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REVIEW

Care for pregnant women with anxiety: implications for nursing practice

Atención a gestantes con ansiedad: implicaciones para la práctica enfermera

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ABSTRACT

Introduction: during the perinatal period, anxiety affects one in five women. These symptoms may worsen in the postpartum stage, increasing the risk of future episodes. It is the responsibility of nursing to address this issue by supporting and collaborating with the new mother to help her overcome anxiety. Specialist nurses in obstetrics and gynecology play a key role in the care of low-risk pregnancy, childbirth, and postpartum.
Objective: to characterize nursing care directed at pregnant women with anxiety.
Method: a literature review was conducted using databases such as PubMed, Google Scholar, and ResearchGate with keywords including: pregnancy, anxiety, mental health, nursing, and nursing care. A total of 18 articles were selected, more than 70 % of which were published in the last 5 years.
Discussion: the most commonly used interventions are counseling, prenatal education, and preparation for childbirth with a companion. Educational interventions have been shown to increase knowledge and promote self-care, which significantly helps reduce anxiety. Humanized nursing care focuses on providing comprehensive support that goes beyond technical and medical aspects, also encompassing the emotional well-being of patients.
Conclusions: anxiety during pregnancy is a frequent and underestimated condition that requires specific attention from the nursing field. In this process, nursing care plays a key role by offering continuous and sensitive support, which directly contributes to maternal-fetal well-being.

Keywords: Pregnancy; Anxiety; Mental Health; Nursing; Nursing Care.

RESUMEN

Introducción: durante el período perinatal la ansiedad afecta a una de cada cinco mujeres. Estos síntomas pueden empeorar en el posparto, lo que aumenta el riesgo de episodios futuros. Es labor de enfermería, abordar este problema apoyando y colaborando con la nueva madre para que sea capaz de superar la ansiedad. Las enfermeras especialistas en obstetricia y ginecología juegan un papel referente en la atención al embarazo, parto y puerperio de bajo riesgo.
Objetivo: caracterizar los cuidados de enfermería dirigidos a gestantes con ansiedad.
Método: se realizó una revisión bibliográfica accediendo a bases de datos como PubMed, Google Académico y ResearchGate utilizando palabras clave incluyendo: embarazo, ansiedad, salud mental, enfermería, y cuidados de enfermería. Se seleccionaron un total de 18 artículos, de los cuales más del 70 % fueron publicados en los últimos 5 años.
Discusión: las intervenciones más usadas son: el asesoramiento, la educación prenatal y la preparación para el parto con acompañante. Se ha demostrado que las intervenciones educativas incrementan el conocimiento y fomentan el autocuidado, lo cual ayuda a disminuir significativamente la ansiedad. La atención de enfermería

humanizada se enfoca en ofrecer un apoyo integral que va más allá de los aspectos técnicos y médicos, abarcando también el bienestar emocional de las pacientes.
Conclusiones: la ansiedad durante el embarazo es una condición frecuente y subestimada que requiere atención específica desde el ámbito de enfermería. En este proceso, los cuidados de enfermería desempeñan un papel clave al ofrecer acompañamiento continuo y sensible, que contribuye directamente al bienestar materno-fetal.

Palabras clave: Embarazo; Ansiedad; Salud Mental; Enfermería; Cuidados de Enfermería.

INTRODUCTION

The birth of a child marks a period of substantial change and new responsibilities, making it an emotionally complex stage for women's mental health.[1]

Pregnant women are biologically vulnerable to psychopathological disorders, due to both hormonal and psychosocial changes. Among the most common is anxiety.[2]

This is defined as an immediate, transient, and variable emotional state that involves physiological and cognitive changes characterized by feelings of tension, apprehension, and nervousness.[3]

Psychological problems have attracted international attention, as they have been increasing over the years. As a result, the Pan American Health Organization and the World Health Organization classify anxiety as the second most disabling mental disorder in the Americas, highlighting the importance of providing pregnant women with the highest level of health care.[4]

During the perinatal period, anxiety affects one in five women. These symptoms can worsen in the postpartum period, increasing the risk of future episodes.[1] It is currently estimated that 17-18 % of women suffer from depression during pregnancy and around 8 % have a generalized anxiety disorder. Some enter pregnancy with a pre-existing mental illness, while others experience mental health problems for the first time during this stage.[5,6]

