



Scoping Review

## SUPPORT, ACCESS AND ANTENATAL CARE TO WOMEN WITH A HISTORY OF PREECLAMPSIA IN PREGNANCY

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### ARTICLE INFORMATION

Received: March 16, 2020

Revised: April 01, 2020

Available online: July 01, 2020

### KEYWORDS

Support; Access; ANC; Pregnancy; Preeclampsia.

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### ABSTRACT

**Background:** Preeclampsia and eclampsia are the second direct cause of maternal death worldwide, estimated to complicate 2-8% of all pregnancies, the global prevalence of preeclampsia is around 4.6%. The purpose of this scoping review is to provide an overview of studies related to antenatal support, access, and services to mothers with a history of preeclampsia in pregnancy.

**Method:** the authors identify studies that explain preeclampsia in pregnancy from several databases, namely PubMed, ProQuest, EBSCO, and Springer Link. Searches are limited to studies published in English and present data for the 2009-2019 period. The identified research was reviewed using the PRISMA Flowchart. Studies with qualitative and quantitative designs that explore the experiences of pregnant women regarding antenatal support, access, and services were selected for review. In contrast, studies that were not experience related to prenatal support, access, and services to mothers with a history of preeclampsia in pregnancy were excluded.

**Results:** A total of twelve articles were reviewed, which obtained three sub-themes of support, namely the support of husband, family, and health workers, from the theme of access obtained three sub-themes, namely information search, modification programs and the availability of health workers. From the idea of antenatal care, four sub-themes are found, namely unsustainable care, lack of information, screening, and feeling empowered.

**Conclusion:** Pregnant women with preeclampsia need support from a partner or family and health workers. Information and screening need to be improved in antenatal care.

### INTRODUCTION

Globally, the maternal mortality ratio has fallen by 38% over 18 years, from 342 in 2000 to 211 per 100,000 live births in 2017 (1). Hypertension disorders (preeclampsia and eclampsia) are the second The direct cause of maternal death worldwide (2), the global prevalence of preeclampsia around 4.6% (3), preeclampsia causes hypertension and proteinuria, prematurity, hypotrophy, and risk of fetal death (4,5). WHO recommends an antenatal care model with a minimum of eight visits to reduce perinatal mortality, increase positive care experience for pregnant women (6) dan, and have significant effects in mothers and fetuses with preeclampsia (7). In developing countries strengthening the public health system and increasing access to maternal health are priorities in reducing Maternal Mortality Rate (MMR) caused by preeclampsia (8). The support of partners,

family and friends is also an essential aspect of a woman's pregnancy period (9).

The experience of women in cases of hypertension and preeclampsia is very much looking forward to social support from partners, family, and friends who can help with healing (10) like emotional support and information support (11). Several factors affect the accessibility of antenatal care, example the influence of socio-cultural contexts and conflict including domestic work, negative influence from husband or mother-in-law, insecurity, misperceptions about the benefits of prenatal care and the risk of pregnancy complications, perception of the quality of adequate medical care, understanding of a hostile environment, no prior antenatal care visit experience, understanding of unavailability of health services, mothers are less exposed to mass media. There are no obstetric

complications during pregnancy (12–14). Also, barriers to utilizing antenatal care services such as access to health facilities and lack of resources include long distances, lack of transportation facilities, costs, affordability, or difficulties in reaching health facilities, availability, and accessibility of providers (13,15,16). This scoping review aims to "how is antenatal support, access, and services to women with a history of preeclampsia in pregnancy?"

**METHOD**

This study is a scoping review, providing an overview of several studies relating to support, access and antenatal care in women with preeclampsia in pregnancy, including how to take samples, variables and research results. The protocol used in the scoping review is the framework proposed by Peters et al. (17). The author used Framework Population, Exposure, Outcome, dan Study design (PEOS) (Table 1) as a reference in identifying key concepts that are consistent with the objectives of this study.

