

Women need professional emotional support during high-risk pregnancies, study finds

December 16 2019, by Megan Schumann



Rutgers researchers spoke to women hospitalized during high-risk pregnancies and found that trying to manage their emotions by themselves added an additional burden to an already stressful experience. Credit: Rutgers University

Little is known about how women manage emotional distress during high-

risk pregnancies, but Rutgers researchers learned that without psychosocial support, women struggle with fears and tears while feeling isolated and worried.

The [study](#) appears in the journal *Psychology of Women Quarterly*.

About 15 percent of pregnancies worldwide are high-risk, making premature delivery, low infant birth weight and other poor outcomes more likely. In the United States, 10 percent of [pregnant women](#) require hospitalization because they have [hyperemesis gravidarum](#), pre-eclampsia, kidney infections, gestational diabetes or are at risk for imminent delivery, among other conditions.

Rutgers researchers say keeping anxiety and stress to a minimum during [pregnancy](#) is important but is especially critical for high-risk pregnancies where it is believed to be a factor in premature birth.

The researchers interviewed 16 [women](#) hospitalized during high-risk pregnancies and found that trying to manage their emotions by themselves added an additional burden to an already stressful experience. The in-depth interviews are designed to elicit rich interpersonal data. A sample of 16 is typical of the phenomenological research method they used.

The study's participants included [heterosexual women](#) ages 21 to 42 from diverse racial and ethnic groups. The researchers analyzed how they tried to manage their emotions, what rationales they used and how they interpreted advice from [health care providers](#) and family members.

"We noticed a common theme among the women we spoke to—they were trying to force themselves to feel certain emotions like "thinking positive" while trying to perform mind tricks to get themselves there," said Judith McCoyd, lead author and associate professor at the School of

Social Work. "More surprisingly, the women informed us that they did not receive explicit advice on how to cope, think positive, or calm down."

The researchers suggest that professional intervention using visualization, mindfulness, cognitive-behavioral work and/or Acceptance Commitment Therapy, a type of psychotherapy that helps you accept difficulties, may all be useful interventions to try with this vulnerable group.

Aside from anxiety or depressive symptoms, the women experienced an inherent dilemma—needing to choose between two options and feeling that neither is good. This could include believing they must think positively to enhance fetal health despite their anxiety, sadness and their fears that this could harm the fetus; feeling responsible for housework yet being told not to do it; and needing [medical treatments](#) they feared would harm their fetus.

The women also stifled their emotional expression with their medical providers to enact being a good "mother" and to be a "good patient." To try to manage their emotions, the women expended tremendous energy, leaving themselves depleted and less able to cope.

The researchers said women considering pregnancy should think about what emotional support they might receive if they have a high-risk pregnancy. Women can speak with their obstetrician-gynecologist about receiving consistent medical and psychosocial care, and ask for a health navigator, perinatal social worker or an integrated behavioral health specialist if they require hospitalization, McCoyd said.

More information: Judith L. M. McCoyd et al. They Say, "If You Don't Relax... You're Going to Make Something Bad Happen": Women's Emotion Management During Medically High-Risk Pregnancy,

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