

Need for Psychological Assessment during Pregnancy- A Nursing Perspective

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Received date: June 27, 2016; Accepted date: July 20, 2016; Published date: July 30, 2016

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Abstract

Impact of mother's psychology on fetus starts right from the conception. Much research has been concerned on postnatal aspect rather than antenatal. The objective of this article is to prepare a slight insight into the nurse's role and responsibility in handling the patients during antenatal period with special reference to emotional aspect in Indian scenario. Nurses must know the common types of stressors that are most relevant to women during pregnancy with their socio-cultural aspects so that she consider those issues while giving care, counseling and health education. Preparation of international nursing standards for caring mothers' psychological aspect is required. Development of nursing theories helps in guiding the students to approach in an effective patient care and management. Undertaking cross sectional study limits the effect of poor psychological well-being on pregnancy outcome but longitudinal study yield more depth knowledge.

Keywords: Pregnancy; Psychological state; Postnatal

Introduction

Pregnancy is a major psychological, as well as physiological, event: With environmental, family, internal stressors, women may find themselves unable to cope with the additional demands of pregnancy. An unborn child and its mother are connected both physically and emotionally. Psychological wellbeing during pregnancy is very crucial for the mother as well as for her child. Impact of mother's psychology on fetus starts right from the conception. Much research has been concerned on postnatal aspect rather than antenatal. About 10% of pregnant women and 13% of postnatal mother experience some type of mental disorder, most commonly depression or anxiety (WHO Report). Being a nurse in an antenatal clinic or antenatal ward, it's her responsibility to overlook at pregnant woman's emotional state by both subjective and objective ways. Often we forget to consider psychological state of any patients who attend for any minor to major disease in hospital. There are many disorders which do not have any pathological causes but related to emotional instability. Patients are advised various investigation which not only burden patients economically but also effects adversely to their health. Right from the registration of pregnancy at health care center the assessment of psychological state must be initiated along with physical and physiological evaluation. Psychosocial assessment of all pregnant women is an integral part of good antenatal care [1]. For mother and father pregnancy and child bearing is an excellent opportunity to learn many things related to new life and its care. During antenatal period both parents are preparing physically and psychologically, themselves for parenthood.

Health care professionals specially nurse will accompanying mother in all the stages of treatment process right from diagnosis till delivery. Not only at the initial stage but also after delivery, nurses should observe for patient's emotional changes. Antenatal period is also a time for health care professional to influence on family for effective

health education which is an initial key step in promoting positive attitude towards health care system. With good rapport nurse can advise many steps which are needed to parents to promote wellbeing during antenatal period. Parents relation with nurse, nurse midwife is important to develop confidence and openly sharing of emotions [2]. Many times history of previous perinatal loss may also affect present pregnancy [3]. Armstrong shown that previous pregnancy loss causes major depressive symptoms and anxiety. The role of primary care and community nurses should be expanded in relation understand all emotional aspect of mother such as depression and anxiety [4].

The objective of this article is to prepare a slight insight into the nurse's role and responsibility in handling the patients during antenatal period with special reference to emotional aspect in Indian scenario.

Need of Psychological Assessment

Antenatal period is having various psychological changes. These changes are due to family circumstances, reaction to pregnancy, hormonal changes and sometimes due to neurochemical changes. Assessing mother from all dimensional aspect is required [5]. Many studies found that Effect of psychological on pregnancy outcome, Thomas [6] in their study stated anxiety during pregnancy is major cause for hyperactivity in boys and behavioral problems in both boys and girls.

Postnatal and antenatal depression is a focus of considerable clinical and research attention, but little is known about the patterns of anxiety across this period. Heron [7], conducted prospective longitudinal study of a community sample of women in England (n=8323) by using Self-reported anxiety and depression were assessed at 18 to 32 weeks gestation and 8 weeks to 8 months postnatal. The majority of cases of postnatal depression were preceded by antenatal depression; similarly, postnatal anxiety was preceded by antenatal anxiety. There is now considerable evidence that the mother's emotional state during pregnancy can affect the development of her baby's brain. Antenatal anxiety also causes emotional behavioral and emotional problem due

to effect in limbic system and prefrontal cortex also postnatal depression in mother congenital malformation [8-10].

