TO CORRELATE PSYCHOSOCIAL WELL-BEING AND PREGNANCY OUTCOME

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Abstract: Emotional support by family and health care providers should be targeted at women with poor psychosocial status during pregnancy to decrease their emotional distress and enhance their self-esteem and self-confidence. There is a relation between the psychosocial status of mothers and LBW (p=0.005), IUGR (p=0.028), and preterm labor[1]. The social and psychological well-being of a mother is equally important to physical fitness. A non-experimental and correlational study was conducted "to Correlate the Psychosocial Well-being with Pregnancy outcome among antenatal mothers." 50 antenatal mothers in the third trimester were selected by non-probability, purposive sampling technique who attended the selected tertiary care maternity unit of Pune City. To assess the psychosocial well-being five points Likert scale was prepared and a validated tool was used for data collection Result: The majority 54% of antenatal mothers belong to the 21 – 25 years of age group, while 32% of antenatal mothers belong to the 26 - 30 years of age, all the antenatal mothers were housewives i.e. 100%. 56% of the antenatal mothers were from joint families, and 44% of the antenatal mothers were from a nuclear family. 56% of the antenatal mothers were primigravida, while 44% of the antenatal mothers were multigravidas. majority i.e.,88% of the antenatal mothers had gestational age 37 & above, while 12% of the antenatal mothers had gestational age <37. In regards to the psychosocial well-being of antenatal mothers, 76%, of the antenatal mothers had good psychosocial status as they scored between 74-100 score while 24% of the antenatal mothers had a moderate level of psychosocial status as the scores were between 47-73 and none of the antenatal mothers had poor psychosocial status. Concerned with pregnancy outcome, Mode of delivery: - 84% of the mothers have a normal vaginal delivery, while 16% of the mothers delivered by cesarean section. Condition of baby: - 88% of the babies' condition was good, while the 12% of babies condition was very good. The mood of mothers: - 86% of the mothers were happy after delivery, while 14% of the mothers were very happy after delivery. Physical health of the mother: - 98% of the mother's condition was good after delivery, while 2% of the mother's condition was very good after delivery. Breastfeeding started immediately: - 100% of the mothers started breastfeeding immediately after delivery. Family feeling towards delivery outcome: - 74% of families felt happy, while 26% of the families felt very happy towards the delivery outcome.

Introduction:

Pregnancy is the most wonderful experience of a woman's life. It is also one of the most important transitional phases during which the mother has mixed feelings of joy as well as anxiety. Any problem during this phase may have a direct effect on the mother and the fetus. Maternal physiological changes in pregnancy are the adaptations during pregnancy that a woman's body undergoes to accommodate the growing embryo

or fetus. These physiologic changes are entirely normal and include behavioral (brain), cardiovascular (heart and blood vessel), hematologic (blood), metabolic, renal (kidney), posture, and respiratory (breathing) changes. Increases in blood sugar, breathing, and cardiac output are all expected changes that allow a pregnant mother's body to facilitate the proper growth and development of the embryo or fetus during the pregnancy. The pregnant mother and placenta also produce many other hormones that have a range of effects during the pregnancy.[2] A Psychosocial assessment in the sense of comprehensive and multidimensional evaluations of women's psychosocial circumstances (e.g. Sources of support, quality of her relationships, recent life stressors, past or current physical or sexual abuse) should be common practice for all women during the 3 antenatal periods. This assessment would help health professionals to identify women with a high-risk profile but not currently symptomatic and therefore to offer them preventive interventions. The physiological and psychological changes caused by pregnancy may increase a woman's vulnerability to depression, which may in turn have adverse effects on both maternal and fetal wellbeing. Inadequate psychosocial risk assessment of women by midwives may lead to a lack of psychosocial support during pregnancy and childbirth. Pregnant women who lack psychosocial support may experience stress, anxiety, and depression that could affect fetal well-being.[3]

Problem Statement
"A Study to Correlate the Psychosocial well-being with Pregnancy outcome among antenatal mothers in selected hospital of the city."

