

Anxiety and fear that accompany women in pregnancy and in postpartum period

Niepokój i lęk towarzyszący kobietom w okresie ciąży i w okresie poporodowym

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Wstęp. Ciąża może być powodem lęków, stresów i wahań nastroju. Powszechnie uważa się, że problemy zdrowia psychicznego w ciąży występują znacznie rzadziej w porównaniu do okresu poporodowego, stąd też zaburzenia lękowe i depresyjne ciąży są rzadko rozpoznawalne.

Materiał i metoda. W badaniu wzięło udział 163 osoby, w wieku 18 do 58 lat. W grupie badawczej znalazły się kobiety, które minimum raz w życiu przeszły okres ciąży i okres poporodowy. Narzędziem badawczym była ankieta, przygotowana na potrzeby niniejszej pracy.

Wyniki. Najwięcej osób w grupie badanej było w wieku 28 lat. Dominowały kobiety, które były w ciąży planowanej (79,8%) nad nieplanowanymi (20,2%). Respondentki były świadome zmian zachodzących w swoim ciele w pierwszych miesiącach ciąży i z niecierpliwością ich oczekiwało (84% badanych) jednak, aż 21% z nich obserwowało te zmiany z niepokojem. Blisko 3/4 badanych kobiet czuła się dumna z własnego stanu i wyglądu a na rosnący brzuch patrzyła z czułością. 13,5% ankietowanych czuły się grube, ociężałe i nieatrakcyjne. Aż 10,4% kobiet ze względu na przeżyty szok, nie pamięta porodu. Kobiety w ciąży nieplanowanej (84%) częściej zgłaszały lęk przed bólem podczas porodu niż kobiety w ciąży planowanej (50%). 30% respondentek w obydwu grupach odczuwało lęki przed nieradzeniem sobie z nową sytuacją.

Wnioski. Najczęściej towarzyszącymi emocjami po informacji, że kobieta jest w ciąży były duma, siła, wdzięczność, zapał czy też radość (77,9% badanych) ale aż 21% kobiet zgłaszało lęk, urazę, strach lub słabość. Tylko 4,3% kobiet badanych czuło się samotnych, chciało im się płakać, nie chciało patrzeć na dziecko po jego urodzeniu (baby blues). Natomiast 47,2% czuło się dumnie, szczęśliwie i były spełnione. Przyszłe matki, niezależnie czy planowały ciążę, czy też nie odczuwają liczne lęki związane z zaistniałą, nową sytuacją. Starsze kobiety lepiej sobie radzą z ciążą i nowymi obowiązkami. Prawie co 5 kobieta nie ma wsparcia w swoim partnerze.

Słowa kluczowe: *niepokój, lęk, baby blues, ciąża planowana, ciąża nieplanowana, okres poporodowy*

Introduction. Pregnancy may be a reason for fear, stress, and mood swings. It is commonly thought that mental problems occurring during pregnancy are less frequent in comparison to the postpartum period which results in rare recognition of anxiety and depression disorders during pregnancy.

Materials & Methods. 163 women aged from 18 to 58 years took part in the research. The study group were women who had gone through pregnancy and the postpartum period at least once in their lives. The survey was created as the research tool.

Results. The majority of the study subjects were 28 years old, with the prevalence of women in the planned pregnancy (79.8%) over the ones in the unplanned pregnancy (20.2%). The respondents were aware of the changes happening in their bodies in the first months of their pregnancies and they were awaiting them with impatience (84%); however, 21% of them were observing those changes with anxiety. Almost 3/4 of the women felt proud of their state and they were looking at their growing belly with affection. 13.5% of the respondents felt fat, sluggish and not attractive. 10.4% of the women did not remember giving birth because of the shock they were in. The women in the unplanned pregnancy (84%) more often reported fear of pain during childbirth than the women in the planned pregnancy (50%). 30% of the respondents from both groups felt some fear of not being able to manage the new situation.

