



Characterization of anxiety during pregnancy and childbirth from the nursing professional's perspective

Caracterización de la ansiedad durante la gestación y el parto desde la perspectiva del profesional de enfermería

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ABSTRACT

Introduction: pregnancy involves changes and uncertainties that can produce stress and anxiety, with biological and psychosocial consequences for the mother and the newborn; nursing emerges as a key actor for detection and emotional support. Objective: to characterize anxiety during pregnancy and childbirth from the perspective of the nursing professional. Methods: narrative literature review conducted in January 2023; search in PubMed, ProQuest, Dialnet, SciELO and Medline; criteria: studies from the last 5 years in Spanish, English or Portuguese that explicitly addressed anxiety in pregnant women; final selection: 16 documents after screening 653 records. Results: the studies reviewed showed anxiety as a central issue linked to underlying disorders, perinatal complications and worsening during the pandemic; associated factors included lack of companionship, adolescent pregnancy, pregnancy loss and the postpartum period; nursing practices such as empathetic care, prenatal education and relaxation techniques were also described, and complementary interventions with heterogeneous evidence were reported. Conclusions: anxiety in pregnancy is a complex problem that interconnects biological, psychosocial and care-related aspects, and nursing is recognized as having a central role in identifying, accompanying and providing emotional and educational support, as well as coordinating health system resources.

Keywords: Gestational Anxiety; Nursing; Prenatal Care; Emotional Support; Relaxation Techniques.

RESUMEN

Introducción: la gestación implica cambios y dudas que pueden generar estrés y ansiedad, con consecuencias biológicas y psicosociales para la madre y el recién nacido; la enfermería aparece como actor clave para la detección y el acompañamiento emocional. Objetivo: caracterizar la ansiedad durante la gestación y el parto desde la perspectiva del profesional de enfermería. Métodos: revisión narrativa de la literatura realizada en enero de 2023; búsqueda en PubMed, ProQuest, Dialnet, SciELO y Medline; criterios: estudios últimos 5 años en español, inglés o portugués que trataran explícitamente la ansiedad en gestantes; selección final: 16 documentos tras cribado de 653 registros. Resultados: los estudios consultados mostraron la ansiedad como eje central ligado a trastornos de base, complicaciones perinatales y agravamiento durante la pandemia; factores asociados fueron ausencia de acompañamiento, embarazo adolescente, pérdida gestacional y el posparto; se describieron además prácticas de enfermería útiles como trato empático, educación prenatal y técnicas relajantes, y se reportaron intervenciones complementarias con evidencia heterogénea. Conclusiones: la ansiedad en la gestación es un problema complejo que interconecta aspectos biológicos, psicosociales y de atención, y desde la enfermería se reconoce un papel central para identificar, acompañar y ofrecer apoyo emocional y educativo, además de articular recursos del sistema de salud.

Palabras clave: Ansiedad Gestacional; Enfermería; Atención Prenatal; Apoyo Emocional; Técnicas de Relajación.

INTRODUCTION

Pregnancy requires adaptation in all areas of life and is accompanied by doubts and uncertainty that can be highly stressful for the woman.(1,2) Spielberger et al.(1,3) define anxiety as an immediate, transitory, and time-varying emotional state involving physiological and cognitive changes characterized by feelings of tension, apprehension, and nervousness.

It is a very unpleasant sensation that is frequently experienced and sometimes undiagnosed, manifesting itself with one or more physical symptoms such as a feeling of emptiness and difficulty breathing.(4,5)

It has been shown that anxiety constitutes a risk factor for pregnancy development and is associated with a higher risk of miscarriage, reduced intrauterine growth, lower Apgar scores, preterm birth, fetal disorders of the hypothalamic-pituitary-adrenal axis, low birth weight, increased risk of neurological and mental diseases in the child throughout their life, as well as affective disorders in the woman (pre- and postpartum depression), which can have lasting effects on the offspring.(1,4)

It is estimated that more than 25% of women suffer from prenatal stress. When prenatal stress occurs at high and persistent levels, an anxiety disorder may be triggered.(1) During gestation, anxiety is a frequent mental health problem, observed in 15.2% of the pregnant population.(6)

Pregnant women are biologically vulnerable to psychopathological disorders, due to both hormonal and psychosocial changes. A meta-analysis conducted in developed countries estimates that 7.4%, 12.8%, and 12% are affected during the first, second, and third trimesters, respectively, and up to 16% postpartum.(7)

Although not all pregnant women develop clinical anxiety, many experience moments of worry that, if not adequately addressed, can affect their well-being and the development of the pregnancy.(8)

From a practical perspective, nursing plays a key role in the detection, prevention, and management of these emotional states. Nursing staff not only perform clinical assessments but also establish trusting bonds with patients, which makes it possible to identify early signs of anxiety. Through active listening, empathetic support, and education about the gestational process, nurses can reduce the negative emotional impact and foster a safer and more positive experience.

