ABSTRACT

Background: Anxiety symptoms in the perinatal period are frequent. Pregnancy and birth bring a slew of physiological and behavioural changes, and both mothers and fathers must contend with a slew of new obstacles. As a result, pregnancy and the postpartum period are times when women are more vulnerable to the start or return of mental illness.

Objective: 1. To assess the level of anxiety among antenatal mothers 2. To assess the level of coping strategies among antenatal mothers 3. To associate the level of anxiety with selected demographic variables 4. To associate the level of coping strategies with selected demographic variables 5. To assess the correlation between the anxiety and coping strategies of antenatal mothers.

Materials and Methods: A Descriptive research design study was undertaken to assess the level of anxiety and coping strategies adopted by antenatal mothers. In this study a total number of 100 women who fulfill the inclusion criteria were selected. Modified anxiety rating scale and modified coping strategies scale was developed to assess the level of anxiety and coping strategies adopted by antenatal mothers.

Expected Results: This study is planned to assess the level of anxiety and adopted coping strategies by the antenatal mothers. Hence it is expected to identify the level of anxiety and...
adopted coping strategies which helps to understand the prevalence rate of anxiety level during third trimester of antenatal mothers.

Conclusion: The conclusion will be drawn from the results.

Keywords: Antenatal mothers; anxiety; assess and coping strategies.

1. INTRODUCTION

Pregnancy is a time of enormous joy for a woman, but it is also a time of great physical and mental stress for her. Pregnancy can generate a lot of anxiety, even in healthy women, because of the uncertainty that comes with it. Pregnancy anxiety not only impacts the health of pregnant women, but it also has an impact on labour outcomes such as preterm birth, extended labour.

Anxiety disorders are the most frequent mental health problem, impacting one out of every four people at some point in their lives. While specific rates of anxiety in pregnancy are unknown, it is expected to rise during pregnancy and in the months following the baby’s birth. Despite their prevalence, anxiety symptoms are sometimes neglected, misinterpreted as part of the normal symptoms of pregnancy, or dismissed as part of a person’s organised personality [1].

It’s natural to be concerned during pregnancy. Symptoms include an uncontrollable sensation of anxiety, excessive worry about things, particularly your health or your kid, inability to focus, irritability or agitation, tense muscles, and poor sleep. Coping techniques are a series of cognitive and behavioural attempts made to interpret and remedy a stressful circumstance in order to decrease the pain that results from it. According to a recent systematic study of coping during pregnancy, it is preferable to adopt pregnancy-specific and daily processes. The current study fills a gap in the literature on pregnant stress by examining the link between coping methods and general anxiety with pregnancy-related stress [2,3,4].

1.1 Background of the Study

Anxiety symptoms are common in the perinatal period. Pregnancy and birth bring a slew of physiological and behavioral changes, and both mothers and fathers must contend with a slew of new obstacles. During the third trimester, all women had moderate to severe anxiety. In comparison to the second trimester, practically all women reported moderate to severe overall anxiety during the first trimester [5]. Anxiety and depression problems are very common in pregnant women, with 30-58 percent of them matching the criteria for both. As a result, research on the frequency of anxiety disorders in pregnant women who do not have depression disorders is limited. When the following criteria are present for at least 6 months, generalised anxiety disorder (GAD) is diagnosed: excessive worry, unrealistic views of situations, irritation, and the appearance of somatic symptoms. GAD is thought to impact at least 10.8% of pregnant women, according to studies. According to a study by Phillips et al., 14.3 percent of moms reported onset of anxiety during childbirth, 20% of women recognised the onset of new anxiety throughout pregnancy, and 51.4% of women reported experiencing anxiety shortly after childbirth [6].

1.2 Need for the Study

Anxiety affects more than one out of every ten pregnant mothers at some stage. While some women report a reduction in symptoms during pregnancy, your anxiety may worsen. After all, you can’t control everything that makes you feel anxious. The chemicals in your brain may be affected by hormonal changes during pregnancy. This can make you feel anxious. Stress can have a variety of emotional implications for anyone, whether or not they are expecting a child, ranging from a minor sense of overload to severe spells of despair. According to studies, 33 percent of pregnant women suffer from clinical depression or anxiety disorders. Despite this alarming statistic, only about 20% of them really seek help [7,8,9].

Assessment of the level of anxiety helps the investigator to know about the rate of anxiety during pregnancy and how the antenatal mother uses the coping strategies to reduce the anxiety.

2. METHODOLOGY

The study was based on descriptive evaluatory approach with descriptive research design. A non-probability convenient sampling technique and 100 samples of antenatal mothers whose in third trimester in selected hospital are used for this study. In this study, feedback is not included.
2.1 Statistical Analysis
Statistical analysis done by descriptive and inferential statistics with the help of SPSS 24.0 software.