Objectives Of The Study:
1. To assess the psychosocial well-being of antenatal mothers.
2. To assess the pregnancy outcome.
3. To correlate psychosocial well-being with pregnancy outcome.

Assumptions
The study assumes that.
- The third-trimester antenatal mothers will have psychosocial problems associated with unfavorable conditions that may affect their pregnancy outcome.
- If the emotional status of the mother is assessed early then it can improve the mood and feelings of well-being and a good pregnancy outcome can be seen.
- Early identification of psychosocial deviation will help to improve the pregnancy outcome.

Hypothesis
1. H0 – There is no significant relationship between psychosocial well-being with pregnancy outcomes among mothers.

Limitations Of The Study
The limitations of the study are;
- The study is limited only to antenatal mothers.
- The study is limited only to mothers with the gestational age group of 32 to 40 weeks admitted in selected hospitals.
- The study is limited only to 50 subjects.

Ethical Aspects
- The study proposal has been sanctioned by the ethical committee of the college.
- Permission has been taken from the concerned authorities of the selected hospitals.
- Written consent has been taken from the antenatal mothers of the third trimester selected for the study.
- Confidentiality of the data is ensured.

Conceptual Framework
A conceptual framework presents logically constructed concepts to provide a general explanation of the relationship between the concepts of the research study, without a single existing theory. The present study

aims to correlate the psychosocial status with pregnancy outcome among mothers. The conceptual framework in this present study is based on Betty Neumann's system model which provides comprehensive flexible holistic and system-based care. It focuses attention on the response of the client system to actual or potential problems/ environmental stressors. In this study the antenatal mother's psychosocial status stressors with pregnancy outcome among mothers as a nursing intervention.

Materials and methods

Research Approach - a quantitative approach.
Research design-Non-experimental Correlational research design.
Population- Third-trimester Antenatal mothers
Sampling Technique-Non-probability, purposive sampling technique.
Sample size-50 third trimester Antenatal mothers.

Criteria For Sample Selection

Inclusive criteria:
- Antenatal mothers with a gestational age of 32 to 40 weeks.
- Patients who speak Marathi, Hindi, English.

Exclusion criteria:
- Antenatal mothers not interested in participating in a research study.

Data Collection Tools And Technique

Section I: Structured questionnaire used to collect demographic and obstetrical data.
Section II: Modified antenatal psychosocial health assessment self-report questionnaire for women to assess the psychosocial status.
Section III: Structured questionnaire to assess the pregnancy outcome.

Validation of tool:

The tool was discussed with the subject experts such as obstetric and gynecological, mental health, and child health nursing department faculties.

Findings and Results

Table 1: Description of Demographic and obstetrical data among antenatal mothers between 32 to 40 weeks of gestation.

Parameters		No of cases	Percentage (n=50)
Age (Yrs.)	≤20	7	14
	21 – 25	27	54
	26 – 30	16	32
Occupation	Housewife	50	100
Type of family	Joint	28	56
	Nuclear	22	44
Gravida	G1	28	56
	G2 & above	22	44
Gestational age (Wks.)	<37	6	12
	37 & above	44	88

The majority 54% of antenatal mothers belong to the 21 – 25 years of age group, while 32% of antenatal mothers belong to the 26 - 30 years of age, and all the antenatal mothers were housewives i.e. 100%. 56% of

the antenatal mothers were from joint families, and 44% of the antenatal mothers were from nuclear families. 56% of the antenatal mothers were primigravida, while 44% of the antenatal mothers were multigravidas. majority i.e.,88% of the antenatal mothers had gestational age 37 & above, while 12% of the antenatal mothers had gestational age <37.

Table 2: Description of the psychosocial status of antenatal mothers between 32 to 40 weeks of gestation.

Psychosocial score	No of cases	Percentage
20 – 46	0	0
47 – 73	12	24
74 – 100	38	76
Total	50	100

The above table finding shows that76%, of the antenatal mothers had good psychosocial status as they scored between 74-100 score, while 24% of the antenatal mothers had a moderate level of psychosocial status as they scored between 47-73, none of the antenatal mothers had poor psychosocial status.

