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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

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 and 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

7 women: recruited from antenatal clinic/online ads

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.

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.

Social expectations of pregnancy and motherhood increased anxieties.

Worries were general but shifted in relation to pregnancy and motherhood.

Women primarily described cognitive and emotional aspects of anxiety and not physical during pregnancy.

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