Table 1. Framework PEOs

<i>Problem</i>	<i>Exposure</i>	<i>Outcome</i>	<i>Study Design</i>
- Support	- pregnancy with	- women's	- Any study
- access	- gestational	- experiences	- related to
- access to	- hypertension	- women's	- support,
- care	- pre-eclampsia	- views	- access and
- service*	- pregnancies	- women's	- antenatal
- "antenatal	- preeclampsia	- perspectives	- care of
- care."	- preeclampsia	- women's	- women with
- "prenatal	- pregnancy	- opinions	- preeclampsia
- care."	- toxemia	- women's	- in pregnancy
- pregnancy	- gestational	- needs."	
- care	- toxemia		
- services	- hypertension		
- for	- gestational		
- pregnant	- hypertension		
	- hypertensive		
	- gestational		
	- pregnancy-		
	- induced		
	- hypertension		

**Inclusion / Exclusion Criteria**

The author limits the studies published in English in the past ten years (2009-2019). The chosen research is original research (and not review, grey literature, book/report). Studies are selected when reporting directly on the experiences and views of pregnant women (not through staff opinions or observational data), the experience of pregnant women with preeclampsia related to support, access, and antenatal care. The author does not

limit the research design according to the framework on the scoping review.

**Data Sources and Search Strategies**

This scoping review uses several databases by PubMed, EBSCO, ProQuest dan Springer Link from 2009-2019. The search strategy goes through several processes, namely analyzing common words contained in the title, abstract and index terms (keywords). Keywords use a boolean search strategy (AND and OR as a link in the search to produce relevant data). All keywords are entered in a search on the database, next check the reference list from the selected study through the full text.

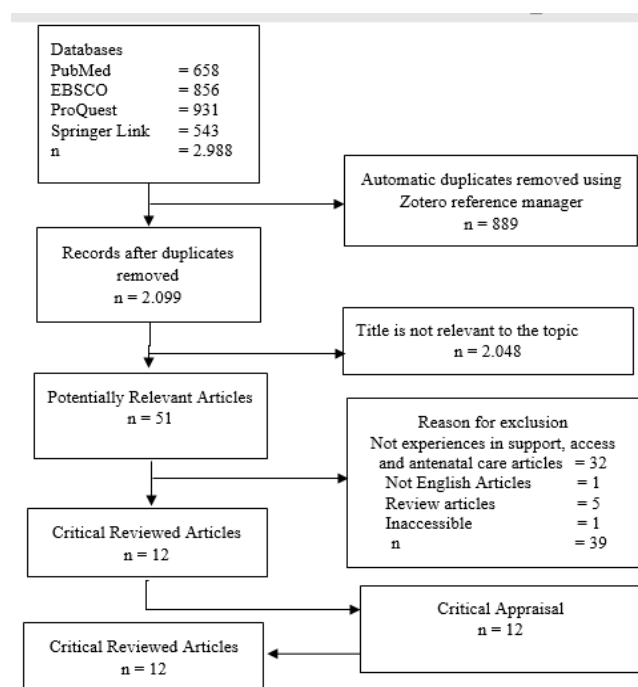
**Study screening and selection**

At the stage of screening and selection of studies, the author uses the PRISMA Flowchart (Figure 1), first stage screening the author only reviews the titles and citations contained in the abstract. All claims and abstracts that are considered relevant are reviewed in full-text articles following the inclusion and exclusion criteria, and the next stage, the researcher conducted a critical appraisal by *form Critical Appraisal Skills Programme*.

**RESULTS AND DISCUSSION**

**Search result**

Figure. 1 PRISMA Flowchart



Initial study search identified 2,988 studies (Table. 2), after screening 51 selected full-text studies were potentially

relevant and independently reviewed, 32 studies were excluded because they did not meet the inclusion criteria.

## Main Findings

### a. Support

#### 1) Husband and family support

Support from family, spouse, and friends are significant to help the mother in the recovery process; some mothers feel they need more assistance. At the same time, being hospitalized but are sometimes hampered by hospital regulations (11), women depend on their partners and family, but sometimes they are worried that the family will experience stress due to the women condition (18). Husband as a supporter of monitoring maternal blood pressure at home in pregnancy with preeclampsia (19). Prevention of preeclampsia with emotional support can be formed from good relationships with the mother-in-law, sharing homework with husband, while the role of husband and father-in-law as facilitators in providing permits, arranging transportation and financial support (20).