Conclusions. The most common emotions that accompanied the information about being pregnant were pride, strength, gratitude, drive, and happiness (77.9% of responses), but 21% of the women reported anxiety, resentment, fear or weakness. Only 4.3% of the women felt lonely, felt like crying, and did not want to look at their newborn baby (baby blues). However, 47.2% felt proud, happy and accomplished. The future mothers, regardless whether the pregnancy had been planned or not, felt fearful regarding the new situation. The older women were better in coping with pregnancy and with new responsibilities. Almost every fifth woman had no support from her partner.

Key words: *anxiety, fear, baby blues, planned pregnancy, unplanned pregnancy, postpartum period*

© Hygeia Public Health 2014, 49(3): 543-548

www.h-ph.pl

Nadano: 08.09.2014

Zakwalifikowano do druku: 09.09.2014

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Introduction

Pregnancy may be a reason for fears, stress, and mood swings. It is important for pregnant women to be able to talk comfortably, without embarrassment about their feelings and feel acceptance from family and others [1]. Commonly it is thought that mental problems occurring during pregnancy are less frequent in comparison with the postpartum period. That is the reason for a rare recognition of anxiety and depression disorders during pregnancy, even though the anxiety and depression disorders were more often reported by pregnant women than in the postpartum period [2]. The emotional problems of the women in the postpartum period are frequent symptoms regardless the age or the number of children.

Materials and Methods

The study was conducted on 163 women aged from 18 to 58 years, in the first half of 2014. The study group were women who had been pregnant and during the postpartum period at least once in their lives. The research was conducted using the diagnostic survey method. The survey was the research tool. It consisted of single and multiple choice questions. The multiple questions dealt with the fear that accompanied women who were pregnant and in their postpartum period, and also help from other people after the baby was born. The tested women were assured of anonymity. Descriptive statistics was used to describe the varieties: arithmetic means, standard deviations, modal deviations, the max-min value, and percentage fractions. Quality χ^2 analysis, differences analysis using the Mann-Whitney's test, ANOVA variation analysis

and post-hoc analysis using the Dunnett's T3 test were also conducted.

Results

The analysis shows that most women in the study group were 28 years old. The youngest respondent was 18 years old and the oldest was 58 years old. The women in the planned pregnancy prevailed (79.8%) over the ones in the unplanned pregnancy (20.2%). The majority were the women with higher education (59.5%) and secondary/vocational education (38%), with only 4% of the women with primary education. The women with one child dominated in the study, but there also were women with even five children. The youngest woman in her first pregnancy was 15 years old and the oldest was 34 years old, however most often the women were giving birth at the age of 24 years. First the χ^2 analysis was conducted; the results are shown in Table I.

The analysis of differences between the expected and received effects showed the existence of significant statistical differences. The results were significantly different from the expected ones. It turned out that the women were aware of the changes happening in their bodies in the first months of pregnancy and were awaiting them with anticipation (84%), were observing them with some anxiety. Only 5% of the women were not aware of them and did not show any interest in the situation.

In the conducted study the most common emotions that accompanied the women after the information of being pregnant were; pride, strength, gratitude, drive or the happiness (77.9%) but 21% of the women re-

Table I. Analysis of differences between expected and received effects

Question	χ^2	p
Were you aware of the changes happening in your body in the first months of the pregnancy?	191.02	<0.001
Did you suffer from some discomforts such as nausea, dizziness, vomiting, and constipation during the pregnancy?	71.50	<0.001
What emotions did accompany you when you found out you were pregnant?	146.11	<0.001
Did you easily and quickly realize that you would become mother very soon?	77.83	<0.001
Were you afraid of losing your freedom and independence?	5.16	0.023
What emotions did accompany you during the first ultrasound examination?	70.24	<0.001
Did you change your needs and goals during the pregnancy?	46.44	<0.001
Did you change the way of spending free time and the number of social contacts?	34.51	<0.001
What kind of emotions did your growing belly arouse?	111.91	<0.001
Were you talking to your baby during the pregnancy?	75.59	<0.001
What kind of emotions did accompany you one month before the delivery?	113.83	<0.001
Was your partner helpful during the pregnancy?	70.24	<0.001
Was your big belly irritating for you?	8.40	0.004
Did you get more sensitive at the end of the pregnancy?	2.71	0.10
How do you remember your delivery?	113.02	<0.001
Did you have the "baby blues" syndrome after the childbirth?	61.89	<0.001
How did you feel after returning home from the hospital?	68.07	<0.001
Were you afraid that you would not be attractive to your partner after the childbirth?	19.78	<0.001
Do you feel accomplished as a mother?	90.45	<0.001
Did you feel pressure from your family, environment, and stereotypes, that 'every mother should...?'	10.31	0.001

