



**A Systematic Literature Review of Self-Efficacy and Spiritual Resources
in Pregnancy Anxiety: An Integrative Perspective
for Maternal Mental Health and Midwifery Care**

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ABSTRACT

Pregnancy-related anxiety is a common maternal mental health concern with important implications for maternal well-being and obstetric outcomes. Although self-efficacy and spiritual resources have been identified as protective factors, the available evidence remains fragmented. This systematic literature review aimed to synthesize and integrate evidence on self-efficacy and spiritual resources in relation to pregnancy-related anxiety within maternal mental health care. Following PRISMA 2020 guidelines, a systematic search of Scopus and Google Scholar identified 16 eligible studies published between 2010 and 2025. The findings show that higher maternal, parental, or childbirth self-efficacy is associated with lower pregnancy anxiety and fear of childbirth, with interventional studies demonstrating self-efficacy as a modifiable and mediating factor. Spiritual well-being and positive religious coping were also associated with reduced pregnancy anxiety, although evidence was limited to cross-sectional designs. No study examined self-efficacy and spiritual resources simultaneously within a single analytical model or intervention. This review consolidates fragmented evidence into a resource-oriented, integrative framework that informs holistic antenatal and midwifery mental health care and guides future longitudinal and interventional research.

Keywords: pregnancy-related anxiety; maternal self-efficacy; spiritual resources; maternal mental health; midwifery care

Introduction

Pregnancy-related anxiety constitutes a major concern in maternal mental health, with well-documented implications for maternal psychological well-being and obstetric outcomes. Although pregnancy is commonly regarded as a normative developmental transition, many women experience anxiety specific to pregnancy-related concerns, including fetal health, childbirth, and perceived maternal competence. Such forms of anxiety are frequently underrecognized within routine antenatal care, particularly when psychosocial and holistic dimensions are not systematically integrated into maternal health services [1].

A growing body of empirical research identifies self-efficacy as a central psychological factor associated with pregnancy-related anxiety. Women who report stronger beliefs in their capacity to manage pregnancy and childbirth consistently demonstrate lower levels of anxiety and fear of childbirth, whereas diminished self-efficacy is associated with heightened emotional vulnerability [2]–[4]. Importantly, emerging interventional evidence suggests that improvements in maternal self-efficacy may function as a mechanism through which antenatal interventions achieve anxiety reduction, highlighting its clinical relevance for maternal mental health care [5]. Nevertheless, self-efficacy is often conceptualized narrowly as an individual cognitive belief, with limited attention to its interaction with broader contextual or meaning-oriented resources.

Increasing attention has been directed toward spiritual resources as potential protective factors during pregnancy. Spiritual well-being and positive religious coping have been associated with lower pregnancy-related anxiety and improved emotional adjustment, particularly in sociocultural contexts where spirituality plays a prominent role in daily life [6]–[8]. These findings suggest that spiritual resources may support emotional regulation, acceptance, and meaning-making during pregnancy. However, spiritual factors are typically examined in isolation and remain marginal within dominant psychological and midwifery models of maternal mental health care.

Despite robust evidence supporting self-efficacy and spiritual resources as protective factors, prior research remains fragmented. Studies on self-efficacy are largely grounded in Western psychological frameworks and intervention-based designs, whereas investigations of spiritual resources are predominantly cross-sectional and culturally bounded. Critically, no prior systematic review has synthesized these domains or examined their potential integration within maternal mental health and midwifery care frameworks. The ways in which psychological efficacy beliefs and spiritual resources may jointly or interactively shape pregnancy-related anxiety remain poorly understood.

Addressing these gaps is essential for advancing a more comprehensive and resource-oriented understanding of maternal mental health. According this systematic literature review aims to synthesize and integrate existing evidence on self-efficacy and spiritual resources in relation to pregnancy-related anxiety, with implications for holistic maternal mental health care and midwifery practice. The review is guided by the following research questions:

- (1) What is the relationship between self-efficacy and pregnancy-related anxiety among pregnant women?
- (2) How do spiritual resources influence anxiety during pregnancy?
- (3) How are self-efficacy and spiritual resources incorporated into maternal mental health care to address pregnancy-related anxiety?

