

## How Does a High-Risk Pregnancy Affect Anxiety Levels? during the COVID-19 Pandemic?

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### Abstract

In a tertiary care facility that also treats COVID-19 patients, we set out to examine how the anxiety levels of pregnant women with and without high-risk indicators changed throughout the COVID-19 pandemic. Using questionnaires, we created a case-control and cross-sectional research. Outpatient women with high-risk pregnancies and healthy pregnant women served as the study group and control group, respectively, for the validated Turkish versions of the Spielberger State-Trait Anxiety Scale (STAI-T) and Beck Anxiety Inventory (BAI). 446 women in total were hired. During the COVID-19 pandemic, high-risk pregnant women need regular anxiety and depression screenings as well as psychosocial support. Patients with high-risk pregnancies frequently have comorbid conditions, which increases their risk of infection as well as their anxiety levels due to the stress brought on by the COVID-19 pandemic.

**Keywords:** Covid-19; Pregnant; Psychosocial

### Introduction

In the literature, there are still not many examples of pregnant women who have the 2019 Corona Virus (COVID-19). Although the majority of individuals had very minor symptoms, in some cases of significant disease, infection results in severe lung involvement and multiorgan failure. About pregnant women and their complications, not enough is currently known. There is no indication of heightened maternal or foetal dangers, according to the scant information we currently have, and symptoms in pregnant women are comparable to those in other persons. Pregnant people everywhere could experience stress from a pandemic, just like everyone else. A high-risk pregnancy is one that has an unexpected medical or obstetric condition linked to the foetus or pregnancy that could endanger the mother's or the fetus's health. This covers a variety of pathologies that increase the risk of morbidity or mortality for the mother, the fetus, or the newborn, either before or after birth. High-risk pregnancies are estimated to account for 10% of all pregnancies. It is understood that prenatal depression and anxiety affect up to 13.3% and 21.7% of pregnant women, respectively. Antenatal depression rates can be as high as 19% among women who are hospitalized for obstetrical risk. Hospitalization can exacerbate the anxiety and sadness of high-risk pregnant women, despite the fact that high-risk pregnancies increase the risk of depression and anxiety. Pregnant women expressed significant levels of fear and worry about contracting the disease during the SARS outbreak in 2003, according to studies on the incident. Even though the COVID-19 pandemic has been under control for a while, little is known about the virus's potential impact on expectant mothers and how it is transmitted from mother to foetus. In addition to all other unknowable effects, pregnant women face a significant risk of depression and anxiety due to the lack of knowledge about such a serious disease. There is no information on how the COVID-19 pandemic has affected high-risk pregnant women, despite previous studies showing that anxiety and depression rise in high-risk pregnancies. According to reports, COVID-19 is more dangerous for people with comorbid conditions. Thus, individuals with comorbid conditions, such as the majority of high-risk pregnant women, may display higher levels of anxiety and may therefore require support more frequently than usual [1].

### Procedure

The Ministry of Health Ankara City Hospital, the primary public

maternity hospital that handles more than 10,000 deliveries a year and covers all surgical and medical disciplines, served as the site of this cross-sectional study from May to July 2020. The majority of pregnant women at our tertiary referral centre carry high-risk pregnancies. The study comprised all trimesters of outpatient high-risk pregnancies involving women between the ages of 18 and 40 who were being monitored by the high-risk pregnancy clinic. The study comprised outpatients with a single, healthy pregnancy who had been admitted to the antenatal pregnancy clinic for routine checks but were not classified as high-risk pregnancies as the control group. Turkish reading and writing proficiency were additional requirements for admittance. People with psychiatric disorders and those who are not mentally capable of answering survey questions were not included in the study. After the study's details were explained, all research participants provided both verbal and written informed consent. High-risk pregnancies were those with one or more of the following: a prior history of unfavourable obstetric care, underlying medical conditions, threatened preterm labour or preterm membrane ruptures, thrombophilia, hypertensive diseases of pregnancy, intrauterine growth restriction, placenta previa, foetal anomaly, multiple pregnancies, gestational and pregestational diabetes, or other conditions like polyhydramnios or oil [2].

### Medical History

Through the use of a questionnaire, sociodemographic data and obstetric medical history were gathered. Maternal age, gestational age, gravida, parity, history of abortions, educational attainment, employment status, disposable income, drug and substance use, vitamin

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use, planned or unplanned pregnancy, spousal support, smoking habit, whether an invasive procedure was done during pregnancy, daily news sources (TV, social media, medical professionals, etc.), as well as the presence of mental disorders, were the factors. Participants were asked to reply to the state scale, which was a situational anxiety test, "how you are feeling right now." When participants were asked to react based on "how you normally feel," the trait anxiety scale served as a general indicator of the propensity to feel anxious. 20 items each assessed on a 4-point Likert scale made up each subscale (total score: 47 clinically relevant). The completed form was deemed invalid and not scored if more than three statements were left unanswered. The possibilities for the Trait Anxiety Scale were (1) Almost never, (2) Sometimes, (3) Much time, and (4) Almost often, whereas the options for the State Anxiety Scale were (1) None, (2) Some, (3) Much, and (4) Totally [3].