ported fear, resentment, anxiety or weakness. 15% of the women did not feel any strong emotions, and the fact that they were pregnant was obvious for them. Most of the women felt proud of their state and appearance (72.4%) and they were looking at the growing belly with affection. There were women who felt fat, sluggish and unattractive (13,5%). However this did not cause any special emotions in 23% of the researched women.

On the question regarding the childbirth, the majority (72%) answered that it was a great effort, but also a beautiful experience, however 17.2% of the women remembered it as a traumatic experience which they did not want to recall, or that they were in such a shock that they did not remember anything (10.4%).

The women were then asked what fears accompanied them during pregnancy and after delivery. The differences analysis (quality) was conducted. This analysis was conducted using the Mann-Whitney’s test. Table II shows the results regarding the fear of pain during childbirth.

There are no significant differences in the medium age and the number of pregnancies between the women who experienced the fear of childbirth and the ones who did not. The dominating age in the group of the women who experienced the fear of pain during childbirth was 5 years lower than in the group of the women who did not experience such fear. The women in the unplanned pregnancy (84%) more often reported fear of pain during childbirth then the women in the planned pregnancy (50%). Table III shows the results regarding fear of the child’s possible diseases.

There were no significant differences in the medium age and the number of pregnancies between the women who experienced fear of the child’s possible diseases and the ones who did not. The fear of the child’s possible diseases was reported in general by 73% of the women – 75.4% in the planned pregnancy, and 63.6% in the unplanned pregnancy.

The fear of change in the relationship was also showed (Table IV).

Because of the fact that there were big differences in the group strength, the analysis of differences was impossible to conduct. The dominating age of the women who experienced the fear of change in the relationship was 6 years lower than the dominating age of the women who did not experience such fear. The possibility of changes in the relationship caused some fear in both groups of the women. Both the women in the planned and in the unplanned pregnancies experienced it – accordingly 18.5% and 27.3%.

The fear related with being a good mother was analyzed next (Tab. V).

The analysis shows significant differences in the mean age of the women in groups of the ones that expe-

rienced fear related with being a good mother and the ones who did not. The women who experienced such fear were significantly younger. There was also a significant difference in the mean number of pregnancies. The women who did not experience the fear related with being a good mother were pregnant more times. The study showed that both, the women in the planned (60%) and in the unplanned pregnancy (72,7%) experienced the fear related with being a good mother (Tab. VI).

Because of the big differences in the strength of the groups the analysis was impossible to conduct. The dominating age in the group of the women experiencing the fear of losing their freedom and independence was 3 years lower than in the group of the women who did not experience such fear. The women in the unplanned pregnancy (36.4%) more often reported the fear of losing their freedom and independence than the women in the planned pregnancy (16.9%).

Table VII shows the results related to the fear of whether the partner can handle the role of a father.

Table II. Fear of pain during childbirth

		Yes	No	p
age	M±SD	28.68±6.24	30.50±6.90	0.09
	Md	23	28	
number of pregnancies	M±SD	1.56±0.70	1.76±0.88	0.17
	Md	1	1	

Table III. Fear of child’s possible diseases

		Yes	No	p
age	M±SD	28.97±6.23	30.80±7.35	0.19
	Md	28	28	
number of pregnancies	M±SD	1.61±0.75	1.75±0.87	0.33
	Md	1	1	

Table IV. Fear of change in relationship

		Yes	No
age	M±SD	26.91±50.06	30.11±6.77
	Md	22	28
number of pregnancies	M±SD	1.70±0.77	1.63±0.79
	Md	1	1

Table V. Fear related with being a good mother

		Yes	No	p
age	M±SD	28.71±6.68	30.75±6.23	0.02*
	Md	28	28	
number of pregnancies	M±SD	1.54±0.71	1.82±0.87	0.04*
	Md	1	2	

