






PERINATAL ANXIETY SCREENING SCALE (PASS) ASSESSMENT OF HIGH RISK PREGNANT WOMEN

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Abstract

Background: Psychological changes in pregnant women can be caused by hormonal imbalances. Imbalance can give rise to an anxiety response caused by conditions within oneself and the environment. Excessive anxiety can stimulate uterine contractions which can lead to pathological risks in the pregnancy. The aim of this research is to determine the anxiety and psychological domains of high-risk pregnant women. **Method:** The research design was descriptive research with a sample size of 30 pregnant women who had a history of high risk in Batu Kute village, Narmada subdistrict using cluster sampling technique. This research was conducted in February 2024. The instrument used was the PASS (perinatal anxiety screening scale) questionnaire. **Result:** The research results obtained were that most pregnant women experienced anxiety on a mild - moderate scale with a percentage of 70% experienced by mothers in the first and third trimesters of pregnancy. is in the domain category of excessive worry and specific fear as much as 57% and anxiety and active adjustment as much as 23.3%. The level of anxiety of pregnant women in the first trimester is due to the adaptation process to changes in a woman and will increasingly increase in the third trimester of pregnancy leading up to delivery. **Conclusion:** Anxiety conditions with or without previous symptoms will increase in high-risk third trimester mothers because they feel anxious about the condition of themselves and their fetus. If not treated, it will pose a risk to the mother, fetus and the birth process that will occur.

keyword: *anxiety, pregnant women, high risk*

INTRODUCTION

High risk pregnancy is a condition that will cause harm and complications to both the mother and fetus. The condition of the pregnancy will get worse if the woman feels anxious. Anxiety in pregnant women is at risk of triggering stimulation of uterine contractions which can result in preeclampsia and miscarriage, birth of babies with low birth weight and premature birth. Based on the research results of Ika Septiana et al, it shows that the higher the risk factors experienced, the higher the anxiety level of pregnant women (Saputri and Yudianti, 2020). Factors that can influence the psychology of pregnant women which can cause anxiety in pregnant women are age, gestational age, parity of pregnant



women, level of education, social support or mentoring work and environmental factors (Wahyuni and Hardin, 2022).

Excessive and long-lasting anxiety will result in symptoms such as generalized anxiety disorder (Generalized Anxiety Disorder) which is characterized by difficulty sleeping, difficulty concentrating, excessive worry about small things, pounding chest, cold sweats, easy fatigue and indigestion. Social anxiety disorder is characterized by a person feeling excessively anxious when they are in or interacting with their environment because they are afraid of being embarrassed, rejected or judged lowly by other people. Post-traumatic stress disorder is an anxiety disorder that occurs when a person experiences an event or incident that causes severe psychological trauma, such as a problematic pregnancy, difficult childbirth, problematic postpartum and breastfeeding.

Using the PASS instrument to identify anxiety in high-risk pregnant women, it is hoped that it will be possible to identify the varied anxiety symptoms of pregnant women more specifically so that pregnant women with conditions that most require intervention will be able to be referred to the appropriate treatment expert (Nonacs, 2015).

In this study, the assessment used the perinatal anxiety screening scale (PASS) instrument which consists of 31 questions to examine 4 categories of anxiety, namely acute anxiety and adjustment, general worries and specific fears, perfectionism, control and trauma and social anxiety that may be experienced by high-risk pregnant women. in the Batu Kute Village area of Narmada, West Lombok.

METHOD

The research design used is quantitative research with a descriptive approach. The population in the study was 30 pregnant women with high risk in Batu Kute village, Narmada subdistrict, West Lombok. The sampling technique used was cluster, namely grouping pregnant women based on their gestational age or trimester. The inclusion criteria in this study were pregnant women who were willing to take part in the research process and had a history of high risk, while the exclusion criteria were pregnant women who were not willing to take part in the research process and did not have a history of high risk.



The research was conducted in March 2024 and the measuring tool used was the PASS (Perinatal Anxiety Screening Scale) anxiety questionnaire. Respondents were asked to fill out a consent form to become respondents and fill in biodata. Then fill out a questionnaire designed to screen for anxiety problems which consists of 31 valid questions. Next, each answer to the question will be analyzed to be categorized into four measurable domains, namely excessive worry and special fear, perfectionism, control and trauma, social anxiety and acute anxiety and regulation. The total score is 0 – 93 with a division of 0 – 20 into the no symptoms category, 21 – 41 into the mild – moderate anxiety category and 42 – 93 into the severe anxiety category. Data analysis uses a frequency distribution table consisting of respondent characteristics, anxiety in pregnant women and psychological domain categories. The confidentiality of informant data will be maintained, and all data obtained has been approved by all informants.

RESULT AND DISCUSSION

Table 1. Characteristics of Respondents

Parameter	Gestational Age					
	TM 1		TM 2		TM 3	
	N	%	N	%	N	%
	Usia					
< 20 years	0	0	1	25	2	8
20-35 years	1	50	3	75	18	75
>35 years	1	50	0	0	4	17
Total	2	100	4	100	24	100
Education						
SD / Elementary School	0	0	0	0	1	4
SMP/Junior High School	0	0	1	25	4	17
SMA/Senior HighSchool	2	100	3	75	12	50
PT/University	0	0	0	0	7	29
Total	2	100	4	100	24	100
Pekerjaan						
PNS	0	0	0	0	0	0
Karyawan	0	0	1	25	0	0
Swasta	2	100	1	25	3	13
IRT	0	0	2	50	21	87
Lain-lain	0	0	0	0	0	0
Total	2	100	4	100	24	100
Gravida						
Primi	2	100	1	25	4	17
Multi	0	0	3	75	17	71
Grande	0	0	0	0	3	13
Total	2	100	4	100	24	100

The characteristics of the respondents from the age factor were mostly aged 20 - 35 years with a high school/vocational school education level, mostly housewives and multiparous people. Anxiety in pregnant women based on classification is in mild - moderate conditions with respondents' gestational age in the 1st trimester, 2nd trimester and 3rd trimester categories.