Pregnant women with a history of mental disorders, an inefficient support network, unwanted pregnancies, low levels of education, and low socioeconomic status are vulnerable to developing depression and anxiety.[7]

The most common symptoms of this disorder include headaches, palpitations, panic attacks, and muscle tension.[4]

Prenatal anxiety symptoms can cause changes in the pregnant woman's physical activity, diet, and sleep, changes that affect fetal development. Anxiety increases the risk of miscarriage, premature birth, low birth weight, and lower Apgar scores. We also know that children of mothers who experienced high levels of stress during pregnancy are more likely to have cognitive and behavioral problems and are at greater risk of mental health problems in the future.[5]

Despite all these repercussions on maternal and fetal health, anxiety is an underestimated and underdiagnosed condition.[5]

It is the job of nurses, together with other healthcare professionals, to address this problem by supporting and collaborating with new mothers so that they are able to overcome their anxiety.[8] Nurses specializing in obstetrics and gynecology play a key role in low-risk pregnancy, childbirth, and postpartum care.[9]

Recognition by professionals of the risk factors surrounding women (family, environment, support network) is a first step toward not ignoring these situations, which in many cases are silenced due to the serious emotional implications they entail.[10,11]

Therefore, current recommendations regarding the care and treatment of mental health problems in women during pregnancy and up to one year after childbirth are aimed at recognition, assessment, care, and treatment, ensuring continuity of care, emphasizing the importance of improving the quality and safety of all interventions during pregnancy, childbirth, and postnatal care.[12]

The task of mental health education falls to midwives, family doctors, gynecologists, pediatricians, and nurses, both in hospitals and in primary care.[2]

In the field of nursing care, innovative strategies are required, such as adapted exercises, psychoeducational programs, and social support, led by nurses. This approach not only seeks to alleviate anxiety but also to create an environment that is sensitive to the specific emotional needs of pregnant women.[13]

Humanized care, by linking empathy and assertive communication, allows for the construction of a solid therapeutic relationship that promotes the emotional well-being of pregnant women, improves their adherence to treatment, and contributes to the quality of life of both the mother and the baby, ensuring a comprehensive and humane approach to nursing care.[13]

Despite efforts to improve infrastructure and training for healthcare personnel, gaps remain in the implementation of nursing care that addresses the emotional and psychological needs of pregnant women.[13]

Given the high prevalence of anxiety during pregnancy and its repercussions on maternal-fetal health, there is a clear need to strengthen the role of nursing in the emotional care of pregnant women. The lack of timely detection, gaps in professional training, and poor implementation of specific strategies reveal a void in the comprehensive approach to this problem. Therefore, the objective of this research was to characterize nursing care for pregnant women with anxiety.

METHOD

A literature review was conducted by accessing databases such as PubMed, Google Scholar, and ResearchGate using keywords including: pregnancy, anxiety, mental health, nursing, and nursing care, combined with the Boolean operator *AND*. A total of 18 articles were selected, of which more than 70 % were published in the last 5 years. Relevant information was extracted, summarized, and organized to support the development of this research.

RESULTS

Pregnancy requires adaptation in all areas of life, which goes hand in hand with doubts and uncertainty, which can be highly stressful for women.[3]

Among the risk factors associated with prenatal anxiety, the most common are: financial difficulties, low education, domestic violence, unemployment, lack of social and family support, unstable interpersonal relationships, stressful events, unwanted pregnancy, and addiction to alcohol, tobacco, or other drugs.[4]

Gancedo-García et al.[2] , in an analysis carried out on first-time pregnant women in Health Area V of Gijón, found that one-third of pregnant women had mild anxiety, 13,5 % had moderate anxiety, and 3,9 % had severe anxiety. This demonstrates that anxiety is a mental health problem that is very present in this at-risk population. It is important to recognize that this study also showed that pregnancy planning and a medium-high socioeconomic status are strong influences on the absence of anxiety during pregnancy.

Giménez et al.[1] in a study evaluating the mental health of women during the first three months postpartum, observed that those who had an obstetric complication requiring premature delivery had higher levels of anxiety and depression, and a more unfavorable outcome during postpartum follow-up.

