RESEARCH

WORRY AND CONCERNS OF PREGNANT WOMEN IN TURKEY ABOUT THE COVID-19 OUTBREAK: A CROSS-SECTIONAL STUDY

Abstract

The global epidemic of COVID-19, which is currently affecting the world, with more than one million infected, is a serious problem that causes anxiety and fear among pregnant women. This study aimed to examine the impact of coronavirus disease 2019 outbreak on the prevalence of fear and anxiety the corresponding risk factors among pregnant women across Turkey. Cross-sectional study was done in between April 29 to May 12 to identify mental health concerns in pregnancy to COVID-19. STROBE was used in the planning, implementation, and reporting of the study design. Descriptive statistics including frequency, the percentage for nominal variables, and mean and standard deviation for continuous variables were calculated. The level of anxiety was analyzed post hoc test. Pearson's correlation analysis was used. A total of 106 valid questionnaires were collected between the dates specified in the pandemic hospital. About 57.3% of pregnant women were concerned about becoming infected during the COVID-19 outbreak, and 89.6% requested online counseling. 28.3% of the participants requested to reduce their appointments. The topic that pregnant women needed the most counseling on was the protection for their baby and themself from infection against the COVID-19 outbreak. The mean state anxiety score of the pregnant women was 57.11 ± 8.11 and the mean trait anxiety score was 57.52 ± 7.38. Mother and childcare institutions should understand the demands of pregnant women, optimizing the tools of antenatal care service, and providing special and accessible health education and service for the safety of the mother and child.

Key words: COVID-19, Corona virus, pregnancy, worry, concerns, consultations

ARAŞTIRMA

TÜRKİYE'DEKİ GEBE KADINLARIN COVID-19 SALGININA İLİŞKİN ENDİŞE VE KAYGILARI: KESİTSEL BİR ÇALIŞMA

Öz

Şu anda dünyayı etkisi altına alan ve bir milyondan fazla enfekte olan COVID-19 küresel salgını, gebeler arasında endişe ve korkuya neden olan ciddi bir sorundur. Bu çalışma, koronavirüs hastalığı 2019 salgınının Türkiye genelinde gebeler arasında korku ve anksiyeteye karşılık gelen risk faktörlerinin prevalansı üzerindeki etkisini incelemeyi amaçlamıştır.

29 Nisan- 12 Mayıs tarihleri arasında COVID-19'a yönelik gebelikte ruh sağlığı ile ilgili endişeleri belirlemek için kesitsel çalışma yapıldı. Çalışma tasarımının planlanması, uygulanması ve raporlanmasında STROBE kullanıldı. Frekans, nominal değişkenlerin yüzdesi ve sürekli değişkenler için

Aysu Yıldız KARAAHMET[1,2*]

Fatma Sule TANRIVERDİ[2]

*Sorumlu Yazar e mail: aysuyildizz@hotmail.com

[1]Istanbul University-Cerrahpasa, Institute of Graduate Studies, Department of Midwifery, Midwifery Doctorate Program, İstanbul/Turkey
[2]Halic University, Faculty of Health Sciences, Department of Midwifery, İstanbul/Turkey

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ortalama ve standart sapma gibi tanımlayıcı istatistikler hesaplandı. Kaygı düzeyi post-hoc testten sonra analiz edildi. Pearson'un korelasyon analizi kullanıldı. Pandemi hastanesinde belirtilen tarihler arasında toplam 106 geçerli anket toplandı. Gebe kadınların yaklaşık %57,3'ü COVID-19 salgını sırasında enfekte olmaktan endişe duyuyordu ve %89,6'sı çevrimiçi danışmanlık istedi. Katılımcıların %28,3'ü randevularını azaltmak istedi. Hamile kadınların en fazla danışmanlık alması gereken konu, bebekleri ve kendileri için COVID-19 salgınına karşı enfeksiyondan korunmaktı. Gebe kadınların ortalama durumluk kaygı puanı 57.11 ± 8.11 ve sürekli kaygı puanı ortalaması 57.52 ± 7.38 idi. Anne ve çocuk bakım kurumları, hamile kadınların taleplerini anlamalı, doğum öncesi bakım hizmetlerinin araçlarını optimize etmeli ve anne ve çocuğun güvenliği için özel ve erişilebilir sağlık eğitimi ve hizmeti sağlamalıdır.

