

## ANXIETY IN PREGNANT WOMEN DURING PANDEMIC COVID-19

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### ABSTRACT

The Covid-19 virus pandemic can cause various manifestations, especially in risk groups, one of which is pregnant women. Pregnancy during a pandemic would be a factor that is anxiety pregnant women which can be impact for babies, like premature, Low Birth Weight, and also depression postpartum. The purpose of this study was to describe the level of anxiety of pregnant women during pandemic Covid-19 at the Jaya Kusuma Husada Clinic Malang, East Java Indonesia. The study was conducted from November to December 2020 and is a descriptive study with total sampling using a questionnaire given to pregnant women. Fifty-three pregnant women filled out forms and the data were analyzed using frequency and proportion tables. The results showed that 2% experienced severe anxiety, 32% had moderate-severe anxiety, 42% had moderate anxiety, 23% had mild anxiety and the remaining 2% of mothers had normal. The coronavirus pandemic is causing anxiety to pregnant women. Pregnant women would easily feel the feeling of something that will happen to them and their children also need to avoid negative impacts on the mother and fetus.

Keywords: anxiety; covid-19 pandemic; pregnant women

### INTRODUCTION

Early in 2020, the whole world was shocked by the emergence of a new virus, namely a new type of coronavirus called SARS-CoV-2 and the disease caused by this virus called Coronavirus disease (COVID-19) where this figure indicates the first year the virus was discovered this was found in Wuhan City, China in December 2019. On March 11, 2020, WHO determined this assignment to be a pandemic because it spread so quickly to various countries (Yuliana, 2020)

COVID-19 can cause various clinical manifestations from signs and symptoms, such as fever, cough, sore throat, myalgia, and malaise, to severe signs and symptoms such as pneumonia with or without acute respiratory distress syndrome, renal failure, and multi-organ dysfunction which may require urgent follow-up critical care support (Liu et al., 2020)

The group of women with pregnancy is included in the group of patients who are at high risk for the progression of COVID-19 symptoms. The clinical presentation in

pregnant patients with COVID-19 can be atypical with normal temperature (56%) and leukocytosis (Liu et al., 2020). However, like patients who were not pregnant patients, of the 55 patient respondents who were pregnant with COVID-19 symptoms which could include cough (84%), fever (24%), dyspnea (18%), and other symptoms of COVID-19. Fetal complications were also found with IUGR (9%), stillbirth (2%), and preterm delivery (43%) (Lim et al., 2020)

The COVID-19 pandemic has created several new protocols for a patient's condition, one of them in pregnant women and will be birthing. To minimize contact with other people who can cause the transmission of coronavirus, the CDC recommends that pregnant women continue to carry out antenatal care but consultations are possible online. When you want to give birth, the mother will go through screening in the form of RT-PCR SARS-CoV-2. This aims to prevent complications and transmission of the virus to the baby, mother, as well as to doctors and midwives who help with

childbirth. Mothers who are suspected or confirmed will be temporarily separated from their children, where the breastfeeding process will be given by the caregiver and breastfeeding remains from the mother (CDC, 2020).

Pregnancy, childbirth, and postpartum is a period that ranges in the presence of psychological disorders in the mother, both during a pandemic or not. Apart from being susceptible to viral transmission, this mental health condition can be exacerbated by the lack of direct family support and social support during pregnancy, childbirth, and the postpartum period. Although the pandemic situation and the implementation of screening for pregnant women are known to affect the mental condition of the mother, there are not many reports or literacy that have reported the relationship in detail (Bender et al., 2020)

Psychological disorders during pregnancy in existing literacy have been associated with a variety of complications, such as preterm birth, low birth weight, stunted fetal growth, and postnatal complications. Besides, this psychological disorder is also associated with the emergence of hypertension during pregnancy, preeclampsia, and gestational diabetes (Durankuş & Aksu, 2020).

Psychological problems during pregnancy, such as anxiety experienced by mothers, are still serious health problems in the community. Therefore, this study descriptive quantitative research type was conducted to describe anxiety in pregnant women during the COVID-19 pandemic in the Kepanjen area of Malang, because Malang is one of the districts which a red zone in East Java.

## **METHOD**

This study used a descriptive research design. The population studied in this study was all pregnant women who were

met during the study at the Jaya Kusuma Husada Kepanjen clinic with a total sampling of Fifty-three pregnant women using a questionnaire given to pregnant women who were willing to become respondents and filled out questionnaires. The study was conducted from November to December 2020. When taking data, researchers used health protocols level 2 personal protective equipment including headgear, surgical mask, face shield, hands-on, work clothes, footwear.

The questionnaire contains questions about anxiety adjusted to the DASS (Depression, Anxiety, Stress Scale) which contains 14 questions and uses language that is easily understood by pregnant women. Giving a score of 0 1 2 3 4 with a Likert scale, validity and reliability tests were not carried out because it was using the existing anxiety questionnaire.

The data were analyzed using frequency and proportion tables. The data that has been collected will also be recapitulated and given a score then coded to be categorized from several variables, after that the recapitulation and tabulation of the data are continued with data calculation that categorized as anxious with a score <14 not anxiety/ normal, 14-20 mild anxiety, 21-27 moderate anxiety, 28-41 moderate-severe anxiety, 42-56 severe anxiety.

## **RESULT**

### **Description of Characteristics of Pregnant Women During the Covid-19 Pandemic**

Based on the data analysis of the characteristics of pregnant women at the Kepanjen clinic, it can be seen from the age the majority of pregnant women in are aged range 20-35 (79%) . Based on Gravidae, the majority of pregnant women are multigravidas (62%). Based on gestational age the majority are pregnant women are third trimesters (28.4%).

