# Stress, Anxiety, and Depression among Pregnant Women during COVID-19: Systematic review-based study

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#### **Abstract**

The aim of this review-based study was to investigate the relevant reviews of literature on stress, anxiety and depression among pregnant women during COVID-19. This study did not perform meta-analysis. Pregnancy is a huge transition for many women, and it may contribute to increased stress, depression, and anxiety symptoms in the pandemic time. The coronavirus disease 2019 (COVID-19) pandemic is anticipated to expect this vulnerability and increase the rates of depression and anxiety among pregnant women. This looks at the available literature on the psychological impact of the COVID-19 an epidemic affecting pregnant women. The following library databases are used to conduct the literature search using the key terms relating to pregnancy, viz, stress, anxiety and depression: Springer, Taylor and Francis, PubMed, and Biomedical central pregnancy and childbirth (BMC). A total of 124 articles were found in the initial search. Irrelevant papers without full texts available were removed. Finally, 36 full texts of possibly pertinent studies were assessed for eligibility and were independently screened by both authors to reduce the selection bias. According to the evidence, it is critical to provide proper psychological assistance to pregnant women during an emergency in order to maintain their

mental health and reduce the hazards of long-term impacts on child development (Ahmad &Vismara, 2021). Pregnant women experienced prenatal anxiety during COVID-19 which is highly than the prevalence before the pandemic.

Keywords: Stress, Anxiety, Depression, Pregnant women, COVID-19

## Introduction

The coronavirus illness 2019 (COVID-19), began in Wuhan in December 2019. Governments throughout the world have placed several restrictions to minimize the spread of this Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). These restrictions include national lockdowns and social distance. According to a recent review (Brooks et al., 2020), restrictive measures like quarantine and isolation are frequently connected with negative psychological repercussions that can be discovered months or years later. Pregnancy is a significant life experience that might induce psychological swings in pregnant people (Gumussoy, et al., 2020; Hong, 2020; Steinig, 2017 & Zhong, 2018). Psychological distress and mood disorders appear to be more common in pregnant women (Lopez-Morales et al., 2020; Spinola et al., 2020 & Kajdy et al., 2020).

Pregnancy and the postpartum period, particularly for first-time mothers, have been identified as delicate periods in a woman's life that are accompanied by significant social, psychological, and physiological changes (Darvill, et al.,2010 & George, et al., 2013). Several studies have found that the perinatal period is associated with an increased risk of emotional disorders such as depression, anxiety, and trauma-related diseases, particularly in the presence of stress (George et al., 2013; Bener et al., 2012 & Dennis, 2017). Pregnant women having mental illnesses may be unable to receive the good service as other pregnant women (Easte, et al., 2020). The impacts of the global pandemic on pregnant women are found to cause considerable concern in obstetrics and gynecology (Abdollahpour& Khadivzadeh, 2020; Yang, et al., 2020; Juan, et al., 2020). The prevalence of depression and anxiety symptoms among pregnant women increased significantly after the declaration of human-to-human transmission and the increasingly rapid spread of COVID-19 (Demirican & Bor, 2021). The author, therefore, decided to explore, collate & document empirical works carried out among pregnant women. Primarily for the sake of knowing how COVID-19 stood as a threat to their mental health & wellbeing.

#### **Methods and Materials**

This review-based study is to investigate the relevant literature on stress, anxiety, and depression among pregnant women during COVID-19. The following library databases are used to conduct the literature search using keywords related to mental health during pregnancy, viz, stress, anxiety, and depression: Springer, Taylor and Francis, PubMed, and BMC from January 2020 to January 2022. This looks at the available literature on the psychological impact of COVID-19 an epidemic affecting pregnant women. In reviews, all the authors collected primary information from women who were pregnant during the first and second waves of the COVID-19 pandemic in three trimesters. This empirical research published only in English where the author could get authentic access to the full articles are considered for review.

The inclusion criteria were being published in English, reporting primary data, and being original articles. A total of 36 articles are selected with full-text of these articles, 25 studies have been carried out cross-sectional, seven survey-based studies, two of the seven being cohort studies, one mixed-method design, one Qualitative study, one case-control design-based study and referring exclusively to its psychological distress (stress, anxiety, and depression) for women who were pregnant during the pandemic of the first and second wave. The excluded articles did not consider physiological aspects during pregnancy and abstracts without the full text available. A total of 124 articles were found in the initial search. Irrelevant papers without full texts available were removed. Finally, 36 full texts of possibly pertinent studies were assessed for eligibility and were independently screened by both authors to reduce the selection bias.

#### **Assessment tools**

In terms of the instruments used, few studies used self-reports; two studies used the WHO-5 wellbeing questionnaire, one study used open-ended questions, one study used the health anxiety scale, and only one study used content analysis. Thirteen research works have been studied completely. Ten studies on depression and eight studies were explaining the stress of pregnant women.

Table 1: Description of authors, variables under review, research design, sample size, and digital library access.