Anahtar kelimeler: COVID-19, Corona virüsü, gebelik, endişe, kaygı, konsültasyon

1. Introduction

The infection from coronavirus disease caused by severe acute respiratory distress syndrome, which originated in Hubei province of China, reached a global pandemic dimension within a few months (1). In terms of vulnerable populations, both pregnant women and their fetuses are considered at high risk of contracting infectious diseases during outbreak (2). The individual course of this outbreak can be different as well as its obstetric outcomes. Studies show viral pneumonia as the most common non-obstetric infectious disease during pregnancy. This disease draws a picture associated with maternal and neonatal morbidity and mortality and negative outcomes during pregnancy (3,4). Atypical pneumonia, now known as coronavirus disease, which is now affecting the world, is highly contagious and has spread worldwide (5,6). While the state of the effects of this disease in the pregnant population has not yet been clarified, information from previous human coronavirus outbreaks, namely coronavirus from severe acute respiratory syndrome (SARS-CoV)and Middle East respiratory syndrome coronavirus (MERS-CoV), especially pregnant women and fetuses show that it is sensitive(7,8).In these diseases, the application to intensive care is common and up to 35% case death rate has been documented(3,4,9).

Studies generally focus on the treatment and prevention of COVID-19to reduce the mortality rates caused by the current outbreak, but little research has been done on the needs of people exposed to this factor (10,11). The unpredictability of the outbreak, the effects of the resulting restrictions, lack of information and the anxiety and fear caused by it suggest that pregnant women can be affected by any aspect of the COVID-19 outbreak. While other studies cover the general population, those focusing especially on pregnant women are insufficient. While pregnancy causes physiological changes in the immune and respiratory system of women, this may make it more susceptible to COVID-19 infection (12). However, although pregnancy is seen as physiological changes occurring in women's life, it is the periods when the need for healthcare services increases (13). For this reason, both mother and fetus need special care in this period, which forms the basis of maternal and child health (14). Although the woman knows these special periods instinctively and epigenetically, she struggles with many question marks in this process and experiences fear and has a great interest in counseling (15).

In studies, it is reported that pregnant women feel fear and need counseling in extraordinary situations such as epidemics, disasters and seek information on these issues on the internet and seek answers to their questions (16). In a study of 983 pregnant women in China during the Covid-19 pandemic indicate that about 20% of respondents were afraid of any type of consultation at a hospital, while over 40% feared in-hospital antenatal visits. Moreover, more than half considered or decided to cancel their in-hospital antenatal care visits and postponed their appointments. These behaviors and attitudes indicate that pregnant women were anxious and worried about potential infection in the hospital environment. Considering the dilemma mentioned above and the fear of some other

unknowns from hospital visits, online antenatal care might be a preferable choice for pregnant women during this pandemic (17). The aim of the study is to establish a guide to identify the mother's fear, worry and anxiety levels about the epidemic during the new coronavirus pneumonia epidemic and to ensure that the needs of pregnant women in different trimesters are met correctly.

In this research, the following questions were sought:

I- Is there a difference between the fear, anxiety and anxiety levels of the pregnant woman of the COVID-19 epidemic?

II- Is there a relationship between the anxiety level of the pregnant women and their sociodemographic and pregnancy characteristics?

2.Matherial and Method

2.1. Study populations

A cross-sectional study was performed in 2020. STROBE Notification was used in planning, implementation and reporting of the study design (18). The study was conducted between April 29th and May 12th with pregnant women registered in the pregnancy outpatient clinic of a busy pandemic hospital in Istanbul.

