

ORIGINAL ARTICLE

Anxiety in Pregnant Women during Covid-19 Pandemic in Banyuurip Frans Sudjiati Private Midwife Center, Surabaya

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ABSTRACT

Introduction: The psychological changes felt by pregnant women are anxiety, especially during the current Covid-19 pandemic. Prenatal anxiety, whether during a pandemic or not, is a risk factor for the emergence of pregnancy health complications for the mother and the fetus. **Objective:** This study aims to describe the level of anxiety of pregnant women during the pandemic at Banyuurip Frans Sudjiati Midwives Private Midwife Center, Surabaya. **Method:** The design of this study is descriptive with the research population of pregnant women who check their pregnancies at Banyuurip Frans Sudjiati Private Midwife Center. The sampling technique used simple random sampling with a sample size of 35 respondents. The instrument of this study used the PRAQ-r2 (Pregnancy-Related Anxiety Questionnaire-Revised 2) measurement tool. **Result:** The results showed that 48.9% of pregnant women had moderate anxiety, 42.9% mild anxiety, 5.7% not anxious, and 2.9% severe anxiety. **Conclusion:** The coronavirus pandemic indeed increases anxiety in pregnant women, which will need to be addressed to avoid negative impacts on the mother and unborn child in Banyuurip Frans Sudjiati Private Midwife Center, Surabaya

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1. Introduction

Since the coronavirus (COVID-19) 2019 spread rapidly, many have made significant changes to the entire system worldwide. The health impacts of the virus are particularly alarming, such as death, the health care system, and economic, psychological, and social uncertainties. Pregnant women and families also feel this change. Pregnancy is a condition in a woman's womb there is a conception (meeting of ovum and spermatozoa) followed by physiological and psychological changes (Yanti, 2017). Psychological changes are felt by the mother, which is anxiety both during pregnancy and before childbirth. Pregnancy is also a particularly vulnerable time when psychological distress can negatively impact both mother and baby. Women tend to express higher symptoms of anxiety and depression during disease outbreaks (Al-Rabiaah et al., 2020; Hamel & Salganicoff, 2020).

(Lebel, MacKinnon, Bagshawe, Tomfohr-Madsen, & Giesbrecht, 2020) (Al-Rabiaah et al., 2020; Hamel and Salganicoff, 2020; Wang et al., 2020 in Lebel, Mackinnon, Bagshawe, 2020), and pregnant women during the COVID-19 pandemic greatly affected her health and pregnancy. Increased and sustained symptoms of prenatal anxiety and depression increase the risk of post-partum depression and prenatal infections and diseases associated with pregnancy. Anxiety is a normal consequence of new growth, change, experience, the discovery of identity, and the meaning of life (Donsu, 2017). Pregnant women worry about impending childbirth and labor

pains, fear of childbirth, or they may be worried about the health of their child or the physical changes they are experiencing (Huizink et al., 2016).

The phenomenon experienced today, especially during the pandemic, is pregnant women are anxious about contracting covid 19 because they are vulnerable to transmission of this virus, anxious if unaccompanied by their husband during childbirth, anxious that babies can contract COVID-19 in the hospital after birth, anxious about birth preparations during the pandemic and concerns about COVID-19 infection for themselves and babies. Research conducted by Simanjuntak and Simanjuntak (2020) on 120 pregnant women in Medan to see their anxiety levels during the Covid 19 pandemic showed 23% had mild anxiety, 6% moderate anxiety. A similar study by Preis, Mahaffey, Heiselman, and Lobel (2020) to assess anxiety in pregnant women at the pandemic period showed mild anxiety symptoms 280 (35.6%), 170 (21.6%) reported moderate anxiety symptoms, and 171 (21.7%) severe anxiety symptoms. Other studies on pregnant women's anxiety during the defense showed that 31% of pregnant women in the 1st trimester, 31% of 2nd trimester, and 39% of 3rd trimester experienced moderate anxiety, 9% of pregnant women in the 1st trimester, 13% of 2nd trimester, and 21% of 3rd trimester experienced severe anxiety levels (Saadati et al., 2020).

