

## Fear and Anxiety of Pregnant Women in the COVID-19 Pandemic Era

**Kosar Qaderi<sup>1\*</sup> and Hojjatollah Farahani<sup>2</sup>**

<sup>1</sup>Ph.D. in Reproductive Health, Kermanshah University of Medical Sciences, Iran

<sup>2</sup>Department of Psychology, Tarbiat Modares University, Tehran, Iran

**\*Corresponding Author:** Kosar Qaderi, Ph.D. in Reproductive Health, Kermanshah University of Medical Sciences, Iran.

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The emergence of COVID-19 and the public health consequences of this pandemic was devastating [1] and have caused fear, anxiety and worry among people around the world, although the psychosocial aspect has not yet been wholly addressed [2]. Worldwide, as of August 18, 2021, approximately 208 million infections (confirmed cases) and 4.37 million deaths have been reported to the WHO [3]. Constant exposure to information about epidemics and unanswered questions such as when pandemics end and treatment methods, quarantine and isolation, and their effects on social relationships can have a detrimental effect on mental health [1,4]. These disruptions have had a significant impact on the health, safety, and well-being of individuals. In addition to the fear of the virus itself, the uncertainty caused by the closure of educational centers, services, stores and many other occupations has caused a social and economic crisis, which has a serious impact on people's mental health [1].

Many studies have provided important data on how these aspects affect the occurrence of psychological distress. For example, some have emphasized the importance of some social demographic variables and identified more vulnerable groups [1]. Women showed more fear than men [5]. During the quarantine period, women were physically separated from family, friends, community, and schools [4]. Pregnant women are especially vulnerable to the spread of disease. In the case of COVID-19 in particular, its effect on mothers and fetuses is unknown [6]. The prevalence of COVID-19 has a negative effect on the mental health of pregnant women, which leads to adverse delivery outcomes [7]. Moreover, psychological stress disrupts the immune system and makes the human body more vulnerable to microbial infections [8].

COVID-19 is a major challenge for pregnant women's mental health services. The development and implementation of mental health services is essential for this particular population. Health professionals should also provide guidance on mental health services for pregnant women. In addition, measures should be taken by the government, society and related departments to provide timely psychiatric services to pregnant women [9]. It is recommended that policymakers review the reproductive health and delivery during the COVID-19 epidemic and prioritize timely research and testing [10].

Several studies have investigated women's mental health during the COVID-19 pandemic. In the UAE, The COVID-19 outbreak had a mild psychological effect on pregnant women with no differences among trimesters of pregnancy [11]. The mild psychological impact on UAE respondents is possibly explained by the reassuring and effective strategies taken by the UAE government to reduce and control the epidemic. These included full and partial restrictions, the suspension of flights and the issuance of new UAE visas, the closure of shopping malls and entertainment venues, the suspension of prayers at all places of worship, the start of work from home and distance education, and the provision of delivery services such as drug delivery to patients with chronic disease [12]. Unlike these results, pregnant women in Italy and in China have reported that COVID-19 pandemic had moderate to severe psychological impact on them [9,13,14].

The most vulnerable expectant mothers in terms of anxiety were those whose working hours and income have decreased due to the COVID-19 epidemic, those who were more concerned and had less access to information about COVID-19 (signs and symptoms, trans-

mission and its consequences on the infant, restrictive and isolation measures, delivery, postpartum and lactation) as well as pregnant women who received information about COVID-19 on television during pregnancy [1]. In contrast, being a divorced woman, and receiving favorable information from an empathetic specialist, especially a midwife, were associated with lower levels of anxiety [1]. Websites and social networks may be effective in reducing pregnant women's anxiety. In Japan, fear of COVID-19 among pregnant women, was adversely related to their health monitoring. When transmitting information, it is not only the need to deliver precise information about the prevention of infectious diseases, but also information that reduces the anxiety of pregnant women [6]. Distance education provided to pregnant women to plan pregnancies and deliveries during COVID-19 reduces pregnancy discomfort and pregnancy-related anxiety [15].

Extreme changes in people's lifestyles have seriously affected their lifestyles. Social restrictions and mobility have forced quarantine periods into a drastic isolation [16]. The positive effects of physical activity on mental health (e.g. management of anxiety and relief of depression) [17] and its benefits during pregnancy are well documented [18]. Previous studies have reported decreased physical activity levels in pregnant women due to COVID-19 limitations [19].

Leadership, continuing education, implementation of evidence-based protocols, and collaborative initiatives are key to transmitting the fear of the virus and ensuring adequate health care during childbirth, especially in low- and middle-income settings. Policymakers should review the characteristics of reproductive health during childbirth during the COVID-19 epidemic and prioritize timely research and testing [10].

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