2.2. Settings and participant

The study covers pregnant women with follow-up at a busy pandemic hospital in Turkey. The population of the study consisted of 458 patients who came to the hospital where the study was conducted for their routine examinations and were registered. However, between April 29th and May 12th, 106 pregnant women who did not attend hospital follow-up constituted the sample of the study When the study was conducted; (a) who could speak and writing Turkish, were included, (b) who could Internet access and use. In the study, (a) pregnant women who were not followed up at the pandemic hospital, (b) unwilling to participate in the study (c)women with either signs or symptoms of COVID-19 or in suspected or diagnosed labor (d) women with any obstetric indication that required them to admit to the hospital (e) women with any current/ prior known psychiatric disorder were excluded from the study prior to the enrollment. These pregnant women were sought by obtaining their contact information.

2.3. Variables and instrument

A "Questionnaire Form", "COVID-19 Fear and Anxiety Inventory" consisting of multiple-choice and open-ended questions and "Statefulness and Trait Anxiety Scale" were used to collect data using literature studies (17-19).

The "Questionnaire Form" includes a total of 13 questions including (a) 8 of the socio-demographic characteristics of women, (b) 5 of obstetric histories.

"COVID-19 Fear and Anxiety Inventory", a 5-point Likert style COVID-19 fear and anxiety inventory was created by the author by scanning the literature. The inventory consists of 32 questions in which women question their fear and anxiety of COVID-19. Within the scope of this study, internal consistency of the question items, a Cronbach alpha (α) coefficient for each item was calculated. Cronbach's alpha (α) value is 0.82. The inventory has no sub-dimensions and no reverse items.

The State-Trait Anxiety Inventory (STAI) was developed by Spielberger et al. Translation and validity and reliability studies were done by Öner and Le Compte (21). The State-Trait Anxiety Inventory (STAI) is a 40-item self-report questionnaire designed to measure the current state of anxiety (State Anxiety Scale (STAI-I)) and to assess the relatively stable individual level of proneness to anxiety (Trait Anxiety Scale (STAI-II)). Responses for STAI-I ranges from 1 (not at all) to 4 (very much so), while responses for STAI-II scale ranges from 1 (almost never) to 4 (almost always). The sum of item scores indicates the total subscale scores (19 items of the total 40 items should be reversely scored), ranging from 20 to 80 points and the higher score indicates greater anxiety (20,21).

The item reliability correlations of the Turkish version were 0.34 to 0.72 for the Trait Anxiety Inventory; For the State Anxiety Scale; It is between 0.42 and 0.85. The reliability coefficients obtained from the test-retest method of the scale; Between 0.71 and 0.86 for the Trait Anxiety

Scale; It shows that it varies between 0.26 and 0.68 for the State Anxiety Scale. The Turkishization of the State and Trait Anxiety Inventory was carried out in two different techniques, experimental concept validity and criterion validity (20,21). Within the scope of this study, internal consistency of the question items, a Cronbach alpha (α) coefficient for each item was calculated. Cronbach's alpha (α) value is 0.74.

The data were collected over a period of 14 days through links created through Google surveys.

2.4. Data collection process and bias prevention

The researchers defined potentially suitable pregnant women as healthy pregnant women who had or have had all their clinical follow-ups in the pandemic hospital to prevent any selection bias. The survey access links were shared with the pregnant women, they gave information about how the questionnaire should be filled and sent online. To protect privacy, the survey was anonymous. In addition, there was a statement in the beginning of the questionnaire where pregnant women approved their participation and they approved the study in writing. The participation of pregnant women was free, no promises of benefits or punishments were made.

Of the 115 pregnant women identified at the beginning, 106 women were interviewed, resulting in a 93% response rate. Programming of the questionnaire, data collection and data management was done by researchers.

2.5. Statistical analysis

Statistical Package for Social Science (SPSS) version 21.0 for Windows software (SPSS, Inc., Chicago, IL, USA) was used for all statistical analyses. Before the statistical analysis, the Kolmogorov–Smirnov test was used to assess the distribution of the data. Descriptive statistics, including frequency, the percentage for nominal variables, and mean and standard deviation for continuous variables were calculated. The level of anxiety was analyzed according to gestational week by one-way analysis of variance with the least significant difference (LSD) post hoc test. Pearson's correlation analysis was used to explore the relationship between the level of anxiety, sociodemographic, and gestational characteristics of pregnant women. The significance level was set as $p<0.05$.

