

Anxiety and Acceptance of Grief in Pregnant Women Who have Terminated Pregnancy: Case Report

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ABSTRACT

Termination of pregnancy is a major life event and can even be a traumatic experience. A woman who undergoes a termination of pregnancy loses not only her fetus but also her dreams and plans for her child. This can cause disturbances in a person's psychology, and one of them is in the form of anxiety. To study and determine the anxiety and acceptance of grief in pregnant women who are about to terminate their pregnancy. Serial case reports of two cases of pregnant women with congenital abnormalities who are about to terminate their pregnancy. Interviews were conducted at the Obstetrics and Gynecology Polyclinic at Prof. Dr. I. G. N. G. Ngoerah General Hospital Denpasar related to the mental condition experienced before the termination of pregnancy and how the social support received by the patient. Both anxiety measurements were carried out using the Beck Anxiety Inventory (BAI) and Hamilton Anxiety Rating Scale (HARS) questionnaires. The two pregnant women with termination plans at the Obstetrics and Gynecology Polyclinic at Prof. Dr. I. G. N. G. Ngoerah General Hospital Denpasar experiences anxiety although it cannot be categorized as severe anxiety. In facing termination, the two patients also experienced difficulties in accepting grief which improved along with the provision of education and assistance from the medical team. For clients and families, the experience of abortion can be a separate stressor that is very influential both physically and psychologically for the client. The choice to undergo termination of pregnancy (both voluntary and therapeutic) is highly personal and complex for the woman and her partner because many factors are involved in the decision-making process. Performing therapeutic termination of pregnancy is very personal and several demographic and reproductive factors can contribute. Women who undergo termination of pregnancy have a higher risk of developing mental disorders. Termination of pregnancy is a difficult process. This process can cause several mental disorders such as anxiety disorders in pregnant women who are about to terminate. In the decision-making process, the pregnancy termination team must consider all aspects, both psychological and cultural, that are adhered to by the patient.

Keywords: Anxiety, acceptance of grief, termination of pregnancy

ABSTRAK

Penghentian kehamilan merupakan peristiwa besar dalam hidup dan bahkan dapat menjadi pengalaman traumatis. Seorang wanita yang menjalani penghentian kehamilan tidak hanya kehilangan janinnya, tetapi juga impian dan rencananya untuk anak tersebut. Hal ini dapat menyebabkan gangguan psikologis pada seseorang, dan salah satunya berupa kecemasan. Untuk mempelajari dan menentukan tingkat kecemasan dan penerimaan duka pada wanita hamil yang akan melakukan aborsi. Laporan kasus berurutan tentang dua kasus wanita hamil dengan kelainan bawaan yang akan melakukan aborsi. Wawancara dilakukan di Poliklinik Obstetri dan Ginekologi Rumah Sakit Umum Prof. Dr. I. G. N. G. Ngoerah Denpasar terkait kondisi mental yang dialami sebelum pengakhiran kehamilan dan bagaimana dukungan sosial yang diterima oleh pasien. Pengukuran kecemasan dilakukan menggunakan kuesioner Beck Anxiety Inventory (BAI) dan Hamilton Anxiety Rating Scale (HARS). Dua wanita hamil yang memiliki rencana aborsi di Poliklinik Obstetri dan Ginekologi Rumah Sakit Umum Prof. Dr. I. G. N. G. Ngoerah Denpasar mengalami kecemasan, meskipun kecemasan tersebut tidak dapat dikategorikan sebagai kecemasan berat. Dalam menghadapi aborsi, kedua pasien juga mengalami kesulitan dalam menerima kesedihan, yang membaik seiring dengan pemberian pendidikan dan bantuan dari tim medis. Bagi klien dan keluarga, pengalaman aborsi dapat menjadi faktor stres tersendiri yang sangat berpengaruh secara fisik dan psikologis bagi klien. Pilihan untuk menjalani aborsi (baik sukarela maupun terapeutik) merupakan keputusan yang sangat pribadi dan kompleks bagi wanita dan pasangannya, karena banyak faktor yang terlibat dalam proses pengambilan keputusan. Melakukan aborsi terapeutik merupakan hal yang sangat pribadi, dan beberapa faktor demografis dan reproduksi dapat berkontribusi. Wanita yang menjalani aborsi memiliki risiko lebih tinggi untuk mengembangkan gangguan mental. Pengakhiran kehamilan adalah proses yang sulit. Proses ini dapat menyebabkan beberapa gangguan mental, seperti gangguan kecemasan, pada wanita hamil yang akan melakukan pengakhiran kehamilan. Dalam proses pengambilan keputusan, tim pengakhiran kehamilan harus mempertimbangkan semua aspek, baik psikologis maupun budaya, yang dianut oleh pasien.

Kata kunci: Kecemasan, penerimaan duka, penghentian kehamilan

INTRODUCTION

Poor pregnancy outcomes, both maternal and neonatal, can cause maternal anxiety. Anxiety can be part of an individual's reaction to survive the pressures of life. Including responding to poor pregnancy outcomes due to pregnancy complications.