Methods

Study Design and Search Strategy

This study employed a systematic literature review (SLR) following the PRISMA 2020 guidelines to synthesize evidence on self-efficacy and spiritual resources in relation to pregnancy-related anxiety from an integrative maternal mental health perspective. A systematic search was conducted in Scopus and Google Scholar for studies published between 2010 and 2025. Scopus was selected as the primary database because of its extensive coverage of peer-reviewed health and psychological research, whereas Google Scholar was used to identify relevant interdisciplinary studies related to psychology, spirituality, and maternal health. The search strategy was developed using the PICOS framework. The population comprised pregnant women, the exposures included self-efficacy and spiritual resources, the outcome was pregnancy-related anxiety and related maternal mental health indicators, and eligible study designs included quantitative, qualitative, mixed-methods, and interventional studies. Searches were performed in the TITLE–ABS–KEY fields using Boolean operators (AND/OR) with the following search string: ("pregnancy anxiety" OR "antenatal anxiety" OR "prenatal anxiety") AND ("self-efficacy" OR "maternal self-efficacy" OR "pregnancy self-efficacy") AND (spirituality OR religiosity OR "spiritual well-being" OR "religious coping"). Search results were limited to English-language peer-reviewed journal articles published between 2010 and 2025 within the fields of Medicine, Nursing, Health Professions, and Psychology.

Eligibility Criteria

Studies were eligible for inclusion if they investigated pregnant women during the antenatal period and examined self-efficacy and/or spiritual resources in relation to pregnancy-related anxiety, prenatal anxiety, fear of childbirth, or related maternal mental health outcomes. Quantitative, qualitative, mixed-methods, observational, and interventional studies published in peer-reviewed English-language journals between 2010 and 2025 were considered. Studies were excluded if they focused exclusively on postpartum populations, did not assess self-efficacy or spiritual resources, examined outcomes unrelated to pregnancy-related anxiety or maternal mental health, or consisted of non-empirical publications such as editorials, commentaries, conference abstracts, dissertations, theses, and other non-peer-reviewed sources.

Study Selection

The search identified 740 records (Scopus = 428; Google Scholar = 312). After removing 214 duplicates, 526 records were screened by title and abstract, resulting in the exclusion of 405 records. Fifty-seven full-text articles were assessed for eligibility, of which 121 were excluded for not meeting the inclusion criteria. Ultimately, 16 studies were included in the qualitative synthesis. Due to heterogeneity in study designs and measurement instruments, meta-analysis was not conducted.

