

Managing Anxiety in Multiparous Mothers During Unplanned Pregnancies

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Abstract. This case study explores the psychological responses of multiparous mothers, like Mrs. N, to unplanned pregnancies, highlighting significant anxiety and stress, especially with past traumatic childbirth experiences. Using the DASS 42 questionnaire and in-depth interviews, the study found that strong family support, positive attitude changes, and adequate medical supervision are crucial in managing these challenges. The research emphasizes the need for continuous monitoring and robust support systems to ensure the well-being of both mother and child throughout the pregnancy.

Highlights:

1. Multiparous mothers face anxiety and stress with unplanned pregnancies.
2. Family support and positive attitude changes are crucial.
3. Continuous monitoring and medical supervision ensure well-being.

Keywords: Multiparous mothers, unplanned pregnancy, anxiety, family support, medical supervision

Introduction

Pregnancy is a condition in which a woman is pregnant and carries the development of a fetus in her body, generally occurring in the womb. Pregnancy usually lasts about 40 weeks or 9 months, calculated from the first day of the last menstrual period (HPHT) to the time of delivery. This is a natural process that requires special attention so that the mother and fetus can live a good life[1]. It is a change that can inherit successors or offspring naturally, where as the fetus grows in the womb, its size can be monitored on each pregnancy test depending on the gestational age, its growth and development [2], There are dramatic changes in both the physiological and psychological functions of pregnant women, these changes need to be adjusted to cope with new situations that can cause anxiety. When a mother is pregnant, she experiences physical changes such as increasing in size, acne, and facial skin peeling, [2].

Pregnancy is a happy event for couples who are expecting a baby, but there are also some cases where mothers feel stressed about their pregnancy, even

thinking about the future. Whether she will continue her pregnancy or not. [1] These unplanned pregnancies often cause a lot of anxiety and worry for women. Even if the decision to have an abortion seems right to them, regret is inevitable. Women may go through various stages of grief in terms of decision-making, denial, anger, depression and acceptance. [3].

There are many factors that can cause couples to be reluctant to have children, including having a large number of children, still actively working with an employment contract, being in a fertile period, the husband's indifference to condom use, old age with a sufficient number of children, the impossibility of getting pregnant due to three caesarean sections, the husband's rejection of pregnancy after having one child, too close a gap between births, and the inability to have another child. These factors can vary and become reasons for couples not to want a pregnancy [4].

An unplanned pregnancy is a condition where the pregnancy is unwanted, at least by one of the parents involved. Every year, about 200 million pregnancies occur worldwide, and about three-quarters of them (75 million cases) are unintended pregnancies. In addition, about 50 million unintended pregnancies lead to abortion each year, with 20 million abortions occurring under unsafe conditions." [5]

Unintended pregnancy rates are closely related to various factors, including family socio-demographic conditions, culture, and community beliefs. The failure of government reproductive health programs, such as family planning and adolescent reproductive health programs, is suspected to be the cause of unintended pregnancies. In addition, unintended pregnancies can also occur in individuals who have not used contraceptives in the past three months, despite having intercourse, regardless of the reason for not using contraceptives. [6]

It is clear that unintended pregnancies have unintended consequences for the mother, child, parents and society, the most common of which are illegal and unsafe abortion attempts. In addition, due to the unpleasant emotions and feelings that mothers experience during pregnancy, they face increased stress and nervous tension, as well as a reduced likelihood of being referred to a health care provider, which can lead to depression, suicide, and decreased quality of life. [5]

Multiparous mothers are usually one of the cases that do not want a pregnancy, usually the reason is too old and many children, usually this mother feels

that she has enough children and does not want to add more. However, if a multiparous mother who does not want to have children suddenly conceives, there will be a lot of rejection on her part. [Multiparous mothers facing an unwanted pregnancy may experience many complex psychological reactions. At first, the suddenness of the pregnancy may come as a shock and cause feelings of anxiety and shock. The birth mother may feel unprepared for this sudden change and fear the consequences and additional responsibilities, including how to deal with the demands of daily life and manage changes in family dynamics. [7].

According to a source written by Oktaviani [8] Emotional maturity refers to a person's capacity to express emotions that are appropriate to various contexts. During pregnancy, emotional maturity becomes a critical aspect, helping an expectant mother to effectively manage various emotional turmoil that may arise. This includes the ability to cope with anxiety that can arise during pregnancy, as well as the skill of letting go of fear. [8]. Emotional maturity is needed to control emotional moods. Emotional control requires emotional maturity. This allows individuals to control and maintain emotions by maintaining emotions, suppressing emotions, and reducing fear. [9] Whereas in an unplanned pregnancy it will cause poor emotional control, this must be minimized as much as possible.

