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Prevalence of pregnancy anxiety and associated factors

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ABSTRACT

Objective: To determine the prevalence of pregnancy-specific anxiety (PSA) and its associated factors among pregnant women during the three trimesters of pregnancy.

Design: A prospective explorative survey was conducted among 500 low-risk Indian pregnant women of age 18–35 years.

Setting: A major maternity government hospital in southern state of Kerala, India.

Participants: 500 low risk pregnant women who attended the major maternity government hospital during the period June 2004–July 2005 were selected as convenient sample.

Methods: An exploratory research design with a prospective cohort approach was adopted for the study. State Trait Anxiety Inventory (STAI) and Pregnancy-Specific Anxiety Inventory (PSAI) were used to collect the data.

Results: Highest prevalence of pregnancy-specific anxiety (PSA) was reported during the third trimester of pregnancy. All pregnant women rated high levels of third trimester childbirth anxiety compared to other three components of pregnancy-specific anxiety. Nulliparous pregnant women reported higher levels of PSA than parous pregnant women ($M = 134.40$, $M = 116.8$). Young age, nulliparous status and nuclear family nature were identified as common risk factors of pregnancy-specific anxiety.

Conclusion: During the transition to motherhood, the risk factors and timing of heightened pregnancy-specific anxiety differ. Higher prevalence of pregnancy anxiety among nulliparous and younger pregnant women necessitates an integrated routine screening of PSA during prenatal care. Early detection, prevention and management of pregnancy anxiety will enable women to cope with the challenges of pregnancy.

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1. Introduction

Pregnancy is not only a period of great joy, but also one of great stress to a woman both physically and mentally. Even in healthy women, pregnancy may give rise to many anxieties because of anticipated uncertainty associated with it. Evidences show that pregnancy anxiety not only affects pregnant women's health but also have an impact on labour outcomes such as preterm delivery, prolonged labour, caesarean birth, low birth weight (Catov, Abatemarco, Markovic, & Roberts, 2010; Hernandez-Martinez, Val, Murphy, Busquets, & Sans, 2011; Lobel et al., 2008; Rauchfuss & Maier, 2011). Findings of Lee et al. (2007) and

Teixeira, Figueiredo, Conde, Pacheco, and Costa (2009) revealed a varied prevalence of pregnancy anxiety at different trimesters of pregnancy with high levels in first and third trimesters.

Previous studies on pregnancy anxiety from different part of the world reported a high and diverse prevalence rate of 14–54%. However, most of these studies explored general pregnancy anxiety than pregnancy-specific anxiety (García Rico, Rodríguez, Díez, & Real, 2010; Hernandez-Martinez et al., 2011; Nieminen, Stephansson, & Ryding, 2009; Teixeira et al., 2009).

Pregnancy-specific anxiety is defined as worries, concerns and fears about pregnancy, childbirth, and health of infant and future parenting (Huizink, Mulder, Robles de Medina, Visser, & Buitelaar, 2004). Serçekuş and Okumuş (2009) reported that nulliparous women's childbirth fears were related to labour pain, birth-related problems and procedures.

Previous researches on pregnancy anxiety concluded that pregnancy-specific anxieties are the real predictors of adverse labour outcomes than general anxiety. These researchers

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recommended that estimation of pregnancy-specific anxiety benefit in identification and risk reduction more specifically (Bayrampour, Heaman, Duncan, & Tough, 2013; Huizink et al., 2004; Rauchfuss & Maier, 2011; Reck et al., 2013). With limited evidences available on specific fears and worries related to pregnancy, the structure of pregnancy anxiety and its impact on pregnancy outcomes necessitate further studies exploring pregnancy-specific anxieties and its risk factors.

The formal childbirth education classes are not generally available in various hospitals in Kerala, India and even the measures to explore anxiety during pregnancy are buried under heavy patient loads. High prevalence (90–94%) of childbirth anxiety and poor knowledge on preparation for childbirth among nulliparous pregnant women of Kerala were reported by previous studies on nulliparous pregnant women (Lucy Joseph, 2010; Mary, 2006). Proper addressing of pregnancy anxiety becomes difficult due to the non-availability of formal childbirth education classes. The traditional way of transferring knowledge on pregnancy and childrearing from mothers to daughters is vanishing due to the urbanisation and the trend toward nuclear family system. To the best of our knowledge, the pregnancy-specific anxiety has not been investigated well in the current setting.

The significance of estimation of pregnancy-specific anxiety and its associated factors towards specific risk reduction demand for comprehensive research on pregnancy-specific anxiety. This study was aimed at determining the levels of pregnancy-specific anxiety and its associated risk factors, which in turn would help in designing and implementing appropriate strategies intended for reductions of adverse pregnancy outcomes. Objectives of the study were to determine the prevalence of pregnancy-specific anxiety during the three trimesters of pregnancy and to identify the associated risk factors.