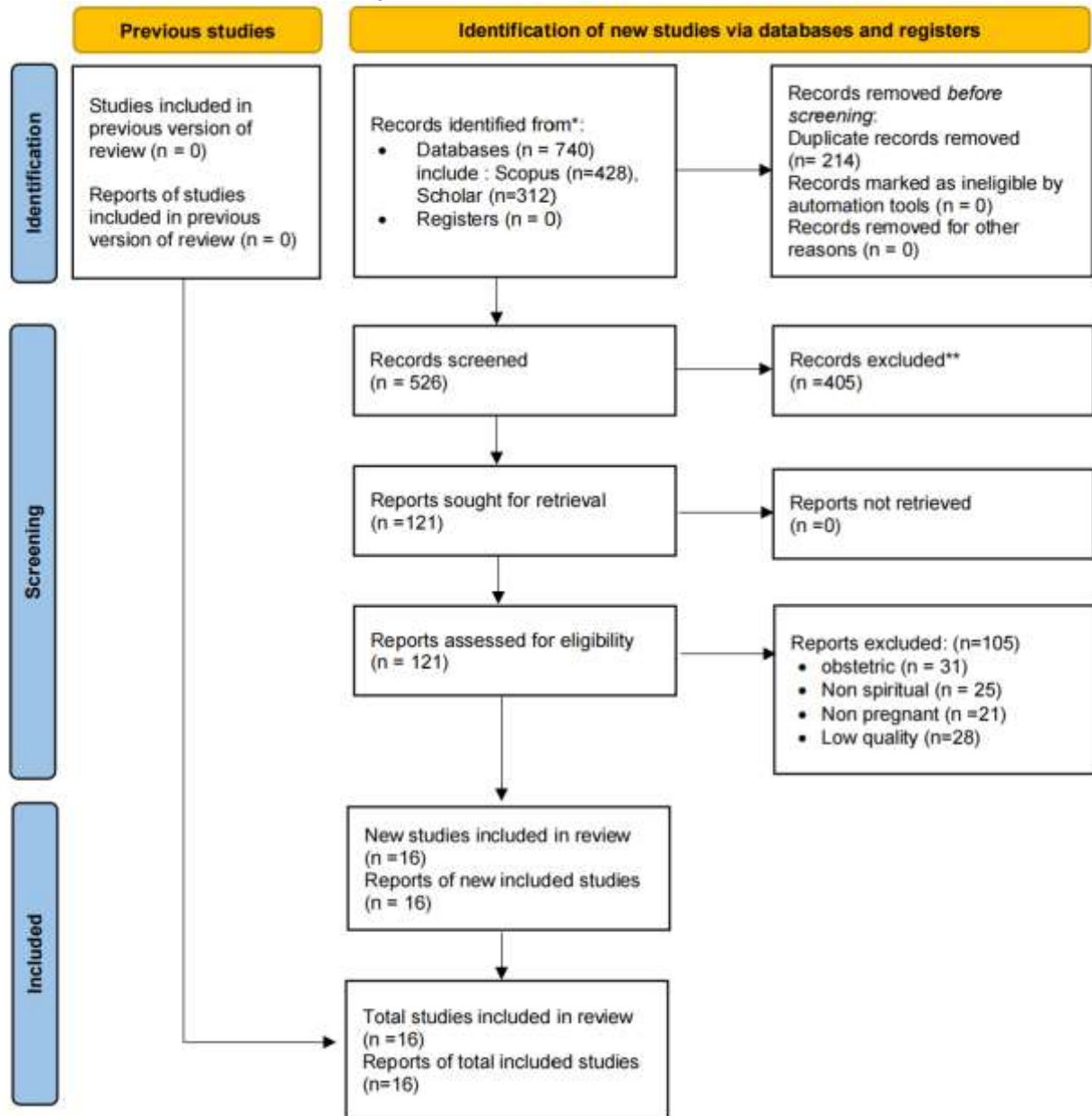


Figure 1. PRISMA 2020 Flow Diagram of the Systematic Literature Review Process

Eligibility Criteria

Studies were eligible for inclusion if they focused on pregnant women during the antenatal period and examined psychological or spiritual resources relevant to maternal mental health. Included studies investigated self-efficacy (maternal, parental, or childbirth) and/or spiritual resources (spiritual well-being, religiosity, or religious/spiritual coping) in relation to pregnancy-related anxiety or fear of childbirth. Empirical quantitative, qualitative, and mixed-methods studies published in peer-reviewed English-language journals between 2010 and 2025 were considered. Studies were excluded if they focused exclusively on postpartum populations, did not assess self-efficacy or spiritual resources, examined outcomes unrelated to pregnancy-related anxiety, or consisted of non-empirical publications such as editorials, commentaries, theses, or conference proceedings.

Data Extraction

Data were extracted using a standardized form capturing authorship, year, country/context, characteristics of the pregnant population, study design, exposure/intervention (self-efficacy and/or spiritual resources), pregnancy anxiety outcomes, measurement instruments, and key findings relevant to maternal mental health care.

Quality Appraisal

Methodological quality was assessed using Joanna Briggs Institute (JBI) checklists for observational and interventional studies, focusing on design appropriateness, measurement validity, and risk of bias. Quality appraisal informed interpretation but did not determine study exclusion.

