Assessment of level of stress among Primigravida mother in a selected Hospital

Linda Xavier*, Swathi D, Udhayasurya T
Department of Child Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, Chennai, Tamil Nadu, India

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ABSTRACT
Stress is a complex hereditarily decided example of the reaction of the human physiology to a requesting circumstance. The component of observation shows that human pressure reactions reflect contrasts in character, just as contrasts in physical quality or general wellbeing. Pregnancy is a period of incredible changes, and numerous mothers do feel worried eventually. This is common and not in any way surprising as observing a mother need to adapt to the obligations that filled her life before she fell pregnant just as set herself up, mentally and physically for another appearance. The present study aims to assess the stress level among third trimester Primigravida mother. A quantitative descriptive research design was conducted among 60 Primigravida mothers. Convenientsamplingtechniquewasusedtoselectsamples. A semi-structured interview was used to collect demographic data, and the stress level was assessed using a stress scale. Mothers were explained about the purpose of the study and the psychological changes during pregnancy. The data were collected and analyzed. The study results show that there is a moderate to severe level of stress among the third trimester Primigravida mother. This reveals there is a need for the stress assessment among the Primigravida mother and non-pharmacological practices to reduce stress to improve fetal development and pregnancy outcome.

*Corresponding Author
Name: Linda Xavier
Phone:
Email: linndolly7@gmail.com

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INTRODUCTION
Stress is a complex hereditarily decided example of the reaction of the human physiology to a requesting circumstance. The component of observation shows that human pressure reactions reflect contrasts in character, just as contrasts in physical quality or general wellbeing (Shaikh et al., 2013).

Pregnancy is the privilege of experiencing god’s miracle on earth. It is the stage of joyful anticipation which brings many changes in the body, the emotion and the family life. One can welcome these changes, but they can add new stress to life, which can have both beneficial and negative effects. Stress during pregnancy is common, but too much of uncoped stress can make the pregnancy risk for both the mother and the foetus. It causes sleeping problems, headache, loss of appetite or overeating, high blood pressure, premature fetus or a low birth weight baby etc. The reasons for pressure are diverse for each lady; however, there are some common causes during pregnancy like queasiness, retching, blockage, being drained or having spinal pain. Changing hormones can likewise cause the state of mind changes. On the off chance that pregnant ladies work, it can...
likewise prompt stress (Dipietro, 2012).

While momentary pressure isn’t hindering to the soundness of the mother or child and can be useful in specific conditions, delayed times of stress have been connected to adverse outcomes of pregnancy. Pregnancy all by itself is a stressor; the progressions one’s body goes through. Stress is a complex hereditarily decided example of the reaction of the human physiology for the requesting circumstance. The segment of acknowledgement shows that human pressure responses reflect the contrast in character, similarly as differences in physical quality or general wellbeing. Over the top worry in pregnancy can provoke likely issues with the pregnancy. Stress is the “wear” and “tear” the bodies encounter as it is acclimated to the ceaselessly changing climate; it has physical and passionate effects and makes positives and negatives emotions. However, everybody encounters pressure, and research has demonstrated that pregnant ladies go through mental, physical and social changes during pregnancy (Hodnett, 2000).

A woman encounters numerous passionate changes during her pregnancy because of the expansion in hormonal level and response to her adjustments in status from ladies to mother. The differing feelings are crying, a sleeping disorder, trouble in concentrating just as having a good feeling of prosperity. The enthusiastic changes will in general, mirror the physical changes and mental issues of ladies experience during each trimesters (Fernandes et al., 2014).

During the third trimester, the enthusiastic response place on the capacity and presence of her body. A sentiment of being overweight, less alluring, a lessening in sex intrigue, less resilience level, and needs the pregnancy to get over. The feelings response may increment when there is conjugal pressure, worries in life conditions, challenges in the pregnancy and clashes around the pregnancy (Nilsson et al., 2018). The maternal-placental-fetal collaboration that assumes significant practical functions during improvement. If maternal pressure signals are unnecessary in early pregnancy, cortisol can cross the placenta and hinder fetal pituitary capacity (G et al., 2017). Expanded cortisol can likewise impact fetal growth.5In expansion inordinate catecholamine creation from the maternal adrenal can impact bloodstream to the baby and impact fetal development (Vindhya et al., 2019). In the interim placental CRH from the placenta enters the fetal dissemination and invigorated fetal adrenal creation of Dehydroepiandrosterone expanding estrogen creation, significant for starting parturition (Biaggi et al., 2016).

