

Needs Analysis for Developing an Integrated Model of Islamic Mindfulness and Date Juice in Third-Trimester Antenatal Care at RBC Primary Clinic

Mulyanti^{*1}, Imas Masdinarsyah²

^{1,2} Midwifery Study Program, Faculty of Health Sciences, 'Aisyiyah University of Bandung, Indonesia
Email: ¹mulyanti@unisa-bandung.ac.id, ²Imas.masdinarsyah@yahoo.co.id

Abstract

Antenatal care for third-trimester pregnant women is still dominated by routine physical examinations, while holistic approaches integrating spiritual and nutritional aspects have not been systematically mapped. This study aimed to analyze the needs for developing an integrative model of Islamic mindfulness and date juice in third-trimester antenatal care at RBC Primary Clinic, including identification of service needs, health worker perceptions, and facility readiness. The research used a descriptive exploratory design with a Sequential Exploratory mixed-method QUAL → QUAN approach. Data were collected through a structured questionnaire survey involving 10 midwife stakeholders. Data were analyzed using descriptive quantitative and thematic qualitative methods. Results showed that the majority of midwives (60%) strongly agreed that the Islamic mindfulness approach has the potential to reduce anxiety in third-trimester pregnant women, and 70% strongly agreed that date juice provision is relevant and beneficial for third-trimester pregnant women. All respondents (100%) agreed or strongly agreed that a structured SOP/guideline for date juice administration is needed. A total of 60% of respondents stated that counseling room facilities were already conducive, but gaps remained in the availability of supporting facilities such as audio players and processing rooms. Main obstacles identified included time constraints, midwife workload, and lack of specialized training. It should be noted that all percentages are derived from 10 midwives at a single facility and should not be interpreted as representing a broader population. This study produced initial conceptual model components for integrating Islamic mindfulness and date juice in third-trimester antenatal care that align with service needs and clinic context, serving as a basis for further model development and validation in subsequent research phases, rather than a model ready for implementation, as this study is still at the needs-analysis stage.

Keywords: antenatal care, date juice, Islamic mindfulness, need analysis, third-trimester pregnant women

1. INTRODUCTION

Antenatal care is an essential component of efforts to maintain maternal and fetal health, particularly during the third trimester, which is a period of preparation for childbirth. During this phase, pregnant women experience not only physiological changes but also psychological challenges that may affect birth readiness and maternal well-being (Dunkel Schetter et al., 2019; Guardino & Dunkel Schetter, 2020; Thomason et al., 2021). Therefore, antenatal care should ideally focus not only on routine physical examinations but also encompass promotive and preventive approaches that are holistic in nature (Chewe et al., 2024; WHO, 2020).

Various studies show that anxiety during pregnancy, especially in the third trimester, is a common condition and is associated with childbirth experience and maternal postpartum adaptation (Dunkel Schetter et al., 2019; Thomason et al., 2021). Non-pharmacological approaches are increasingly recommended in antenatal care because they are considered safe and can support the psychological well-being of pregnant women (Domínguez-Solís et al., 2021; Elyasari et al., 2023; Değirmenci et al., 2025).

Mindfulness, as one non-pharmacological approach, has been widely studied in the context of pregnancy and perinatal health. Several systematic reviews and meta-analyses report that mindfulness-based interventions have the potential to reduce stress and anxiety during pregnancy (Shi & MacBeth, 2019; Matvienko-Sikar et al., 2021; Laurent et al., 2020). In cultural and spiritual contexts, the development of mindfulness grounded in religious values, including Islamic mindfulness, has begun to receive attention and shows promising early results in supporting the mental health of pregnant women (Dwidiyanti et al., 2021; Sari et al., 2023).