Data Synthesis

Due to substantial heterogeneity in study designs, measurement instruments, and outcome definitions, a meta-analysis was not conducted. Instead, a qualitative thematic synthesis was performed. Findings were organized around three main domains: (1) self-efficacy and pregnancy-related anxiety; (2) spiritual resources and pregnancy-related anxiety; and (3) the integration of self-efficacy and spiritual resources within maternal mental health and antenatal care.

Ethical Considerations

Ethical approval was not required, as the review analyzed publicly available published literature without human participation or identifiable data.

Results and Discussion

Results

A total of 16 empirical studies published between 2010 and 2025 were included in this systematic literature review. The studies were predominantly quantitative, with most employing cross-sectional designs, alongside a limited number of quasi-experimental studies and one randomized controlled trial. Study populations consisted of pregnant women across different trimesters and cultural contexts, with studies conducted in Europe, Asia, Australia, and South America. Pregnancy-related anxiety and fear of childbirth were the primary mental health outcomes assessed, using validated instruments including the Pregnancy-Related Anxiety Questionnaire (PRAQ), State-Trait Anxiety Inventory (STAI), Wijma Delivery Expectancy/Experience Questionnaire (W-DEQ), and Childbirth Self-Efficacy Inventory (CBSEI). Table 1 explore :

Table 1.

Characteristics of Studies Included in the Systematic Literature Review (n = 16)

No	Author (Year)	Country	Population (P)	Intervention (I)	Comparison (C)	Outcome (O)	Instruments	Key Findings
1	Olivas et al., 2025 [5]	Pakistan	Pregnant women with prenatal anxiety	Prenatal anxiety intervention → maternal self-efficacy (mediator)	Standard antenatal care	Prenatal anxiety, bonding	STAI, Maternal Self-Efficacy Scale, PBQ	Intervention reduced prenatal anxiety; self-efficacy significantly mediated effects
2	Flykt et al., 2025 [9]	Finland	Pregnant women (perinatal)	Parenting interventions → parental self-efficacy	Baseline / usual care	Anxiety (prenatal–postnatal)	PSE Scale, Anxiety scales	Parenting interventions improved self-efficacy and maternal mental health
3	Hildingsson et al., 2024 [10]	Sweden	Pregnant women	Childbirth self-efficacy	Cluster comparison	Anxiety, fear of childbirth	CBSEI, STAI	Low self-efficacy clustered with high anxiety and fear of childbirth
4	Varela et al., 2024 [11]	Greece	Low-risk pregnant women	Fear of childbirth dimensions incl. lack of self-efficacy	Scale-level comparison	Fear of childbirth / anxiety	W-DEQ-A, STAI	“Lack of self-efficacy” strongly associated with anxiety and stress
5	Effati Daryani et al., 2023 [4]	Iran	Pregnant women	Childbirth self-efficacy	Low childbirth efficacy	Fear of childbirth	CBSEI, W-DEQ	Lower self-efficacy associated with higher fear of childbirth
6	Ghodrati, F., & Tayebi, 2023 [7]	Iran	Pregnant women	Religious coping	Low coping	Pregnancy anxiety	Brief RCOPE, PRAQ	Religious coping significantly predicted lower pregnancy anxiety
7	Azambuja et al.,	Brazil	Pregnant women (third trimester)	Lack of confidence (↓ self-efficacy)	Low vs. high confidence	Anxiety & depression	Psychosocial questionnaires	Low confidence identified as key risk

