Maternal Anxiety Before Labor During the Covid-19 Pandemic in Bali Province

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Abstract Stress in the third trimester of pregnancy will increase because they start preparing physical and emotional readiness for childbirth. Before delivery, women might develop more stress due to the COVID-19 pandemic. This descriptive study with a cross-sectional approach. The population of this study was pregnant women in the third trimester from Bali Province. Selected through cluster sampling, 124 people. The data collection was done using questionnaire. The data were analyzed by using descriptive statistics. The results show that the majority of respondents did not experience anxiety (87.1%); 9.7% experienced mild anxiety, and 3.2% experienced moderate anxiety. Midwives are expected to provide more frequent information that can support pregnant women to face childbirth during the COVID-19 pandemic when serving pregnant women and their families. In addition, families of pregnant women need to provide comprehensive support to pregnant women and the general public by helping them comply with health protocols to avoid the transmission of COVID-19.

1 INTRODUCTION

In the third trimester of pregnancy, the stress level of pregnant women and their families increases due to preparing physical and emotional readiness for childbirth during the COVID-19 pandemic (Izzaty et al., 1967). COVID-19 causes a global health crisis such as high rates of infections and deaths every day (Hardhana et al., 2021). Many countries try to control the virus spread with preventive measures from the government and the community (Kemenkes RI, 2020a). To cope with the increasing number of COVID-19 cases, Java and Bali island had implemented emergency public activity restriction policies from 3 to 20 of July 2021 (Menteri Dalam Negeri Republik Indonesia, 2021).

The increasing number of COVID-19 cases certainly affects pregnant women, causing psychological disorders before delivery (Izzaty et al., 1967). Psychological disorders may include anxiety, worrisome during pregnancy, and stress. Excessive stress and anxiety during pregnancy is as dangerous as smoking (Rachmawati, 2019). Pregnant women who experience stress will face more risk of giving birth to babies with low birth weight (LBW), small head size (microcephaly), and premature condition than mothers who are mentally ready during their pregnancies (Aprilia, 2010).

Anxiety is an unstable feeling in forms of worrisome or concern. Based on ADAA data (Anxiety and Depression Association of America), 52% of pregnant women report increased anxiety or depression during pregnancy. Anxiety and worrisome experienced by pregnant women will increase as the time of delivery approaches. These problems always arise in pregnant women, especially primigravida, and thus need further treatment. Pregnant women who experience anxiety increase cortisol levels which can be related to the cause of low fetal weight. Excessive anxiety are harmful for childbirth because it may affect how women responds to their the delivery process psychologically (Janiwarty, 2013). Given that anxiety can adversely affect a mother and her fetus, social support is very important for

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pregnant women before and during delivery to reduce the emotional distress (Rachmawati, 2019).

Psychological disorder i.e., anxiety during pregnancy is associated with the occurrence of a resistance index in the uterine arteries. Increased concentration of noradrenaline in the blood plasma will disrupt blood flow to the uterus. The uterus is very sensitive to noradrenaline and can have a vasoconstrictive effect. This mechanism results in the inhibition of growth and development of the intra-uterine fetus due to reduced oxygen and nutrition. As a result, this inhibition process can contribute to low birth weight (LBW) events. In addition, stress and anxiety can increase corticotropin-releasing hormone that interacts with the oxytocin and prostaglandins. The oxytocin mediates uterine contractions, contributing to premature birth (Rachmawati, 2019).

Given that anxiety can adversely affect the mother and fetus, it is very important to provide social support to pregnant women before labor and during labor. Family support mainly helps prepare for delivery and reduces negative feelings during pregnancy and labor (Janiwarty, 2013).

Complications of birth and maternal death can be avoided by providing good care, protection, and assistance by integrating family, community, and government. Mothers will experience a lot of psychological changes in the third trimester, and thus they need support during that period. The active family support is very influential on mother and fetal health and can prevent anxiety during pregnancy, childbirth, and postpartum period (Ike, 2021).

2 MATERIALS AND METHODS

This study was a descriptive study with a cross-sectional design (Nursalam, 2014). The population of this study was all third trimester pregnant women from Bali Province. Cluster sampling was employed to select a total sample of 124 people (Sugiyono, 2017). The data collection was done using a questionnaire, and the data were analyzed descriptively. This study was granted an ethical approval by the ITEKES Bali Ethics Committee.

3 STATISTICS

Statistical analyses were performed using SPSS Statistics for Windows (Version 23, IBM corp.). Factor variables were arranged descriptively in frequencies and percentages.