2. Literature review

Pregnancy anxiety varies from woman to woman. The level of stress pregnant women experiences affects the outcome of pregnancy. An observational, analytical cross-sectional study among 174 third trimester pregnant women in Spain revealed that pregnant women's anxiety levels were higher than average levels in the general population (García Rico et al., 2010). High prevalence of antenatal anxiety-both State and Trait anxiety-was reported from 453 pregnant women in Sao Paulo (Faisal-Cury & Rossi Menezes, 2007).

A prospective study among 160 third trimester Iranian pregnant women, showed a significant relationship between general anxiety and fear of childbirth. Nulliparous women reported higher levels of anxiety in 28th and 38th weeks of gestation than parous (Alipour, Lamyian, & Hajizadeh, 2012). Study among 660 low risk third trimester Turkish pregnant women revealed a significant relationship between fear of childbirth and general anxiety and higher scores of fear of childbirth in nulliparous women than parous women (Körükçü, Firat, & Kukulcu, 2010). An observational cross-sectional study in Northern Ireland among 263 healthy low-risk mothers found that there was a high degree of pregnancy-related anxiety among nulliparous pregnant women (Lynn, Alderdice, Crealey, & McElnay, 2011).

A cross-sectional descriptive survey conducted among 650 low risk third trimester pregnant women of 17–46 years of age revealed 25% childbirth fear and the authors concluded that the risk factors and timing of heightened anxiety during the transition to motherhood differ in pregnant women (Hall, Stoll, Hutton, & Brown, 2012). Henderson and Maggie (2013) reported 14% prevalence of antenatal anxiety from 5332 samples of maternity clinic attendance of England. They identified young maternal age as well

as ethnicity as risk factors of pregnancy anxiety. A population-based community study among 916 Swedish first trimester women by Rubertsson, Hellstrom, Cross, and Sydsjö (2014) estimated 15.6% prevalence of anxiety symptoms and reported that women under 25 years of age were at an increased risk of anxiety symptoms. They concluded that anxiety symptoms during pregnancy increased the rate of preference for caesarean section. Arch (2013) investigated socio-demographics of pregnant women to find out predictors of pregnancy anxiety in US sample of 311 pregnant women. They concluded that younger age, nulliparous status and high levels of general and state anxiety predicted higher pregnancy-related anxiety.

Many studies reported that the high preference for caesarean section was associated with fear of childbirth. Fenwick, Gamble, Nathan, Bayes, and Hauck (2009) reported that nulliparous women experienced more childbirth fear and the high antenatal fear was associated with emergency caesarean delivery. An Israeli study investigated the psychological traits as well as social and demographic factors associated with caesarean section on maternal demand among 59 healthy primigravid women. The study concluded that fear of childbirth was the only psychological variable associated with the choice for caesarean section. (Handelzalts et al., 2012).

Nieminen et al. (2009) reported that maternal request for caesarean section was out of fear of intense childbirth. In a Danish National Birth Cohort with nulliparous women found that fear of childbirth in early (16 weeks) and late (31 weeks) pregnancy was associated with emergency caesarean section (Laursen, Johansen, & Hedegaard, 2009). Despite the fact that extensive measures are observed to decrease the rate of caesarean sections, the trend of caesarean births is increasing considerably even in many developed countries (Fenwick et al., 2009). One possible contributor to this upward trend of caesarean is the maternal demand due to high childbirth anxiety.

The results from a large- multi ethnic community-based study in Amsterdam involving 7740 pregnant women revealed that pregnancy anxiety was related with adverse labour outcomes such as preterm and low birth weight (Loomans, van Dijk, et al., 2013). Catov et al. (2010) conducted a prospective longitudinal study among 667 African American pregnant women revealed that maternal anxiety was associated with increased risk of preterm birth and low birth weight. Rauchfuss and Maier (2011) concluded from their prospective study among 580 German pregnant women that pregnancy related anxiety was positively linked to preterm delivery. An explorative study among Spanish 205 pregnant women and reported that maternal anxiety were related to less gestational age at birth, mode of delivery and infant birth weight (Hernandez-Martinez et al., 2011).

Assessment of general anxiety during pregnancy may underestimate pregnancy-specific anxiety. The structure of pregnancy-specific anxiety was explored among 230 normal risk nulliparous pregnant women using a 34-item pregnancy-related anxiety questionnaire. They reported marked increase in pregnancy-specific anxiety and suggested measurement of pregnancy-specific anxiety to address issues of prediction, identification and risk reduction more precisely and effectively (Huizink et al., 2004). German sample of 88 women was examined to determine whether anxiety symptoms during pregnancy had an impact on the duration and method of childbirth using and STAI and pregnancy-specific anxiety questionnaire. They reported that childbirth-specific anxiety assessed by the revised pregnancy-specific anxiety questionnaire was an important predictor of total birth duration whereas; general anxiety measured by the STAI had no effect (Reck et al., 2013). Bayrampour et al. (2013) concluded that pregnancy related anxiety as risk predictor of pregnancy risk among nulliparous women. Even though the exploration of pregnancy-specific anxiety

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