The findings from Robertson et al., [11] from the meta-analyses of over 14,000 subjects, and subsequent studies of nearly 10,000 additional subjects stated strongest causes for postpartum depression are depression, anxiety, stress, low levels of social support during antenatal period and a previous history of depression. Maternal stress during pregnancy causes preterm birth, developmental delays and behavioral abnormalities in the children [12]. Many psychiatric disorders are common during pregnancy Depression being most common [13]. However maternal morbidity is not well established with maternal emotions [14]. Prevalence of antenatal depression and/or anxiety ranges from 8% to 30% [15,16], some studies indicated that psychological imbalance causes low birth baby below 20.5 Kg [17] interferes with infant growth and failure to thrive [18,19], impacting birth outcomes and physical growth [20], in infant temperament [21] and attention regulation problems in toddlers [22].

Psychological Assessment

Screening antenatal psychology begins as soon as pregnancy is registered with health care system. Psychological screening questionnaire/ tools are available which are used for early detection and starting prompt treatment [23]. Early identification is key aspect in starting the treatment [24] support to facilitate a woman's transition to motherhood [25].

Collection of history at the first visit of pregnancy is a crucial for understanding the psychological state as well as categorizing high risk mothers. History of Socio economic background such as low income, inadequate housing, less than high school education, a physically strenuous or stressful work environment, inadequate nutritional status are important. Psychological aspect of history includes inadequate personal, family and friends support, ineffective coping mechanisms, ambivalence about the pregnancy and baby, family history of abuse, and feelings of chronic stress and anxiety. Personal history like use of tobacco, illicit drug use, alcohol abuse, inadequate exercise are health behaviors that place women at risk for an adverse antenatal process. Antenatal visits are modified according the woman need and physio-psychological health. While assessing the psychological state one must consider the socio cultural aspect also. History family history of psychiatric illness, maternal life events, domestic violence, history of sexual, physical or emotional abuse, family preference for a male child and teen pregnancy should be included. History from her partner, family, friends, and neighborhood are also taken as these people influence a woman's mental health and responses to a diagnosis of disorder. Most psychological and physical abuse experienced by pregnant women remains undetected by health professionals. Even when the symptoms are recognized, it can be difficult to get help. Good rapport between healthcare professionals and women is essential to collect all aspect of history. These are some barrier which prevents antenatal mother to seek psychologist of psychiatrist help. Kingston et al. stated that Personal and stigma-related barriers influence pregnant women's responses to mental health screening. Women's most common barriers are: significant others normalizing their emotional difficulties; desiring to handle mental health problems on their own; preferring to discuss feelings with significant others; and not knowing what emotions were 'normal' [26].

Some screening tools are useful for nurse to screen for any psychological variations that mother have. A screening with

questionnaire cannot confirm the diagnosis of psychological abnormality but identifies increased risk for certain disorders so that medical diagnostic tests can be advised. Using screening tool to distinguish mild to more severe symptoms will help to facilitate treatment and will help to ensure that the women in greatest need of intervention and will be referred to the appropriate referrals. Screening tools may focus on different behaviors changes; therefore, nurse must use more than one tool. It is important that healthcare providers administering the screening tools be able to differentiate between maladaptive behavioral changes and normal maternal adaptation. Identifying valid screening tools and developing systems to use them appropriately is important for health care personal's in hospital setting and health centers at rural area. In low-resource settings, a brief, valid and easy to use screening tool is useful.

There must be a Psychologist in each obstetrical and gynecology department and must be accompanied by mental health nurse, nurse-midwives, nurse practitioners, social workers, nutritionists and genetic counselors. Hospital should include mental health screening as a part of antenatal checkup. When psychological screening becomes routine along with antenatal checkup stigmatization among woman can be reduced. Use of simple questionnaire or psychological test can be conducted for each pregnant mother during her each visit to hospital. Mother should be motivated to undergo for screening test without hesitation. Family member also encouraged to cope with mother to asses for emotional disturbance. Family members and friends must be report to general practitioner or psychologist if any mood changes or disturbance in routine work of antenatal mother. Spouse and family member must be educated on importance of emotional well-being of mother. Information of patients who have psychological problem or psychiatric disorder must be kept confidential. Health education also included an integral part of antenatal care. More information on pregnancy and its process should be given to decrees anxiety of physiological changes which leads to better self-care.

As per Community Health Service is concerned, health worker in community health setting and sub center given training on identifying simple emotional and behavioral problems. Patient may experience some somatic symptoms which are easily relieved by common over the counter medications. So physician or nurse won't find the way to search for psychological abnormality. In public health center there must be a visiting psychologist for consultation. Knowledge of Normal physiological and psychological process must be given to local health worker and early reorganization of any abnormality should be carried out at community level. Recognition of symptoms and early intervention may improve postpartum outcomes. Appropriate referral services also necessary to provide treatment for major psychological disorder. Periodical survey will also helpful in high risk couple.