Women with more children experience greater anxiety, possibly due to the increased domestic burden and constant care during pregnancy. Unplanned pregnancy and the perception of poor accessibility or clarity in healthcare are also associated with greater anxiety. These factors intensify emotional distress during pregnancy in times of pandemic.

The results of previous studies reflect how the experience of pregnancy and postpartum is deeply influenced by medical, emotional, and social factors. It is clear that going through complex situations, such as premature birth or an unplanned pregnancy, can increase women's psychological vulnerability. Because of this, the authors recommend strengthening emotional and social support during pregnancy and postpartum.

A relevant finding for Garcés-Cano et al.[7] was the deplorable training of healthcare personnel in identifying mental disorders in the perinatal stage, thus limiting their ability to intervene effectively, given that effective intervention is crucial to avoid side effects of the symptoms and even the risk of maternal death during the primary puerperium stage. The authors believe that the lack of training of healthcare personnel severely limits the detection and intervention in perinatal mental health, putting the results of medical and nursing care at risk.

Nursing care for pregnant women with anxiety

Pregnancy care is defined by a health process called the comprehensive pregnancy, childbirth, and postpartum care process, which defines the activities for proper pregnancy monitoring. This protocol must include nursing care to be provided by midwives and primary care nurses.[9]

Nursing care management includes the formulation of care activities and management in practice that make quality of care an essential intervention, in addition to building a dialogical relationship with pregnant women and their families.[14,15]

The most commonly used interventions are counseling, prenatal education, and preparation for childbirth with a companion.[4]

Providing prenatal education on various topics such as adaptation to pregnancy, nutrition, exercise, labor symptoms, labor management techniques (breathing, labor positions, massage), breastfeeding, and newborn care would increase pregnant women's self-confidence and self-efficacy during labor and postpartum, as well as allow them to share their feelings and thoughts about the pregnancy process.[4] Educational interventions have been shown to increase knowledge and promote self-care, which helps to significantly reduce anxiety and stress.[16] The authors argue that prenatal education is an essential and indispensable component of nursing care, regardless of the trimester of pregnancy. They believe that this educational process should not only focus on imparting technical knowledge, but also on promoting active listening, strengthening the therapeutic bond,

and emotionally empowering the pregnant woman to face the challenges of pregnancy, childbirth, and the postpartum period with greater confidence.

Relaxation techniques, along with the promotion of recreational and religious activities, are also suggested as part of a comprehensive cognitive-behavioral intervention for anxiety and pain management.[16]

Humanized nursing care focuses on offering comprehensive support that goes beyond technical and medical aspects to also encompass the emotional well-being of patients. This approach includes effective communication, constant emotional support, and education about their condition and treatments. Through empathy and dedication, nurses can create a safer and more reassuring environment, which is vital to the overall well-being of these patients.[13,17]

Nursing staff help reduce anxiety in pregnant patients by providing objective information about diagnosis, treatment, and prognosis; encouraging bonding with the child; creating an atmosphere of trust; talking directly with the patient; promoting slow, deep breathing; minimizing stimuli that cause fear; identifying loved ones who can provide comfort; and administering anxiolytics if necessary, always under medical supervision.[8]

In order to provide adequate support during pregnancy, it is necessary to develop critical thinking skills and evidence-based professional judgment that is safe and focused on holistic and individualized obstetric care, as well as consistent with the woman's preferences, in addition to being of the highest quality and culturally relevant.[9]

The empathy and personalized care offered by nurses act as stabilizing elements, contributing significantly to the emotional well-being of women during this period.[13] The authors argue that a nurse cannot be considered fully prepared without adequate psychological training to respond to the emotional needs of pregnant women. They argue that empathy must be a central focus of their practice, as it allows them to establish strong therapeutic bonds, understand the suffering of others, and offer comprehensive care that transcends the clinical.

