

Anxiety in Normal Pregnancy: Implications for the Family Doctor

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Editorial

Pregnancy is a period of great metabolic, hormonal and immunological changes, considerably noticeable by women since the beginning of pregnancy. From the psychological point of view, pregnancy represents an important change in the life of women. During pregnancy there is a reactivation of previous unresolved psychological processes, an increased perceptive capacity.

Elevated levels of emotional symptomatology are strongly correlated with lowered health-related functioning and perceived well-being [1]. Anxiety disorders are common during the perinatal period [2,3], and pregnancy anxiety has been shown to predict birth outcome and neuroendocrine changes during pregnancy [4]. In consequence, the identification of patients at risk for psychologically mediated complications during pregnancy should be a part of obstetric care [5].

Clinical observation allows detecting certain specific moments of pregnancy in which an increase in anxiety is observed. These phases of pregnancy are. 1) At the beginning of pregnancy; 2) During the formation of the placenta (second and third months); 3) When the first fetal movements are perceived (third and half months); 4) When fetal movements develop clearly (5th month); 5) In the phase of the internal version (from 6 and a half months); 6) At the beginning of the ninth month; and 7) In the days before the birth [6].

Each one of the phases of anxiety in these dates of gestation can last days or weeks, and get to produce own symptomatology. It should be remembered that in general medicine, more than half of patients with anxiety disorders report somatic rather than psychological symptoms [7].

Thus, in the beginning of pregnancy may appear hypersomnia [8]; it is from the psychoanalytic point of view a regression or denial. In any case, it is a useful symptom, since it provides an adequate biological defense, favoring the necessary rest at the beginning of the pregnancy. On the contrary, insomnia should be considered as an expression of pregnancy anxiety.

During the second month nausea and vomiting usually occur, which can have substantial effects on working, household duties and parenting activities [9,10].

To these symptoms diarrhea or constipation can be added. Clinically they are associated with anxiety due to the uncertainty of the existence of pregnancy and the fear of not being able to deliver and raise a child; can express the rejection of the child. In other words, they serve to show pregnancy, and they express anxiety [11]. From the biological point of view, anxiety in second trimester of pregnancy, promote to later increase in sympathetic activity [12].

The perception of fetal movements is possible from three and a half months of gestation. It is a strange feeling for the mother, and produces

the impression of shock and fear. Its psychic manifestation in the mother is the fear to suffer physical damage, fear of deformities of the child or to die in childbirth, which originates anxiety and manic mechanisms: the intense activity of the pregnant woman or the "cravings". Hypertension, insomnia, bulimia, venous ecstasy, cramps and muscle aches, headaches, lipothymias, or excessive weight gain may occur [6].

The clear sensation of fetal movements after the fifth month is accompanied by a greater perception of uterine physiological contractions of pregnancy. Both circumstances cause anxiety.

From the middle of the seventh month the internal version can be produced. The perception of these uterine and fetal movements cause anxiety that results in various psychic and physical symptoms: Hypertension, vaso-vagal syncope, hyperemesis, diarrhea, constipation, edema, excessive weight gain, painful cramps, and even premature delivery. These symptoms express a request for help and protection.

From the ninth month several physiological changes arise: the fetus develops more quickly, the physiological contractions increase, postural changes occur for the standing. These facts cause anxiety, which also increases with the proximity of the birth [6].

In the days before the birth, anxiety may appear that expresses the fear of childbirth, pain, traumatic birth, the health of the baby, etc. The distressing sensation of having stopped perceiving the fetal movements-caused from the organic point of view by the growth of the baby that exceeds the capacity of distension and by a certain degree of lace- is mentally associated with the death of the child. This anxiety can be associated with gestosis [6,13,14].

Therefore, it is an important task for the obstetrician and for the general practitioner/family doctor, to prevent, diagnose and treat early anxiety symptoms during pregnancy to avoid the mother suffering and the possible consequences for the child.

Treatment consists basically of providing support, education, and opportunity for the patient to ventilate her feelings. These interventions can be provided by the sensitive primary care physician who is willing and able to commit the time, to listen, and to communicate [5,15].

Conclusion

The implications for the general practitioner in relation to anxiety symptoms during pregnancy can be summarized in that this health professional has to emphasize the importance of listening in the care of women during normal pregnancy.

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