

MATERNAL STRESS AND PREGNANCY OUTCOME AMONG ANTENATAL MOTHERS.

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Abstract

Stress during antenatal period varies from life events, financial and social problems. When this continues for a long time, it can lead to various health complications. A thorough understanding of the level of stress among antenatal women in India and its severity is essential for the provision of effective health care service for the antenatal women. The present study was aimed to assess the level of maternal stress and pregnancy outcome among antenatal mothers at selected hospital, Chennai. The research design was non experimental - descriptive type. Data were collected using demographic parameters and Dr. Ambreen Kazi stress scale. Results of both descriptive and inferential statistical analyses revealed that, out-of 34 samples, 9 antenatal mothers (26.47%) had mild level of stress, and 25 antenatal mothers (73.52%) had moderate level of stress. Significant association was found between the obstetrical status and level of stress; $p < 0.05$.

Key words: maternal stress, pregnancy outcome, antenatal mothers.

Introduction

Pregnancy is a joyful event; however pregnancy, motherhood and childbirth are not at all happy, dreamy, nostalgia; but it is a serious reality, which has inherent risks to health and survival both for the women and for the infant in every setting.

Pregnancy is a phase in a women's life with emotional physical and physiological changes. Modern women are exposed to outside work and need to balance between her home, work and her unborn baby. Many of the stressed women suffer from common mental health disorder during early pregnancy and in the postpartum period. Maternal stress has been shown to be an indicator of adverse

birth outcomes. Studies have indicated that high levels of stress in pregnancy have been associated with negative outcomes. Negative emotions such as depression and anxiety related to the pregnancy can lead to stress and unhealthy behaviour.

Janet A. D. (2012) stated maternal psychological stress as a teratogen, an agent that can generate deleterious perinatal and or developmental outcomes. Caroline L. (2015) examined that maternal stress during pregnancy was more common among women who gave preterm birth compared to women who gave birth at term ($p < 0.000$, AOR 2.15 (CI = 1.18–3.92)). Among total study population more than one fifth of the women had preterm birth due to maternal stress during pregnancy as an attributable factor.

Women need to identify the various sources of stress and avoid them or learn to handle them effectively. A thorough understanding of the level of stress among antenatal women and its severity is essential for the provision of effective health care service. Hence, this study was conducted to assess the level of maternal stress and pregnancy outcome among antenatal women at selected hospital, Chennai.

Objectives

- To assess the level of stress and pregnancy outcome among antenatal mothers.
- To find the association between stress and pregnancy outcome with demographic variables.

Assumptions

- Antenatal mother will be having stress during pregnancy.

- Certain socio demographic factors may influence the level of stress among antenatal mothers.

Review of Literature

Leeners, Wagner, Kuse and Stiller (2007) investigated the correlation between emotional stress during pregnancy and the risk for Hypertension Disease in Pregnancy (HDP). A self administered questionnaire comprising obstetrical and psychosocial questions was completed by 725 patients and found that emotional stress during pregnancy was associated with a 1.6 fold increased risk for HDP. The study concluded that psychosocial interventions can reduce emotional stress during pregnancy and help to decrease the risk to develop hypertension.

Fernandes, M. et al, (2014) conducted a descriptive survey among 30 working and 30 non-working antenatal mothers between the age group of 18-40 years in three local hospitals of Udupi district. Stress assessment scale revealed, 63% of working antenatal mothers sometimes felt that they had lack of strength, 67% of working and 50% of non-working antenatal mothers sometimes complained of not getting adequate sleep at night, 50% of working antenatal mothers sometimes felt that they were lacking in socialization due to pregnancy. All antenatal mothers participated in the study had mild stress and there was a significant difference between working and non-working antenatal mothers stress score. The study concluded that mothers are at more risk of developing stress during pregnancy.

Loomans, et al. (2012) characterized different clusters of pregnant women, each with a distinct pattern of psychosocial stress and birth outcomes. 7740 pregnant women were assessed for depressive symptoms, state of anxiety, job strain, pregnancy-related anxiety and parenting stress. Results revealed that five clusters of women with distinct patterns of psychosocial stress were objectively identified. Babies born from these women in the cluster were characterized as 'high depression and high anxiety, moderate job strain' (12%) had a lower birth weight, and those in the 'high depression and

high anxiety, not employed' cluster (15%) had an increased risk of pre-term birth.