Method

The data collection method was carried out by giving a questionnaire regarding the level of anxiety from the DASS 42 assessment. After giving the questionnaire, a close interview was conducted which related to the respondent's anxiety level. Then discussed about the anxiety and the provision of intervention by the author.

Result and Discussion

A. Case Presentation

This case study describes the psychological condition of multiparous mothers towards unplanned pregnancy. An overview of the client's condition in this case study can be seen in Table 1.

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Table 1. Overview of the Client's Condition

Name (Age)	General characteristics	Obstetric history	Assessment results
Mrs. N (46 years old)	Mrs. N is a housewife, the last education is D3 Hospitality. Her husband, Mr. K (47 years old), is a private employee with a senior high school education.	G6P4A1, 24 weeks. HPHT: May 26, 2023, HPL: February 21, 2023. The mother regularly checked her pregnancy with health workers (midwife and DSOG) and had two TT immunizations and two laboratory checks (Hb and urine protein, normal results).	At the time of assessment (November 20, 2023) the mother still felt a little anxious about her current pregnancy, but the anxiety she felt was not as severe as when she first found out that she was pregnant. Weight 60 kg, TB 153 cm, BP 110/70 mmHg, N 80 x/', P 20 x/', S 360C.

Further assessment of the psychological condition of Mrs. N who said she was less anxious and began to accept her pregnancy was evidenced by the Depression Anxiety Stress Scale (DASS 42) assessment question form.

Table 2. Overview of the Client's Psychic State through DASS 42

No	Assessment Aspect	0	1	2	3
1.	Getting angry over small/trivial things			✓	
2.	Mouth feels dry		✓		
3.	Unable to see the positive in an event			✓	
4.	Feeling interruptions in breathing (rapid breathing, difficulty breathing)	✓			
5.	Feeling like you are no longer strong enough to do an activity		✓		
6.	Tend to overreact to situations			✓	
7.	Weakness in the limbs	✓			
8.	Difficulty relaxing		✓		
9.	Excessive anxiety in a situation but can be relieved when it is over		✓		
10.	Pessimistic			✓	
11.	Feels irritated easily				✓
12.	Feeling like you are expending a lot of energy because of anxiety				✓
13.	Feeling sad and depressed		✓		
14.	Impatience			✓	
15.	Fatigue				✓
16.	Loss of interest in many things (e.g. eating, ambulation, socialization)		✓		

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17. Feeling unworthy	✓		
18. Irritability		✓	
19. Sweating (e.g. sweaty hands) without stimulation by weather or physical exercise		✓	
20. Fear for no apparent reason		✓	
21. Feeling that life is worthless	✓		
22. Difficulty resting		✓	
23. Difficulty in swallowing	✓		
24. Unable to enjoy the things I do	✓		
25. Changes in heart activity and pulse rate without stimulation by physical exercise		✓	
26. Feeling hopeless and lost	✓		
27. Getting angry easily			✓
28. Panic easily		✓	
29. Difficulty calming down after something upsetting			✓
30. Fear of being bogged down by unaccustomed tasks			✓
31. Difficult to be enthusiastic about things	✓		
32. Difficulty tolerating interruptions to what is being done	✓		
33. Being in a state of tension		✓	
34. Feeling worthless	✓		
35. Not being able to tolerate anything that prevents you from accomplishing what you are doing	✓		
36. Fear		✓	
37. No hope for the future	✓		
38. Feeling life is meaningless	✓		
39. Being easily agitated		✓	
40. Worried about situations where you might panic and embarrass yourself		✓	
41. Restlessness		✓	
42. Difficult to increase initiative in doing things		✓	

Results: Depression: 8 (Normal)

Stress: 21 (Moderate)

Anxiety: 14 (Moderate)

The DASS is a self-assessment scale used to measure a person's negative emotional state, involving an assessment of the level of depression, anxiety, and stress. [10]. There are 42 items in this assessment. The main purpose of using the DASS is to evaluate the severity of core symptoms of depression, anxiety, and stress. Of the total number of items, 14 are related to depressive symptoms, 14 are related to anxiety symptoms, and the remaining 14 are related to stress symptoms. [11].

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The results of the DASS 42 questions show that Mrs. N still feels anxious, and even feels stressed because of her current pregnancy, even though she herself has admitted that she is starting to accept it.

