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Psychosocial Issues and Management During Pregnancy

Dr. Mehfooz Ahmad*

Assistant Professor, Amity institute of Clinical Psychology, Amity University Haryana

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Abstract

Psychological and emotional state of women has been found to be week during the period of pregnancy. A married Working-women has to work under different types of supervisors in various jobs. The continuous increase in workload may result into reduction of autonomy. At the same time having the child at home may increase the burden. The feelings of helplessness which are considered as significant risk factors in the development of depression. During pregnancy higher degree of hassles can also be predicted due to poor marital adjustment. Women with improved Quality of life were more likely to have utilized the public health preventive resources were more health conscious. Physical activity, social support and dispositional optimism are related to better physical and psychological well-being during pregnancy. Treatment models that are more patient focussed may be required to facilitate mental health treatment of pregnant women.

Keywords: *depression, Anxiety, coping. Physical exercise, social support*

Introduction

Psychological and emotional state of women has been found to be week during the period of pregnancy. In comparison to non-pregnant women, pregnant women go through more symptoms of depression (Bennett, Einarson, Taddio, Koren, and Einarson, 2004; Coussons-Read, 2013; Grigoriadis et al, 2018). A married Working women has to work under different types of supervisors in various jobs. The continuous increase in workload may result into reduction of autonomy. At the same time having the child at home may increase the burden. In during these circumstances continuing the job may require huge amount of emotional energy which sometime become intolerable. Hence, a women face difficulties in performing the house hold responsibilities **(**Hofferth, 1979; Hicks and Platt, 1969). Clinical research evidence and epidemiological has been reviewed by Hobel & Culhane (2003) which were associated to maternal stressors including life event stress, perceived stress, work stress, pregnancy-related anxiety and nutritional stress to adverse outcomes of pregnancy. Depending upon cultural backgrounds, socioeconomic status and different ethics, a progression of empirical evidence has been noted by the authors. During the pregnancy the mothers experienced a high level of psychosocial stress and even after adjusting the effects of other risk factors they are at risk of deteriorating preterm birth.

*Corresponding author's ORCID ID: 0000-0003-2564-3734
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According to reviewed researches, as an outcome of increased level of pituitary peptides hormones, adrenocorticotropin hormone (ACTH) corticotropin-releasing hormone (CRH), stress may enhance level of cortisol level in blood and glucose as well. Increased level of corticotropin-releasing hormone CRH has revealed a positive association with stress scores in patients with preterm delivery compared with a full-term delivery. Further, it has also been seen that the excessive cortisol level showed an association with decreased fetal growth (Hobel & Culhane, 2003). In the first trimester of pregnancy while expecting a child, emotional changes of a woman are associated with worries and mixed feelings about the course of pregnancy. A woman observes changes in her own habits, tastes and preferences. An important term "emotional swing" is referred for the emotional state of a woman. From the emotional perspective, the second trimester of pregnancy is quite contradictory. In each woman different phenomena can be observed. On one hand. one woman experiences emotional serenity which causes increase in her activity and working capacity. On another hand, a woman has sharp changes in mood, irritability and nervousness. Some women analyze everything that happens to them and go deep into their personality. The women observe how their lives have changed and start feeling that time is accelerating (Bowlby, 2005; Filippova.1999; Kon,1988; Raphael-Leff, 1983).

During pregnancy higher degree of hassles can also be predicted due to poor marital adjustment i(Da Costa, Larouch, Drista and Brender, 1999). It has been seen among disadvantaged women that the evidence appears to be stronger for occurrence of depressive symptoms or disorder to slower growth of the fetus and LBW than to the timing of delivery or PTB (Alder, Fink, Bitzer et al 2007). A study on pregnant women was conducted by Sontag (1944) during World War II. The author found that there was significant increment in fetal movements during particularly difficult periods of adjustment and fatigue. He also observed that infants born of these mothers were irritable, hyperactive had a number of gastrointestinal disturbances. Increased rates of stillbirth, prematurity were reported among highly anxious women. There were many instances of infants with congenital deformities and mental retardation. Moreover, there were variety of maternal difficulties mentioned before that may have subtle but lasting effects on the child (Ferreira, 1965; Kinzer, 1979). The women may experience pregnancy and childbirth as particularly threatening to their physical integrity if they had history of interpersonal victimisation. There may be close contact with the male doctor during the obstetric procedures which involve submitting to repeated intimate and intrusive physical examination. This situation may exaggerate feelings of helplessness which are considered as significant risk factors in the development of depression (Brown, Harris, Hepworth, 1995) and re-emergence of posttraumatic stress symptoms (Solomon, Garb, Bleich and Grupper, 1987).

