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Women’s experiences of anxiety during pregnancy: an interpretative phenomenological analysis

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Background & Aim

- Pregnancy is a time of transformation and transition.
- Approximately 15% of women will experience clinical levels of anxiety during pregnancy.
- Identifying and treating general anxiety during pregnancy is difficult due to the current application of general diagnostic criteria.
- Focusing on antenatal anxiety is important because it is associated with higher risk of:
  - maternal postnatal depression,
  - excess production of cortisol impacting baby’s neurodevelopment,
  - disruptions in perinatal attachments between mother and baby.
- Previous qualitative studies examined antenatal anxiety collectively under the umbrella term of ‘distress’ but in-depth exploration of the experiences of anxiety during pregnancy is lacking.

This study aimed to solely explore women’s lived experiences of anxiety.

Method

7 women: recruited from antenatal clinic/online ads
Focus 1: experience of anxiety during pregnancy
Focus 2: communicating anxiety during pregnancy
Focus 3: seeking women’s advice on how to improve healthcare support
Analysis: interpretative phenomenological analysis

- Inclusion: 18+ years, English speaker, Any stage of pregnancy, Self identify as experienced generalised anxiety, Primigravida or multigravida women
- Exclusion: Other psychiatric diagnoses, High risk pregnancy, Previous miscarriages or traumatic birth, In vitro pregnancies

Results & Clinical implications

1. Adjustment to pregnancy & motherhood & the experiences of anxiety
2. Unfamiliarity, uncertainty & uncontrollability of pregnancy influences anxiety
3. Personal & social expectations & pressures of pregnancy & motherhood
4. Relying on healthcare systems – the good & bad

- Generalised worries in the context of pregnancy and motherhood.
- Worries were general but shifted in relation to pregnancy and motherhood.
- Social expectations of pregnancy and motherhood increased anxieties.
- Women primarily described cognitive and emotional aspects of anxiety and not physical during pregnancy.
- Being primipara, within the first trimester or experiencing pregnancy complications caused uncertainty and anxiety.
- Information regarding the range of physical and emotional experiences during pregnancy is needed to normalise experiences and reducing uncertainty.
- Healthcare professionals have the potential to reduce anxiety by normalising and validating experiences.
- Continuity of care is important for developing trusting relationships which promote disclosure of anxiety.

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