In addition to the statement with research from DASS42 the author also asked, the cause of the anxiety and the feelings experienced by Mrs. N at this time and also the feelings Mrs. N felt when she first found out that she was pregnant.

Based on the questions asked by the author, Mrs. N answered that the reason she felt anxiety and a little excessive anxiety about her current pregnancy was that she considered her age to be very old to conceive, she had also been pregnant and gave birth several times before, not to mention that in her previous pregnancy history she also had an abortion. This added to Mrs. N's worries.

When she first found out that she was pregnant, Mrs. N honestly felt feelings that were more likely to be anxious and afraid of her pregnancy, but Mrs. N tried to convince her heart that children are a gift from God and she should be happy with the presence of grace in her body, but it cannot be denied that Mrs. N felt excessive anxiety and fear at the beginning of her pregnancy. Mrs. N was afraid that she would experience the same abortion in her current pregnancy, even if she did not experience an abortion in this pregnancy, Mrs. N was afraid that she would not be able to face childbirth and was afraid of the various conditions she would experience while pregnant. Mrs. N also felt worried if she could not raise her child at an age that she considered not young, Mrs. N was afraid that she could not share her love evenly with all her children.

And during the assessment conducted by the author on November 20, 2023, Mrs. N said she was less anxious and began to accept her pregnancy, although Mrs. N admitted that she also still felt anxious, but it was not as severe as at the beginning of pregnancy. Mrs. N admitted that it was her family who helped her to get through the difficult times during early pregnancy, Mrs. N said her family always reassured her, if everything would be fine, and they could get through it.

In her current pregnancy, Mrs. N is more routine to check herself to the gynecologist, follow all the things suggested by the doctor, and be more careful with her current pregnancy to anticipate if something bad happens.

A. Discussion

High parity mothers have an increased risk of uterine atony, which can result in postpartum hemorrhage if adequate treatment is not provided during labor. [13] High parity has a negative impact on the mother's uterus, as the more often the mother gives birth, the likelihood of inefficient uterine work increases. This can lead to compression failure at the placenta implantation site, which progresses to primary postpartum hemorrhage. [14]. with the many risks that occur making excessive anxiety in the mother. Not to mention an unplanned pregnancy makes anxiety even worse. [15]

Anxiety in pregnant women is not limited to the first pregnancy, but can also occur in subsequent pregnancies. Although mothers have had experience in dealing with previous pregnancies and childbirth, feelings of anxiety continue [16]. This is especially true for multiparous mothers who are older and have had many children.

Multiparous mothers facing an unplanned pregnancy may experience a range of complex psychological responses. At first, the suddenness of the pregnancy may come as a shock and cause feelings of anxiety and shock. Multiparous mothers may feel unprepared for this sudden change and may experience fear of the consequences and additional responsibilities, including how to cope with the demands of daily life and how to manage changes in family dynamics. [8].

Increased levels of the hormone progesterone can cause anxiety in pregnant women. In addition, the increase in hormones in the body adversely affects emotions, mothers feel tired more often [17]. When the hormone increases during pregnancy is called adrenaline hormone. Under the influence of adrenaline hormones, the body of pregnant women undergoes biochemical changes that cause stress, making them irritable, anxious, restless, unable to concentrate, and even consider suicide. Psychological changes that occur in pregnant women are changes that have an impact on laziness and emotions, causing stress and even anxiety. (Pieter, 2010) in the journal [3].

Based on this theory, Mrs. N's case describes the emotional challenges faced during pregnancy, especially related to age, previous pregnancy experience, and history of abortion. Although Mrs. N tried to accept her pregnancy as a gift, the level of anxiety and fear remained high. Mrs. N's family provided reassurance that everything would be

fine. Despite experiencing significant anxiety initially, Mrs. N experienced positive changes over time.

Proactive measures such as regular visits to the gynecologist, adherence to the doctor's advice, and a more positive change in attitude helped reduce anxiety. However, family support and medical supervision were maintained to ensure Mrs. N's mental and physical well-being throughout her pregnancy journey. Mrs. N's case highlights the importance of a holistic approach involving medical, psychological and social support aspects in managing pregnancy anxiety.

Conclusion

It can be concluded from Mrs. N's case that the complexity of emotions that can be experienced by a multiparous mother during her pregnancy, especially if there are risk factors or traumatic experiences in previous pregnancies. When that happens the importance of family support, positive attitude and behavior change, and good medical supervision can help overcome anxiety and stress in pregnancy. These measures should be continuously monitored to ensure Mrs. N's mental and physical well-being throughout her pregnancy journey.

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