In 2006, it has been reported by the Japan Association for The Advancement of Working Women that the largest number of pregnant workers complained of physical anxiety like emesis. During gestation emesis is considered as as a stress factor. In pregnancy emesis is observed during the 5th to 6th week of pregnancy and is usually recovered during the 12th to 16th week; nevertheless, it varies greatly from individual to individual (Murata, Fukusima and Wake, 2010). Some women have lower personal coping ability, reduced self-esteem, and psychological preparedness for delivery of the child. As a result of such vulnerabilities women who have a fear of giving birth are more likely to show signs of depression (zadirad, Niknami, Zareban and Hidarnia, 2017). In one of the studies, lower resilience was related to catastrophic and obsessive thoughts about the pandemic among a Spanish cohort of pregnant women. However, adaptive coping strategies, such as relaxation or physical exercise were very useful in coping with pandemic-related restrictions (López, Hinojo, Bernal, Laiz, Santiago, Vilches, Fernández, Moral, Perdigones, Rodríguez, et al., 2021). In relation to decision making about alcohol during pregnancy, some sources of information may contribute more to decision making whereas other sources may contribute less (Kaskutas, 2000) and it has been noticed that one of the best ways to communicate information about alcohol is personal contact (Kaskutas, 2000).

During their lifetime at some point about 15 % of women are known to be depressed. In large no of cases depressive symptoms occurs more predominantly during pregnancy and after childbirth (Rochat, Tomlinson, Newell and Stein, 2009). In offspring there may be increased risk of behavioral, emotional and cognitive difficulties if the mother experiences prenatal depression (Stein, Pearson and Goodman et al.,2014). More commonly, the probability of domestic violence begins or increases during critical time of pregnancy as a result of women's increased mental and physical weakness (Marié, O'Shea, Riain and Daly, 2016). A recent review (Norhayati et al., 2015) has revealed that anxiety and antenatal depression are significant risk factors for postnatal depression in both developing and developed countries. The disorders are caused by the combination of a previous history of psychiatric illness, stressful life events, poor marital relationship, lack of social support and the negative attitude towards the pregnancy. At the time of pregnancy and the childbearing years one of the most common complications is depression. According to diagnostic criteria the prevalence of major depressive disorder during pregnancy is 12.7% while 37% women experience depressive symptoms at some point during their pregnancy (Lee, Lam, Lau, Chong, Chui and Fong, 2007). In order to decrease COVID-19 expansion in many cities of Brazil Social distancing measures were implemented. In pregnant women, the implementation of social distancing resulted in an increased prevalence of anxiety and especially during the first trimester of pregnancy (Saccone, Florio, Aiello, Venturella, De Angelis and Locci M, et al, 2020). In all stages of the life cycle the violence against women is not uncommon, but it is of great concern when the woman is pregnant. During pregnancy period the women is highly emotionally vulnerable and therefore violence has direct impact on mother and the child (Nasir & Hyder 2003).