Rosand et al.,(2011) studied 50,000 antenatal women between 17 weeks of gestation on the stress and good partner relationship. The participants completed general health questionnaire and was concluded that women with good partner relationship seemed to cope with more stress in others areas without becoming anxious and depressed compared with women who are dissatisfied with their relationship. The findings demonstrated the importance of partner relationship quality, working conditions, alcohol problems, and somatic disease as predictors of maternal emotional distress in early pregnancy.

Michael, T.K. (2013) investigated the impact of maternal stress on foetal behavior among 120 antenatal women in New York. It was found that the foetus of mother with high anxiety spend more time in quiet sleep and were less active in active sleep than foetus of mother with anxiety and also maternal mood may affect central nervous system development of foetus. The study concluded that maternal stress impacts fetal heart rate, a measure indicative of the experience of stress.

Maria Pais.,(2014) conducted a descriptive survey to identify stress among 160 antenatal women in India and its associated factors. The present study revealed no or mild stress level stress among antenatal women 107(66.9%) and moderate severe stress in 53 (33.3%) of them. Stress during antenatal period was observed among more than half of the women. Statistically significant association was observed for gravida, education and monthly family income of antenatal women.

Methodology

A descriptive research approach was chosen to assess the level of maternal stress and pregnancy outcome. Using non probability purposive sampling, 40 term antenatal mothers attending antenatal clinic were selected based on sample selection criteria. Data collection tool contained 2 sections: Demographic variables, comprising of age

in years, education status, obstetrical status, occupation, type of family, family month income, mode of delivery, and complication/referral (if any) was added. Dr. Ambreen Kazi A –Z stress scale, scored from 1 to 5 in a five point scale (1-never, 2-sometimes, 3- often, 4- very often, 5- always). The scale consists of 30 items and the total scores were classified as: Mild - (1-40); Moderate - (41-80); Severe - (81-120). The validity and reliability of the

tool was checked. The data was analyzed using descriptive and inferential statistics.

Results

Table 1 reveals the frequency and percentage distribution of stress among antenatal mothers. Out of 34 samples, 9 antenatal mothers (26.47%) had mild level of stress; 25 antenatal mothers (73.52%) had moderate level of stress.

Table 1: Frequency and percentage distribution of stress among antenatal mothers.

	Level of Stress					
	Mild		Moderate		Severe	
	no	%	no	%	no	%
Antenatal mothers	9	26.47	25	73.52	0	0

The chi square analysis, showed significant association between obstetrical status and level of stress at $p < 0.05$.

Discussion

In the present study, out of 34 samples, 18 antenatal mothers (52.94%) were primi gravid, 16 antenatal mothers (47.05%) were multi gravid. Mostly, 26 antenatal mothers (70.58%) were house wives, 10 antenatal mothers (29.41%) were employed. Majority, out of 34 samples, 17 antenatal mothers (50%) mode of delivery was natural, 9 mothers (26.47%) had elective LSCS, and 8 mothers (23.52%) underwent emergency LSCS.

In regard to stress, 9 antenatal mothers had mild stress (26.47 %), and 25 antenatal mothers had moderate stress (73.52%). That means antenatal stress is prevalent at large, hence there is a need to determine stress among pregnant women, and reduce the stress by providing counseling regarding different aspects of pregnancy, and about possible pregnancy related complications that can occur. Providing effective counseling will reduce the level of stress thereby, the adverse outcomes associated with stress will be reduced.

Recommendations

- Comparative studies on working and non working, primi and multi gravida can be done.

- Conduct studies to identify effective stress management techniques.
- Longitudinal studies on large samples with multi variables can be done.

Conclusion

The study brings to light, the stress levels among the antenatal women. The current antenatal care situation is equipped to identify the pregnant women who are suffering from different levels of antenatal stress, yet a growing body of research evidence is needed to link stress with adverse pregnancy outcome by initial assessment of stress. Nurses can provide valuable educational material as well as conduct and coordinate strategies to improve the maternal and baby's health.

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Transgender is not a mental disorder

Excerpts CNN News: The term the WHO uses to describe transgender people -- "gender incongruence" is being moved to the panels sexual health chapter from its mental disorders chapter. The new classification will improve social acceptance among transgender people while still making important health resources available.

The new standard of classification appears in the 11th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), which was adopted Saturday by the World Health Assembly in Geneva, Switzerland. It will go into effect on January 1, 2022.

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“Our lives begin to end the day we become silent about things that matter.”

- Martin Luther King Jr.