

PREGNANCY DURING A PANDEMIC: HOW STRESS
AFFECTS PREGNANT WOMEN AND THE DEVELOPMENT
OF THEIR BABIES DURING COVID-19

DIANA-ANTONIA IORDĂCHESCU*, ELENA-OTILIA VLADISLAV,
Faculty of Psychology and Educational Sciences, University of Bucharest

LIVIA COSMA
Filantropia Clinical Hospital, Bucharest

NICOLAE GICA, RADU BOTEZATU, CORINA GICA,
GEORGE IANCU, ANCA PANAITESCU
Filantropia Clinical Hospital, Bucharest,
Carol Davila University of Medicine and Pharmacy Bucharest

Abstract

Prenatal maternal distress has a negative impact on the course of pregnancy, fetal development, offspring development, and later psychopathologies. The study aimed to understand the guidelines and recommendations related to the prevention and management of the prenatal distress and psychiatric symptomatology of pregnant women during COVID-19 Pandemic.

This paper is a review based on information found in specialty literature. The analysis was limited to English language articles and guidelines published between January 1, 2020 and October 14, 2020 on PubMed using the next keywords: perinatal mental health, anxiety, coronavirus disease 2019, depression, mental health, pregnancy, prenatal, post-traumatic stress disorder. In this review we discuss about the association between the COVID-19 pandemic and an uptrend in psychological distress and psychiatric symptomatology in pregnant women.

Pregnant women are experiencing substantially elevated anxiety and depression symptoms during the COVID-19 pandemic that are in a close relationship to COVID-19 specific problems about threats to their own lives, their baby's health, not getting enough prenatal care, and social isolation. A significant number of studies correlate maternal stress during pregnancy with atypical fetal development, in a way that increases susceptibility to disease and maladaptation in children. Several research groups have used elevated prenatal anxiety as an indicator to suggest prenatal stress, relating to the correlation with cognitive, behavioral, and neurological disorders in children. Protective resilience factors can be social support and physical activity.

There is an urgent need to support pregnant women during this critical time to mitigate long-term negative outcomes, given the known effects of stress in pregnancy, infant and child outcomes.

Cuvinte-cheie: sănătate perinatală, boala coronavirus 2019, anxietate, depresie, sarcină.

Keywords: perinatal mental health, coronavirus disease 2019, anxiety, depression, pregnancy.

* Școala Doctorală, Universitatea din București, Facultatea de Psihologie și Științele Educației, Departamentul de Psihologie, Șoseaua Panduri, nr. 90, sector 5, București, România, E-mail: diana.antonina.iordachescu@gmail.com

1. INTRODUCTION

Since it was first recognized in December 2019, coronavirus (COVID-19) has spread rapidly throughout the world. The consequences of this virus upon health are distressing: death, strained health care systems, and economic uncertainty. Furthermore, there are other negative consequences: social and psychological. For example, people have been physically isolated from family, friends, and community, whereas schools and daycares around the world have been closed. There is a growing urgency to understand the impact of the COVID-19 pandemic on mental health, in order to avoid secondary risks – such as an increase in mental health issues (Cullen *et al.*, 2020; Geraldo da Silva *et al.*, 2020). Pregnancy is a particularly vulnerable period when psychological distress can have a negative impact for the mother as well as the baby. Recent studies have shown that women tend to report higher symptoms of anxiety and depression during disease outbreaks than men (Al-Rabiaah *et al.*, 2020; Hamel & Salganicoff, 2020; Wang C. *et al.*, 2020), therefore, women who are pregnant during the COVID-19 pandemic may be particularly affected. An increased risk of preterm birth, postpartum depression, and behavioral difficulties in children can be associated with symptoms of depression and anxiety. The current COVID-19 pandemic has a powerful impact with potentially wide-ranging consequences for pregnancy and beyond.

