

# Pregnancy Anxiety, Anguish, and Stress: Effects on Mothers, Offspring, Research, and Practice

Manuel F Montesino-Semper\*

Urology Service, “Virgen del Camino” Hospital, Navarra, Spain

\*Correspondence to: Manuel F Montesino-Semper, Urology Service, “Virgen del Camino” Hospital, c/ Irunlarrea, 4, 31008 Pamplona, Navarra, Spain; E-mail: mmontess@navarra.es

Citation: Montesino-Semper MF (2022) Pregnancy Anxiety, Anguish, and Stress: Effects on Mothers, Offspring, Research, and Practice. J Womens Health Care Manage, Volume 3:3. 138. DOI: <https://doi.org/10.47275/2692-0948-138>

Received: December 09, 2022; Accepted: December 24, 2022; Published: December 29, 2022

## Introduction

Being pregnant is one of women’s greatest psychological stress since psychologists have explained childbearing as an internal breakdown [1,2]. Pregnancy and societal parenthood are two connected important life transitions during which women and their partners go through major changes in their responsibilities as well as in their interpersonal interactions. Stress and anxiety, as well as positivity, might well be anticipated to accompany these shifts. It is accepted that first-time pregnancies and motherhood are times of stronger emotional sensitivity. Women exhibit signs cause of worry, anxiety, and depression throughout pregnancy and in the months after giving birth. By drawing attention to try to promote these advancements, we research products and new possibilities as well as evidence-based screening and clinical procedures. Even though pregnancy is an estimation of a period of relatively good mental health, the significant hormonal changes that occur during this moment could alter the attentiveness to mental problems [1].

Depending on the criteria employed, projections of the incidence of depression during pregnancy range from 16% or more among the women who suffer symptoms to 5% of those with deep depression [2]. Low capital ability, difficult professional life situations, significant family and home duties, the strain in close relationships, and pregnancy issues are some of the stresses that consistently impact expectant mothers across the world (Table 1). If mothers are only examined once during pregnancy, it may be intimidating to diagnose prenatal depression. Variations in the levels of anxiety and depression throughout gestation may be revealed by numerous assessments. However, for some pregnant women, anxiety, and depression symptoms may linger and trigger biological, cognitive, and behavioral reactions. There seems to be nowadays a substantial corpus of research into the relationship

between stress and emotional states during pregnancy as markers of specific pregnancy outcomes[3, 4].

Therefore, in longitudinal research involving 1073 first-time mothers, were examined the degree to which prenatal maternal mood variables, particularly symptoms of general anxiety, pregnancy-specific anxiety, and depression, were predictors of parental stress at 3 months postpartum. Despite their frequent correlation, general anxiety, pregnant anxiety, and depression may nonetheless have unique or independent effects on parental stress. Consequently, we looked at the independent prospective relationships between levels of general anxiety, anxiety specific to pregnancy, and depression during pregnancy, as well as the stress of parenting three months after the baby was born. Finally, we investigated the possibility that the rise in mood ratings from the first to the third trimester of pregnancy may predict parental stress [5,6].

## Methods

### Gestational Mental Anguish

Dunkel Schetter and Glynn have analyzed more than 80 scholarly studies on stress and preterm birth (PTB) [7]. The researchers had big samples, validated measurements, and prospective designs, but were mostly reasonably well-controlled for potential confounds including health risks, smoking, education, wealth, and parity. Significant impacts on gestational age at birth or PTB were also observed in the majority of a second, smaller set of research on catastrophic, neighborhood-wide events (such as earthquakes or terrorist strikes) [8-10]. A third small group of researchers found that persistent stresses like financial hardship or homelessness had a substantial impact on PTB. Especially over the past, most prior studies on neighborhood stressors including poverty and violence revealed substantial impacts on gestational age or

Table 1: Causes, effects, and management of stress during pregnancy.