Motivating patients for treatment and follow-up is also as important as identifying psychological disorder in mothers. Only 40% of mothers with perinatal mood disorders seek treatment [27]. Nurse should give awareness to parents on Consequences of psychological disturbance on mother and infant which can be long term and life-threatening, and may lead to severe psychological or physical problems, if early appropriate treatment is not received. Nurse can explain with simple example of effect to make them to understand, like, preeclampsia low birth weight are due to psychological imbalance during pregnancy [28].

Treatment

Varieties of treatment options are available for mothers during pregnancy like social support, life style change, talk therapy and finally medications [29]. Antenatal clinics should have facility for diagnosis, and treatment. Health education on antenatal care must be an integral part of treatment approach. Occupational system also play a crucial role should be included in educating mother on emotional effect [30]. With appropriate rapport Counselors can treat patients with other health team member [31]. Once diagnosis of psychiatric disorder is confirmed during pregnancy quick referral for evaluation and treatment must be initiated [32]. Obstetrician plays a central role in treating pregnant mother with whom mother feel more trust during pregnancy as well as in postnatal period [33]. Provision for telephone helpline services or on-line support group with professional assistance may be helpful in decreasing isolation, provide answers to family query, and serve as a forum for sharing experiences [34].

Nursing Service

The findings of the recent studies on psychological wellbeing and it effect on pregnancy outcome could be utilized as a basis for orientation programmers and in-service education of the nurses so that constant awareness and clear understanding may be created among nurses. This will increase the knowledge and practices of nurses regarding various aspects of antenatal psychological care.

Nurses must know the common types of stressors that are most relevant to women during pregnancy with their socio-cultural aspects so that she consider those issues while giving counseling and health education. She must have knowledge on variation of emotions during each trimester. Emotional disturbances are varying during each trimester [35,36]. This will help to understand the patient more accurately. First trimester is evidenced with Ambivalence, Discomforts where Second trimester shows lowest incidence of physical and emotional problems and in the Third trimester patients may experience anxiety fear stress and body image disturbance [37,38].

Nursing Education

The nurse educators have the responsibility to update the knowledge of nurses and thereby improve their knowledge through various educational programmers. In India the existing nursing curriculum includes limited content on psychology of woman, but the updated guidelines can be incorporated in the curriculum. Nursing curricula need to include more knowledge and learning about cultural awareness, and nurses need more practical experience of caring for patients from different cultures [39]. This course should be modified giving focuses on nursing care with consideration of Bio-psychosocial factors, legal/ethical, cultural and educational considerations related to pregnancy. Development of nursing theories helps in guiding the students to approach in an effective patient care and management. Evidence Based Nursing Practice is an emerging trend in nursing education which not only improves the patients care but also enhances student's perception of maternal problem, formulate and modify the nursing plan of care.

Nursing Administration

Nursing administration should take initiative to conduct orientation programs for advanced beginners. They must make sure that in-service education programs are conducted periodically. After training,

the nurses should be provided with adequate facilities and supervision to maintain the standards of knowledge on antenatal psychology. Periodical seminars, workshops, training program will improve the nurse's knowledge in identifying maladaptive psychological changes in woman. Topics such as improvement of inter personal relationship, understanding the patents from physiological, psychological, social, and cultural aspects, collaborative skills with members of the interdisciplinary health care team, critical thinking decision making, ethical issues, standards related to confidentiality, and clients' right to privacy and psychobiological intervention will help to improve the knowledge on clinical competence.

Nursing Research

Today Nurses are actively generating, publishing and applying research in practice to improve client care and enhance scientific knowledge base of Nursing. The study throws light on the area of nurses' nurse role in antenatal period. There is a lot of scope for exploring this area. Research can be done on the factors related to emotional aspect of mother. Undertaking cross sectional study limits the effect of poor psychological well-being on pregnancy outcome but longitudinal study yield more depth knowledge. Postnatal mother after discharge also assessed for the consequence of antenatal psychological variations.

Conclusion

Even we witnessed tremendous advance in patients care system, all these considered instrumental treatment, if psychological aspect of care not included. 'Care' is treatment including emotional attachment with patient. Being in a novel professional our aim should be 'care' rather than 'treatment'. When we care for pregnant mother we care for two live and live without psychological consideration is completely materialistic.

In health care setting, patient's emotional aspect is neglected. The challenge for health care providers is to recognize the importance of understanding individualized psychological care to pregnant women.

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