### Anxiety

The inventory consists of 21 items that describe physical, subjective, or panic-related anxiety symptoms. Self-reported responses regarding the experience of that symptom over the previous month ranged from "not at all" to "severe" on a 4-point Likert scale. Anxiety levels are more severe when the total score is high. The Pearson correlation test was used to examine the relationship between the scale scores. While the link between the categorical variables and high-risk pregnancy status was examined using the chi-square test, the relationship between the numerical variables and high-risk pregnancy status was examined using the independent samples t-test and one-way ANOVA test. The repeated measures ANOVA test was used to analyse the amount of trait anxiety with regard to time. When the analysis is performed,  $p < 0.05$  denotes a significant correlation and  $p > 0.05$  denotes the absence of a significant correlation [4, 5].

### Discussion

One of the many sectors that has been severely impacted by the COVID-19 pandemic is mental health. The many restrictions imposed by governments and communities, the uncertainty about the pandemic's future, and most crucially, the dread of contracting the disease and endangering unborn children have all had an emotional impact on pregnant women. The COVID-19 pandemic increases the burden on pregnant women, who already experience anxiety and depression risk due to pregnancy. Contrarily, high-risk pregnancies are a significant source of worry for expectant mothers. We wanted to know if the COVID-19 pandemic had a greater impact on high-risk pregnancies than on normal, low-risk pregnancies in this study. In high-risk pregnancies compared to normal pregnancies without risk factors, we discovered a higher prevalence of anxiety ( $p < 0.05$ ). We believe that this study is the first to compare anxiety in high-risk pregnant women with anxiety in typical pregnant women during the COVID-19 pandemic. There are several obstetric pathologies, including maternal systemic illnesses, that can cause high-risk pregnancies. The degree of anxiety and despair experienced by each of the ladies may have been impacted by a different pathologic state within the family. Therefore, we looked at the anxiety scores in relation to obstetric diseases and discovered that trait anxiety (during the pandemic), state anxiety, and Beck anxiety scores all had statistically significant results ( $p < 0.05$ ). In our analysis, gestational and pregestational diabetes (25%) and hypertensive disorders of pregnancy (29.5%) accounted for the majority of high-risk pregnancies. It has been demonstrated in the past that women with gestational and pregestational diabetes, as well as hypertensive diseases of pregnancy, experience higher rates of anxiety. Despite the fact that melancholy and anxiety are more prevalent in high-risk

pregnancies, there aren't many studies investigating this topic. In 1986, Powers P conducted the first study on psychiatric disorders in high-risk pregnancies. They showed that patients with high-risk pregnancies had higher levels of anxiety and depression than patients with typical pregnancies [6-8].

After noticing a significant difference in anxiety scores between patients with high-risk pregnancies and those with normal pregnancies, we investigated the specifics of anxiety in high-risk pregnancy patients by breaking down the results based on factors like medication use, hospitalization, history of abortions, smoking, and vitamin use. According to the aforementioned study, which used a non-validated questionnaire on 172 research participants, 52% of them felt vulnerable and 80% expressed concern, while 35.5% and 42% of them continually worry that they or their unborn child will become infected. We used validated questionnaires and conducted a comparative statistical analysis between high-risk pregnancy patients and normal pregnancy patients to see the effect of the COVID-19 pandemic on anxiety. While our results were consistent with the findings of the aforementioned study in that the COVID-19 pandemic has severe effects on pregnant women, we also looked at how the pandemic affected anxiety in high-risk pregnancy patients. Additionally, we examined the anxiety levels of women with high-risk pregnancies across a number of dimensions to identify the correlations between those factors and the high-risk status of the pregnancies [9].

### Conclusion

According to this study's findings, high-risk pregnancies experienced higher anxiety rates than normal pregnancies as a result of the COVID-19 pandemic. During the COVID-19 pandemic, pregnant women at high risk require regular screening for anxiety and depression as well as psychosocial support. Our study's strength was the in-person assessment of the patients. To the best of our knowledge, this is the first study that compares high-risk pregnancy patients with normal pregnancy patients and conducts a thorough analysis with respect to a number of variables related with the high-risk status of the pregnancies. However, it wasn't a specific COVID-19 infection psychological status questionnaire [10].

### Acknowledgement

None

### Conflict of Interest

None

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