Table 1.  
 Characteristics of pregnant women during the Covid-19 pandemic (n=43)

Characteristics	f	%
Age (years)		
<20	6	11.3
20-35	42	79.3
>35	5	9.4
Gravid		
Primigravida	20	38
Multigravida	33	62
Grande Multi	0	0
Gestational		
Trimester I	15	28,4
Trimester II	26	49
Trimester III	12	22.6
Education		
Basic (Elementary School- Junior High School)	26	49.1
Senior High School	27	50.9
College	0	0
Job		
Housewife	30	56.6
Private employees	16	30.1
Entrepreneur	7	13.3
Government employees	0	0

Table 2.  
 Anxiety Description of pregnant women during the Covid-19 pandemic

Anxiety Characteristics	f	%
Normal	1	2%
Mild anxiety	12	23%
Moderate anxiety	22	42%
Moderate Severe anxiety	17	32%
Severe anxiety	1	2%

Based on education the majority of pregnant women are senior high school education (51%). Based on Job the majority of pregnant women are housewife (56.6%).

#### **Anxiety Characteristics of Pregnant Women During the Covid-19 Pandemic**

Based on the table 2, it shows that pregnant women in the Kepanjen area of Malang during the Coronavirus pandemic (COVID-19) that a small proportion of 2% of respondents experienced severe anxiety, nearly half of 32% experienced moderate-

severe anxiety, nearly half 42% experienced moderate anxiety, a small proportion of 23% have mild anxiety and the remaining 2% of mothers do not experience anxiety or normal.

#### **DISCUSSION**

##### **Description of Characteristics of Pregnant Women During the Covid-19 Pandemic**

Anxiety during pregnancy is more common among younger pregnant women, those whose education is lower. This is a category of pregnant women that needs to

receive more attention from midwives and health care professionals, which could make a better dynamic of pregnancy and birth outcomes. (Deklava et al., 2015).

A study conducted in the Netherlands showed the symptoms of anxiety during pregnancy in first-time pregnancies (Quispel et al., 2014). Gavin found that the prevalence of antenatal depression in the first trimester is 11.0%, then drops to 8.5% in the second and third trimesters (Gavin et al., 2005). Antenatal anxiety and depression have also been found to be more prevalent in unemployed women (Bödecs et al., 2013)

### **Anxiety Characteristics of Pregnant Women During the Covid-19 Pandemic**

The existence of instructions or government policies regarding physical distance and contact, as well as the mass media which are becoming more frequent in informing about COVID-19 also have a role in major changes in the behavior of pregnant women so that feeling under pressure can cause indirect adverse effects on physical health and psychological health (Milne et al., 2020).

The uncertainty of the 2019 coronavirus disease (COVID-19) pandemic makes people vulnerable to severe anxiety, especially in the group of pregnant women, where this anxiety can also be influenced by the mental history of parents, experiences of children, or previous pregnancies (Kajdy et al., 2020).

In a study comparing the percentage of prevalence of increased anxiety symptoms in the US, it was found that the general prevalence of anxiety in the US in 2019 was 16%. The percentage of anxiety during pregnancy with a meta-analysis that reported prevalence was 18-25% (Cella et al., 2019). Meanwhile, during the COVID-19 pandemic, there was a significant increase in anxiety in pregnant women to

59% based on a cohort study (Cullen et al., 2020). These results indicate that anxiety has increased due to the consequences of worrying about the COVID-19 pandemic.

Anxiety in pregnant women is also caused because of concerns about not getting adequate prenatal care during a pandemic which can trigger various symptoms and other diseases (Lebel et al., 2020). (Welch et al., 2016), that parents feel anxiety when they get information that their baby must be cared for and separated from him.

During pregnancy, pregnant women still have to do prenatal care. (Viandika & Septiasari, 2020) research showed that continuity of care reduces the incidence of cesarean section. Besides, continuity of care is expected to prevent stunting, this is supported by (Viandika & Puriastuti, 2020) research that continuity of care affects the length and weight of the fetus. So that many efforts can be suggested and developed so that pregnant women can still carry out the continuity of care by conducting consultations about their pregnancy, such as by telephone and video conference. This is to reduce the risk of viral transmission in pregnant women and early detection of maternal and fetal complications (Turrentine et al., 2020).

Maternal anxiety, in this case, is closely related to social support and risk perception of the COVID-19 pandemic. In addition to the role of the family, health workers must also strive to strengthen the social support of pregnant women and reduce their risk perception so that they can reduce anxiety (Yue et al., 2020). Besides, the husband's support and the husband's attitude in dealing with the COVID-19 pandemic also play a role in the mental health of pregnant women (Ahorsu et al., 2020).

Based on the results of research by (Adistie, 2012) parents experience a

decrease in anxiety after receiving therapeutic communication from health workers. Therapeutic communication is communication aimed at building a therapeutic relationship. One of the goals of therapeutic communication is to help clients to clarify and reduce the burden on feelings, thoughts and can take action to change the existing situation if the client believes in what is needed. According to (Lukmanulhakim et al., 2016), health workers, especially nurses, have a major role in reducing parental anxiety by maintaining continuous communication with parents and providing competent care. This suggests that special attention needs to be paid to vulnerable populations, especially pregnant women because in this case they are forced to face situations that cause more anxiety than usual (Taubman-Ben-Ari et al., 2020).

## CONCLUSION

Pregnant women in Malang during the coronavirus (COVID-19) pandemic have experienced anxiety. These negative feelings are increasing in times of the COVID-19 pandemic as it is today. The effects of this pandemic on the mental health of pregnant women have shown mixed results. The results showed that 2% experienced severe anxiety, 32% had moderate-severe anxiety, 42% had moderate anxiety, 23% had mild anxiety and the remaining 2% of mothers had normal.

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