Prenatal anxiety and depression may increase the risk of miscarriage, premature birth, low birth weight, and lower APGAR scores at birth (Lebel et al., 2020). Prenatal anxiety and depression are also associated with brain structure and function changes in infants and children (Adamson, Letourneau, & Lebel, 2018; Lebel et al., 2020). According to Lebel et al. (2020) who became stressors of pregnant women during the pandemic that triggered anxiety are job loss, social isolation, the danger of transmission to the conceived fetus, difficulty accessing other health care, unable to access psychological services. Prenatal maternal stress and anxiety, whether or not pandemics are risk factors for preterm birth, low birth weight, and infant health problems and may have long-term effects on their offspring. Government policies to reduce the spread of COVID-19 by maintaining social distance and increasing unemployment, poverty, and domestic violence have changed the daily lives of pregnant women and caused anxiety (Preis et al., 2020).

The solution that can be provided to overcome anxiety in pregnant women during the Covid 19 pandemic is to provide support to pregnant women, both support from family, close friends, even support from the government and health workers. In addition, there is a need for a strategy to manage mental health problems during pregnancy in the COVID-19 pandemic (Hamzehgardeshi, Omidvar, Amoli, & Firouzbakht, 2021). In addition, to support various parties, health education can be provided regarding Covid 19. It is essential for institutions dedicated to perinatal health care to count on practical information to optimize the provision of their services (López-Morales et al., 2021). Covid-19 informative and educational advice and advice to pregnant women and their families, such as washing their hands frequently, maintaining social and physical distance, using masks to cover their mouths and noses while around others, living healthy and doing all activities from home, can make pregnant women not anxious about the Covid-19 pandemic (Simanjuntak and Simanjuntak (2020)). This study aims to find out the level of anxiety of pregnant women during the Covid 19 pandemic.

2. Methods

The design of this study used a descriptive method to determine the level of anxiety of pregnant women during the Covid-19 pandemic. The research instrument uses PRAQ-r2 (Pregnancy-Related Anxiety Questionnaire-Revised 2) in the form of questionnaires to assess the anxiety of pregnant women. The questionnaire consists of 11 questions, and all the items are grouped into three categories: fear of childbirth, concerns of fetal defects, and concerns of physical changes. Score each item 1 to 5 (never, sometimes, rarely, often, always) (Hanifah & Utami, 2019). The research was conducted at The Independent Practice of Midwives Frans Sudjiati Banyu Urup Surabaya. The sample consisted of 35 respondents who met the inclusion criteria, namely pregnant women who live with family, can read and write, and are willing to be respondents—in

this study, researched respondents who had been selected in BPM Frans Sudjiati Banyu Urip. Respondent data related to phone numbers were requested by researchers at Midwife Frans Sudjiati to be contacted later, making it easier for researchers to provide questionnaire filling forms online. This research will be conducted online through a google form. Researchers explained the purpose of the study, benefits, and procedures of implementation in respondents. An explanation of this research will be displayed in the google form given to pregnant women. Researchers will provide a letter of approval (informed consent) before respondents fill out a questionnaire on the google form. Once the respondents are willing, the researchers will provide a questionnaire about the anxiety of pregnant women using the PRAQ-r2 (Pregnancy-Related Anxiety Questionnaire-Revised 2) gauge and explain how to fill out a shared questionnaire sheet with each respondent. All procedures and guidelines for filling out questionnaires will be displayed on the google form that will reference respondents to fill out the questionnaire. The questionnaire results were then conducted data analysis, namely univariate analysis and descriptive statistical analysis of percentage proportions.

3. Results and Discussion

Table 1. Demographic data

No	Variable	(n)	(%)	Mean ± SD
1	Age			1.97 ± 0.169
	< 20 years	1	2.9%	
	20-35 years	34	97.1%	
	<35 years	0	0%	
2	Education			
	SD	0	0%	
	SMP	6	17.1%	
	SMA	20	57.1%	
	Sarjana	9	25.7%	
3	Concomitant diseases during pregnancy			
	Yes	2	5.7%	
	No	33	94.3%	
4	Get information from health workers during pregnancy			
	Yes			
	No	35	100%	
		0	0%	
5	The family provides support during pregnancy			
	Yes	35	100%	
	No	0	0%	
6	Checking pregnancy delivered by family			
	Yes	35	100%	
	No	0	0%	
7	Parity amount			
	Primigravida	21	60%	
	Multigravida	14	14%	
8	Gestational age (weeks)			
	1 – 13 weeks	0	0%	
	14 – 27 weeks	24	68.6%	
	28 – 41 weeks	11	31.4%	
9	Follow antenatally regularly			
	Yes	28	80%	
	No	7	20%	