Table 2. Frequency Distribution of Anxiety In Pregnant Women

Classification of Anxiety	Gestational Age					
	TM 1		TM 2		TM 3	
	N	%	N	%	N	%
No symptoms	0	0	3	75	6	25
Light – Moderate	2	100	1	25	18	75
Heavy	0	0	0	0	0	0
Total	2	100	4	100	24	100

Table 3. Psychology Domains

Domain Classification	Gestational Age					
	TM 1		TM 2		TM 3	
	N	%	N	%	N	%
Acute anxiety and adjustment	1	50	3	75	3	12,5
General Concerns And Specific Fears	1	50	1	25	15	62,5
Perfectionism, Control And Trauma	0	0	0	0	5	20,8
Social Anxiety	0	0	0	0	1	4,2
Total	2	100	4	100	24	100

Based on the analysis of each question in the psychological domain grouping, it was found that the majority of respondents experienced general worries and specific fears in the 3rd trimester of pregnancy and anxiety and acute adjustments in the 2nd trimester. These results illustrate that the majority of high-risk pregnant women have mild - moderate levels of anxiety in the category domains of general worry, specific fear, anxiety and acute adjustment. This is in accordance with studies that report that the ability to deal with anxiety conditions felt by pregnant women depends on several things, namely age, education, maturity (readiness), personality, pregnancy experience, previous births and socio-economic conditions (Sari, 2020). Anxiety is a form of emotion and a person's subjective experience where this emotional state is a form of previous experience or conditions that are currently being experienced. Anxiety will give rise to fear which results in



a person being unable to identify threats. Anxiety can give rise to fear but fear usually does not occur without anxiety.

The inability of pregnant women to deal with their anxiety conditions will cause problems, especially for pregnant women at high risk. Anxiety is an emotional reaction related to the mother's worries about her fetus, the continuation of pregnancy, childbirth, postpartum and the period when she plays the role of mother. The prevalence of pregnancy anxiety is around 14 – 54%, the highest in the first trimester and third trimester (Novianti, 2019).

This is in accordance with the results of Andriyani's research, in Kendal which stated that the anxiety level of pregnant women with hypertension was at a moderate level (53.3%) and panic (13.3%). Hypertension will make the mother more anxious about the condition of the baby she is carrying. If the mother becomes increasingly anxious, it will result in increasingly unstable blood pressure (Ririn and Ika, 2020). Maternal anxiety that is not resolved over time will affect the condition of the baby which is at risk of resulting in premature birth. This is in line with research conducted by Uly on the impact of anxiety in pregnant women on preeclampsia and asphyxia in the city of Tasikmalaya in 2021 which showed that the results showed that the level of stress experienced by the mother was increasingly vulnerable. pregnant, the risk of preeclampsia and asphyxia in newborns increases (Silalahi and Kurnia, 2023)

Perfectionism, control and past trauma in pregnant women appear in the 3rd trimester before delivery. Meanwhile, only a small percentage of pregnant women experience anxiety due to social factors in the third trimester. This incident is in accordance with the results of research on the anxiety level of third trimester pregnant women facing labor without any symptoms of anxiety in the previous trimester (Retnomawati and Utami, 2023).

Several studies state that the level of depression or anxiety during the first trimester is the same as normal anxiety, while the level of depression or anxiety during the second and third trimesters is almost double that of the first trimester. Third trimester pregnant women who cannot let go of anxiety and fear before giving birth will release catecholamines (stress hormones) in high concentrations and can result

in increased labor pain, prolonged labor, and tension when facing labor (Batubara, Daulay, & Rangkuti, 2020)

Anxiety is an emotional condition characterized by physiological arousal, an unpleasant feeling of tension and a feeling of worry that something bad will happen soon (Nevid, Rathus, & Greene, 2018). The anxiety felt by pregnant women approaching the birth period is anxiety that is commonly felt by mothers entering the third trimester (Zulkahfi, 2020)

Anxiety and depression affect one in five pregnant and postpartum women, so it is very important because anxiety and depression are associated with a series of negative impacts on reproductive health.

CONCLUSION AND SUGGESTION

Anxiety is a form of emotion and a person's subjective experience, this emotional state is a form of previous experience or conditions that are currently being experienced. Anxiety will give rise to fear which results in a person being unable to identify threats. Anxiety can give rise to fear but fear usually does not occur without anxiety. Pregnant women in the first and second trimesters do not always show symptoms of anxiety, but instead appear in the third trimester before delivery.

DECLARATIONS

Conflict of Interest

Author declare there is no conflict of interest in this research

Authors' Contribution

SM was contributing in Concept & Research Question, Conducting Research, Statistic Analysis and writing Report. RM was Conducting Research and writing report. TH was Conducting Research. ZHF was analyzing statistic. BTA was writing report.

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Ethical Approval

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Data Availability

The data supporting this research are available from the authors on reasonable request.

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