Nursing can implement support strategies such as relaxation techniques, guidance on healthy habits, and timely referral to specialized professionals when persistent symptoms are detected. In community or resource-limited contexts, the nurse's role is expanded, serving as a link between the pregnant woman and the health system, especially in areas where access to psychologists or psychiatrists is scarce.

In accordance with the above, the present study was conducted with the aim of characterizing anxiety during pregnancy and childbirth from the perspective of the nursing professional.

METHODS

A narrative literature review was conducted in January 2023 on parameters for anxiety management from the perspective of the nursing professional's role during gestation and childbirth. Data were collected from various bibliographic sources related to the topic.

The inclusion criteria were:

- Research of any type on the topic, prioritizing research published in the last 5 years, in English, Spanish, or Portuguese, and available in highly reliable databases and scientific journals.
- That the content explicitly address anxiety, and not solely other mental health entities in this population group.

Articles from websites, news blogs, or social media that were non-academic were not selected, nor were those whose content was unavailable.

The search was conducted in the following databases: PubMed, ProQuest, Dialnet, SciELO, Medline.

The process was conducted gradually, applying the criteria provided in each database and progressing through the sampling until the final sample was obtained. The following keywords were used in the corresponding language:

- Pregnancy, gestation, gestational anxiety, psychosocial factors, mental disorders, comorbidity, education, nursing practice, labor pain, mental health, and nursing care.
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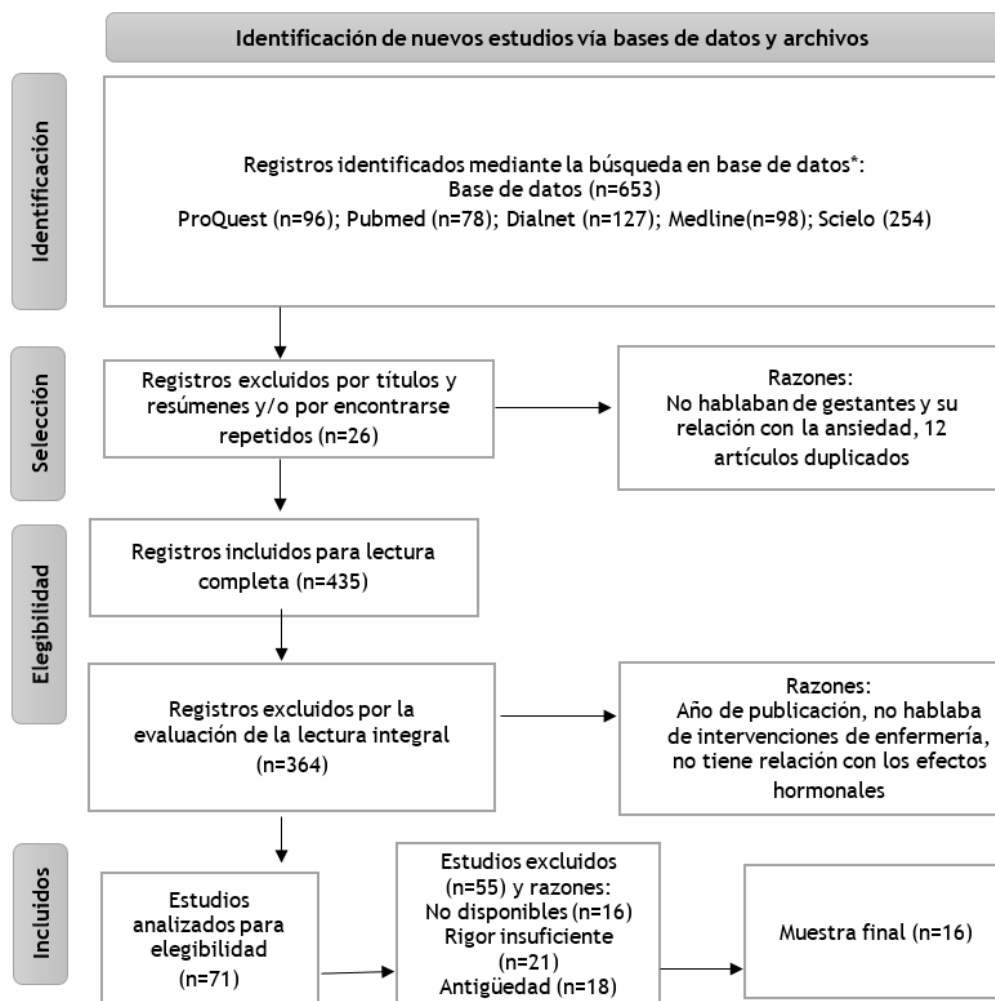
education, nursing practice, labor pain, mental health, and nursing care.