Causes		Effects		Management
Pregnancy-specific	Psychological	Mother	Baby	
<ul style="list-style-type: none"> <li>Parenting stress</li> <li>Pregnancy discomforts</li> <li>Pregnancy development</li> </ul>	<ul style="list-style-type: none"> <li>Relationships issues</li> <li>Living conditions</li> <li>Natural disasters</li> </ul>	<ul style="list-style-type: none"> <li>Depression</li> <li>Anxiety</li> <li>Sleeping problems</li> <li>Addictions</li> <li>Poor postpartum care</li> </ul>	<ul style="list-style-type: none"> <li>Premature birth</li> <li>Low birth weight</li> <li>Cognitive impairment</li> <li>Behavioral issues</li> <li>Lowered immunity</li> </ul>	<ul style="list-style-type: none"> <li>Identify stressors</li> <li>Reduce stress naturally</li> <li>Maintain a stress-free outlook</li> </ul>



PTB. Thus, plenty of (but not all) of the several distinct types of stress increase the risk of PTB.

### Anxiety and Low Birth Weight

Dunkel Schetter and Lobel have studied the impact of stress on newborn birth weight and/or low birth weight (LBW) as a second area of growing convergence. This research can be categorized based on stress. However, long-term stresses have proved even better predictors of birth weight. For instance, one study found that unemployment and crowding predicted a 2.0 to 3.8 times greater risk of LBW among low-income mothers [11]. A growing body of research has shown that racism and discrimination, especially among African American mothers, prospectively predict birth weight [12]. However, depression may play a significant role in how racial prejudice and chronic stress affect prenatal development and birth weight, most likely through physiological and behavioral pathways that are downstream from depression [11].

### Effect of Anxiety and Depression during Pregnancy

In two subsections, recent research on the signs of anxiety and depression during pregnancy is similarly examined while separating results on PTB from those on LBW.

**A) Associated with premature birth:** In seven of the 11 studies that were examined, state anxiety during pregnancy strongly predicted gestational age and/or PTB, but only when combined with other variables or in certain subgroups of the sample [13]. Maternity anxiety sometimes referred to as pregnancy-specific anxiety and comparable to pregnancy distress has been linked to more consistent outcomes. It stands for a specific emotional condition that is closely related to state anxiety but is more contextually driven, that is, attached especially to worries about a current pregnancy. Ratings of four descriptors have been incorporated into an index for the assessment of pregnant anxiety: experiencing pregnancy-related anxiety, worry, fear, or panic as well as a few reverse-coded items regarding assurance of a typical delivery [14]. Overall, the data from recent studies is surprisingly converging and shows that pregnant anxiety linearly predicts when a baby will be delivered. Furthermore, across studies, pregnant anxiety precisely predicts the probability of spontaneous PTB with effect sizes that are equivalent to or greater than those of recognized risk factors like smoking and medical risk. The consistency of these results opens the door to further research into the causes, correlates, mechanisms, and treatments of pregnancy anxiety.

**B) Low birth weight and effect:** Recent research suggests that maternal depression symptoms play a more prominent role in the etiology of LBW than they do in the etiology of PTB [15]. A recent assessment of research indicated that mother depression symptoms had rather a substantial impact on newborn birth weight, with low-income or women of low social standing and women of race experiencing the highest effects [11]. Data shows that depressive symptoms or disorders may contribute more to LBW and slower fetal development than to delivery date or PTB, and these effects are more prominent for low-income mothers [13]. Contrarily, with a few notable exceptions, relatively few studies have shown any impact of anxiety on LBW [11].