2.6. Ethical approval

Before starting to collect data, Ethics committee approval of 18 May 2020 was obtained from the X University Clinical Research Ethics Committee (Ethics Number: 69) and the institution where the pregnant women were monitored. Verbal and written consent was obtained from pregnant women to participate in the study voluntarily. No incentive was proposed for their participation in the study. The questionnaire was anonymous and pregnant women were able to leave the study at any time.

3.Results

3.1.Sociodemographic and Gestational Characteristics of Pregnant Women

One hundred and six pregnant women (mean age, 28.09±4.18 years; mean number of pregnancies, 1.38±0.48) were included in the study. Eighteen of the pregnant women were in the first trimester, 34 were in the second trimester, and 54 were in the third trimester. Sociodemographic and gestational characteristics of pregnant women are demonstrated in Table 1. Approximately 82.1% of pregnant women reported that they prefer normal vaginal delivery, while 17.9% of pregnant women prefer cesarean delivery. The reasons for preferring the normal vaginal delivery were questioned. The findings showed that 22.5% of the pregnant women thought it was a natural method of delivery, 7.9% of them thought they could be discharged faster, and 69.6 % thought they could recover more quickly. On the other hand, 60% of the pregnant women, who prefer the cesarean delivery, thought cesarean delivery is faster than other methods, 25% thought the operating room is more sterile than other methods, and 15% of them thought there is no genital touch.

The pregnant women' thoughts regarding the double screening test, the triple screening test, quadruple screening test, and the testing

for gestational diabetes during the COVID-19 pandemic were questioned. The percentage of pregnant women who thought to postpone the double screening test screening, the triple screening test, quadruple screening test, and the screening for gestational diabetes, was 20.8%, 24.5%, 19.8, and 15.1%, respectively. The percentage of pregnant women reported that they had the double screening test screening, the triple screening test, quadruple screening test, and the testing for gestational diabetes during the COVID-19 pandemic were 16%, 11.4%, 10.4%, and 18.9%, respectively. The findings showed that 39.6% of pregnant women indicated that they do not consider taking the double screening test screening, 33.3% of pregnant women do not consider taking the triple screening test screening, 39.5% of them do not consider taking the quadruple test screening, and 34% of them do not consider taking gestational diabetes test screening during this period.

3.2. Pregnant women' thoughts related to antenatal care consultancy service during Coronavirus disease (COVID-19)

Table 2 demonstrates the pregnant women' thoughts related to antenatal care consultancy services during COVID-19. Most of the pregnant women need more comprehensive information about the virus during this period. The majority of the pregnant women were worried about how the virus will affect them and their baby during this period. Approximately 38% of the pregnant women need consultancy service about the virus's transmission to their baby during COVID-19. They reported that they needed more counseling from doctors and midwives than other healthcare professionals in this period (Table 2).

3.3. Pregnant women' thoughts and beliefs about being infected and anxiety level during Coronavirus disease (COVID-19)

Pregnant women' thoughts and beliefs about being infected, and anxiety level during COVID-19are presented in Table 3. The percentage of the pregnant women concerned about being infected when going out was 43.3%. More than 45% of the pregnant women have worried about being infected when going to the hospital, and 48.1% of them were concerned about virus transmission from hospital staff (Table 3). The total scores of STAI-I and STAI-II were 57.11±8.11 and 57.52±7.38, respectively. In addition, a significant difference was found in anxiety level between pregnant women according to gestational week ($F_{2,103}= 5.24$, $p=0.007$ for STAI-I and $F_{2,103}= 3.36$, $p=0.03$ for STAI-II). Post-hoc analysis showed that pregnant women in the first trimester have lower scores of the STAI-I and STAI-II compared to pregnant women in the second trimester ($p=0.002$ for STAI-I and $p=0.01$ for STAI-II) and pregnant women in the third trimester ($p=0.01$ for STAI-I and $p=0.04$ for STAI-II).