* statistical significance at the level of p<0.05

Table VI. Fear of losing freedom and independence

		Yes	No
age	M±SD	28.24±5.88	29.78±6.73
	Md	25	28
number of pregnancies	M±SD	1.50±0.66	1.68±0.81
	Md	1	1

The study shows the significant differences in the mean age and the number of pregnancies between the women experiencing the fear of whether the partner could handle the role of a father and the women without such fear. The women who experienced the fear were younger and were pregnant fewer times. The fear appeared in both the women who planned their pregnancy (24.2%) and the women who did not plan their pregnancy (29.2%).

The fear of not being able to cope with the new situation was analyzed next (Tab. VIII).

There were no statistically significant differences between the mean age and the number of pregnancies between the women experiencing the fear of not being able to cope with the new situation and the women without such fear. The dominating age in the group of the women experiencing the fear was 5 years lower in relation to the rest of the respondents. 30% of the women from both groups reported the fear of not being able to cope with the new situation.

The ANOVA variation analysis was conducted next. The differences in the mean age of the studied women and their number of pregnancies (quantity variable) in relation to the “baby blues syndrome” and memories of giving birth were studied (Tab. IX).

The study did not show any statistically significant differences in relation to the mean age and the number of pregnancies between the women who showed signs of the “baby blues” syndrome and the ones who did not. Only 4.3% of the women felt lonely and wanted to cry, and did not want to look at their baby. On the other hand 47.2% of them felt proud, happy and accomplished (Tab. X).

The post-hoc analysis using the Dunnett’s T3 test showed significant differences in the number of pregnancies between the women who remembered the childbirth as a great effort, but also as a beautiful experience, and the women who were in such shock that they did not remember giving birth ($p \leq 0.05$). The women who did not remember giving birth because of the shock were pregnant fewer times. There were no significant differences in the mean age between the women from both groups. There were no significant differences in the mean age and the number of pregnancies between the women who remembered the childbirth as a great effort but also as a beautiful experience and the women who remembered the childbirth as a traumatic experience.

Discussion

The nature of fears experienced by pregnant women has not been fully discovered yet. It is thought that they intensify when there appear some difficulties in dealing with the challenges related to the pregnancy and the motherhood. In the Andersson et al. [3] research the

Table VII. Fear of whether the partner can handle the role of a father

		Yes	No	p
age	M±SD	26.78±6.11	30.51±6.48	<0.001*
	Md	22	28	
number of pregnancies	M±SD	1.39±0.68	1.74±0.80	0.003*
	Md	1	2	

* statistical significance at the level of $p < 0.05$

Table VIII. Fear of not being able to cope with new situation

		Yes	No	p
age	M±SD	28.02±6.33	30.08±6.61	0.07
	Md	23	28	
number of pregnancies	M±SD	1.55±0.65	1.68±0.83	0.51
	Md	1	1	

Table IX. Baby blues syndrome

factor	F	df	p
age	0.73	2	0.48
Number of pregnancies	1.86	2	0.16

Table X. Memories related with childbirth

factor	F	df	p
age	1.69	2	0.19
Number of pregnancies	2.93	2	0.05*

* statistical significance at the level of $p < 0.05$

anxiety disorders can be noted in 6.6% of the studied cases, however other authors report a higher percentage the anxiety disorders. Grant et al. [4] showed the level of fear in 20%. The presence of emotional disorders in the post-natal period can affect women of all ages. The intensity of life, countless responsibilities of women, make the modern mothers less resistant to stress and the effects of emotional difficulties than the women of previous generations [5]. The severity of anxiety disorders was different in this study. The most common fears were related to the possible occurrence of diseases in children (73%) and the concern of being a good mother (63.2%) and the least frequent anxiety was associated with loss of work (9.2%) and balancing the motherhood with a career (13.5%).