In addition to psychological and spiritual aspects, nutritional support is also an important part of pregnancy care. Dates (*Phoenix dactylifera*) are a food source traditionally consumed by pregnant women and are known to contain beneficial nutrients. Several studies report potential benefits of date consumption for the condition of pregnant women and the labor process (Abou El-Ardat et al., 2025; Kalsum & Sari, 2024; Rahmawati & Hidayah, 2021). It should be noted that most of these references discuss the consumption of date fruit in general, whereas the model developed in this study specifically uses date juice/extract, which has different implications in terms of processing, dosage, and absorption. Date juice was chosen as the form of administration for practical reasons: it is more accessible, can be prepared in primary care facilities without complicated special equipment, and its portion can be adjusted to each patient's individual needs.

Although Islamic mindfulness and date juice have theoretical potential, to date the two have not been systematically integrated into antenatal care in primary health facilities. At RBC Clinic, there is no clear mapping of the needs, perceptions, and readiness of health workers regarding the development of a non-pharmacological approach that integrates spiritual and nutritional aspects. RBC Primary Clinic was selected as the site for the needs analysis based on the characteristics of its antenatal services, which include a fairly significant number of visits by third-trimester pregnant women, the need to develop holistic services based on stakeholder input, and the clinic's readiness as a midwifery service facility able to accommodate the development of non-pharmacological intervention models.

Based on this background, this study aims to analyze the needs for developing a model integrating Islamic mindfulness and date juice in antenatal care for third-trimester pregnant women at RBC Primary Clinic. Specifically, this study identifies: (1) midwives' needs and perceptions regarding the development of a non-pharmacological approach based on spirituality and nutrition; (2) service readiness and clinic resources; and (3) the initial components of a conceptual model integrating Islamic mindfulness and date juice that fits service needs.

2. RESEARCH METHODS

This study used a descriptive exploratory design with a Sequential Exploratory mixed-method approach (QUAL → QUAN), designed to produce an initial needs-based conceptual model at TRL 2 (Technology Readiness Level). The qualitative stage was carried out through a literature review and preliminary exploration, while the quantitative stage was carried out through a structured survey.

In more detail, the Sequential Exploratory mixed-method design (QUAL → QUAN) in this study consisted of two successive stages. The first stage (QUAL) comprised a literature review of 15 relevant journal articles on Islamic mindfulness, date juice, and antenatal care, as well as preliminary exploration through brief interviews with 2 key informants (a senior midwife and the person in charge of maternal and child health [MCH]) to identify the main issues before the survey instrument was developed. The second stage (QUAN) was a structured survey using a need assessment questionnaire distributed to 10 midwife respondents. The results of the qualitative stage were used to validate and refine the questionnaire domains, so that the questions posed to respondents fit the local context of the clinic.

Research Location and Respondents

The study was conducted at RBC Primary Clinic, Bandung City. The respondents were midwives providing antenatal care at the clinic (stakeholders and clinical instructors of the midwifery study program). The sampling technique was purposive sampling with 10 midwife respondents. Inclusion criteria were: (1) at least 1 year of work experience in a midwifery service facility; (2) direct involvement in antenatal care at RBC Clinic; and (3) willingness to provide consent to participate. A sample of 10 respondents was considered adequate for the needs-analysis stage at TRL 2 because the aim of the study was to identify perceptions and needs, not to measure prevalence or make statistical inferences to a population. This number is also comparable to the needs-analysis standards used in TRL (Technology Readiness Level) 2–3 development in the health intervention model development literature.

Research Instrument

The instrument used was a structured need assessment questionnaire covering several domains: (1) respondent characteristics; (2) perceptions of third-trimester ANC service practices; (3) perceptions of Islamic mindfulness; (4) perceptions of date juice administration; (5) readiness of facilities and infrastructure; and (6) implementation barriers. Measurement used a 5-point Likert scale (Strongly Disagree [SD], Disagree [D], Neutral [N], Agree [A], Strongly Agree [SA]). The questionnaire consisted of 24 items: domain (1) contained 6 demographic items, domain (2) contained 4 items, domain (3) contained 4 items, domain (4) contained 3 items, domain (5) contained 4 items, and domain (6) contained 3 open-ended and 4 closed-ended items. Instrument development included a literature review of 15 relevant articles, preliminary exploratory interviews with 2 key informants, and assessment by 2 experts (1 midwifery expert and 1 research methodology expert) before distribution to respondents. The expert assessment indicated that the content validity of all items was valid, with some revisions to item wording.

