given becomes warmer and more personal.

Tolerance

Tolerance in the midwifery context refers to the midwife's ability to be understanding and patient in dealing with various patient characters and conditions, including those with severe conditions, such as antenatal depression, or patients with different social and economic backgrounds. This tolerance is essential for a midwife to create an inclusive and supportive environment for patients. Experience as a midwife also helps to increase a midwife's tolerance towards patients, such as how long they have been working as a midwife, as they are used to dealing with different types of patients.

As recognized by Midwife Lita, where she has had experience as a midwife since 2009 and has worked in city hospitals, clinics, and independent practices in the district. She had faced patients from various social and economic backgrounds. She said:

"In the hospital, the patients are more middle to upper class, where generally patients have more knowledge, so when communicating, there is two-way communication. When explaining, the patient can ask questions back. In the district, the challenge is that many patients lack knowledge."

Similarly, Midwife Tina (who works in the village) said:

"The level of awareness of patients in the village is still minimal. Because of this, patients tend to only come when the opening is large or they want to give birth."

In a sense, midwives need to have high tolerance so that they can be more understanding and more patient when dealing with patients with different socio-economic backgrounds, especially to patients whose level of literacy and awareness of health during pregnancy is still low. High tolerance can also help midwives to find effective solutions according to patient needs, by providing education without judging patients.

On the other hand, from the findings, the midwives' own personal experiences also affect the level of tolerance that midwives have. This can be seen in the statement from Midwife Fitri:

"There are differences in being a midwife from before marriage, after marriage, and having children. Before marriage and childbirth, my approach is usually still in accordance with theory because I don't really understand how it feels to give birth. After having experienced childbirth, the approach becomes more intense and personal, the words used are also more upgraded, and the patient becomes more confident in the advice given."

In this sense, midwives who have experience giving birth tend to have higher tolerance, because they have similar experiences with patients. Meanwhile, midwives who are young or have no personal experience of giving birth, tend to have less tolerance and tend to approach only according to theory.

Sympathy

Sympathy is a feeling of care and concern that a midwife has for another person's condition, which is often accompanied by an urge to provide help or support to the patient. It reflects recognition of the patient's feelings and a desire to help them in the face of adversity. This sympathy arises when the midwife genuinely cares about the patient's condition, not just carrying out her professional duties. Genuine sympathy from midwives can help reduce patients' anxiety and make them feel safer during the treatment process and during pregnancy.

In practice, this genuine sympathy is clearly illustrated through Midwife Tina's confession:

> *"But actually when helping a patient give birth, the patient is healthy, the baby is also born healthy, there is a feeling of happiness that cannot be replaced or explained."*

The experience that Midwife Tina has had from 1996 until now strengthens her sympathy for patients and focuses on the health of patients and their babies, regardless of her professionalism as a midwife. The personal experience of midwives who have given birth also influences midwives' sympathy for patients, because they understand what it is like to be pregnant and give birth, so they are encouraged to care more and help patients.

Although midwives have developed competencies and approaches that are patient-centered and more humanistic, and have a broad role in providing care, many patients still have limited perceptions of the functions and capabilities of midwives. They often view midwives solely as birth attendants, unaware that midwives also play a crucial role in maternal health education and counseling. However, numerous expectant mothers select midwives particularly for the emotional bond and reassurance they provide (Ratna, 2020). As a result, interactions between midwives and patients are hindered, particularly in seeking the assistance patients need. When patients are unaware of the role and capabilities of midwives, this prevents them from receiving the full benefits of the services provided by midwives (Zinsser et al., 2016).

The public's misperceptions about midwives are influenced by several factors, such as social and economic factors. These factors can influence their understanding of the information they receive, thereby shaping their perceptions. One of the current sources of information is social media, such as TikTok, which has become a common platform in society, particularly among pregnant women, for seeking information. This aligns with what Midwife Maya stated:

> *"Many patients prefer to hear information from TikTok, leading to an overload of information that confuses them and makes it unrealistic."*

On one hand, social media can be beneficial for self-education regarding pregnancy, but on the other hand, it can also pose a threat when users are exposed to misleading information, especially if their literacy levels are low and they cannot distinguish between accurate and inaccurate information. As a result, as Midwife Maya said, they can feel confused because of too much information, and this can even create a wrong perception in their minds about pregnancy and the role of midwives.