Digital library referred	Sample size	Author & year	Variables	Research design	Assessment tool
	518	Luong et al., 2021	Anxiety and depression	Cross-sectional study	GAD-7, PHQ-9
	336	Ben-Ari et al., 2020	Anxiety	Cross-sectional study	MHI-5
	2336	Maleki et al., 2021	Anxiety	Cross-sectional study	GAD-7
	304	Demirican&Bor 2021	Anxiety	Prospective Cross-sectional study	HADS
Taylor &Francis	102	Zilver et al., 2021	Stress, anxiety & depression	Cohort study	HADS & PSS-10
	260	Durankus&Aksu, 2022	Anxiety and depression	Survey method	EPDS, BDI, BAI
	215	Masjoudi et al, 2020	Stress and anxiety	Cross-sectional study	CDAS, PSS
	440	Khazaeian&Fathnezhadkazemi,2021	Anxiety and stress	Cross-sectional study	Health Anxiety
	101	Tokgoz, Kaya a &Tekin, 2020	Anxiety	Cross-sectional study	STAI-T & STAI-S
Springer	297	Akgor et al., 2021	Anxiety, Depression	Survey method	HADS
	437	Effati- Daryani et al., 2021	Anxiety, stress & depression	Cross-sectional study	DASS-21
	156	Dong et al., 2020	Anxiety & depression	Questionnaire survey	SAS & SDS
	376	OzkanSat&Sozbir, 2021	Depression, anxiety & stress	Descriptive cross-sectional study	TPDS
	484	Mortazavi, Mehrabadi&KiaeeTabar, 2021	Anxiety	Cross-sectional study	WHO wellbeing index
	150	Filippetti, Clarke & Rigato, 2022	Depression, stress & anxiety	Cross-sectional study	STAI, BDI-II, IES-r
	739	Stamping et al., 2021	Depression & anxiety	Survey questionnaire	PHQ-4
	228	Leiker et al., 2021	Stress	Cross-sectional study	Open-ended questions
	205	Effati-Daryani, et al., 2020	Depression, stress, anxiety	Mixed-methods study	DASS-21
	560	Nodoushan, Nazari&Alimoradi, 2020	Stress	Descriptive-analytical cross-sectional study	DASS & Stress
	737	Ravaldi et al., 2020		Cross-sectional web-based study	questionnaires NSESSS, PTSD
PubMed	142	Jelicic, et al.,2021	Stress & anxiety	Prospective cohort study	
	318	Bender et al., 2020	Depression & anxiety	Cohort study	STAI
	203	Yassa et al., 2020	Maternal trait anxiety	Prospective case-control study	PHQ-2
	15	Sahin & Kabakci, 2021	Workplace anxiety	Qualitative study	STAI
	173	Colak et al., 2021	Anxiety	Cross-sectional study	Content analysis
	374	Kajdy et al., 2021	Anxiety & depression	Web-based cross-sectional survey	BDI, BAI
	2740	Moyer et al.,2020	Anxiety & depression	Survey study	NA
	63	Ayaz et al., 2021	Anxiety	Cross-sectional study	PRAS
	308	Yue et al., 2021	Anxiety & depression	Online survey	BAI-II, IDAS-II
	446	Sinnaci et al., 2020	Anxiety	Cross-sectional study	SAS
					NA

BMC	484	Mortazav, Mehrabad & KiaeeTabar, 2021	Anxiety & depression	Descriptive Cross-sectional study	WHO-5 Well-Being Index
pregnancy	384	Hashim, et al.,2021	Prenatal anxiety	Online survey	NA
and	304	Cui et al.,2021	Anxiety	Face to face Cross-sectional study	GAD-7
childbirth	665	Ma et al.,2020	Anxiety,	Cross-sectional study	GAD-7
	290	Yu, Qiu, Liu & wu, 2020	Depression	Cross-sectional study	SAS
	318	Hamzehgardeshi et al., 2021	Anxiety	Descriptive Cross-sectional study	PRAQ, Edinburg, CDA-Q

# **Tools abbreviation**

BDI: Beck Depression Inventory; BAI: Beck Anxiety Inventory; PHQ-2: Patient Health Questionnaire-2; GAD-7: Generalized Anxiety Disorder-7; STAI-T: State-Trait Anxiety Inventory-T; STAI-S: State-Trait Anxiety Inventory-S; EDS: Edinburgh Depression Scale; HADS: Hospital Anxiety and Depression Scale; COVID-19 Anxiety Scale(CDAS); Perceived stress scale (PSS-10); self-rating anxiety scale (SAS) and self-depression rating scale (SDS); Tilburg Pregnancy Distress Scale (TPDS); Stress related to the psychological impact of COVID-19 (IES-r); National stressful events survey (NSESSS); pregnancy-related anxiety scale and questionnaire respectively (PRAS and PRAQ); Inventory of Depression and Anxiety Symptoms II (IDAS-II); content analysis; openended questions and covid-19 anxiety questionnaire (CDA-Q).