No	Author (Year)	Country	Population (P)	Intervention (I)	Comparison (C)	Outcome (O)	Instruments	Key Findings
8	2023 [12] Mirzaee et al., 2022 [8]	Iran	Primiparous pregnant women	Religious coping	Negative coping / low religiosity	Pregnancy anxiety	RCOPE, STAI	factor for antenatal anxiety Positive coping reduced anxiety; negative coping increased anxiety
9	Ma et al., 2021 [3]	China	Pregnant women (antenatal)	Pregnancy-related self-efficacy	Lower self-efficacy	Prenatal anxiety	PRAQ, GSES, CD-RISC	Self-efficacy inversely related to anxiety; resilience mediated relationship
10	Çitak Bilgin et al., 2021 [13]	Turkey	Pregnant women	Childbirth self-efficacy	Low self-efficacy	Fear of childbirth	CBSEI, STAI	Self-efficacy was a significant predictor of fear of childbirth
11	Chehrrazi et al., 2021 [14]	Iran	Pregnant women	Spiritual well-being	Low spiritual well-being	Pregnancy stress & anxiety	SWBS, PRAQ	Spiritual well-being negatively associated with pregnancy anxiety
12	Yousefi Afrashteh, F. Ghodrati, 2021 [6]	Iran	Pregnant women	Spiritual well-being	Low spirituality	Anxiety	SWBS, STAI	Higher spiritual well-being associated with lower anxiety levels
13	Brunton et al., 2020 [2]	Australia	Pregnant women	Perceived parental self-efficacy	Lower perceived efficacy	Pregnancy-related anxiety	PRAQ, PSE Scale	Lower self-efficacy predicted higher anxiety; parity moderated effects
14	Özkan et al., 2020 [15]	Turkey	Pregnant women (trimester III)	Childbirth self-efficacy, spousal support	Low vs. high support	Fear of childbirth / anxiety	W-DEQ-A, CBSEI, STAI	Spousal support mediated the self-efficacy–fear relationship
15	Serçekuş & Başkale, 2016 [16]	Turkey	Pregnant women	Antenatal education → self-efficacy	Routine ANC	Fear of childbirth, anxiety	CBSEI, DEQ	Education increased self-efficacy and reduced fear/anxiety
16	Goldkuhl et al., 2022 [17]	Turkey	Pregnant women	Antenatal education → self-efficacy	Routine ANC	Fear/anxiety	CBSEI, DEQ	Improved self-efficacy associated with lower fear/anxiety

Association between Self-Efficacy and Pregnancy-Related Anxiety

Thirteen of the included studies examined the association between maternal, parental, or childbirth self-efficacy and pregnancy-related anxiety. Across all studies, higher levels of self-efficacy were associated with lower levels of pregnancy anxiety or fear of childbirth. Cross-sectional studies consistently reported that lower self-efficacy was associated with higher anxiety scores [2], [4], [3], [13], [10]. Interventional studies also demonstrated reductions in pregnancy anxiety and fear of childbirth following antenatal education and parenting programs designed to strengthen self-efficacy [16], [17]. These interventions appear to enhance women's confidence in their ability to cope with pregnancy, childbirth, and early parenting challenges, thereby increasing perceived control, reducing uncertainty, and improving emotional preparedness. As a result, women may interpret pregnancy-related demands as more manageable, which contributes to lower levels of prenatal anxiety and fear of childbirth. Supporting this mechanism, one randomized controlled trial found that improvements in maternal self-efficacy statistically mediated reductions in prenatal anxiety following the intervention [5].

Influence of Spiritual Resources on Pregnancy Anxiety

Five studies examined spiritual resources, including spiritual well-being and religious coping, in relation to pregnancy-related anxiety. All studies reported negative associations between spiritual well-being or positive religious coping and pregnancy anxiety, with higher levels of spiritual resources corresponding to lower anxiety scores [14], [18], [19], [20]. Although no interventional or longitudinal studies examining spiritual resources and pregnancy-related anxiety were identified in the reviewed literature, the observed associations may be interpreted through established stress and coping frameworks. According to religious coping theory, spiritual well-being and positive religious coping can provide meaning, hope, and a sense of support when individuals face stressful life events. During pregnancy, these resources may help women reframe uncertainty and childbirth-related concerns, thereby reducing emotional distress and anxiety.

Previous studies have similarly suggested that positive religious coping and spiritual well-being are associated with better psychological adjustment and lower anxiety levels, whereas negative religious coping may increase psychological vulnerability [19], [14]. Therefore, although causal evidence remains limited, existing theory and empirical findings support the plausibility of spiritual resources as protective factors in maternal mental health.