Data Analysis

Quantitative data were analyzed descriptively using frequency distributions and percentages. Qualitative data from the open-ended questions were analyzed thematically. The thematic analysis stages included: (1) open coding of all respondents' answers to identify units of meaning; (2) grouping codes into main themes through discussion among the research team; (3) determining the frequency of occurrence of each theme; and (4) verification of the results by 2 independent reviewers to ensure the accuracy of the identified themes. This process allows traceability from individual respondents' answers to the thematic results table (Table 6).

This study received ethical approval from the Ethics Committee of 'Aisyiyah University of Bandung, number: 1915/KEP.01/UNISA-BANDUNG/IX/2026, dated September 10, 2026. All respondents gave written informed consent before participating in the study. Respondent data were anonymized and used only for academic purposes.

3. RESULTS AND DISCUSSION

Respondent Characteristics

Based on the survey results involving 10 midwife respondents, the respondent characteristics are presented in Table 1. The respondents' ages ranged from 24–40 years, with education levels ranging from Diploma III in Midwifery to Master's degree. Most respondents (50%) had 2–5 years of work experience, and the majority (70%) were Staff Midwives. It should be noted that the varied composition of work experience (10% <2 years, 50% 2–5 years, 20% 5–10 years, 20% >10 years) allows comparison of preferences for date juice administration schemes by level of experience, as discussed in the "Date Juice Administration Scheme" section below.

Table 1. Characteristics of Midwife Respondents (n=10)

Characteristic	Category	Frequency (n) / Percentage (%)
Age	24–30 years	5 / 50%
	31–40 years	5 / 50%
Highest Education	Diploma III (D3)	2 / 20%
	Diploma IV (D4)	1 / 10%
	Midwife Professional Program	2 / 20%
	Bachelor's (S1)	3 / 30%
	Master's (S2)	2 / 20%
Work Experience	< 2 years	1 / 10%
	2–5 years	5 / 50%
	5–10 years	2 / 20%
	> 10 years	2 / 20%
Position	Staff Midwife	7 / 70%
	Coordinator Midwife/CI	2 / 20%
	MCH Program Coordinator	1 / 10%

Perceptions of Third-Trimester ANC Services

Table 2 presents the distribution of respondents' answers to statements related to third-trimester ANC services at RBC Clinic.

Table 2. Perceptions of Third-Trimester ANC Services at RBC Clinic

Statement	SD	D	N	A	SA
ANC services already include education on psychological/mental readiness	0	0	2 (20%)	4 (40%)	4 (40%)
ANC consultation time is adequate for non-pharmacological interventions	0	0	2 (20%)	5 (50%)	3 (30%)
Frequently encounter cases of anxiety/high concern among third-trimester pregnant women	0	1 (10%)	4 (40%)	2 (20%)	3 (30%)
Islamic spiritual/religious approaches are often incorporated informally into ANC counseling	0	0	2 (20%)	5 (50%)	3 (30%)

Based on Table 2, the majority of respondents (80%) stated that ANC services at RBC Clinic already include education on the psychological/mental readiness of pregnant women, with 40% agreeing and 40% strongly agreeing. A total of 80% of respondents also stated that the existing ANC consultation time is adequate for providing non-pharmacological interventions. This indicates that, in general, ANC services at RBC Clinic already have a good foundation for developing holistic interventions. It should be noted that the statement "frequently encounter cases of anxiety/high concern among third-trimester pregnant women" in Table 2 was measured using a Likert scale (Agree/Strongly Agree), not a frequency scale (often/very often). The appropriate interpretation is: 50% of respondents agreed or strongly agreed that they frequently encounter cases of high anxiety among third-trimester pregnant women in daily practice, while 40% were neutral. This finding is consistent with the literature indicating that anxiety during third-trimester pregnancy is a condition with a fairly high prevalence (Dunkel Schetter et al., 2019; Thomason et al., 2021).

Perceptions of Islamic Mindfulness

Table 3 presents respondents' perceptions of the Islamic mindfulness approach.