Very important for well-being and self-esteem of a pregnant woman is the strength of emotional connection with the father of a conceived child. Lepiarz et al. [1] have demonstrated that the stronger the relationship the less anxieties the woman experiences. A satisfactory relationship may have a protective effect in regard to the presence of symptoms of anxiety or depression [6]. Many authors stress that disrupted relationship with the partner, fear, insecurity, loneliness, lack of experience and support may be a stress factor for women during the perinatal period [7, 8]. 30% of the tested women in both groups experienced fears of not being able to deal with the new situation. This study showed that the dominating age of the

women who experienced the fear of change in the relationship was 6 years lower than the dominating age of the women who did not experience such fear. The study results also indicate significant differences in the average age and the number of pregnancies between the women experiencing anxiety of whether the partner could handle the role of a father and the women without such anxiety. The women who suffered from such anxiety were younger and were pregnant fewer times. The fear appeared in both the women who planned their pregnancy (24.2%) and the women who did not plan their pregnancy (29.2%).

If the child is healthy and the mother has contact with her child, the fears and anxieties accompanying the childbirth are most often mild and disappear quickly. An unstable state of the child may affect the post-natal maternal emotional reactions [9]. The study shows no significant differences in the medium age and the number of pregnancies between the women who experienced the fear of the child's possible diseases and the ones who did not. The fear of the child's possible diseases was reported in general by 73% of the women – 75.4% in the planned pregnancy, and 63.6% in the unplanned pregnancy.

The “baby blues” syndrome is characterized by incidents of crying, sadness mixed with joy, insomnia, anxiety, lowered attention and concentration span and usually appears between the third and fifth-day after delivery [10]. The symptoms do not require specific therapeutic activities, but they cannot be neglected. Some action should be taken; postpartum education could help to reduce the vulnerability of women [11]. According to American researchers the symptoms of baby blues recede spontaneously in 80% of women [12]. They have no serious effect on the functioning of the young mother but decrease the quality of life. The woman does not feel accomplished in motherhood, does not feel the pleasure of spending time with the child. The mother may feel lost, may doubt her own competence and strength [13].

Lee et al. [14] also notice in their study that low self-esteem is associated with a higher risk of anxiety and depression in pregnancy. This study shows that there were no statistically significant differences between the mean age and the number of pregnancies between the women experiencing the fear of not being able to cope with the new situation and the women without such fear. The dominating age in the group of the women experiencing the fear was 5 years lower in relation to the rest of the respondents. The study also did not show any statistically significant differences in relation to the mean age and the number of

pregnancies between the women who showed signs of the “baby blues” syndrome and the ones who did not. Only 4.3% of the women felt lonely, wanted to cry and did not want to look at their newborn baby. On the other hand 47.2% of them felt proud, happy and accomplished.

Many future mothers during their pregnancies have problems with switching from thinking “me” into thinking “we” and accept the fact that they are losing their personal freedom [15]. In this study the dominating age in the group of the women experiencing the fear of losing their freedom and independence was 3 years lower than in the group of the women who did not experience such fear. The women in the unplanned pregnancy (36.4%) more often reported the fear of losing their freedom and independence than the women in the planned pregnancy (16.9%).

Given the prevalence of anxiety and depression in pregnancy, the health care professionals should pay attention to the mental health problems of women not only in pregnancy but also after childbirth.

Conclusions

1. The most common emotions that accompanied the women after the information of being pregnant were; pride, strength, gratitude, drive or the happiness (77.9%) but 21% of the women reported fear, resentment, anxiety or weakness.
2. Only 4.3% of the women felt lonely, felt like crying and did not want to look at their newborn baby (baby blues). However, 47.2% felt proud, happy and accomplished.
3. The future mothers, regardless whether in planned or unplanned pregnancy, experienced numerous anxieties regarding the new situation, e.g.: the fear related with being a good mother was experienced by 60% of the women in the planned pregnancy and by 72.2% of the women in the unplanned pregnancy. The fear of changes in the relationship was experienced by 18.5% of the women in the planned pregnancy and by 27.3% of the women in the unplanned pregnancy. 29.2% of the women in the unplanned pregnancy and 24.2% of the women in the planned pregnancy were worried whether the partner could handle the role of a father. 30% of the women from both groups felt anxiety of not being able to cope with the new situation.
4. Older women coped better with pregnancy and new responsibilities.
5. Almost every fifth woman had no support from her partner.

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