2. STRESS AND COVID-19

COVID-19 is an emerging infection and also a re-emerging viral respiratory disease that has reached to most countries in the world with a growing prevalence (Rashidi Fakari *et al.*, 2020; Farnoosh *et al.*, 2020; Wang S. *et al.*, 2020). The virus is rapidly spreading worldwide, therefore the World Health Organization (WHO) has identified it as a contagious pandemic disease (Lai CC. *et al.*, 2020). Despite the strong efforts taken to control the epidemic, the infection has been contacted by nearly 34 million people worldwide (World Health Organization, 2020). The current state of the COVID-19 outbreak in all over the world is concerning (Wang D. *et al.*, 2020; Chen *et al.*, 2020). A higher risk has been noticed at people over the age of 60 and those with weakened immune systems (Tuite *et al.*, 2020). Due to the fact that the immune system is partially suppressed during pregnancy, pregnant women are more vulnerable to viral infections as well as their complications; thus COVID-19 pandemic might have serious consequences for pregnant women (Rashidi Fakari *et al.*, 2020; Rasmussen *et al.*, 2020;). There is insufficient data

available about effects of COVID-19 on pregnancy and its probable complications (Tuite *et al.*, 2020; Moquillaza-Alcántara *et al.*, 2020). However, due to the physiological changes in maternal immune and cardiopulmonary systems, after infection with respiratory viruses, pregnant women are more likely to develop severe forms (Farnoosh *et al.*, 2020; Rasmussen *et al.*, 2020). In 2009, 1% of patients that had influenza A subtype H1N1 virus were women; they also accounted for 5% of all H1N1-related deaths (Nicoloso-SantaBarbara *et al.*, 2017). Tracheal intubation, hospitalization in the intensive care unit, renal failure, including death during pregnancy have been reported in SARS and MERS virus epidemic. (Schwartz *et al.*, 2020). Study reviews have shown that clinical signs, laboratory results, and radiographic criteria in pregnant women with COVID-19 tend to be similar to other affected adults, but the risk of developing COVID-19 disease in pregnant women is notable for the reasons stated above as there is a possibility of complications in pregnancy and newborns. (Breslin *et al.*, 2020). These factors have led to anxiety and stress for pregnant women and their families (Rashidi Fakari *et al.*, 2020; Corbett *et al.*, 2020). On the other hand, with the rapid spread of the disease in different countries, there are various recommendations for the prevention of the disease (physical distancing and quarantining) (Armitage *et al.*, 2020). However, social isolation can be a trigger for sadness, concerns, fear, anger, irritation and frustration (Ren S-Y *et al.*, 2020). All factors mentioned above are effective in self-care and health-care behaviors Rashidi Fakari *et al.*, 2020). People engage in these behaviors for preserving health levels and preventing the onset of the disease (Momeni Javid *et al.*, 2014). However, in order to take care of their pregnancies, women have concerns about the outcomes for childbirth during the outbreak of coronavirus (Rashidi Fakari *et al.*, 2020). The fear of getting sick as well as the effect of social distancing have led to reduction of prenatal care referrals. Additionally, pregnant women tend to be more willing to reduce the frequency of prenatal care visits (Chen Y *et al.*, 2020; Du L *et al.*, 2020). Rachel M. Diamond *et al.* (2020) shows in their article the impact of COVID-19 in the perinatal period through a Biopsychosocial Systemic Framework (BPS).

As a result of COVID-19, media is paying special attention to the biomedical domain of women in the perinatal period as it relates to changes in perinatal healthcare policies as well as to health outcomes; however, less attention is given to other BPS health domains and systemic impacts. The perinatal period can be described by the BPS framework due to its ability to conceptualize health through biological, psychological, and social processes. Figure 1 provides a visual scheme of this framework for the perinatal period.