Statement	SD	D	N	A	SA
Islamic mindfulness is important to integrate into ANC services	0	0	0	5 (50%)	5 (50%)
Islamic mindfulness has the potential to reduce anxiety and improve the psychological readiness of third-trimester pregnant women	0	0	0	4 (40%)	6 (60%)
Midwives need standard guidelines (SOP/module) for Islamic mindfulness	0	0	1 (10%)	3 (30%)	6 (60%)
Midwives need specialized training in Islamic mindfulness techniques	0	0	1 (10%)	1 (10%)	8 (80%)

The results in Table 3 show that all respondents (100%) agreed or strongly agreed that Islamic mindfulness is important to integrate into ANC services. Furthermore, 60% of respondents strongly

agreed that Islamic mindfulness has the potential to reduce anxiety and improve the psychological readiness of third-trimester pregnant women. This finding is consistent with previous studies showing the effectiveness of mindfulness-based interventions in pregnancy (Shi & MacBeth, 2019; Matvienko-Sikar et al., 2021) as well as Islamic mindfulness specifically in pregnant women (Dwidiyanti et al., 2021).

An interesting aspect is the very high need for standard guidelines and training. A total of 90% of respondents agreed or strongly agreed that midwives need an SOP/module to guide Islamic mindfulness interventions, and 90% also stated a need for specialized training, with 80% of them strongly agreeing. This finding is the most important result of the study because it indicates that the main gap lies not in willingness but in the technical readiness and competence of midwives. The fact that 90% of respondents expressed a need for SOPs and training is a primary prerequisite that must be met before the integration model can be developed further, given that without standard guidelines, implementation would depend heavily on the initiative of individual midwives, potentially resulting in large variations in service quality. This finding underscores that model development must not focus only on substantive components (Islamic mindfulness and date juice) but must also include system support components (SOPs, training, and educational media) as an integral part of the model.

Perceptions of Date Juice Administration

Table 4 presents respondents' perceptions of date juice administration to third-trimester pregnant women.

Table 4. Perceptions of Date Juice Administration

Statement	SD	D	N	A	SA
Additional date-based nutrition is relevant and beneficial for third-trimester pregnant women	0	0	1 (10%)	2 (20%)	7 (70%)
Education and direct provision of date juice at the clinic will increase satisfaction and comfort	0	0	1 (10%)	2 (20%)	7 (70%)
A structured SOP/guideline is needed regarding the dosage, contraindications, and timing of date juice administration	0	0	0	1 (10%)	9 (90%)

Table 4 shows that the majority of respondents (70%) strongly agreed that additional date-based nutrition is relevant and beneficial for third-trimester pregnant women. This is also supported by 90% of respondents who strongly agreed that a structured SOP/guideline is needed regarding the dosage, contraindications, and timing of date juice administration. It should be emphasized that the results of this study reflect midwives' perceptions of the benefits of date juice, not evidence of the effectiveness of date juice for pregnant women. Evidence of the effectiveness of date consumption in pregnancy comes from other studies that discuss date fruit consumption in general (Abou El-Ardat et al., 2025; Kalsum & Sari, 2024; Rahmawati & Hidayah, 2021). Specific evidence regarding date juice (date extract) in pregnant women remains limited and is a research scope that needs to be developed in the next stage.

Readiness of Facilities and Infrastructure

Based on Table 5, the ANC counseling room was considered quite conducive by 70% of respondents. However, the readiness of processing and storage facilities for date juice poses a challenge, with 50% of respondents disagreeing or strongly disagreeing that these facilities are adequate. Likewise, only 30% of respondents stated that the current allocation of midwife workload allows for the integration of new services. Data on the supporting facilities already available at RBC Clinic show that a dedicated counseling room/private ANC room is already available, as are educational media (ANC

posters/leaflets/brochures) and chairs/sofas/mats for relaxation. However, several respondents also mentioned the need to procure new facilities such as a storage refrigerator, a blender, and a sound system/audio player for dhikr. These findings indicate that facility readiness is partial: some aspects are already supportive, but gaps remain to be addressed, especially in processing and storage facilities for date juice and in midwife workload.