To select the documents included in the work, the title and abstract were first read to conduct an initial selection aligned with the topic in question; subsequently, the full text was read to definitively establish those most relevant to the research.

An initial search of 653 articles formed the universe; of these, 16 were selected after applying the inclusion and exclusion criteria, as shown in Figure 1.

The documents analyzed are available on the internet and are open access; the authors' intention and central idea were respected at all times when analyzing the information.

Figure 1. Flowchart of the search and selection of articles.



RESULTS

Table 1 presents various findings on the psychological changes that women face during pregnancy, highlighting anxiety as a central component. Its association with underlying disorders and perinatal complications is evident, as is its exacerbation during the COVID-19 pandemic. Among the main findings is that the absence of support, especially from the partner, and emotional instability in pregnant adolescents are associated with anxiety and depression. Factors such as gestational loss and the postpartum adaptation process are identified as additional triggers of psychological distress.

Table 2 presents the main results on psychological changes during gestation, highlighting the presence of anxiety associated with underlying disorders, perinatal diseases, and factors such as the COVID-19 pandemic, lack of support, adolescent pregnancy, gestational loss, and the postpartum period. Symptoms such as stress, insomnia, depression, and social dysfunction are reported, with variations according to the context and stage of pregnancy.

Table 1. Pathophysiology of pregnancy and its effect on anxiety

Parameter	Findings
Psychological changes during pregnancy.	The development of anxiety is associated with underlying disorders, which can lead to perinatal events.(9,10) There is a relationship between the prevalence of anxiety during pregnancy and the triggering of diseases such as preeclampsia and intrauterine growth restriction.(9) Anxiety and COVID-19: it was identified that the pandemic had serious consequences for the mental health of pregnant women, manifested by an increase in stress,(9,11) insomnia, depression, anxiety, and social dysfunction. In addition, evidence showed that with the arrival of the pandemic (COVID-19), anxiety in pregnant women intensified, causing 64.5% of pregnant women to experience anxiety and 56.3% to experience depression.(11) Absence and accompaniment: It has been determined that pregnant women who do not receive accompaniment, mainly from their partners, tend to develop higher levels of anxiety and depression, as the absence of a partner represents greater distress for these patients. Furthermore, it was also found that relationship instability has repercussions on mental health.(12,13) Adolescent pregnancy: the hormonal changes experienced by a pregnant adolescent are delicate, as this is a stage of adaptation, which brings strong emotional burdens. In addition, hormonal fluctuations during pregnancy also affect the emotionality of the pregnant person. Therefore, adolescents show strong psychological changes during gestation, mainly anxiety and depression.(14) Risk factors: Risk factors in pregnant women can manifest in different ways; among these, it has been shown that the loss of a baby predisposes them to experience severe anxiety and depression, which can trigger suicidal ideation.(14) Postpartum: It was found that the process of becoming a mother involves a restructuring of life and of the roles previously exercised as a person. Therefore, actions such as the responsibility of caring for a newborn and changes in daily routines can generate stress and concern.(11,15)

Table 3 presents nursing staff actions in the management of anxiety in pregnant women. The reviewed literature documented that dignified and empathetic treatment by health personnel, especially nurses, reduces insecurity and strengthens emotional confidence. The usefulness of relaxation methods such as deep breathing and music was also reported, as was the positive impact of floral therapy during labor on physiological and hormonal parameters.

Table 2. Findings on the impact of anxiety among pregnant women

Parameter	Findings
Effects of anxiety in pregnant women	Care during childbirth: studies report that pregnant women experience fears regarding their ability to cope with pain during childbirth. In addition, the need for strong emotional support and companionship during this process is highlighted, especially from their partners. Likewise, receiving kind and respectful treatment from health personnel involved in care during childbirth is reported as "of importance".(16) Fear before and after having a baby: Pregnant women experience high levels of fear regarding the behavior of medical staff. Other factors that generate fear include cesarean sections, prenatal labor, childbirth itself, breastfeeding, and care of the baby after delivery.(16) Who is affected by anxiety?: In the third trimester of pregnancy, almost all women experience some degree of anxiety, being mostly mild. However, a small percentage presents moderate anxiety. When analyzing biological factors, it was observed that younger women have a higher prevalence of mild anxiety, while adolescents show a tendency toward moderate anxiety. Regarding parity, women who have had multiple children tend to suffer from mild anxiety, whereas nulliparous women present more moderate anxiety.(17) History of abortion and maternal mental health: It was found that women who have not experienced an abortion have a greater propensity to exhibit mild anxiety, whereas those who have undergone an abortion tend to exhibit moderate anxiety to a greater extent. This is due to the feelings of loss, guilt, sadness, and regret that may arise.(18) The physical and the mental: It has been observed that anxiety can have repercussions on the physical health of pregnant women, since chronic stress and anxiety can increase the risk of complications during pregnancy.(17) Minority ethnic groups and pregnant women who are active in the workforce: it is highlighted that there is a significant increase in anxiety among women belonging to minority ethnic groups and those who continue working during pregnancy.(19)