Integration of Self-Efficacy and Spiritual Resources in Maternal Mental Health Care

None of the 16 included studies examined self-efficacy and spiritual resources concurrently within a single analytical model or intervention. Studies focusing on self-efficacy assessed its association with pregnancy-related anxiety through antenatal education or parenting interventions, whereas studies examining spiritual resources assessed spiritual well-being or religious coping independently of psychological constructs. Across both bodies of literature, constructs such as fear of childbirth, resilience, and coping were reported [12]. No study explicitly modeled the combined role of self-efficacy and spiritual resources within maternal mental health care or midwifery practice.

Discussion

This systematic literature review synthesized evidence from 16 studies examining self-efficacy and spiritual resources in relation to pregnancy-related anxiety. Across the reviewed literature, self-efficacy and spiritual resources were each consistently associated with lower levels of pregnancy anxiety (RQ1 and RQ2). Self-efficacy emerged as a key psychological resource linked to emotional adaptation during pregnancy, supported by both observational and interventional evidence. Spiritual well-being and positive religious coping were also consistently associated with reduced anxiety, although evidence was limited to cross-sectional studies. Notably, no study examined the integration of self-efficacy and spiritual resources within a single analytical model or intervention (RQ3), revealing a substantial gap in the maternal mental health literature.

Theoretical Contribution: Toward an Integrative, Resource-Based Perspective

The findings of this review contribute theoretically by advancing a resource-based perspective on pregnancy-related anxiety. Existing studies have predominantly examined self-efficacy and spiritual resources as independent constructs, resulting in parallel but disconnected lines of inquiry [2], [3]; [14]. By synthesizing these bodies of evidence, this review highlights the need for an integrative framework that situates psychological efficacy beliefs alongside meaning-oriented and spiritual resources in understanding maternal emotional adaptation. Importantly this review does not propose a new causal theory. Consolidates existing evidence into a parsimonious, testable framework that reflects current empirical boundaries. Within this framework, self-efficacy is positioned as a proximal psychological resource, while spiritual resources are conceptualized as broader meaning-oriented supports that may coexist with, reinforce, or contextualize maternal efficacy beliefs. Acceptance and meaning-based coping emerge as plausible linking processes between these domains, although they have not yet been explicitly tested in empirical studies.

Methodological Implications

From a methodological standpoint, this review clarifies the structure and limitations of the existing evidence base. The literature on self-efficacy includes a small but important subset of interventional and mechanistic studies, demonstrating its modifiability within antenatal contexts [17], [16], [5]. In contrast, research on spiritual resources remains largely cross-sectional, limiting inference regarding causal pathways or mechanisms of change [14], [19]. The absence of longitudinal or interventional studies examining spiritual resources, as well as the lack of models testing combined psychological and spiritual pathways, represents a key methodological gap. Addressing this gap will require study designs that move beyond isolated associations toward integrative, hypothesis-driven testing using longitudinal and structural modeling approaches.

Implications for Midwifery and Antenatal Care

The findings of this review have important implications for maternal mental health care and midwifery practice. Interventions aimed at enhancing self-efficacy as antenatal education and parenting programs are already supported by empirical evidence and align closely with midwifery principles that emphasize empowerment and maternal agency [16], [17]. However, despite consistent associations with pregnancy anxiety, spiritual resources remain largely absent from evidence-based antenatal care models. This gap is particularly salient in cultural and religious contexts where spirituality constitutes a central coping resource during pregnancy [7]. Integrating spiritual resources into maternal mental health care does not necessitate religious prescription but rather calls for culturally sensitive, person-centered approaches that acknowledge

meaning-making, values, and belief systems as integral components of maternal well-being. Such integration supports the development of holistic, bio–psycho–spiritual models of antenatal care that are congruent with contemporary midwifery practice.