Table 5 presents respondents' perceptions of the readiness of facilities and infrastructure at RBC Clinic.
Table 5. Readiness of Facilities and Infrastructure

Statement	SD	D	N	A	SA
The ANC examination/counseling room is quiet and conducive enough	0	1 (10%)	2 (20%)	5 (50%)	2 (20%)
Supporting facilities (audio player, audio materials, mat/chairs) are available or can feasibly be provided	0	2 (20%)	1 (10%)	4 (40%)	3 (30%)
Processing/storage facilities (refrigerator/kitchen) are adequate for date juice	2 (20%)	3 (30%)	2 (20%)	2 (20%)	1 (10%)
Midwife workload allocation allows for service integration	1 (10%)	2 (20%)	4 (40%)	2 (20%)	1 (10%)

Implementation Barriers

Qualitative analysis of the open-ended questions identified several main barrier themes perceived by midwives in integrating Islamic mindfulness and date juice, as presented in Table 6.

Table 6. Identified Implementation Barriers

Barrier Theme	Frequency	Example Quotation
Limited service time	5	"The main obstacle is the limited time during ANC services" (N)
Lack of training and midwife skills	4	"Many have not been trained yet" (My); "Midwives have not been trained yet" (A)
High workload	3	"Service time, the team, and midwives' skills" (A)
Differences in patient characteristics and readiness	2	"Sometimes it cannot be applied to every patient... because of limitations, for example when there are many patients" (Zahra Hasna)
Facility and infrastructure constraints	2	Needs "facilities to be added" (B)

Limited time was the most frequently mentioned barrier (5 of 10 respondents). This is understandable given that ANC services usually have limited time allocated per patient. This finding is consistent with the quantitative results in Table 5, which show that only 30% of respondents stated that workload allocation allows for integration. The lack of training was also a significant barrier, with 4 respondents explicitly stating that midwives had not received specialized training. This competence gap needs to be addressed through structured training before the integration model can be implemented effectively.

Date Juice Administration Scheme

Regarding the most feasible form of date juice administration at RBC Clinic, respondents gave varied answers that can be grouped as follows:

1. Self-prepared recipe education — providing a book/guide on how to make and serve date juice at home (most frequently recommended, especially by respondents with 5–10 years of experience)

2. Ready-to-drink product — given directly during ANC visits in ready-to-drink packaging (recommended by more junior respondents)
3. Combination scheme — self-prepared recipe education accompanied by occasional direct provision during prenatal classes or pregnancy exercise sessions

Most respondents tended to choose the self-prepared recipe education scheme because it is more cost-effective and does not burden the routine service flow.

Expectations for the Integration Model

Based on thematic analysis of respondents' suggestions and expectations, several expected principles of the integration model include:

- (1) Simple and brief — the model must be applicable in a short time (for example, 3 minutes of Islamic mindfulness education) without disrupting the routine service flow;
- (2) Integrated into the existing ANC flow — not as a separate program, but embedded within existing counseling/education sessions;
- (3) Supported by practical educational media — leaflets, posters, or simple guides for patients;
- (4) Flexible — adaptable to the conditions and needs of each patient;
- (5) Supported by SOPs and training — as a prerequisite for consistent implementation.

Initial Components of the Conceptual Model

Based on a synthesis of the survey results and literature review, the initial components of a conceptual model integrating Islamic mindfulness and date juice in third-trimester antenatal care at RBC Clinic were formulated, consisting of:

- (1) Islamic Mindfulness Component: mindful breathing exercises (muraqabah), dhikr and prayer, positive visualization with contemplation of the names of Allah (Asmaul Husna), and the development of surrender and trust in God (tawakal), packaged in a brief 3–5 minute session during ANC counseling.
- (2) Date Juice Administration Component: self-prepared recipe education covering dosage (3–7 dates/day), preparation methods, timing of consumption, contraindications (uncontrolled gestational diabetes), and hygienic storage, supported by a guidance leaflet.
- (3) Integration Flow Component: insertion into routine third-trimester ANC counseling sessions, particularly at the 3rd and 4th visits (gestational age 32–36 weeks), with a maximum additional duration of 5–7 minutes.
- (4) Support Component: a brief SOP for midwives, training on facilitating Islamic mindfulness (1 day), educational media (leaflets/posters), and procurement of minimal supporting facilities (audio player, storage refrigerator).