Likewise, assertive communication is presented as another fundamental pillar of humanized care, highlighting the importance of training nursing staff to convey information in a clear, simple manner that is adapted to the particular needs of each patient. This approach not only facilitates the understanding of medical information, but also contributes to the creation of an environment of trust in which pregnant women can freely express their concerns and receive answers that help alleviate their anxiety, thus strengthening the therapeutic relationship and promoting their emotional well-being.[13]

Care for pregnant women should always include systematic measurement of patients' anxiety levels as a first step in detecting and correctly addressing this condition. We must help pregnant women and their families to better adapt to the pregnancy process by providing professionals with tools that guarantee clinical safety and quality of care.[12]

In any case, we must not forget that a relationship of trust with healthcare professionals reduces the risk of dismissing new or important symptoms, which is why a quality interpersonal relationship between pregnant women and professionals is essential.[5] The authors suggest that nurses and mental health staff should work collaboratively to provide prenatal care when necessary and be proactive in initiating treatment during pregnancy.

Continuity of care between levels of mental health care for women would allow nurses to detect the need for a more thorough assessment and establish an appropriate intervention plan in these situations.[1]

In situations where more specialized intervention is required, nurses coordinate with other mental health professionals to ensure that women receive the necessary support. They also facilitate access to a variety of resources and services that can aid in the process of recovery and anxiety management, ensuring comprehensive and holistic care.[16]

Tejero Vidal et al.[10] in the presentation of a case, the pregnant woman in question states that the closeness and support provided by the nurses at the center were key. They consider that, although they may have lacked the skills to deal with such a situation, they made up for it with their empathy, sensitivity, and ability to be welcoming.

Likewise, having had a good previous experience, good care from the professionals involved in the delivery, and continuous support during the birth and immediate postpartum period also have a significant effect on a positive perception of childbirth.[8]

Nurses can reduce the degree of uncertainty present in any of the three periods (peri-, intra-, and postpartum) by providing patients with all the necessary information about their condition. Providing educational and structural support to patients so that they can learn about and understand the environment and context in which they are evolving helps to put individual coping mechanisms in place.[8] The authors believe that nursing support during pregnancy should be thoughtful, informed, and sensitive to the individual needs of each woman. They argue that continuous and structured care allows for the early detection of emotional risks and the design of effective interventions.

Nursing staff need to be prepared and take steps to provide coping mechanisms and stress tolerance.

These activities include providing emotional support throughout labor, using a calm approach that provides reassurance, and providing objective information about the diagnosis, treatment, and prognosis, as well as instructing the patient on the use of relaxation techniques.[18]

In most healthcare systems, midwives are the professionals who maintain the closest contact with pregnant women, as they are responsible for monitoring most prenatal visits in low-risk pregnancies and leading maternal education sessions. but they do not have a pregnancy care guide that offers resources for identifying pregnant women at greater risk of emotional distress, as is the case in the guidelines of other countries.[5]

The ability of nurses (including midwives in this concept) to reflect on their communication skills and spiritual pain relief skills is a further step towards recognizing the need to deepen helping relationship skills and is a key element in understanding the role of nurses.[10]

It is important to recognize that midwives have a significant influence on anxiety levels and the acquisition of knowledge about childcare and breastfeeding.[2] The authors believe that midwives, as nurses specializing in gynecology and obstetrics, play a key role in providing emotional and educational support to pregnant women. They argue that their closeness and continuity in prenatal care not only facilitate the early detection of emotional distress, but also help reduce the workload of medical staff, thereby optimizing the quality and efficiency of the healthcare system.

Support and good communication with the partner have also been linked to lower levels of anxiety. We know that social support is an important determinant of physical and psychological well-being, especially during pregnancy.[5] In this regard, the authors consider that nurses should encourage communication and support between couples, promoting spaces for dialogue and active participation that reinforce emotional support and promote the psychological well-being of pregnant women.

Among the main limitations of this study are its nature as a literature review, the fact that only articles in English and Spanish were reviewed, and that priority was given to those published in the last 5 years. As a future projection, it is suggested that experimental studies be conducted to evaluate the effectiveness of different nursing interventions in pregnant women suffering from anxiety.

CONCLUSIONS

Anxiety during pregnancy is a common and underestimated condition that requires specific attention from nurses. The most effective interventions include prenatal education, emotional support, relaxation techniques, and assertive communication. Nursing care plays a key role by offering continuous and sensitive support, which contributes directly to maternal-fetal well-being.

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