10	How many times to follow antenatally		
	1 - 4	19	54.3%
	5 - 9	14	40%
	10 - 14	2	5.7%
11	Had a USG		
	Yes	31	88.6%
	No	4	11.4%

From table 1, data obtained that the age of the most respondents is in the range of 20-35 years, namely as many as 34 respondents (97.1%), the last education of SMA 20 respondents (57.1%), 33 respondents (94.3%) do not have the disease that accompanies pregnancy, mothers who get health information during pregnancy from health workers as many as 35 respondents (100%), respondents who received support from the family as many as 35 respondents (100%), respondents who were delivered by family when checking pregnancy as many as 35 respondents (100%), 21 respondents (60%) respondents including primigravida, 24 respondents (68.6%) 14-27 weeks gestation, 28 respondents (80%) follow antenatal regularly, for the most significant number of antenatal visits that is 1-4 times with 19 respondents (54.3%), 31 respondents (88.6%) have done an ultrasound.

The results of research on the level of anxiety of pregnant women during the Covid 19 pandemic were found that pregnant women who experienced moderate anxiety numbered 17 respondents, mothers who experienced mild anxiety 15 respondents, mothers who did not experience anxiety two respondents and mothers who experienced severe anxiety, one respondent.

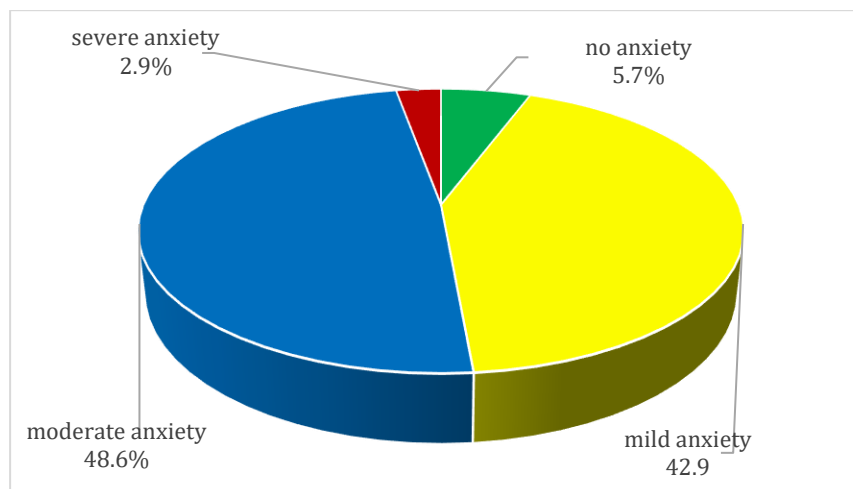


Diagram 1. The anxiety of pregnant women during the Pandemic at PMB Frans Sudjiati, Banyu Urip Surabaya on February 3, 2021

The results showed that 17 respondents (48.6%) pregnant women experienced moderate anxiety during the pandemic. Judging from the gestational age of respondents obtained data that 12 (70.6%) respondents with a pregnancy age of 14-27 weeks experienced moderate anxiety. This can happen because there is a process of fetal formation in the early trimester, such as the formation of organs to the formation of the fetal brain. This is in line with research presented by [Stepowicz, Wencka, Bieńkiewicz, Horzelski, and Grzesiak \(2020\)](#) obtained results that 82% of pregnant women in the 1st trimester experienced anxiety during the pandemic. This result is higher than in late trimester pregnant women by 54%. In this study, it is said that this finding is shocking because usually peripartum periods are usually more stressed, tension arises, uncertainty because other family members should not enter or visit the hospital. Pregnant women

can experience this trimester anxiety because they experience more emotional distress due to concerns about the fetus's health and maternal health during pregnancy and concerns about contracting the covid 19 virus.