Table 3: Describes of association between psychosocial status and mode of pregnancy outcome.

Parameters	Fisher exact test
Mode of delivery	P=0.082
Condition of baby	P=0.14
The mood of the mother after delivery	P=0.048
Condition of mother after delivery	P=1
Familyfeelings towards a delivery outcome	Chi-square = 4.73, P=0.03.

The above table describes the association between psychosocial status and pregnancy outcome, and it proves that the mood of the mother after delivery and family feeling towards a delivery outcome were significantly correlated with the antenatal psychosocial status of women.

DISCUSSIONS ON FINDINGS OF THE STUDY

1. Demographic and obstetrical data among antenatal mothers between 32 to 40 weeks of gestation.

The majority 54% of antenatal mothers belong to the 21 – 25 years of age group, while 32% of antenatal mothers belong to the 26 - 30 years of age, and all the antenatal mothers were housewives i.e. 100%. 56% of the antenatal mothers were from joint families, and 44% of the antenatal mothers were from nuclear families. 56% of the antenatal mothers were primigravida, while 44% of the antenatal mothers were multigravidas. majority i.e.,88% of the antenatal mothers had gestational age 37 & above, while 12% of the antenatal mothers had gestational age <37.

Hussain. S And Priya.M (2022) conducted a cross-sectional study to evaluate maternal mental and psychological health throughout the pregnancy based on age, religion, and occupation. a total of 66 pregnant women who were admitted to selected maternity centers were selected as respondents. A purposive sampling method was applied to select the samples. A self-constructed tool on the Pregnancy Psychological Status Scale (which assesses mental health) was developed and used to collect data from pregnant women. Results revealed significant differences in mental and psychological health based on religion (p=0.005) and occupation (p <0.001) The overall level of psychological status (Mental health) among Hindu pregnant women was found better as compared to Muslims and Christians. Regarding occupation, housewives reported higher mental and psychological health followed by private and government employees. However, no significant differences could be seen among various age groups of pregnant women.

2. Psychosocial status of antenatal mothers between 32 to 40 weeks of gestation.

The current study finding shows that76%, of the antenatal mothers had good psychosocial status as they scored between 74-100 score, while 24% of the antenatal mothers had a moderate level of psychosocial status as they scored between 47-73, none of the antenatal mothers had poor psychosocial status

Omidvar S, Faramarzi M, Hajian-Tilaki K, Nasiri Amiri F (2018) Healthy behaviors in pregnant women have a major effect on pregnancy outcomes; however, only a few studies have explored the relationship of multiple psychosocial factors with healthy lifestyles during pregnancy. A study was conducted to investigate whether the five psychosocial factors of anxiety, stress, depression, marital dissatisfaction, and social support are associated with six domains of healthy lifestyles in pregnant women, including nutrition, physical activity, health responsibility, stress management, interpersonal relationships, and self-actualization. The study found depression was negatively associated with all of the six subscales of a healthy lifestyle. Pregnancy-specific stress was the only negative predictor of stress management and self-actualization. Marital dissatisfaction was negatively associated with nutrition, stress management, health responsibility, and self-actualization. Social support had negative and positive associations with healthy behaviors. The study also suggested that more attention should be paid to identifying the psychological risk factors in pregnancy in addition to providing suitable interventions for improving the lifestyle of pregnant women

3. Description of association between psychosocial status and selected variables

The current study found proved significant correlation between the mood of the mother after delivery and family feeling towards a delivery outcome and antenatal psychosocial status of women.

Woods SM, Melville JL, Guo Y, et al.(2010) cross-sectional study was conducted among 1522 women receiving prenatal care, Psychosocial Profile stress scale was used to gather relevant data. The majority of participants reported antenatal psychosocial stress (78% low-moderate, 6% high). Depression (odds ratios [OR], 9.6; 95% confidence interval [CI], 5.5–17.0), panic disorder (OR, 6.8; 95% CI, 2.9 –16.2), drug use (OR, 3.8; 95% CI, 1.2–12.5), domestic violence (OR, 3.3; 95% CI, 1.4 – 8.3), and having 2 medical comorbidities (OR, 3.1; 95% CI, 1.8 –5.5) were significantly associated with high psychosocial stress. For women who screened twice during pregnancy, mean stress scores declined during pregnancy; P .001.The study concluded that antenatal psychosocial stress is common, and high levels are associated with maternal factors known to contribute to poor pregnancy outcomes