To affirm the scientific basis for determining the numerical values in the model components, the researchers conducted a synthesis from three reference sources. First, the survey results that mapped midwives' perceptions of session duration and the time feasible within the antenatal care flow. Second, a literature review adopting date dosage recommendations based on the studies by Kalsum & Sari (2024) and Abou El-Ardat et al. (2025), which consistently used a dose of 3–7 dates per day. Third, the results of consultations with two experts, namely a midwifery expert and a nutritionist, conducted at the stage of drafting the model components. These three sources yielded initial numerical references, including a date dose of 3–7 dates/day, contraindication criteria, a gestational age range of 32–36 weeks, and a session duration of 3–5 minutes. These values are used as references at the model development stage and will be validated through subsequent model testing.

This conceptual model is preliminary (prototype) at TRL 2 and will serve as the basis for development and trials in the next research stage (TRL 3), because this study is still at the needs-analysis stage.

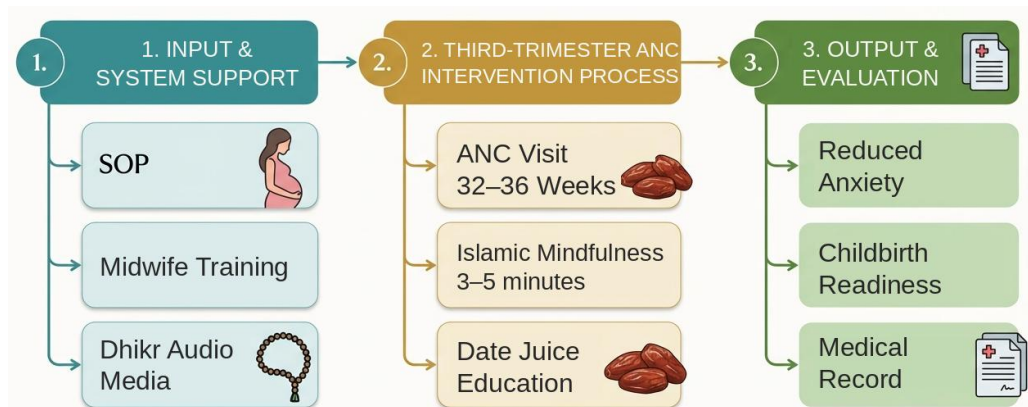


Figure 1. Conceptual Framework of the Integration of Islamic Mindfulness and Date Juice in Third-Trimester Antenatal Care

4. CONCLUSION

This study successfully mapped the needs for developing a model integrating Islamic mindfulness and date juice in third-trimester antenatal care at RBC Primary Clinic. The survey results show that most midwives have positive perceptions of integrating this non-pharmacological approach, with 100% of respondents stating the importance of integrating Islamic mindfulness and 90% strongly agreeing on the need for an SOP for date juice administration. Facility readiness is partial: the counseling room is already conducive, but processing and storage facilities for date juice still need improvement. The main barriers include limited service time, training needs, and midwife workload. The initial conceptual model formulated includes components of Islamic mindfulness, date juice administration, integration flow, and system support, designed to be simple and integrated into the existing ANC flow. The model produced in this study is still an initial formulation based on 10 midwives at a single facility and cannot yet be considered a tested model or one ready for implementation. This study is at TRL 2 and serves as a foundation for the development and feasibility testing of the model in the next research stage, which should focus on validating the model components, feasibility testing, and developing a more detailed intervention protocol.