Anxiety is a normal emotion in times of threat and is considered part of the evolutionary fight or flight reaction for survival. Anxiety is characterized by excessive fear and worry and is associated with behavioral disturbances. Anxiety is more often associated with muscle tension and alertness in preparation for future danger and cautious or avoidant behavior.^{1,2} Termination of pregnancy is a major life event and even a traumatic experience. A woman who undergoes a termination of pregnancy loses not only her fetus but also her dreams and plans for her child.³ In the case of termination of pregnancy, psychological assistance is needed during the provision of information, the decision-making process, and the process of termination of pregnancy.⁴ In this case report, two pregnant women with termination plans were interviewed at the Obstetrics and Gynecology Polyclinic, Dr. I. G. N. G. Ngoerah General Hospital, Denpasar, Bali, related to the mental condition experienced before the termination of pregnancy and the social support received by the patient.

CASE PRESENTATION

This is a qualitative study with a case report approach of pregnant women with severe fetal congenital abnormalities. This research was carried out involving medical and psychiatric psychologists as well as obstetricians and gynecologists. The object of this research is focused on the anxiety and the level of acceptance of the subject when it was decided to terminate the pregnancy. Case studies were conducted by combining observational and biographical approaches.

Case 1. A woman, 26 years old, Primigravida, 19 Weeks, 1-day single fetus, living with a congenital fetal anomaly in the form of a Giant Omphalocele (GO). After learning that the fetus was abnormal, the patient complained of feeling sad considering the condition of her pregnancy, especially since this pregnancy was highly expected because it was her first pregnancy. The patient first learned about the condition of her womb during ANC at the specialist clinic on April 14, 2023, via ultrasound, and found GO. The diagnosis of GO is established by considering a malformation or defect in the abdominal wall exceeding 5-6 cm and a sac containing all or most of the liver. During Antenatal Care, the patient had no complaints during

pregnancy. This pregnancy is a pregnancy that the patient hopes for because she has been married for two years. This condition makes a feeling of sadness arise and disappear. Feelings of sadness arise, especially if the patient is alone and has no friends to accompany him, so at this time, the patient chooses to live with his parents. The patient says that sometimes he feels worried and afraid that the next pregnancy will be like this. Patients still often contemplate and think about the cause of this disorder. The patient does not want the next pregnancy to happen like this again.

Anxiety level screening using the Beck Anxiety Inventory (BAI) obtained a value of 11, indicating a moderate level of anxiety. Whereas with the Hamilton Anxiety Rating Scale (HARS), we get several 8s, which indicates a mild level of anxiety. Even so, it didn't take long for the patient to say that he understood and accepted the condition of his pregnancy and was ready for termination.

Case 2. Female, 25 years old, Primigravida 23 weeks 1 day, a single live fetus with abnormalities in the form of Left Endometriosis Cyst, Multiple Fetal Congenital Anomaly (Omphalocele, Clenched Hand, Bilateral CTEV, Abnormal Cardiac Axis). These abnormalities were noticed for the first time during antenatal care by a specialist on March 18, 2023. The patient had no complaints during pregnancy and still thinks she is doing well. After learning that there is an abnormality, sometimes you feel sad when you remember the current condition of your pregnancy. Complaints of feeling sad are felt especially if the patient is not active, and when going to sleep. The patient chooses to do many activities so as not to be reminded of his sadness and to divert his mind and energy. Patients also say that sometimes they feel anxious and worried that in the next pregnancy, the same thing will happen. The patient wants to continue working so as not to think too much about his condition. Anxiety screening got BAI 8, and HARS 4. After getting sufficient explanation, the patient said he understood and accepted the current condition of his pregnancy, and the patient handed it over to the medical team to determine the termination of the pregnancy.

Patient Consent

The patient's family has agreed to be part of the clinical learning process. The patient and family have signed an informed consent.

DISCUSSION

According to data released by the World Health Organization (WHO) in 2017, there are 280,000 fetal deaths in the world caused by congenital abnormalities. Every year, around the world, about 55.9 million terminations of pregnancy are carried out. The development of prenatal diagnostic

modalities and the improvement of prenatal services have made it possible to increase the number and type of abnormalities in the fetus that are detected.⁴ This will be followed by an increase in the number of induced abortions due to fetal abnormalities. The International Federation of Gynecology and Obstetrics (FIGO) defines induced abortion as "termination of pregnancy using drugs or surgical intervention after implantation and before the conceptus becomes independently viable (WHO definition of birth: menstrual age 22 weeks or more)". In many countries, the only condition under which termination is permitted is for medical reasons. In countries where termination of employment is regulated by law, it is permissible as long as it is carried out within the legal limits established by law.⁵ The main factors influencing the decision to end a pregnancy are those involving individual and family stability and the likely quality of life for the baby, plus the impact that a child with a disability will have on family dynamics. When termination for medical reasons is the result of a joint decision, it tends to be associated with greater satisfaction and a positive psychological impact after the event.⁵