The Covid 19 pandemic has a direct impact on pregnant women. Judging from parity, data obtained that 16 (94.1%) primigravida pregnant women experience moderate anxiety. This could be because this is their first experience, let alone pregnant women during the pandemic, so that mothers have more concerns, fears about the health condition of the mother and fetus, especially in the pandemic, because pregnant women as one of the vulnerable people contracted the Covid virus because their immune system is not like people who are not pregnant. This is in line with research conducted by [Helmy, Elbastawes Y, and Ahmed \(2020\)](#) that primigravida mothers have higher levels of anxiety than multigravida mothers during pandemics. This is because primigravida mothers have no experience related to pregnancy and fear complications in their first unborn baby and the health anxiety of pregnant women themselves.

Data was reviewed from the education level. Data obtained 9 (52.9%) high school level respondents with moderate anxiety levels and 3 (17.6%) junior high school education level respondents. One's level of education is influential in responding to something that comes both from within and outside. Anxiety is a learning response. This is in line with [Helmy et al. \(2020\)](#) research that pregnant women with low education levels make them more stressed about the health of their babies, who are at very high risk of infection after they are born.

Reviewed from information obtained by pregnant women from health workers (midwives) obtained 15 (100%) have mild anxiety. In every pregnancy examination visit to the health officer (midwife), the mother will get health information about good pregnancy care, especially during the pandemic. Thus, mothers are expected to be more confident in the face of childbirth. This is in line with [Zainiyah and Susanti \(2020\)](#) research in Madura, East Java, stating that by providing correct information, especially to pregnant women about Coronavirus, health workers such as midwives through home visits or Whatsapp groups to control their pregnancies and reduce the anxiety that can have an impact on the health of the mother and a fetus. Health information that can be given to pregnant women during the current pandemic can be in the form of asking mothers to stay at home, wash their hands, wear masks, eat nutritious food, check their pregnancy regularly, do gymnastics at home, and seek help when facing emergencies.

The results showed that 15 (100%) respondents who received family support during pregnancy had mild anxiety levels, and 2 (100%) respondents who received family support did not experience anxiety. Lack of family support is one of the factors causing anxiety in pregnant women and vice versa ([Bodaghi et al., 2017](#)). Family support, in this case, is needed by pregnant women, especially in the pandemic, because the mother must prepare mentally, physically facing pregnancy, especially in the pandemic that can put emotional pressure or stress on the mother. This family support can be in the form of getting the mother to check her pregnancy regularly even during the pandemic, helping fulfill nutritional needs, accompanying the mother to apply health protocols during the pandemic, and providing emotional and spiritual support. High family support makes pregnant women not quickly assess the situation with anxiety because she realizes that there are families who support and listen to the outpouring of her heart.

Judging from the ultrasound (USG), 13 respondents (86.7%) were obtained who have had an ultrasound experience mild anxiety. According to research conducted by ([Moyer, Compton, Kaselitz, & Muzik, 2020](#)), women who consider their pregnancy high-risk show more anxiety, but they feel reassured and anxious less if they do an ultrasound examination. Two significant contributors to pregnancy-related anxiety include a real or anticipated threat to pregnancy or the result and low perceived control. Both of these factors are amplified by the COVID-19 pandemic.

The limitation of this study is that the filling out of questionnaires is conducted online so that researchers cannot further explore the anxiety felt by respondents, and researchers need time for respondents to fill out the complete questionnaire given according to the number of respondents targeted. In addition, the number of respondents is only tiny due to the pandemic period, so it cannot reach more anxiety, pregnant women during the pandemic.

4. Conclusion

The picture of pregnant women's anxiety level during the pandemic in Pra Mandiri Midwife Frans Sudjiati, Banyu Urip Surabaya is almost half (48.9%) of pregnant women experience moderate anxiety. Family support needs to be given to pregnant women, especially during the current pandemic. In addition, health workers (midwives) at PMB Frans Sudjiati continue to provide health information about maintaining a healthy pregnancy during the pandemic and provide counseling to mothers to lower their anxiety.

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