Lawrence, Blessing Chidiuto; Kheyfets, Anna; Carvalho, Keri; Dhaurali, Shubhecchha; Kiani, Marwah; Moky, Alison; and Amutah-Onukagha, Ndidiamaka (2022) A study was conducted to find the Impact of Psychosocial Stress on Maternal Health Outcomes,24,209 women were studied, and the data was collected under the following categories traumatic, partner-related, financial, or emotional. Maternal outcomes included gestational diabetes, hypertensive disorders of pregnancy, prenatal depression, and postpartum depression. The association between life stressors and maternal morbidity was evaluated using modified Poisson regression models with robust error variance to estimate adjusted prevalence ratios. The study found Black women were more likely to report all stressors, and Hispanic women had an increased prevalence of partner-related and financial stressors. Experiencing any maternal morbidity was associated with a partner relation, financial condition, and others as well. Psychosocial stress has a substantial impact on maternal outcomes. Pregnant women should be screened and connected with resources to alleviate the burden of their respective stressful life events.

RECOMMENDATION:

- The same study can be done with the larger subject.
- The same study can be conducted on Psychosocial risk factors during the antenatal period that may herald postpartum morbidity. Research is required to determine whether the detection of these risk factors may lead to interventionsthat improve postpartum family outcomes.

REFERENCES:

1. Iran Journal of Nursing ,Nursing Care Reasearch Center, **Volume 14, Issue 28 (Autumn 2001)** RELATIONSHIP BETWEEN MATERNAL PSYCHOSOCIAL STATUS AND TREGNANCY OUTCOMES**,** IJN 2001, 14(28): 7-13.

2. www.wikipedia.com

3. Marie-Paule Austin, Jane Fisher, Nicole Reilly. Identifying Perinatal Depression and Anxiety: Evidence–Based Practice in screening, psychosocial Assessment, and Management. Wiley Online Library 2015, ISTE.https://doi.org/10.1002/9781118509722 .ch8

4. Suresh k Sharma. Nursing Research and statistics, Elsevier Publication, Second edition 2016, Page no; 101-107

5. Sharma K Suresh, Nursing research and statistics, Elsevier publication, third edition 2018, page no.43,44.

6. Polit F, Beck CT, Hungler. 'Nursing Research – Generating and Assessing Evidence for Nursing Pactice'. Wolters Kluwer India Pvt Ltd, 9[th]ed. SouthAsian: Lippincott Publications; 2015.

7. Lawrence, Blessing Chidiuto; Kheyfets, Anna; Carvalho, Keri; Dhaurali, Shubhecchha; iani, Marwah; Moky, Alison; and Amutah-Onukagha, Ndidiamaka (2022) "The Impact of Psychosocial Stress on Maternal Health Outcomes: A Multi-State PRAMS 8 (2016-2018) Analysis," Journal of Health Disparities Research and Practice: Vol. 15: Iss. 2, Article 7. Available at: https://digitalscholarship.unlv.edu/jhdrp/vol15/iss2/7.

8. J. Res. ANGRAU 51 (2) 134-142, 2023 ..FACTORS INFLUENCING MENTAL AND PSYCHOLOGICAL HEALTH DURING PREGNANCY SHARANOOR HUSSAIN * AND M. PRIYA DoI: https://doi.org/10.58537/jorangrau.2023.51.1.15.

9. Omidvar S, Faramarzi M, Hajian-Tilaki K, Nasiri Amiri F (2018) Associations of psychosocial factors with pregnancy healthy life styles. PLOS ONE 13(5): e0197389. https://doi.org/10.1371/journal.pone.0197389

10. Woods SM, Melville JL, Guo Y, et al. Psychosocial stress during pregnancy. Am J Obstet .Gynecol 2010;202:61.e1-7.