3.4. The relationship between anxiety level and sociodemographic and gestational characteristics of pregnant women

The relationship between anxiety level and sociodemographic and gestational characteristics of pregnant women is shown in Table 4. The level of anxiety had a significant correlation with the presence or absence of comorbidity ($p<0.05$). However, the other variables were not significantly correlated with anxiety levels during COVID-19($p>0.05$) (Table 4).

4. Discussion

The research was planned to establish a guideline during the new coronavirus pneumonia epidemic to identify the mother's level of fear, anxiety, and anxiety about the outbreak, and to ensure that pregnant women in different trimesters are properly met.

For this purpose, especially pregnant women who received antenatal care in an intensive pandemic hospital but did not come to their controls on the dates planned for the study were included in the study. The study revealed that women with a healthy pregnancy followed-up at the pandemic hospital had: (I) increased anxiety and anxiety for pregnancy and the baby due to the pandemic; (II) inadequate counseling and limited information about the relationship between pregnancy and pandemic. In the pandemic hospital, 57.3% of pregnant women with follow-up are

concerned about the risk of infection in the process of receiving antenatal care in hospitals, and more than 45% of women go to the hospital, while 48.1% are concerned about virus infection from the hospital staff. Therefore, the majority of pregnant women (76%) hope that they can make an appointment when they cancel their hospital appointments or when their density is low (25). Half of pregnant women in a study conducted in Turkey (52%) feel they are vulnerable, and they are mainly concerned (80%) reported (26). The majority of pregnant women participating in the study reported that they did not even consider having important screening tests during their pregnancy or postponed them to a later date. It is seen that the majority of the pregnant women in this request are pregnant women and primiparous women in the second trimester. He hopes that the vast majority of pregnant women can receive remote counseling from the hospital. In Shanghai, where COVID-19 cases are common, more than 90% of female respondents have been found to be very nervous or terrified after the outbreak (27). Concerns of pregnant women in this study are slightly lower than the data in Shanghai; This is a relatively low rate of infection in Turkey and may be associated with strict prevention and control strategies. For this reason, helping pregnant women by removing their anxiety and answering questions in their minds can help prevent pregnant women from getting nervous or afraid in this process.

World Health Organization data show that 10% of pregnant women worldwide have mental health problems, primarily depression, and the incidence of different types and severity of perinatal mental health problems is 1.0 to 19.8% (9). It is reported that pregnant women are afraid that they will become infected in the hospital or outside environment due to the new coronavirus outbreak. It is thought that they avoid going out with the fear of being infected and have a risk of psychological problems due to long-term residence (10). It is seen that the anxiety levels of pregnant women in this process are quite high. Psychological counseling and strengthening of social support will help pregnant women to improve their quality of life and maintain a healthy fetal development.

It is very important for women and the child to be born to spend a healthy and comfortable pregnancy period. The COVID-19 outbreak, which occurred in this century and where humanity is foreign, also affects the anxiety levels of pregnant women. In the study, there was a significant difference in anxiety levels among the pregnant women during to gestational weeks and this anxiety increased as the trimester progressed. In a study conducted by Wu et al., It was reported that depressive symptoms were significantly higher in pregnant women who were assessed after the COVID-19 outbreak was declared (28). Pregnant women in a study conducted in Turkey were found to be significantly higher than before the outbreak of depressive and anxiety symptoms (29).

One of the strengths of this study is that it was conducted on pregnant women with follow-up in the pandemic hospital. This situation takes us to the real focus rather than the assumption. Apart from that, the sample group was carried out only on the pregnant women in the hospital connected to a single center. It cannot be associated with the whole society. Taking real patients affected by the outbreak will guide the acquisition of strong data in the study. Achieving these results and the needs of pregnant women is one of the strengths of this study. Apart from that, being able to provide care for the needs of pregnant women, the most vulnerable group of the society, is one of the important requirements for continuing healthy pregnancies. In this study, it is planned to investigate the needs of trimesters. The strengths of the research are the study of patients with follow-up in the pandemic hospital. However, the number of samples decreased considerably at that time due to limited applications, which led to the study of few pregnant women. This is one of the limited aspects of the research. pregnant women in hospitals in the province of Istanbul Turkey is a pandemic capstan, society needs to be evaluated based on generalizations and making the whole situation.