REFERENCES

- Abou El-Ardat, M., Obradovic, Z., Saldo, D., Velagic, M., Omeragic, A., & Galijasevic, N. (2025). The effects of date consumption on labor and vaginal birth. *Medicine, Surgery and Dentistry: An International Journal*, 79(1), 56–60. <https://doi.org/10.5455/medarh.2025.79.56-60>
- Baer, R. A., & Smith, G. T. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment*, 13(1), 27–45. <https://doi.org/10.1177/1073191105283504>
- Baer, R. A., Smith, G. T., Lykins, E., Button, D., Krietemeyer, J., Sauer, S., Walsh, E., Duggan, D., & Williams, J. M. G. (2008). Construct validity of the Five Facet Mindfulness Questionnaire in meditating and nonmeditating samples. *Assessment*, 15(3), 329–342. <https://doi.org/10.1177/1073191107313003>
- Bohlmeijer, E., Ten Klooster, P. M., Fledderus, M., Veehof, M., & Baer, R. (2011). Psychometric properties of the Five Facet Mindfulness Questionnaire in depressed adults and development of a short form. *Assessment*, 18(3), 308–320. <https://doi.org/10.1177/1073191111408231>
- Dutra, I. N., Seixinho, S., Baixinho, C., Presado, M. H., & García-Fernández, R. (2025). Contributions of mindfulness in high-risk pregnancy: A mixed methods systematic review. *Heliyon*, 11(11), e43059. <https://doi.org/10.1016/j.heliyon.2025.e43059>
- Domínguez-Solís, E., Lima-Serrano, M., & Lima-Rodríguez, J. S. (2021). Non-pharmacological interventions to reduce anxiety in pregnancy, labour and postpartum: A systematic review. *Midwifery*, 102, 103126. <https://doi.org/10.1016/j.midw.2021.103126>

- Dunkel Schetter, C., & Tanner, L. (2019). Anxiety, depression and stress in pregnancy: Implications for mothers, children, research, and practice. *Current Opinion in Psychiatry*, 32(6), 530–535. <https://doi.org/10.1097/YCO.0b013e3283503680>
- Guardino, C. M., & Dunkel Schetter, C. (2020). Coping during pregnancy: A systematic review and recommendations. *Health Psychology Review*, 8(1), 70–94. <https://doi.org/10.1080/17437199.2012.752659>
- Karl, J. A., Prado, S. M. M., Gračanin, A., et.al.(2020). The cross-cultural validity of the Five-Facet Mindfulness Questionnaire across 16 countries. *Mindfulness*, 11(5), 1226–1237. <https://doi.org/10.1007/s12671-020-01333-6>
- Kalsum, U., & Sari, R. K. (2024). Date fruit (*Phoenix dactylifera*) as nutritional support in pregnancy: A narrative review. *Nutrition in Clinical Practices*, 9(6), 1085–1092.
- Kementerian Kesehatan Republik Indonesia. (2022). Pedoman pelayanan antenatal terpadu [Integrated antenatal care guidelines]. Kemenkes RI.
- Matvienko-Sikar, K., Lee, L., Murphy, G., & Murphy, L. (2021). The effects of mindfulness interventions on prenatal well-being: A systematic review. *Annals of Behavioral Medicine*, 46(7), 955–967. <https://doi.org/10.1080/08870446.2016.1220557>
- Rahmawati, A., & Hidayah, N. (2021). Pemberian jus kurma sebagai dukungan nutrisi pada kehamilan: Studi deskriptif [Date juice administration as nutritional support in pregnancy: A descriptive study]. *Jurnal Gizi dan Kesehatan*, 13(1), 45–51.
- Sari, Y. P., Widyastuti, Y., & Rahman, A. (2023). Mindfulness-based intervention for mental health in pregnancy: Evidence from low- and middle-income countries. *Asian Journal of Psychiatry*, 34(10), 83–93.
- Shi, Z., & MacBeth, A. (2017). The effectiveness of mindfulness-based interventions on maternal perinatal mental health outcomes: A systematic review. *Mindfulness*, 8(4), 823–847. <https://doi.org/10.1007/s12671-016-0673-y>
- World Health Organization. (2020). WHO recommendations on antenatal care for a positive pregnancy experience. World Health Organization.

Halaman ini dikosongkan