Table 3. Role of the nursing professional in the management of anxiety in pregnant women

Parameter	Findings
Role of the nursing professional.	Care from the health field: It has been demonstrated that dignified treatment provided by professionals within the health field, especially nurses, manages to reduce the insecurity and anxiety that a pregnant mother may feel when bringing a child into the world without the accompaniment of a partner or family members. Therefore, the relationship established between nurse and pregnant woman is strengthened through the validation of the mother's feelings.(20) Trust, a safe method for the pregnant woman: Studies show that dignified treatment by health professionals helps establish a relationship based on empathy and trust between the nurse and the pregnant woman. By creating an environment of empathy, the nurse demonstrates understanding and support, which contributes to her emotional well-being. Likewise, mutual trust is essential for the pregnant woman to feel safe when receiving care from the nurse.(21) Relaxation methods: According to the experiences of pregnant women, it has been observed that education provided by health personnel helps guide patients in relaxation techniques, such as deep breathing, visualization, or the use of relaxing music, and therefore reduce anxiety and promote a sense of calm during childbirth.(22) The impact of floral therapy: according to studies, the application of this therapy during labor contributes to providing better conditions for the pregnant woman. Having the same significant effects on cervical dilation, uterine contractions, the amount of oxytocin, and the reduction in cortisol levels.(22)

DISCUSSION

The results indicate that anxiety during pregnancy is a frequent, multicausal phenomenon with relevant obstetric and psychosocial repercussions, including its association with pregnancy loss, intrauterine growth restriction, and increased symptoms of depression and insomnia, in addition to worsening during the COVID-19 pandemic.(9,11,13) These findings confirm that perinatal anxiety is not an isolated problem but rather is integrated with biological, psychosocial, and healthcare determinants that require a systematic response from the first level of care.

The relationship between gestational anxiety and adverse perinatal outcomes found in the study is consistent with meta-analyses and reviews,(9) which show an association between anxiety and outcomes such as preeclampsia, preterm birth, and low birth weight, reinforcing the clinical plausibility of the observed link. The increase in symptomatology during the pandemic is consistent with reports of increased prenatal stress in health crisis contexts.(10)

The authors concur with other studies on the importance of support, especially from the partner, in reducing anxiety; however, some quantitative studies(12,19) report variations according to socioeconomic or cultural factors that may modulate this effect. Therefore, the relative influence of social support may differ across contexts and requires local assessment before interventions are generalized.

Although evidence of positive effects of floral therapy was found, it should be used with caution, since robust comparative evidence on its efficacy and mechanisms remains limited and heterogeneous.

The findings regarding the frequency of anxiety, even at mild levels, should not be minimized because of its clinical significance and impact on neonatal outcomes; clinical practice should prioritize screening and continuous follow-up.(6,9)

The reported finding that adolescents, women with a history of abortion, and ethnic minorities have a greater anxiety burden,(14,18,19) suggests that interventions should be differentiated and culturally sensitive. Broader and more heterogeneous studies in other contexts are necessary.

Relaxation techniques, prenatal education, and empathetic support have significant evidence as first-line treatment measures; this study reports complementary therapies with hormonal effects,(4,22) but these require controlled research before their generalized recommendation as a standard of care.

The described interventions (preparation classes, support groups, teaching of breathing and relaxation techniques)(4,22,23) are practices aligned with nursing competencies and can reduce anxiety in early phases, improving adherence and the childbirth experience.

The authors agree that, in resource-limited contexts, community nursing can offer home visits and group workshops and mobilize family networks to counteract the lack of support identified as a risk factor, integrating culturally adapted strategies for adolescents or ethnic minorities.

However, as argued by Peñalba and Posada,(16,21,24) for the aforementioned functions to be effective, nursing requires specific training in perinatal mental health screening, brief intervention techniques, and empathetic communication.

As this is a narrative review with a final selection of 16 studies, the synthesized findings offer a useful overview but with limitations for establishing causality or precise effect estimates; therefore, convergence with more rigorous studies (meta-analyses, trials) strengthens the interpretation, whereas the identified differences call for more controlled local studies that consider unmeasured contextual variables, such as availability of psychological services and technological barriers.

CONCLUSIONS

Anxiety during pregnancy is a complex phenomenon that intertwines with biological, psychosocial, and healthcare-related aspects, in which the nursing professional emerges as a relevant axis by being a central actor in identifying, accompanying, and offering emotional and educational support to the pregnant woman, in addition to acting as a bridge to other resources of the health system, especially in contexts with limited access.

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