4 RESULTS

4.1 Characteristics of Respondents

Table 1: Distribution of respondents based on their characteristics.

Characteristics	f (%)
Age	
<20 years	10 (8.1)
20-35 years	77 (62.1)
>35 years	37 (29.8)
Gravida	
1st	28 (22.6)
2nd	78 (62.9)
3rd	15 (12.1)
4th	3 (2.4)
Education	
Junior High School	21 (16.9)
Senior High School	93 (75)
College	10 (8.1)
Occupation	
Does not work	19 (15.3)
Entrepreneur	44 (35.5)
Private sector	52 (41.9)
employee	6 (4.8)
Civil servant	3 (2.4)
Other	

Based on Table 1, the majority of respondents were 20-35 years old (62.1%), had the second pregnancy (62.9%), graduated from high school (75%), and became civil servants (41.9%).

4.2 Anxiety

Table 2: Distribution of respondents by anxiety status.

Anxiety	Frequency	Percentage
None	108	87.1
Mild	12	9.7
Moderate	4	3.2

Table 2 shows most respondents did not have anxiety (87.1%) followed by mild anxiety (9.7%) and moderate anxiety (3.2%).

5 DISCUSSION

Pregnant mothers need to put aside other things, which can affect themselves and their baby before the delivery process. However, the COVID-19 pandemic becomes a strong stressing factor for anyone, including pregnant women, with different reactions

to anxiety (Kementerian Kesehatan Republik Indonesia, 2020). Anxiety is unstable feeling or discomfort of thinking premonition which threatens one's emotion (Angeline & Simon, 2020).

Anxiety is an emotion that arises as an initial response to psychological stress and threats to values that are meaningful to individuals. It is often described as a feeling of uncertainty, doubt, helplessness, anxiety, worrisome, and unrest which is often accompanied by physical complaints. Childbirth process is a tiring and risky event. Not surprisingly, mothers who are about to give birth are shrouded in feelings of fear, panic, and nervousness. Mothers await the presence of her baby as a part of her. Mothers may have an unpleasant feeling when the baby is not born on time. Fear of surviving, pain, and danger also contributes to this feeling during childbirth (Ike, 2021).

The impact of anxiety during labor the mother will feel excessive pain or pain. Fear will hinder the birth process because it can activate the center of alert and defense in the body. As a result, little blood flow comes to the uterus, thus blocking the labor process and causing pain and tardiness in childbirth (Meihartati, 2018). Pregnant women need to control anxiety and face negative impacts faced by mothers and their babies.

Family support can create a good relationship between the family and the mother to deal with anxiety (Angeline & Simon, 2020). However, family may be a source of anxiety if there is conflict in the family (Heriani, 2016). Families normatively can support to fulfill one's expectations. Adequacy of family support is associated with decreased mortality, quick recovery, cognitive function, physical, and emotional health. In addition, the positive effect of family social support may be helpful in stressful life (Aprilia, 2010; Ni'mah, 2018).

Family support in childbirth is a source of strength for mothers that cannot be provided by health providers. Family support involves encouragement, moral and material motivation, physical, psychological, emotional, information, appraisal, and financial support. Family support may come from the person closest to the pregnant woman, especially husbands. At all stages, social support enables pregnant women to manage their health and adaptation to life (Isnaini et al., 2020).

Family support is social support manifested in terms of emotional support such as empathy, advanced support, counter-mental support through direct assistance by giving property or goods, and informational support through advice, suggestions, or instructions (Ranita et al., 2016). Social support plays a role in increasing self-esteem, buffering the effects of stress, and contributing to a better psychological status during the COVID-19 pandemic (Izzaty et al., 1967).

Anxiety can be accompanied by behavioral, emotional, and physiological responses. Individuals with anxiety may display unusual behavior such as panic for no reason, unreasonable fear of living objects or conditions, repeated uncontrollable actions, re-experience of traumatic events, or excessive worrisome. On rare occasions, many people exhibit one of these unusual behaviors as a normal response to anxiety. The difference between this atypical anxiety response and anxiety disorders is that the anxiety response is severe enough to interfere with one's work, social life, and social environment. If this is found before childbirth, it can affect mother's and her fetus's health status (Heriani, 2016).

6 CONCLUSIONS

The majority of pregnant women in the third trimester before the delivery process did not experience anxiety (87.1%). Midwives' advice may be helpful to provide more frequent information about support for childbirth during the COVID-19 pandemic in Bali Province. In addition, families and the community need to provide whole support to pregnant women by implementing health protocols, preventing the transmission of COVID-19.

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