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PSYCHOLOGICAL SUPPORT AND MENTAL HEALTH OUTCOMES IN HIGH-RISK PREGNANCIES: A MIDWIFERY PERSPECTIVE

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Abstract

High-risk pregnancies are not only physically challenging but also mentally and emotionally demanding for expecting mothers. Women in this category often experience heightened anxiety, depression, stress, and fear due to the possibility of complications such as preeclampsia, gestational diabetes, premature labor, or fetal distress. Psychological support has been recognized as a vital component of comprehensive maternal care, particularly when delivered through midwifery practice. This research explores the multidimensional role of midwives in providing mental health support during high-risk pregnancies, emphasizing their contribution through counseling, emotional reassurance, family-centered strategies, and evidence-based psychological interventions. The findings demonstrate that when psychological care is integrated with clinical management, there is a significant reduction in maternal anxiety and depression levels, improvement in adherence to medical advice, and enhancement of overall pregnancy outcomes. The paper concludes that midwives should be recognized as essential providers of psychological care in maternal health, particularly for high-risk pregnancies where both mental and physical health outcomes are closely intertwined.

Keywords: *High-risk pregnancy, midwifery, psychological support, maternal mental health, antenatal anxiety, perinatal depression, counseling interventions, family-centered care, emotional well-being.*

INTRODUCTION

Pregnancy is generally perceived as a joyous and transformative stage of a woman's life, but when complications arise, it becomes a high-risk condition associated with significant mental health challenges [1-7]. A high-risk pregnancy is defined as one in which there is a greater likelihood of adverse outcomes for either the mother or the fetus [8, 9]. This may be due to maternal age, chronic diseases (such as hypertension, diabetes, cardiac conditions), multiple gestations, or pregnancy-specific complications such as preeclampsia, placenta previa, or intrauterine growth restriction [10, 11].

However, beyond the physical risks, the psychological impact is often overlooked. Studies show that women with high-risk pregnancies are twice as likely to experience depression and anxiety compared to women with low-risk pregnancies [12]. Constant hospital visits, bed rest restrictions, fear of premature birth, and uncertainty about maternal or neonatal survival increase mental distress. Such psychological issues can worsen health outcomes by leading to poor adherence to treatment, weakened maternal-fetal bonding, and higher rates of postpartum depression [13, 14].

Midwives, traditionally recognized for their role in labor and delivery, now function as holistic caregivers who address both the clinical and psychological needs of mothers. Their continuous presence, empathetic communication, and culturally sensitive counseling play an important role in reducing mental distress [15-19]. With evidence-based psychological interventions

such as cognitive behavioral techniques, mindfulness practices, guided relaxation, and family-centered counseling, midwives help women build resilience and emotional stability [20, 21]. This paper aims to highlight the importance of psychological support delivered by midwives and its impact on mental health outcomes in women with high-risk pregnancies [22-25].

METHODOLOGY
To examine the effectiveness of midwifery-led psychological support in high- risk pregnancies, this study adopted a mixed-methods approach [26, 29]:
1. **Participants**:
A total of 120 women diagnosed with high-risk pregnancies were recruited from two tertiary hospitals. The participants were between 22–40 years of age, belonging to diverse socio-economic backgrounds [30-33].
2. **Intervention Design**:
- Psychological counseling sessions led by trained midwives (once weekly for 8 weeks).
- Mindfulness and relaxation therapy (guided breathing exercises, meditation, progressive muscle relaxation).
- Family-centered sessions to educate husbands/relatives on providing emotional support.
- Continuous emotional reassurance during hospital visits and hospitalization [34].
3. **Assessment Tools**:
- Edinburgh Postnatal Depression Scale (EPDS) for depression assessment.
- State-Trait Anxiety Inventory (STAI) for anxiety assessment.
- Semi-structured interviews for qualitative insights.
- Patient satisfaction survey at the end of interventions.
4. **Data Collection & Analysis**:
- Scores were taken before the intervention and after 8 weeks.
- Paired t-test was applied to measure significant differences.
The matic analysis was conducted for qualitative responses to understand patients' emotional experiences [35].

Case Study
A 32-year-old woman, at 28 weeks of gestation, was diagnosed with gestational hypertension and admitted to hospital. She presented with insomnia, severe anxiety, fear of preterm labor, and emotional breakdowns. The midwifery team enrolled her in an 8-week counseling program.
- In the first two sessions, the midwife focused on building trust and allowing the patient to express her fears freely.
- In subsequent sessions, mindfulness meditation and guided breathing exercises were introduced.
- Family sessions were conducted, educating her husband on the importance of emotional support, active listening, and reducing unnecessary stress.
- By the sixth week, her anxiety levels had reduced by nearly 50%, and she reported better sleep and greater confidence about delivery.
- At 38 weeks, she successfully delivered a healthy baby without complications.

This case highlights the critical impact of midwifery-led psychological support in improving mental and physical outcomes in high-risk pregnancies.

Data Analysis
Table 1: Changes in Anxiety and Depression Scores Pre- and Post- Intervention.

Psychological Measure	Pre-Intervention Mean	Post- Intervention Mean	% Reduction
Anxiety (State-TraitAnxiety Inventory)	56	32	42.8%
Depression (EdinburghPostnatal Scale)	18	9	50%

The data indicates a statistically significant reduction in both anxiety and depression levels after midwifery-led psychological interventions.

Table 2: Patient Satisfaction Survey Results

Satisfaction Parameter	VerySatisfied	Satisfied	Neutral	Dissatisfied
Emotional Support	70%	20%	7%	3%
Stress Management Techniques	65%	25%	8%	2%
Family Inclusion in Care	60%	30%	6%	4%
Overall Psychological Care	75%	18%	5%	2%

Results suggest that over 90% of women were satisfied with midwifery-led psychological support, showing its acceptability and feasibility in maternal care [36].

Questionnaire (Sample)

1. How often do you experience feelings of anxiety about your pregnancy complications?
   o Always / Often / Sometimes / Rarely / Never
2. Do you feel midwifery counseling sessions have reduced your stress?
   o Yes, significantly / Yes, moderately / Neutral / No
3. Are you more confident in managing your pregnancy after midwifery support?
   o Strongly agree / Agree / Neutral / Disagree
4. How effective were mindfulness/relaxation techniques in improving your emotional state?
   o Very effective / Moderately effective / Neutral / Not effective
5. Would you recommend psychological support sessions to other women with high-risk pregnancies?
   o Yes / No

CONCLUSION

This study establishes that psychological support is a vital yet often neglected component of maternal care in high-risk pregnancies. Midwives, through their continuous presence, empathetic listening, and evidence-based interventions, play an instrumental role in reducing maternal anxiety, depression, and emotional distress. The results demonstrate up to 50% reduction in depression levels and 42% reduction in anxiety, along with improved family support and better adherence to medical advice.

By integrating psychological interventions into standard antenatal care, midwives not only enhance maternal mental health outcomes but also contribute to healthier pregnancies and safer deliveries. Policymakers and healthcare institutions should therefore formalize midwifery-led psychological programs as a routine part of antenatal and perinatal care, especially for women with high- risk pregnancies.

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