At the same time, these social and economic factors can hinder patients' understanding when they are given education about pregnancy by midwives. Patients living in lower-middle socioeconomic environments tend to have lower levels of awareness about maternal health compared to patients living in cities with upper-middle socioeconomic levels. This was also mentioned by Midwife Tina, who works in a village:

> *"Patients' awareness in villages is still low. As a result, patients tend to come in only when they are already in advanced labor or about to give birth." Not only that, Midwife Lita also said the same thing: "In the district, the challenge is that many patients lack knowledge."*

This is due to economic limitations that prevent them from accessing higher education and tend to have low literacy rates. These circumstances represent the structural obstacles described in the Three Delays Model regarding maternal mortality (Santos et al., 2022). Midwife Tina also said:

> *"I once encountered a patient from a lower-middle-class economic background and referred the 23-year-old patient to a psychiatrist. The patient had never undergone prenatal check-ups during her pregnancy, and her tantrums had already crossed the line. Ultimately, the patient experienced postpartum depression, commonly known as the baby blues."*

It can be said that the economic challenges faced by patients make them less aware that during pregnancy, they need to undergo regular check-ups and examinations to prevent various complications during pregnancy. On the other hand, Midwife Yuli said:

> *"In the past, before the introduction of BPJS, many patients were unaware of the importance of prenatal examinations. Now, with the support of BPJS, patients are starting to come from the beginning to the end of their pregnancy, making the process more controlled. With increased awareness, patients have become more open and willing to share their concerns, although this usually only happens during the first and second visits. After that, patients understand better."*

This demonstrates that government assistance, such as BPJS, can help increase awareness, especially among patients living in low-income social and economic environments, and help patients avoid the tendency to experience antenatal depression, as well as help reduce maternal and infant mortality rates.

Midwives can also act as counselors for patients by providing emotional support and necessary information to help patients cope with challenges during pregnancy and childbirth, especially for patients experiencing antenatal depression. By taking on the role of counselor for patients, midwives can help patients overcome anxiety, stress, and other challenges they face, ensuring their mental and emotional well-being remains intact, so patients can feel more comfortable and confident throughout the pregnancy, childbirth, and postpartum process. These informants have different backgrounds, but when presented with information related to this issue, they stated that their experiences as midwives when communicating with patients made them realize that there was a special bond with their patients. This is because patients have different characteristics in various aspects, such as social and economic aspects. Julia T. Wood (2016) states that communication is a process, where the process in question is the communication that occurs between midwives and patients, which is a dynamic process that is always moving and changing, adapting to the characteristics of the communicator.

In this communication process, it is not possible to precisely determine when communication begins and ends, as before midwives engage in direct communication with patients, they must shift their mindset to that of a midwife by setting aside any personal

concerns or burdens. During the pre-interaction phase, midwives begin to understand patients' characteristics through the complaints patients fill out on registration forms. This initial process will influence the approach the midwife chooses with the patient, in accordance with the patient's characteristics, and can influence the interaction between the midwife and the patient, which will ultimately influence communication between the midwife and the patient in the subsequent phases. This process will also guide the midwife to strengthen her self-efficacy or self-confidence, that she is capable of handling patients with different characteristics.

During this process, intrapersonal communication takes place within the midwife, acting as a reflective mechanism that helps the midwife to better understand her role. This is inseparable from the midwife's personal experiences, both as a midwife and outside of her profession, such as midwives who have personal experience of pregnancy and childbirth. The midwife's personal experience helps her to empathize, show tolerance, and sympathize when providing services to patients. Thus, the combination of a midwife's mindset, self-efficacy, and personal experience plays a role in shaping the quality of communication and the midwife's approach to patients, which ultimately improves the effectiveness of midwifery services. This will be explained further with a chart of the results compiled by the researcher:

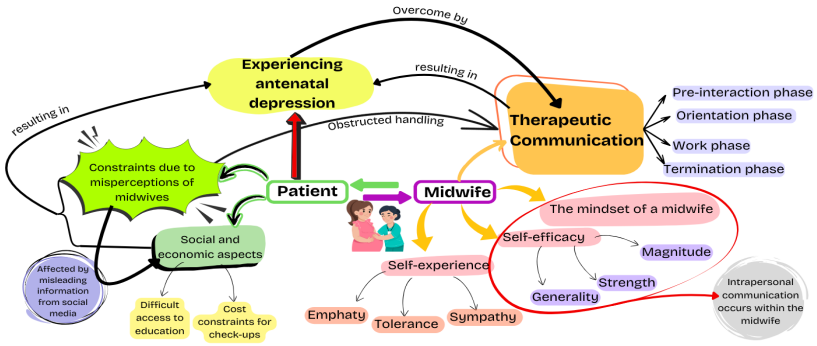

Figure 1. Research Analysis Framework

Conclusion

This study shows that therapeutic communication is very important to overcome depression in pregnant women. Midwives can help ease anxiety, reduce depression, and improve the mental health of pregnant women by using an approach that focuses on empathy, active listening, and emotional support. Pregnant women feel more heard and understood with this approach. It also makes them more prepared for the pregnancy and delivery process. Expectant mothers benefit from the education provided through therapeutic communication as it reduces uncertainty and gives them a sense of security, which improves their overall mental well-being.

Recommendations for clinical practice involve integrating therapeutic communication as a key element in the health care of pregnant women, particularly those with antenatal depression. More in-depth research on the benefits of therapeutic communication in the management of pregnant women's mental health needs to be conducted involving

more participants, different types of health workers, and more diverse contexts. It is also recommended that midwives and other health workers undergo comprehensive training in therapeutic communication skills so that they can provide optimal support for their patients.

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