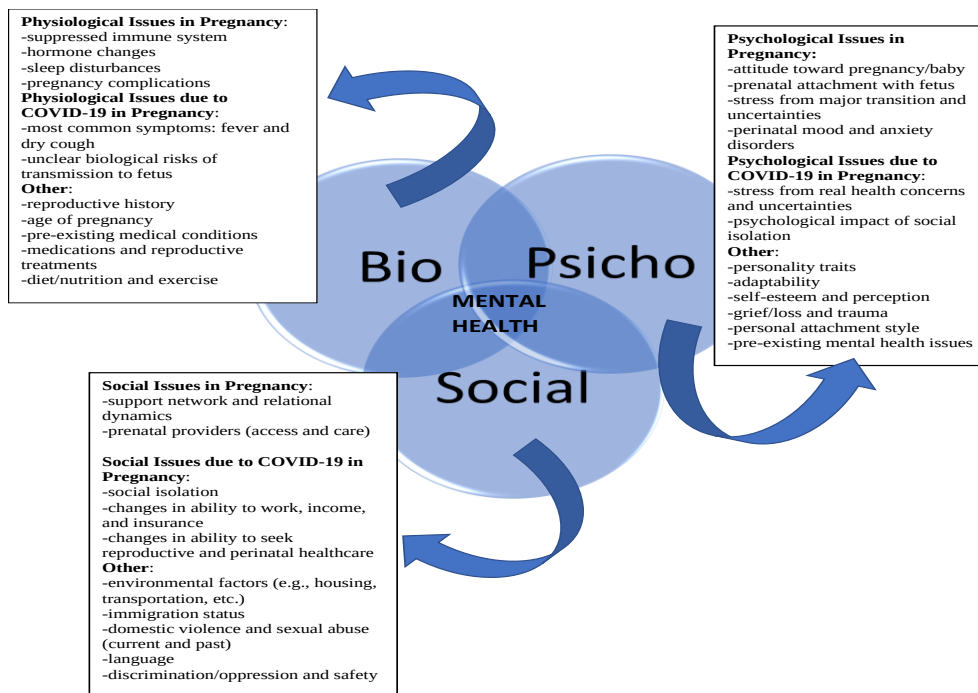


Figure no. 1.

BPS framework in the perinatal period according to Diamond *et al.* (2020)

3. PRENATAL MATERNAL STRESS

For over a decade, psychiatry and psychology have been concerned with deepening the causes and consequences of prenatal maternal stress and the symptoms of anxiety and depression in the months after birth.

Stress is a complex term that includes many psychological states, starting from tolerable stress and possibly continuing with chronic stress, often associated with anxiety and depression, which can be felt as a result of a series of phenomena (complications of daily activities, dysfunctional relationships with others).

In humans, prenatal stress is related to an increased level of vulnerability in children, the development of various psychosocial problems, observed both in childhood and adulthood. In children, prenatal stress is linked to cognitive, behavioral, and emotional problems (King *et al.*, 2009, Laplante *et al.*, 2008) as well as autism (Kinney *et al.*, 2008) and attention deficit hyperkinetic disorder (Li *et al.*, 2010).

Other researchers have investigated the effects of prenatal anxiety and stress on the risk of developing certain diseases in offspring. Stott and colleagues (Stott *et al.*, 1957) were the first to show that prenatal stress is positively correlated with childhood morbidity. More recent studies correlate prenatal anxiety and stress with

childhood asthma development (Cookson *et al.*, 2009), with an increased risk of atopic dermatitis in the first two years of life (Sausenthaler *et al.*, 2009), and with respiratory problems (Beijers *et al.*, 2010).

Also, the effects of prenatal stress in infants are associated with increased latency to play, self-regulatory / self-stimulatory behaviors, anxiety, learning and memory problems (Wu *et al.*, 2007), focused exploration (Coe *et al.*, 2003).

A significant number of studies correlate maternal stress during pregnancy with atypical fetal development, in a way that increases susceptibility to disease and maladaptation in children (Gluckman *et al.*, 2005). For example, the mother's physiological changes (decreased blood flow, increased cortisol) are an indicator of high stress during pregnancy, which highlights an intrauterine environment that is not conducive to healthy fetal development (Weinstock *et al.*, 2008). However, a slightly increased level of stress during certain periods of pregnancy may have beneficial effects, as it is thought that it could prepare the fetus from a neurophysiological point of view to cope with extrauterine stimuli and life challenges postnatally.

In human studies, the consequences of prenatal stress on physical health are often limited to complications at birth such as premature birth (Staneva *et al.*, 2015), and low birth weight (Beydoun *et al.*, 2008).

Several research groups have used elevated prenatal anxiety as an indicator to suggest prenatal stress, relating to the correlation with cognitive, behavioral, and neurological disorders in children (Davis *et al.*, 2010).

As with anxiety, physiological changes in pregnancy (increased cortisol levels) are positively associated with depression, in general, as well as in pregnant women. Children of depressed mothers also experience adjustment problems, both behavioral and neurological (Field *et al.*, 2004). In adults, prenatal stress is associated with depression and schizophrenia (Kinney, 2001).

Therefore, these effects of maternal prenatal stress (cognitive, behavioral, and psychosocial) are most likely projected on the structure and functions of the fetal brain, which is the control center for a multitude of systems (Zuena *et al.*, 2008).