Women adopt various techniques to deal with the stress during pregnancy. Physical activity, social support and dispositional optimism are related to better physical and psychological well-being during pregnancy Lobel, Hamilton an Cannella, 2008; Ng, Venkatanarayanan, Loke, Yeo, Lim, Chan and Sim,(2019). Positive coping responses and use of mental rehearsals have been found to be very effective in decreasing anxiety (Cupal and Brewer,1992) as well as ability to cope with stress in day today life (Sapp, 1992). For postnatal depression, the strong risk factor during pregnancy is depression. Therefore it is suggested that the appropriate intervention strategies are to be performed before the childbirth (Patel and Kleinman, 2003).If the pregnant abusers get adequate support from family and friends there are high chances of success of their treatment and their overall prognosis (MacDonald, 1987). Some programmes for for pregnant women have been made which included group psychotherapy or grief counselling, management of co-morbid psychiatric disorders, parenting classes and vocational training, Moreover, other psychosocial

supports also facilitate the transition from addiction to recovery to become responsible mother. Rather than limiting themselves to the pregnancy related issues, if wholistic approach is adopted it promises better long-term results for families (Uziel-Miller and Lyons, 2000). In a study conducted by Barry et al. (2009), the author concluded that the risk of having an AEP could be significantly decreased after motivational interviewing to reducing risky drinking and counselling for contraception. The report suggested that indicated and selective prevention should target the women of childbearing age by the means of screening and brief interventions. There are significant mind-body practices that facilitate general health, reduce distress and increase self-awareness. Such practices would involves yoga or tai chi which may be be specifically useful in addressing both psychoemotional and the physical aspects of pregnancy and labour (Beddoe and Lee, 2008).

Multiple medical demands at the same time (such as those directly related to pregnancy, postpartum, and pediatric care; other work, family and social obligations; or simply fatigue) may interfere with patients' adherence to the treatment. Moreover, treatment models that are more patient focussed may be required to facilitate mental health treatment of pregnant women(Committee on Crossing the Quality Chasm.(2006). During COVID-19 pandemic the patients had poor access to diagnosis, pharmacological and psychological treatment; this difficult situation increased the occurrence of poor mental health among people(Pfefferbaum and North, 2020). Coping skills were assessed by using State Hope Scale on a sample of 294 welfare recipients. It was found that poor coping skills during pregnancy were associated with low birth weight in new born child (Borders et al., 2007). Good amount of emotional support and a better state of mental health are experienced among women whose husbands welcomed the pregnancy in their spouses (Fisher, de Mello, Izutsu and Tran, 2011). The pregnant women may have miscarriage, premature labor and fetal distress due to sudden discontinuation of opioid use during pregnancy. It better to adopt medical withdrawal from opioids and it should be conducted under the guidance of physicians who has expertise in perinatal addiction (Kaltenbach, Berghella, & Finnegan, 1998). In a study, Park,2013 found that there was strong relationship between adverse health events and maternal stress if we take into consideration mind-body connection. Hence, there was possibility that a complementary and alternative medicine (CAM) intervention may be very useful in decreasing biological and self-reported measures of stress during pregnancy. Results of Giannouli et al (2012) revealed that higher total Quality of life in women was predicted by a good financial status, physical exercise and being married. In the given study, women with improved QoL were more likely to have utilized the public health preventive resources were more health conscious. In a study conducted by O'Connor, Rossom, Henninger, Groom and Burda, 2016, It has been seen that perinatal mental health screening has large no of benefits. The intervention at prenatal stage can include early detection and management which can minimize symptoms and their severity. In one of the studies Floyd, Sobell, Velasquez, Ingersoll, Nettleman, Sobell, Mullen, Ceperich, von Sternberg, Bolton, Johnson, Skarpness and Nagaraja, 2007, the primarily focus of preventing programs should be risk population. Further, in pre-conceptional women a motivational intervention can reduce the risk of an alcohol-exposed pregnancy. If brief motivational intervention is combined with useful information for pregnant women then there may be twofold reduction in risk of fetal alcohol exposure across the follow-up period.

Conclusion

Psychological and emotional state of women has been found to be week during the period of pregnancy. A married Working women has to work under different types of supervisors in various jobs. At the same time having the child at home may increase the burden. During pregnancy higher degree of hassles can also be predicted due to poor marital adjustment. Women with improved Quality of life were more likely to have utilized the public health preventive resources were more health conscious. Physical exercise, social support and hope among women are related to better physical and psychological well-being during pregnancy.

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