### Stress and Adverse States in Pregnancy and Outcomes for the Preborn Child

The growth and well-being of a mother's unborn child may be significantly impacted by her stress levels and emotional states throughout pregnancy. Measures of pregnant anxiety capture both dispositional qualities, or attributes, and environmentally induced

moods, which may be what gives it its potency. For instance, women who are more concerned about getting pregnant appear to have weaker psychosocial support systems, come from certain cultural backgrounds, have a history of infertility, be carrying unintended pregnancies, and have fewer psychosocial resources [16-19]. These findings imply that pre-existing vulnerabilities may interact with the social, family, cultural, societal, and environmental aspects of pregnancy to elevate pregnancy anxiety levels and have an impact on the maternal-fetal-placental systems, particularly during vulnerable times like the early stages of pregnancy. The gestational age at delivery and labor interventions, such as incisions, surgical evacuation of the placenta, artificial rupture of the membranes, labor induction in the hospital, and artificial stimulation of contractions, were also evaluated three months following the birth [21-24]. Labor interventions score = number of "yes" responses on these nine categories. A life event received a score of 1 if it happened, and a score of 0 if it didn't. These two facts were not included because all women became pregnant and delivered birth. Evidence points to changes in the functioning of the maternal and fetal hypothalamus pituitary adrenal axis as well as impacts on the fetal nervous system's development as possible mechanisms for this [24-26]. To prevent a variety of negative consequences for mother, child, and family, women should be the focus of early interventions such as evidence-based interventions for stress reduction, mood regulation treatments such as cognitive behavioral therapy, pharmaceutical treatments, and follow-up care throughout postpartum.

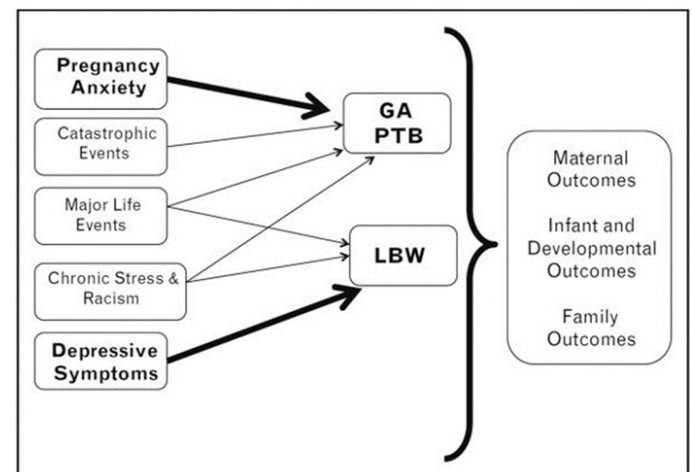


Figure 1: An overview of the research on stress, anxiety, and depression. Low birth weight, preterm birth, and GA all refer to the gestational age at birth.

### Conclusion

There is strong evidence that stress, anxiety, and depression during pregnancy increase the risk of negative outcomes for both mothers and their offspring. Furthermore, anxiety during pregnancy affects fetal neurodevelopment and the health of the unborn child, as well as is linked to shorter gestation times. Additionally, worry about a specific pregnancy appears to be particularly strong. However, it is notable that when all the mother mood components were concurrently modeled, pregnancy-specific anxiety and trait anxiety were independent and superior predictors of (nearly) all subscales of parenting stress compared to prenatal depression. When anxiety levels were considered, the depression subscale of the PSI was not connected to prenatal depression scores, however, a closer look at the items may help to understand why: Several the parental stress subscale's depression-related questions center on guilt or loss of confidence, which isn't necessarily symptoms



of depression but may be related to anxiety. It is possible to hypothesize that significant life events or local disasters raise prenatal anxiety, and that long-term chronic stress increases the chance of depression. Moreover, the consequences of persistent stress on LBW via depression are not shown, although they need additional studies. The following are the main research topics for the upcoming wave: Examining the separate and combined impacts of stress, anxiety, and anxiety during pregnancy on mother and baby. The idea of pregnancy anxiety should be better understood, as should professional interventions for it. Additionally, it is important to continue researching the consequences of clinically significant emotional disturbances on maternal and fetal outcomes while taking into consideration the mother's wider socio-environmental context. Many people think that this window of opportunity is our greatest shot if risk factors can be recognized before pregnancy and treatments can be created for preconception. However, to achieve these goals and lessen the burden of maternal stress, depression, and anxiety in the perinatal period, interdisciplinary research and collaboration will be essential.

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