Studies show that several risks during pregnancy can have consequences for the fetus and the future child, and these consequences can be long-lasting, including even the late adulthood period. Both influences and effects can be physical and mental and even those variations that fall within normal limits can lead to consequences for the infant. However, studies show that factors with an increased risk of stress lead to more severe consequences (Țibu, 2010). For example, life-threatening events (wars, famines) have been associated with schizophrenia and congenital central nervous system problems. Also, the feeling of a major earthquake in the prenatal period led to increased depression among children in the womb at that time (Charil *et al.*, 2010). On the other hand, other studies (DiPietro *et al.*, 2006) have found that mild to moderate stress during pregnancy can be correlated with cognitive performance and increased energy of infants.

3.1. OTHER FACTORS ASSOCIATED WITH PRENATAL MATERNAL STRESS

Low self-esteem, lack of social support, abuse before/during pregnancy, discrimination, and residential mobility were significant risk factors for stress during pregnancy (Rieger & Heaman, 2016).

In a research study that included a sample of 6421 women during maternity, a number of factors associated with prenatal stress were identified (Kingston *et al.*, 2012). The researchers found that feelings of diminished affection in connection with pregnancy, stressful events, depression, reduced social support, previous history of lost pregnancies, medical conditions, non-participation in prenatal classes and medical procedures using ultrasound were risk factors for the perception of a high level of stress during pregnancy. Demographic factors were not significantly associated with prenatal stress.

Significant events in childhood and adulthood can also be perceived as determinants of prenatal stress. In a cross-sectional study with a sample of 1522 pregnant women from diverse social backgrounds, the researchers concluded that depression, panic disorder, drug use, domestic violence, and medical complications correlate significantly with increased perceptions of prenatal stress (Rieger *et al.*, 2016).

Significant factors may also include younger age, higher income, low level of education, and experiences of discrimination. In another study, it was found that social support acts as a mediator between factors and events with a high risk of stress and the perception of maternal stress (Glazier *et al.*, 2004).

3.2. DEPRESSION

Being pregnant carries a great emotional load for any woman, it is a period in which hormonal activity causes oscillations of emotional states. Pregnancy and postpartum are considered to be periods of a high risk of recurrence of the disease for women with previous depressive episodes. Although most studies in the literature focus on the postnatal period, depression during pregnancy remains of considerable importance, through its implications for the mother, child, and family.

Antenatal depression is a disorder of the affective state that leads to the appearance of feelings of sadness and loss of hope. Depression can have physical, social, or emotional causes (Tudose *et al.*, 2011). In the case of women who are about to give birth, a fear of the unknown, biological factors specific to pregnancy, and lack of emotional support are the elements that favor the appearance of this mental illness.

Symptoms of prenatal depression may include chronic anxiety, guilt, crying non-stop, lack of energy, worries about the relationship with your partner (for example, that they might leave, that conflicts may arise in the couple), conflicts with parents, isolation, fear of asking for help.

Maternal depression can be influenced by risk factors such as social and family, economic status, unemployment, lack of support from parents, life partner,

environmental factors. The combination of these factors can directly or indirectly contribute to the development of pre- and post-natal depressive disorders (Pickett & Wilkinson, 2010).

As with postpartum depression, pregnancy depression can occur at any time and does not develop at a specific moment. The expectant mother may have a state of depression at the beginning of the pregnancy, possible due to immediate lifestyle changes or the shock of coping with unplanned pregnancies, while another may face this state towards the end of pregnancy when all the positive experiences diminish as the time of birth approaches and anxiety increases.

The literature examining the risk of not treating depression during pregnancy suggests that maternal depression has both direct consequences on fetal development, by exposing it to a hormonal and biochemical imbalance, and indirect consequences, the mother's behavior may affect obstetric results. Maternal depression is associated with an increased rate of obstetric complications, stillbirths, suicide attempts, specialized care for the newborn, and low weight babies at birth (Năstase, 2007). Low birth weight and prematurity are the most common medical effects associated with stress and depression in the prenatal period, so public policy must make their early detection and make treatment a priority.

The mother's ability to make decisions is affected by depression-specific cognitive distortions, her functional status is influenced by depressive symptoms, which decreases addressability to obtain prenatal care, predisposes to poor self-care, risk of malnutrition, and abuse of harmful substances (alcohol, tobacco, drugs, medicines).

Maternal depression can have an impact on fetal development through its effect on the hypothalamic-pituitary-corticoadrenal axis, corticotropic hormones, and beta-endorphins. Chronic activation of this neuroendocrine mechanism in the mother may be responsible for hypersensitivity to acute or chronic stress in children, starting even in the first weeks after birth.