Women who have experienced the loss of a child are characterized by a deep sense of grief. The loss of a child is typical as part of post-traumatic stress disorder, and it takes a toll on their mental health. Termination of pregnancy is an integral part of the body's response to any pressure received by the mother's body and the fetus. Furthermore, the medical termination of pregnancy is a reproductive event with an important traumatic burden. In addition, it also has an intrinsic therapeutic effect and can produce psychological and psychopathological effects that are different for each woman and partner.⁶ Women with a desired and eagerly awaited pregnancy will feel lost. Even though partners are unable to express their feelings at first and seem calm, the first reaction is shock and denial. Some parents may go against their partner and the doctor's opinion and may experience depression or anxiety during this process, but the duration and severity continue to fluctuate until the parents accept the situation.⁷ The decision-making process to end a pregnancy is a difficult one, and both parents will take steps to justify the termination. It will also create lasting feelings of grief and anxiety.⁴ In both patients, through interviews, it was revealed that the first patient that patient initially felt sad about her condition because this pregnancy was long-awaited. The patient has been married to her husband for two years and longs for a child in the household. This could make the patient feel very sad and not accept her condition,

helpless, and not want to believe when she was told that her pregnancy was not good. In the second patient, through interviews, it was found that the patient also felt sad about the condition of her pregnancy, but left all decisions to the medical team because the patient and family felt unable to decide for themselves. Patients and families are confused and afraid to make decisions.

A study of emotional reactions in women undergoing termination of pregnancy by Kamranpour et al. demonstrated that two types of psychological experiences occur in women with the termination of pregnancy due to fetal anomaly namely "emotional reactions coinciding with the diagnosis of the fetal anomaly" (consisting of "disbelief and denial of the fetal anomaly" and "feelings of sadness and anger") and "psychological problems after termination pregnancy" (consisting of "feeling helpless, afraid, anxious, and depressed" and "feeling guilty, and guilty"). Research by Eklein et al. shows that most parents are not ready to be diagnosed with fetal abnormalities, and face high levels of psychological distress. Asplin's research results also reveal that most women experience a series of unpleasant emotions such as anxiety, sadness, uselessness, loneliness, fatigue, and anger.^{8,9} In the second patient, it was found that the patient accepted the condition but was not fully prepared, indicated by diverting the sadness and feelings of anxiety he was experiencing by working and being busy. The first patient accepted all his conditions, dared to face them, and made the decision to terminate. Another study by Güçlü et al. demonstrated that in women undergoing termination due to fetal anomalies, sadness symptoms may become persistent after six months, and these symptoms may be associated with anxiety symptoms in the first six weeks. Several studies have shown that very intense reactions to grief may be associated with high levels of anxiety and post-traumatic stress.³ Research by Geylani et. al. was conducted to assess anxiety in pregnant women about termination. An assessment was carried out using the State-Trait Anxiety Inventory (STAI) questionnaire before termination. The results show that the average score received from STAI before termination is high in women whose pregnancies are about to be terminated or who have had previous pregnancy terminations.⁷ In the case discussed, the patient was evaluated using the BAI and HARS questionnaires to measure the level of anxiety. BAI consists of 21 questions, each with four points that reflect the degree of severity. Some of the symptoms observed include fever, tremors in the feet and hands, inability to relax, fear of the worst, dizziness, racing heart, emotional instability, fear or dread, nervousness, weakness, and vulnerability. The classification of score indications

for anxiety is minimal (0-10), mild (11-19), moderate (20-30), and high (31-63). HARS is an anxiety questionnaire; some of the assessments include feelings of anxiety, tension, fear, somatic symptoms, cardiovascular symptoms, and behavior during the interview. The BAI and HARS scores were found to be quite low in both patients, so they were classified as mild-moderate anxiety. From the interviews, it was found that there were symptoms of anxiety that did not interfere with the patient's function and activities. This can happen because the two patients have undergone counseling and education about the state of pregnancy and the plan for termination. Thus, psychological assistance is still needed to prevent long-term mental disorders. For future pregnancies, the pregnancy termination team must be able to provide education about the prognosis and possible recurrence of complications as well as prevention strategies.⁴ Social support is very important in the grieving process, and if partners have different views on the decision to terminate the pregnancy, it will be difficult to provide effective support.³ This support includes all psychological interventions and social interventions, including counseling, cognitive behavioral therapy, family support, or peer support.¹⁰ In addition, professional care is needed in the form of ongoing care and appropriate psychological support for pregnant women undergoing termination of pregnancy based on their psychological needs. Such support includes all psychological interventions and social interventions, including counseling, cognitive behavioral therapy, family support, or peer support. In addition, professional care is required in the form of ongoing care and appropriate psychological support for pregnant women undergoing termination of pregnancy based on their psychological needs.¹¹

CONCLUSION

Termination of pregnancy for any reason can cause discomfort and often has to go through a difficult process. Discomfort can be in the form of guilt, grief or sadness, and anxiety. Especially the termination of pregnancy due to severe congenital abnormalities. This process can cause several mental disorders, such as anxiety disorders, in pregnant women who are about to terminate. In the decision-making process, the pregnancy termination team must consider all aspects, both psychological and cultural, that are adhered to by the patient. As well as considering the time it takes the patient to be able to make a decision.

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