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Editorial

Implications for the Family Doctor of Anxiety During Pregnancy

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EDITORIAL

Pregnancy causes significant metabolic, hormonal, and immunological changes in women, which are visible from the start of pregnancy. Pregnancy signifies a significant transformation in a woman's life from a psychological standpoint. There is a reactivation of previously unresolved psychological processes, as well as an increase in perceptual capacity, during pregnancy.

Increased levels of emotional symptomatology are substantially linked to decreased health-related functioning and well-being. Anxiety disorders are frequent during pregnancy and anxiety during pregnancy has been proven to predict birth outcomes and neuroendocrine changes. As a result, obstetric care should include identifying individuals at risk for mentally mediated problems during pregnancy.

Clinical observation allows for the detection of certain moments throughout pregnancy when anxiety levels rise. These are the stages of pregnancy. 1) At the start of the 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) During 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 leading up to the birth.

Each period of worry in these gestational dates might last days or weeks and have its symptomatology. It's worth noting that in general medicine, more than half of individuals with anxiety disorders have physical symptoms rather than psychological ones.

Thus, hypersomnia may arise during the start of pregnancy; it is a regression or denial from a psychoanalytic standpoint. In any event, it's a good symptom because it acts as a biological defense, allowing you to get the rest you need during the start of your pregnancy. Insomnia, on the other hand, should be viewed as a symptom of pregnant worry.

Nausea and vomiting are common during the second month, which can have a significant impact on work, domestic tasks, and parenting activities.

Diarrhea or constipation can be added to these symptoms. Clinically, they are linked to anxiety as a result of the uncertainty of pregnancy and the dread of not being able to deliver and raise a kid; they can also represent the child's rejection. To put it another way, they function to show pregnancy while also expressing worry. Anxiety during the second trimester of pregnancy, from a biological standpoint, promotes a later increase in sympathetic activity.

From three and a half months of pregnancy, it is feasible to detect fetal movements. It's an odd sensation for the mother, and it gives her the impression of being shocked and terrified. Its psychic manifestation in the mother is the fear of bodily harm, defects in the kid, or death during childbirth, which causes anxiety and manic mechanisms, such as the pregnant woman's increased activity or "cravings." Hypertension, sleeplessness, bulimia, venous ecstasy, cramps, muscular aches, headaches, lipothymias, and weight gain are all possible side effects.

After the fifth month, the clear sensation of fetal movements is accompanied by a higher perception of uterine physiological contractions. Both situations are stressful.

The internal version can be developed starting in the middle of the seventh month. The anxiety caused by these uterine and fetal movements causes a variety of mental and physical symptoms, including hypertension, vaso-vagal syncope, hyperemesis, diarrhea, constipation, edema, excessive weight gain, severe cramps, and even premature birth. These symptoms are a cry for assistance and safety.

Several physiological changes occur starting in the ninth month: the fetus grows faster, physiological contractions intensify, and standing postural modifications occur. These facts induce worry, which grows as the due date approaches.

Anxiety may emerge in the days leading up to the delivery, expressing fears about childbirth, pain, traumatic birth, the baby's health, and so on. The painful sense of no longer being able to perceive fetal movements caused from a biological standpoint by the baby's growth exceeding the capacity for distension and a certain degree of lace is mentally connected with the child's death. This anxiousness has been linked to gestosis.

Preventing, diagnosing, and treating early anxiety symptoms during pregnancy is, therefore, a critical responsibility for the obstetrician and general practitioner/family doctor to avoid the mother's suffering and the potential implications for the child.

Support, information, and the opportunity for the patient to express her thoughts are the main components of treatment. These interventions can be delivered by a caring primary care physician

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who is willing and able to devote the necessary time, listen, and communicate.

CONCLUSION

The consequences for the general practitioner in connection to anxiety symptoms during pregnancy can be described as follows: in the care of women during normal pregnancy, this health professional must emphasise the value of listening.