Both in the prenatal period and the postnatal period, maternal depression is described as affecting the child's development, due to the mother's emotional unavailability to provide the child with a safe environment. Negative behavior in depressed mothers ranges from non-involvement to rejection, insensitivity, and severity. Children of depressed mothers have manifestations of discharge and internalization psychopathology, as well as deficiencies in social skills and cognitive abilities (Bogels *et al.*, 2006). Depressed mothers are less sensitive to their babies than non-depressed mothers, and their interactions are generally less positive.

More recent studies have also found significant correlations between stress and depression during pregnancy and preterm birth (Dayan *et al.*, 2006).

Therefore, adopting ways to prevent prenatal depression is of great importance for expectant mothers. Thorough preparation for pregnancy, childbirth, and the difficult postpartum period is the most effective strategy to combat depression associated with motherhood.

3.3. ANXIETY

Pregnancy is a time when women are more likely to experience an increased level of anxiety. Factors of prenatal anxiety may include age (younger women are more prone to anxious feelings), a lower level of education, lack of support, and living alone (Deklava *et al.*, 2015). Thus, anxiety during pregnancy has become a central topic in psychological research because it can affect the child's development (Heron *et al.*, 2004). Pregnant women with high levels of stress, depression, and anxiety have a prevalence of negative perinatal effects (Yuksel *et al.*, 2014). Anxiety during pregnancy is associated with prematurity, low birth weight, and fetal growth restriction, which in turn are risk factors for cognitive and social development (Qiao *et al.*, 2012).

Maternal prenatal anxiety correlates, according to studies, with parental neglect (anxious mothers being negative and not involved). There are also acceptances that anxious mothers are overprotective towards their children, which can also lead to internalizing or externalizing behavioral problems of children (Schrock *et al.*, 2010).

Another study (O'Connor *et al.*, 2005) found that anxiety during pregnancy is associated with individual differences in the measurement of cortisol in pre-adolescents. The correlation between prenatal anxiety and fetal HPA axis functions was stronger at 32 weeks of pregnancy. These results provide important evidence of the long-term impact of prenatal stress in children. This study noted that the level of prenatal anxiety, not depression, indicates the level of cortisol in the child.

Other research groups have found strong correlations between prenatal anxiety and fetal behavior (DiPietro *et al.*, 2003; Monk *et al.*, 2003; Sandman *et al.*, 2003) and emotional, cognitive, and neurological disorders in children (Glover *et al.*, 2004). It is very important that prenatal anxiety is associated with behavioral and emotional disorders after early childhood. Van der Bergh and colleagues (2004) found a significant association between these variables in children aged 8-9 years, while O'Connor (2003) found a strong link between prenatal anxiety and emotional-behavioral disorders in 7-year-old children, following a longitudinal study.

It seems that women with prenatal anxiety are considered to be in a state of perpetual anticipation, which can lead to a state of mental exhaustion (Mancuso *et al.*, 2004), which emphasizes that the intensity of conscious contact with the child decreases from within them.

4. HOW PROMOTE PERINATAL MENTAL HEALTH AND WELL-BEING DURING COVID-19 PANDEMIC

A recent study, which assessed maternal mental health during the COVID-19 pandemic (Davenport *et al.*, 2020) identifies a substantial increase in the likelihood of maternal depression and anxiety, revealing that the percentages of perinatal depression and anxiety have tripled.

Charlotte V. Farewell *et al.* (2020) displays provider recommendations to help mitigate perinatal mood disorders and promote resilience based on their preliminary findings in a Pilot Study of Perinatal Risk and Resilience During COVID-19 (Table 1). Examples include screening of perinatal women for depression and anxiety during healthcare visits and providing positive coping behavior recommendations via hand-outs during prenatal and postpartum care visits.

Also, implementing an individual or group intervention program could help pregnant women cope with changes associated with pregnancy, childbirth, and postnatal challenges, as well as the emotional problems they face during this unprecedented period of their life (Iordăchescu, 2018).

Table no. 1.