5. Conclusions

Contrary to the normal population, the effect of human coronaviruses on pregnant, maternal and infant health is still not fully known and the transmission status is not clear. These

uncertainties cause pregnant women to worry about the corona virus epidemic. The results show us that pregnant women are afraid, worried about the risk and anxiety level was affected of COVID-19transmission.They want information and measures for the prevention and protection in Turkey. They demand accelerated appointments for antenatal care and online access to health information and services. Also, results point to an urgent need to provide this population with psychosocial counseling in times of crisis such as an epidemic. Otherwise, adverse events may occur during pregnancy and therefore affect both the mother and the fetus. All people are fighting against the first and most powerful threat of the COVID-19 outbreak. The whole world is focused on the global epidemic and people are affected by all aspects of the epidemic. These advances have led researchers to promptly investigate the treatment and prevention of the disease and to address the risk of death from coronavirus infection. However, this process is very important for vulnerable groups such as children and pregnant women and has psychological effects.

Taking into consideration the precautions and suggestions published by important institutions, country policies; pregnant women should offer opportunities such as working opportunities suitable for working pregnant women, the provision of protective equipment, priority and flexibility of online appointment, special locations for pregnant women, online counseling, information books or brochures where pregnant women can answer their questions. Based on the data of this study, it is planned to create online consultancy programs and brochures or booklets available to pregnant women in line with the needs of these women.

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Conflict of interest

None.

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Table 1: Sociodemographic and gestational characteristics of participants (n=106)

Parameters	**n (%)**
Age (years), mean±SD [95% CI]	28.09±4.18 [27.03-28.92]
Marriage time (years), mean±SD [95% CI]	3.72±1.20 [3.01-4.48]
Number of pregnancy, mean±SD [95% CI]	1.38±0.48 [1.29-1.48]
Education	
Literate	8 (7.5%)
Primary education	6 (5.7%)
Secondary education	25 (23.6%)
University	67 (63.2%)
Working status	
Working	44 (41.5%)
Not working	62 (58.5%)
Level of income	
Low-income family	34 (32.1%)
Middle-income family	21 (19.8%)
High-income family	51 (48.1%)
Type of family	
Nuclear family	92 (86.58%)
Large family	14 (13.2%)
Comorbidity	
Absent	97 (91.5%)
Present	9 (8.5%)
Gestational week	
First trimester	18 (17%)
Second trimester	34 (32.1%)
Third trimester	54 (50.9%)
The frequency of doctor visitsduring COVID-19	
One time a month	81 (76%)
Two times a month	14(13.5%)
Three times a month	4 (3.8%)
Four times a month	4 (3.8%)
Five times a month	3 (2.9%)
Preference of delivery method during COVID-19	
Normal vaginal delivery	87 (82.1%)
Cesarean delivery	19 (17.9%)

Data are expressed as number (percentage of the total number) and mean±standard deviation [95% Confidence Interval].

Table 2: Participants' thoughts related to antenatal care consultancy service during coronavirus disease (COVID-19) (n=106)

Thoughts	**n (%)**
The most needed consultancy service during COVID-19	
Nutrition	23 (21.7%)
Protection from infection	16 (15.1%)
Rules for wearing gloves and bones	12 (11.3%)
Birth information	13 (12.3%)
About the virus's transmission to my baby	40 (37.7%)
Exercise during pregnancy	2 (1.9%)
Wishing to receive consultancy service from	
Doctor	78 (73.6%)
Midwife	17 (16%)
Other healthcare professionals	9 (8.5%)
Family	0 (0%)
Internet	2 (1.9%)
I need more comprehensive information about the virus during this period.	70 (66.1%)
I need information on how the virus will affect me during this period.	57 (53.8%)
I need information on how the virus will affect my baby during this period.	66 (62.3%)
I need an online consultancy system in this period.	37 (34.9%)
I need online counseling on motherhood in this period.	40 (37.8%)
I need online counseling on breastfeeding in this period.	46 (43.4%)
I need psychological counseling in this period.	25 (23.6%)

Data are expressed as number (percentage of the total number).