According to WHO, Majority 60% of the Primigravida mothers were in the age of 23-27 years, 20% were within the group of (18-22) years, 9.3% were the group of (28-32) years, 1.3% were the group of above 33 years. Majority of 42.6% had moderate stress, 34.6% had severe stress, and 10% had mild stress. Majority of 78.6% stress related to fetal outcome family, 21.2% had stress related to physical changes and 10% due to lack of family support (Engidaw et al., 2019).

The purpose of the study [1] To assess the stress level among Primigravida mothers in the third trimester. [2] To determine the association of stress and other demographic variables among Primigravida mother.

MATERIALS AND METHODS

A quantitative descriptive research design was conducted among 60 Primigravida mothers at Koyambedu Urban Primary Health Centre. The samples which meet the inclusion criteria were selected by convenient sampling technique. The criteria for sample selection are antenatal mothers between 28 weeks to 38 weeks, Primigravida mothers and mothers willing to participate in the study. The exclusion criteria for the samples are women with multiple pregnancy, maternal physical abnormality, psychiatric illness and fetal abnormality. The data collection period was done with prior permission from the medical officer. The investigator introduced and explained the purpose of the study to the mothers and obtained the written consent.

The demographic data was collected for the mother. The stress scale was used to assess the stress level. The stress scale contains 31 statements; these statements were explained to the mother and asked to complete the questionnaire. The data were analyzed using descriptive and inferential statistics. The sample characteristics and level of stress were described using frequency and percentage. Chi-square was used to associate the post-test level of stress with the selected demographic variables.

RESULTS AND DISCUSSION

Section A

Sample characteristics

The Sample characteristics show that most of the primigravida mothers 15(50%) were aged between 18 to 30 years, 11(36.7%) were educated up to secondary, 20(66.7%) were housewives, 22(73.3%) belonged to a nuclear family, and 16(53.4%) had a monthly income of Rs.5000 to 10000.
**Table 1: Frequency and percentage distribution of the level of stress among Primigravida mothers.**

| Level of Stress         | Frequency (f) | Percentage (%) |
|-------------------------|---------------|----------------|
| Mild Stress (31 to 62)  | 6             | 20.0           |
| Moderate Stress (62 to 93) | 22           | 73.3           |
| Severe Stress (93 to 124) | 2            | 6.7            |

**Section B**

**Assessment of level of stress among Primigravida mothers**

Most of them, 22 (73.3%) had moderate stress, 6 (20%) had mild stress, and 2 (6.7%) had severe stress (Table 1).

The mean score of stress among Primigravida mothers was 74.10, with a standard deviation of 15.63. The maximum score was 41.0, and the minimum score was 96.0.

The present study finding is supported by Umuziga, M.P., Adejumo, O., & Hynie, M. (2020) led a cross-sectional examination to evaluate the components related to antenatal mental pressure. Among ladies in the antenatal period (N = 85), 37.6% had side effects showing conceivable misery (EPDS ≥10) and 28.2% had manifestations related with clinical degrees of tension (SAS > 45). Among ladies inside the postnatal period (N = 77), 63.6% had side effects of conceivable wretchedness, while 48.1% had indications of likely (Umuziga et al., 2020).

**Section C**

**Association of the level of stress with selected demographic variables.**

There is no association between demographic variables with the level of stress among Primigravida mothers.

**CONCLUSIONS**

Pregnancy all by itself is a stressor; the progressions one’s body goes through. The looming life changes and expected worries over the wellbeing of mother and infant can be vast and genuine concerns. In any case, specialists reveal to us that an excessive amount of pressure can turn into a self-satisfying prescience. Extreme worry in pregnancy can prompt likely issues with the pregnancy. This indicates that there is a moderate to severe level of stress among Primigravida mothers. Stress will harm the pregnancy outcome hence there is an importance in managing the stress among Primigravida mothers.

**Conflict of Interest**

The authors declare that they have no conflict of interest for this study.

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