2.2 Inclusion Criteria
- Antenatal mother of third trimester from the selected hospital
- Those who can understand Marathi and English
- Antenatal mother those who are willing to participate in study.
- Those who are available at the time of study.

2.3 Exclusion Criteria
- Those who are postnatal mother.
- Those who are high risk mothers pregnancy.
- Those who are directly come for the labour.

2.4 Intervention
Assess the anxiety and coping strategies adopted by antenatal mothers under the guidance of the subject experts in obstetrics and gynecology of nursing. It is only assessment study so there is no feedback included in this study.
3. RESULTS

This study is planned to assess the level of anxiety and adopted coping strategies by the antenatal mothers. Hence it is expected to identify the level of anxiety and adopted coping strategies which helps to understand the prevalence rate of anxiety level during third trimester of antenatal mothers.

4. DISCUSSION

Furthermore, our research found that perinatal mental health issues are common in Guangxi. During their pregnancies, all of the individuals had increased stress, and about a tenth of them experienced increased anxiety. However, we discovered that anxiety co morbidity was lower than the international co morbidity of pregnant women experiencing anxiety symptoms at various stages of pregnancy, which is 12.43 percent. This could be because the majority of our individuals were in their second trimester, which has been shown in prior studies to be when anxiety levels are lowest. As a result, we should focus more on antenatal stress and anxiety in pregnant women, as well as promote healthy lifestyles [10].

Previous research on pregnancy anxiety found a significant and varied prevalence rate of 14–54 percent in various parts of the world. The majority of these research, however, focused on general pregnant anxiety rather than pregnancy-specific worry [5].

5. CONCLUSION

Conclusion will be drawn from the statistical analysis.

CONSENT

As per international standard or university standard, patients’ written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

Study was approved by the Institutional Ethics Committee (letter no –DMIMS (DU)/IEC/2021/300) and the study will be conducted in accordance with the ethical guidelines prescribed by institutional Ethics Committee on Human Research.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Bayrampour H, Vinturache A, Hetherington E, Lorenzetti DL, Tough S. Risk factors for antenatal anxiety: a systematic review of the literature. Journal of Reproductive and Infant Psychology. 2018;36(5):476-503.
2. Biaggi A, Conroy S, Pawlby S, Pariante CM. Identifying the women at risk of antenatal anxiety and depression: a systematic review. Journal of affective disorders. 2016;191:62-77.
3. Mozhgan Rahnama,1 Hosien Shahdadi,corresponding author2 Somyeh Bagheri,3 Mahdieh Poodineh Moghadam,4 and Ahmad Absalan5. The Relationship between Anxiety and Coping Strategies in Family Caregivers of Patients with Trauma. Journal of clinical anxiety disorder. 2016;191:62-77.
4. Faramarzi M, Amiri FN, Rezaee R. Relationship of coping ways and anxiety with pregnancy specific-stress. Pakistan journal of medical sciences. 2016;32(6):1364.
5. Madhavanprabhakaran GK, DSouza MS, Nairy KS. Prevalence of pregnancy anxiety and associated factors. International Journal of Africa Nursing Sciences. 2015;3:1-7.
6. Araji S, Griffin A, Dixon L, Spencer SK, Peavie C, Wallace K. An Overview of Maternal Anxiety During Pregnancy and the Post-Partum Period. Journal of Mental Health & Clinical Psychology. 2020;4(4).
7. Haring M, Smith JE, Bodnar D, Misri S, Little RM, Ryan D. coping with anxiety during pregnancy and following the birth. British Columbia; 2013.
8. Hamilton JG, Lobel M. Types, patterns, and predictors of coping with stress during pregnancy: Examination of the Revised Prenatal Coping Inventory in a diverse sample. Journal of Psychosomatic Obstetrics & Gynecology. 2008;29(2):97-104.
9. George A, Luz RF, De Tyche C, Thilly N, Spitz E. Anxiety symptoms and coping strategies in the perinatal period. BMC pregnancy and childbirth. 2013;13(1):1-6.
10. Alikamali M, Khodabandeh S, Motesaddi M, Bagheri Z, Esmaeili MA. The Association Between Demographic Characteristics and Attempting of Pregnancy with Postpartum Depression among Women Referring to Community Health Centres: A Cross Sectional Study. The Malaysian journal of medical sciences: MJMS. 2020; 27(3):93.

© 2021 Warghane and Moon; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here: https://www.sdiarticle4.com/review-history/73385