Directions for Future Research

This review delineates several priorities for future research. First, integrative interventional studies are needed to examine whether combining self-efficacy enhancement with spiritual or meaning-based coping strategies yields additive or synergistic benefits for reducing pregnancy-related anxiety. Second, future research should explicitly test acceptance and meaning-based coping as potential mechanisms linking psychological and spiritual resources. Third, longitudinal and cross-cultural studies are required to clarify how cultural and religious contexts moderate the relationships among self-efficacy, spiritual resources, and pregnancy anxiety. By addressing these directions in future research can advance both theory development and clinical application in maternal mental health, moving toward integrative models that reflect the complexity of women’s psychological and spiritual experiences during pregnancy.

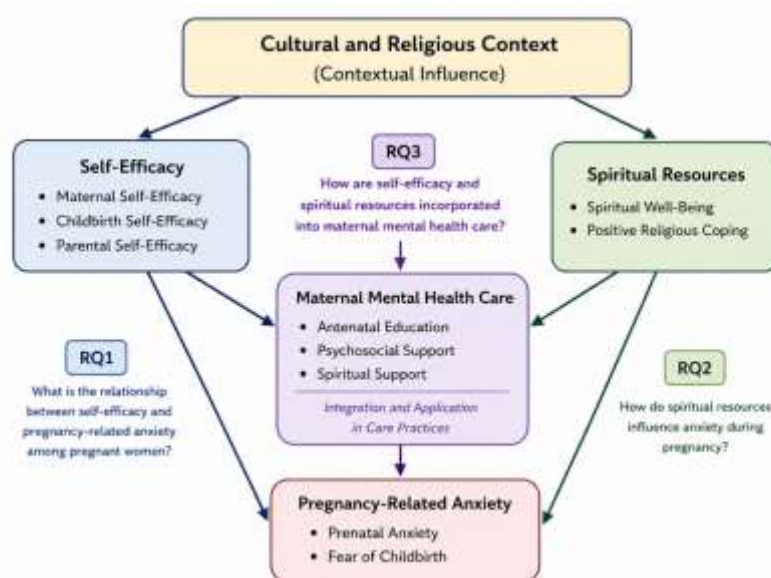


Figure 2. Conceptual synthesis derived from the reviewed literature.

Figure 2 presents a conceptual synthesis of the reviewed evidence organized according to the three research questions. Consistent with RQ1, higher self-efficacy was associated with lower pregnancy-related anxiety and fear of childbirth [3], [9], [19], [20], [10], [13], [16]. In relation to RQ2, spiritual well-being and positive religious coping were associated with lower anxiety levels during pregnancy [9], [19], [20], [14]. Addressing RQ3, the reviewed literature suggests that self-efficacy and spiritual resources may be incorporated into maternal mental health care through antenatal education, psychosocial support, and spiritually sensitive care approaches. Cultural and religious context is presented as a contextual influence that may shape the utilization and effectiveness of these resources across different populations. This figure represents a synthesis of existing evidence and directions for future research rather than an empirically validated causal model.

Implications of the RQ-Based Findings

The findings addressing RQ1–RQ3 indicate that pregnancy-related anxiety is influenced by multiple interrelated resources, yet current research treats these resources in isolation. The evidence supports the need for an integrative approach that situates self-efficacy within broader frameworks of meaning, acceptance, and spiritual coping. Addressing this gap is essential for advancing both theory and practice in maternal mental health.

Conclusion

This systematic literature review of 16 studies demonstrates that self-efficacy and spiritual resources consistently function as protective factors against pregnancy-related anxiety. Self-efficacy emerges as a modifiable psychological resource with both predictive and interventional relevance, while spiritual well-

being and positive religious coping show robust associations with lower anxiety, albeit largely based on cross-sectional evidence. Despite these findings, existing research remains fragmented, with no study integrating both resources within a single analytical model or intervention, thereby limiting the development of holistic maternal mental health frameworks. This review underscores the need for integrative, resource-based approaches that combine psychological empowerment and spiritual coping within antenatal and midwifery care. Integrating these resources may enhance the responsiveness of antenatal and midwifery services to the complex emotional needs of pregnant women and should be supported by future longitudinal and intervention-focused research.

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