Methods to promote Perinatal Mental Health and Well-Being During COVID-19 Pandemic

Goal	Mitigate perinatal depression and anxiety	Promote perinatal resilience and positive coping
Recommendations for perinatal care during COVID-19 pandemic	✓ Provide clear recommendations in the form of hand-outs/one-pagers during prenatal and postpartum care visits. Recommended topics include social isolation behaviors, breastfeeding, and impacts of disasters on mental and physical health. ✓ Alert pregnant women to information regarding appointment rules and regulations (supports) as early as possible in the pregnancy. ✓ Address uncertainty surrounding COVID-19 and impacts on perinatal health and direct to evidence-based sources of information. ✓ Screen all prenatal and postpartum women for depression/anxiety during health care visits.	✓ Provide coping suggestions and recommendations in the form of hand-outs/one-pagers during prenatal and postpartum care visits. Recommended topics include remote and safe ways to promote social connection, outdoors benefits, gratitude, managing expectations related to birthing/delivery, and self-care behaviors (physical activity, stress management, sleep). ✓ Increase opportunities for social connection during prenatal and postpartum tele-health classes. ✓ Provide resources related to mental health supports and care for all prenatal and postpartum women.

5. DIRECTIONS FOR PSYCHOLOGICAL INTERVENTION

The COVID-19 pandemic can significantly increase the risk of anxiety and depression, therefore therapeutic interventions are necessary and recommended for pregnant women. In order to prevent and alleviate the symptoms of anxiety and depression, accentuated by the context of the pandemic in pregnant women, there are several models of therapeutic intervention.

Mindfulness techniques, cognitive-behavioral therapy, dialectical behavioral therapy, and art therapy-based methods (sessions can take place individually, in groups, face-to-face, or online) demonstrate similar improvements in anxiety and depression symptoms in pregnant women.

The psychological approach during the crisis, regardless of the type of therapy used, aims to reduce perceived maternal stress (by decreasing anxiety, increase awareness of negative thoughts and how they impact mental health), change subjective interpretations that can perpetuate the discomfort and concern, and to improve the mother-fetus emotional bond. One benefit of these types of psychological interventions is the avoidance of antidepressant or anxiolytic prescriptions, which present certain risks during pregnancy.

Models of intervention based on mindfulness

Mindfulness techniques are based on Eastern contemplative traditions and are associated with the formal practice of mindfulness meditation. Mindfulness is “inherently a state of consciousness” that involves moment-by-moment awareness of thoughts, emotions, sensations, and the environment (Grabovac *et al.*, 2011).

Mindfulness-based Stress Reduction (MBSR), a program developed by Kabat-Zinn *et al.* has positive effects on reducing stress, anxiety and depression levels in pregnant women (Vieten & Astin, 2008). MBSR is usually taught as an psycho-educational program of 8 to 10 weeks, in group sessions.

MBSR can be used in conjunction with cognitive therapy (called MindfulnessBased Cognitive Therapy, MBCT) (Segal *et al.*, 2002), demonstrating positive effects on mood disorders, psychosomatic symptoms, anxiety and panic disorders.

Vieten & Astin (2008) developed a psychological intervention named "Mindful Motherhood" for pregnant women facing stress, anxiety and depression, starting from the mindfulness methods above mentioned, and combining them with psychological approaches based on acceptance (Acceptance and Commitment Therapy-Hayes *et al.*, 2006).

The Mindful Motherhood intervention includes three approaches for cultivating mindfulness, but also discussions and experiential exercises: (1) mindfulness on thoughts and feelings- through breath awareness and contemplative practices, (2) mindfulness on the body- through guided meditation (awareness of the fetus and womb) and (3) the psychological presentation of concepts that optimize attention, such as accepting and cultivating a self-observer (use of explanatory examples and exercises related to pregnancy and parenting: pain or sleep problems during pregnancy,

anxiety about labor or providing reassurance for a baby difficult to comfort). Also, forms of conscious movement, adapted for pregnant women (such as yoga techniques for pregnant women), were encouraged.

Prenatal intervention models based on behavioral therapies

Cognitive-behavioral therapy (CBT) is a type of psychological treatment that has been shown to be effective for various problems, including anxiety and depression. Cognitive-behavioral therapy helps the pregnant woman to identify her negative beliefs and behaviors, to evaluate them and then to replace them with positive and adaptive ones. Consequently, there are changes in thinking patterns and behaviors, as well as the optimization of coping skills.