Table 3: Participants' thoughts and beliefs about being infected, and anxiety level during corona virüs disease (COVID-19) (n=106)

	Agree	Not sure	Disagree
	n (%)		
Thoughts and beliefs			
I think that the frequency of doctor visits should be reduced during pregnancy.	30 (28.3%)	35 (33%)	41 (38.7%)
I think that the frequency of doctor visits should be increased during pregnancy.	28 (26.4%)	34 (32.1%)	44 (41.5%)
I want to visit the doctor every time I want because I think I was infected.	21 (19.8%)	14 (13.2%)	71 (67.0%)
I think the virus will harm my pregnancy.	27 (25.9%)	26 (25%)	51 (49.0%)
I am concerned about being infected in this period.	59 (56.7%)	31 (29.8%)	14 (13.5%)
I am concerned about being infected when going out.	68 (65.4%)	24 (23.1%)	12 (11.5 %)
I think my family members will infect the virus to me.	36 (34.7%)	28 (26.9%)	40 (38.5%)
I spend time separately from all my family members to be protected against the virus.	41 (39.5%)	22 (21.2%)	41 (39.4%)
I am worried about being infected when going to the hospital.	70 (67.3%)	26 (25%)	8 (7.6%)
I am concerned about the virus transmission from hospital staff	54 (51.9 %)	22 (21.2%)	28 (26.9%)
I am concerned about the virus transmission from the examination instruments.	54 (51.9%)	19 (18.3%)	31 (29.8%)
Anxiety level			
State Anxiety(STAI-I), mean±SD [95% CI]	57.11±8.11 [55.46-58.63]		
Trait Anxiety(STAI-II), mean±SD [95% CI]	57.52±7.38 [56.18-58.83]		

Data are expressed as number (percentage of the total number) and mean±standarddeviation [95% Confidence Interval].

Abbreviation: STAI, State-Trait Anxiety Inventory.

Table 4: The relationship between anxiety level and sociodemographic and gestational characteristics of participants (n=106)

	StateAnxiety§	TraitAnxiety§	Age	Number of pregnancy	Marriage time	Working status	Type of family	Comorbidity
Age (years)	-0.006 (0.95)	0.04 (0.68)	1	**0.19* (0.04)**	**0.34** (0.001)**	-0.10 (0.26)	-0.26 (0.06)	0.15 (0.12)
Number of pregnancy	-0.10 (0.29)	0.02 (0.80)	**0.19* (0.04)**	1	**0.74** (0.001)**	0.43 (0.11)	0.09 (0.35)	**0.24 (0.01)***
Marriage time (years)	-0.17 (0.06)	-0.004 (0.97)	**0.34** (0.001)**	**0.74** (0.001)**	1	**0.37 (0.001)****	0.007 (0.94)	0.20 (0.33)
Working status [a]	-0.06 (0.53)	0.10 (0.27)	-0.10 (0.26)	0.43 (0.11)	**0.37 (0.001)****	1	**0.32 (0.001)****	0.15 (0.11)
Type of family [b]	0.13 (0.15)	0.08 (0.40)	-0.26 (0.06)	0.09 (0.35)	0.007 (0.94)	**0.32 (0.001)****	1	0.11 (0.22)
Comorbidity [c]	**0.28** (0.003)**	**0.27** (0.005)**	0.15 (0.12)	**0.24 (0.01)***	0.20 (0.33)	0.15 (0.11)	0.11 (0.22)	1

Pearsoncorrelation test $p<0.05^{*}$, $p<0.01^{**}$

Data are expressed as r(p).

§As assessedbytheState-TraitAnxiety Inventory.

[a]Categorized as “working” and “not working”.

[b]Categorized as “nuclear family” and “large family”.

[c]As assessedby self-reporting of the presence orabsence of comorbidity.