

Implementation Of Cambridge Worry Scale As A Psychological Assesment In Antenatal Care Routine

Ayu Nurdiyan, Yulizawati, Lusiana Elsinta B, Detty Iryani, Aldina Ayunda Insani

Program Studi S1 Kebidanan Fakultas Kedokteran Universitas Andalas

Pregnancy is a transition period in women's life. In pregnancy, there are physiologic and psychological changes. Enhanced levels of anxiety during pregnancy may affect maternal blood flow and contribute to adverse obstetric, fetal and neonatal outcomes. There are many different reasons why women feel anxious and worry about their pregnancy. However, worries related to the pregnancy can contribute to high levels of pregnancy anxiety that has emerged as one of the most potent psychological predictors of adverse birth outcomes and is also implicated in poorer child and infant development.

Pregnancy is a period in a woman's life filled with pleasant anticipation of a baby, which may be influenced by several psychological stressors. Research on the psychological state in pregnancy indicates that each trimester of pregnancy includes possible stressors that may provoke several worries for pregnant women. Some studies found heightened levels of worries in the first and third trimester of pregnancy whereas others showed that each facet of a pregnant woman's worries may fluctuate across the course of pregnancy. Several studies indicated that worries about the possibility of losing the baby, baby's health, and childbirth are common causes of concerns among pregnant women. In addition to this kind of worries, there are other sources of worries in women daily life (e.g., worry about money, job, housing, their health, and marital relationships). Most women experience some mild worries during pregnancy; however, some women may experience pathological worries, defined as uncontrollable negative thoughts and excessive concern about future events in pregnancy which can produce anxiety.

Women with pregnancy-related anxiety may experience symptoms such as muscle pain, palpitation, fatigue, headaches, stomach pain, sleep disruption, nightmares, and insomnia which can influence maternal health and quality of life. Maternal anxiety has been a risk factor for poor perinatal outcomes such as preterm birth, postpartum depression, caesarean, and poor child developmental outcomes. Thus, it is important to measure the extent and content of anxiety and worry during the course of pregnancy.

The State-Trait Anxiety Inventory (STAI) has been a widely used instrument in the area of pregnancy-related anxiety and worry. There are problems using the STAI as a measure of pregnancy-related anxiety and worry. The first is that the STAI can only measure the severity of anxiety and cannot reveal the reasons for anxiety. The second problem is that the STAI measures general anxiety while it is probable that a mother who is neither typically depressed nor presently anxious for other reasons be worried about her baby's health or childbirth. Result of a study found that general anxiety and depression explained 8–27% of the variation in worries related to the fetal health and childbirth in the first and second trimester of pregnancy.

Moreover, although worry and anxiety are closely related to each other, there are differences between the two concepts. Anxiety is composed of cognitive, somatic, emotional, and behavioral elements, whereas worry is specified as the cognitive component of anxiety with a significant positive effect on it. Cognitive dimensions of pregnancy-related anxiety include fetal health, loss of fetus, childbirth, mother's well-being, body image, parenting and care for child, health care related, financial, and family and social support. Thus, a specific instrument is needed to measure worry in pregnant women.

Mental health during pregnancy is an essential matter in antenatal care. These problems range from depression (both minor and major), anxiety disorder, schizophrenia, and psychosis. Life

stresses as bereavement, separation, unemployment, illness, moving house migration, lack of social support, a past history of psychological or psychiatric disorders, history of physical, emotional or sexual abuse, drug or alcohol abuse, coping styles, and parenting behavior can contribute onset. Women's feeling and mood during pregnancy can impact on the development of the baby both during pregnancy and after birth. Assessing women for psychological risk factors and symptoms during pregnancy gives the opportunity to link women with appropriate services.

The use of antenatal psychological assessment may increase the midwives awareness of psychosocial risk and also improved perinatal mental health outcomes. Usual psychological assessment that used in Indonesia for obtaining women's feeling and emotional status is too simple and not enough to describe women's feeling. Many questionnaires have been developed and tested in many countries but none of them have been tested in Indonesia.

One of antenatal psychological assessment is Cambridge worries scale. Based on that background I have an interest to study about "Implementation of Cambridge worries scale as a psychological assessment in antenatal care routine". This project will increase midwives awareness in using antenatal psychological assessment in routine antenatal care, so that psychological and psychosocial risk factor during pregnancy will be assess quickly and women with psychosocial risk factor will have suitable care. By detection of psychological risk factor, we can prevent any adverse birth outcome and poor infant and child development. By using Cambridge worries scale in antenatal assessment, the psychological risk factor detection will be appropriate and well enough to describe emotional and psychological status of women.

Since the recognition of excessive uncontrollable worry as a main feature of generalized anxiety disorder in the DSM-IV, measures of worry have been developed focusing on the intensity of worry and areas of worry . For those grounds, Statham et al. developed the

Cambridge Worry Scale (CWS) to investigate the prevalence and content of worries during pregnancy. The 17 -item CWS included items that assessed both pregnancy-related worries and daily life worries. They examined the CWS in “the Cambridge Prenatal Screening Study,” a longitudinal study on 1072 pregnant women in which women’s worries were assessed in 16-, 22-, and 35-week gestation. In a validation study, they examined the CWS on 1207 pregnant women. A four-factor structure of pregnant women’s worries was found (sociomedical, own health, socioeconomic, and relational). The scale demonstrated good reliability and validity and the CWS subscales were correlated with state and trait anxiety.

There are 3 reasons why this project is innovative:

1. There is no study about implementation of the Cambridge worries scale as antenatal psychological assessment in Indonesia.
2. Antenatal psychological assessment in Indonesia is really simple and psychological status only obtained by one question “What do you feel about your pregnancy”.
3. Many pregnant women do not satisfy by just 1 question about their psychological status.

The main purpose of this study is to implement the Cambridge worries scale in antenatal psychological assessment by so that can be used as routine antenatal psychological assessment in every antenatal care.

Identification of psychological status of pregnant women may contribute significantly to anxiety and worries reduction if adequate antenatal counseling, advising and suitable care may be provided for these particular of pregnant women. In addition, future studies on the association between worries in pregnancy and predicting factors are required. The fact that attitudes towards risk assessment, and related matters additional are associated with certain socio demographic factors may also be highly relevant for clinical practice.