## **Discussion**

During the third trimester, pregnant women will have a high level of anxiety due to a lack of social support during COVID (Yue et al., 2021). High levels of anxiety and stress have occurred in infertile women whose treatment was postponed due to the pandemic and those leading to impaired fertility (Tokgoz, Kaya & Tekin, 2020). There were no significant differences between pregnant women with high levels of anxiety before and after COVID-19 (Zilver et al., 2021). The studies found on pregnant women's psychological well-being implied the risk of long-term mental difficulties for COVID-19 (Durankus & Aksu, 2022). During the COVID-19 crisis, healthy eating habits and improved health literacy played key roles in reducing pregnant anxiety and depression. (Luong et al., 2021).

The study shows that pregnant women have a higher level of anxiety disorder pandemic due to the place of residency and the type of information received regarding COVID-19 are the key predictors of anxiety level. (Maleki et al., 2021). With the declaration of human-to-human transmission and the increasing rapid dissemination of COVID-19, the prevalence of anxiety symptoms is increased among pregnant women (Demirican & Bor 2021). Stress, anxiety, and depression had a highly detrimental impact on sexual functioning (Effati- Daryani et al., 2021).

During COVID-19, pregnant women in Wuhan were no more nervous or depressed than pregnant women in other places because, during the pandemic, pregnant women's family members were at home, which may have increased time spent with pregnant women and social support. In addition, the successful delivery of women during pregnancy using COVID-19 was reported on TV news. (Dong et al., 2020). There was a considerable disparity between the change in getting health care and the concern because mobile applications usage by pregnant women during the COVID-19 pandemic (OzkanSat & Sozbir, 2021). During COVID-19, high levels of depression, anxiety & stress experiences of prenatal trauma, antenatal attachment, low family income, lack of physical exercise, health anxiety, sleep disorders, low social support, and having a COVID-19 infected person among relatives (Filippetti, Clarke & Rigato, 2022; Stampini et al., 2021; Khazaeian, Khazaeian & Fathnezhad-kazemi, 2021; Ravaldi et al., 2020; Jelicic, et al., 2021; Colak et al., 2021; Kajdy et al., 2021 &Yu, et al., 2020). High on psychological stress, who are unable to attend the delivery of critical obstetric visits and receive support from friends, family, and birthing classes (Leiker et al., 2021). The predominance of COVID-19, a high level of education, and the income of the spouse might help reduce symptoms of stress, anxiety, and depression in pregnant women (Effati-Daryani, et al., 2020).

The study revealed that premature delivery, height, weight, and head circumference of kids, as well as lungs and respiratory state of children with mental health and stress levels of pregnant women during the corona, are significant compared to previous corona (Nodoushan, Nazari & Alimoradi, 2020). High and moderate levels of trait anxiety during the third trimester of pregnancy (Jelicic, et al., 2021). Negative impacts on healthcare workers' job satisfaction and job-related anxiety for pregnant women during COVID-19 (Bender et al., 2020). High on State anxiety, preterm labor, preterm ruptures of membranes, and obsessive-compulsive

symptoms of pregnant women during covid-19 (Yassa et al., 2020 & Sinnaci et al., 2020). Coronavirus has a high potential for causing anxiety, stress, and fear, which have a detrimental emotional impact on pregnant women (Sahin & Kabakci, 2021).

In a multivariate analysis, those who reported higher levels of agreement with COVID-19-related stressors showed higher changes in pre- to post-COVID-19 pregnancy-related anxiety (Moyer et al., 2020). With mild stress, women reported increasing support and exchanging their feelings with family members, primarily in the first and third trimesters of pregnancy (Hashim, et al., 2021). SARS-CoV-2 infections were prone to higher levels of prenatal anxiety (Ma et al., 2020). According to the findings, pregnant women who had COVID-19 anxiety were thirteen percent more likely to experience prenatal anxiety (Hamzehgardeshi et al., 2021). Pregnant women with a bachelor's degree or higher had much lower levels of anxiety (Yu, et al., 2020). Pregnant women in the 2<sup>nd</sup> and 3<sup>rd</sup> trimesters had a higher level of anxiety about covid than in the first trimester (Mortazavi, Mehrabadi & KiaeeTabar, 2021). Very few studies were conducted in India related to prenatal distress. Why Indian researchers are not focused to do studies on pregnant relating psychological distress? Further studies recommended doing more research on psychological distress among pregnant women.

## **Conclusion**

The COVID-19 pandemic introduces several new risk factors for mental health throughout the prenatal phase and promotes healthy family functioning for pregnant women. Further research could increase understanding and give effective intervention to relieve prenatal psychological distress during COVID-19 in women in the prenatal and perinatal periods.

## Recommendation

More care should be provided to pregnant women's mental health, particularly depression, and timely information, intervention, and counseling. Rapid management of the epidemic, open communication, and increased social support will help to protect pregnant women's mental health.

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The authors made significant contributions to the work reported in this manuscript, participated in its drafting or critical revision for key intellectual ideas, and authorized the final version before it was submitted for publication.

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## SUPPLEMENTAL MATERIAL

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