Dialectical behavioral therapy (DBT) is an innovative method of therapy, based on comprehensive principles, derived from cognitive-behavioral therapy, which integrates dialectical principles and mindfulness practices. DBT consists of four modules, namely mindfulness skills, stress tolerance, emotion regulation and interpersonal effectiveness. Huang *et al.* (2020) describe a case study in which they used DBT with a pregnant woman infected with COVID-19. The efficiency of the intervention was proven by the low scores obtained after the psychological reassessment (measured with depression and anxiety tests), as well as by the client's feedback.

Prenatal intervention models based on art therapy

Art therapy as a way of exploring the psyche, expressing and understanding emotions, thoughts and needs, identifying resources and unlocking human potential, is applicable in a wide range of psychological issues, including those specific to pregnancy. Through its complex register of instruments with which it operates, composed of drawing, painting, poetry, dance, music, modeling, writing and voice, art therapy is an integrative method, involving and addressing the body, mind and emotional plan.

The most frequently used interventions aimed to reduce prenatal anxiety and depression, and more often than not, music was the main method. Several studies (Shin & Kim, 2011; Chang *et al.*, 2015) have examined the effects of listening to music on anxiety, stress and prenatal attachment, and the results showed a significant decrease in stress and anxiety in pregnant women from the experimental group, compared to those from the control group.

Music, exclusively through its neurophysiological features and implications, can be an extremely effective therapeutic tool in prenatal interventions, especially since it has a solid theoretical and practical support. Simply listening to music with a tempo of 60–80 beats / minute, causes rapid consequences in the brain by changing the interaction between the thalamus and the reticular activation system, by releasing endorphins by the pituitary gland, which materializes through a state of emotional and physiological relaxation. In addition, soothing music, lyrical songs with fluid and simple harmonies can facilitate and support the emotional homeostasis of pregnant women (Chețu, 2018).

5. CONCLUSIONS

Pregnant women are experiencing substantially elevated anxiety and depression symptoms during the COVID-19 pandemic that are in a close relationship to COVID-19 specific problems about threats to their own lives, their baby's health, not getting enough prenatal care, and social isolation.

The stress and anxiety levels during the current pandemic far exceed those normally expected during pregnancy and those experienced by other groups of people. Protective resilience factors can be social support and physical activity. There is an urgent need to support pregnant women during this critical time to mitigate long-term negative outcomes, given the known effects of stress in pregnancy, infant and child outcomes.

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REZUMAT

Stresul matern prenatal are un impact negativ asupra evoluției sarcinii, dezvoltării fetale, dezvoltării copilului și psihopatologiilor ulterioare. Studiul urmărit să înțeleagă liniile directoare și recomandările legate de prevenirea și gestionarea stresului prenatal și a simptomatologiei psihiatrice a femeilor însărcinate în timpul pandemiei COVID-19.

Această lucrare este o recenzie bazată pe informațiile din literatura de specialitate. Analiza s-a limitat la articolele și ghidurile în limba engleză publicate în perioada 1 ianuarie 2003 – 14 octombrie 2020 pe PubMed folosind următoarele cuvinte-cheie: sănătate mintală perinatală, anxietate, boală coronavirus 2019, depresie, sănătate mintală, sarcină, prenatal, tulburare de stres posttraumatică. În această revizuire, discutăm despre asocierea dintre pandemia COVID-19 și o tendință ascendentă a stresului psihologic și a simptomatologiei psihiatrice la femeile gravide.

Femeile gravide se confruntă cu simptome crescute de anxietate și depresie în timpul pandemiei COVID-19, care sunt într-o relație strânsă cu problemele specifice COVID-19 legate de amenințările la adresa vieții lor, sănătatea bebelușului lor, neacordarea unei îngrijiri prenatale suficiente și izolarea socială.

Un număr însemnat de studii corelează stresul matern din timpul sarcinii cu dezvoltarea atipică fetală, într-o manieră în care crește sensibilitatea la boli și inadaptarea, la copii. Mai multe grupuri de cercetare au folosit nivelul crescut de anxietate prenatală ca indicator pentru a sugera stresul prenatal, raportându-se la corelația cu tulburările cognitive, comportamentale și neurologice la copii. Factorii protectivi, de reziliență pot fi sprijinul social și activitatea fizică.

Există o nevoie urgentă de a sprijini femeile însărcinate în acest moment critic, pentru a atenua rezultatele negative pe termen lung, având în vedere efectele cunoscute ale stresului în sarcină, pentru făt și, ulterior, pentru copil.