#### 2) Health Care

Hospitalization will affect emotionally, physically and socially so that mothers are very dependent on health workers (21), the mother cannot take care of herself, medical care according to the mother's condition and physical care such as sleeping, bathing, and eating, especially when in intensive care (22) women appreciate the extra support, guarantees, and information that health workers can provide (19), in cases of maternal outpatient showing dependence on health workers and expect additional monitoring for hypertension (23). Lack of support from health workers such as no interpersonal relationships, feel repaired, maternal questions that have not been answered, and complaints that have not been addressed by health workers (18). Less responsive to health workers because they do not combine clinical skills with interpersonal and cultural skills at work (24).

#### 3) Friends.

Pregnant women with preeclampsia have higher stress and less social support from friends and relatives compared to normal pregnant women (25), friends and relatives don't know what to do to help their mother and

baby (26). Stress in pregnant women because of worry and fear something terrible happens to him (27). Negative feelings such as guilt, premature birth for not maintaining a good pregnancy (28), symptoms of postpartum depression (29), education and home visits women can adapt physiologically and psychologically after delivery (30)

### b. Access

#### 1) Search for information

Women are actively seeking information from outside sources, especially the internet, books or friends, mothers are more selective and avoidance information that has the potential to trigger anxiety (23,31,32), pregnant women need information related to early detection of preeclampsia (19) and further details about the mother's condition, especially if there is a risk of preeclampsia (32).

Practices that are not suitable evidence-based make women doubt the information provided by health care (18). 97,5 % of women will look for information about preeclampsia in a few weeks or several months during the first year (33), such as information and reports about the psychological effects of preeclampsia and future children's health (34). The same results state that mothers are not satisfied with the accessibility and quality of health services received during pregnancy, childbirth, and the postpartum (35), as evidenced by the low use of WHO-recommended practices for screening and management of preeclampsia and eclampsia (36).

#### 2) Modification program

Mothers choose online lifestyle modification programs as interventions in improving healthy lifestyles because they are more flexible and easily accessible (31).

#### 3) Availability of health care

Mothers with a history of preeclampsia have more anxiety and need proper medical care in subsequent pregnancies (26). The clinic is bustling, so health care is in a hurry at the time of the examination (32). You can only contact the office health care when there are questions or problems (18).

### c. Antenatal Care

#### 1) Continuous care

Continuous care is essential for mothers who know and know their health history, being cared for by someone who is known to make mothers more safe and comfortable (11). Unsustainable care causes information provided by health service providers to be inconsistent (18). The continuation of care can affect the experience of women during pregnancy and childbirth (37–39).

## 2) Lack of information

women don't get information about preeclampsia during antenatal care (18,31) and don't know the symptoms of hypertension (40) and during hospitalization (41). 67,5% of pregnant women do not know preeclampsia before diagnosis (33), education through pregnancy books and reasons for checking blood pressure and urine regularly was never conveyed by health workers (32).

Women and family are not aware of having eclampsia due to lack of information, and after hospitalization, the women have not been informed about the women's condition and future health impacts (22), health care are aware of the lack of maternal knowledge about preeclampsia but are ignored because of its focus on maternal treatment and responsibility (41). Women experience frustration in confronting health care because it receives different information, does not collect information related to the women's condition (18), information about the women's situation will provide a sense of security and comfort.

Table 2. Characteristic of the Study

No.	Title	Author/Year	Types of Research	Participant
1.	The psychological impact of providing women with risk information for preeclampsia: A qualitative study	Harris et al. / 2014	Qualitative	15 primigravida high-risk (n = 10) low-risk pregnancies (n = 5) 12week pre-eclampsia screening test results
2.	Women's Experiences of Preeclampsia: Australian Action on Preeclampsia Survey of Women and Their Confidants	C. East et al. / 2011	Survey	112 members of consumer groups and partners or friends at Australian Action on Pre-Eclampsia (AAPEC)
3.	Pregnancy with gestational hypertension or preeclampsia: A qualitative Exploration of women's experiences	Roberts et al. / 2017	Qualitative	20 women had experienced pregnancy hypertension
4.	Women's experiences of preeclampsia: a prospective survey of pre-eclamptic women at a single tertiary centre	Frawley et al. / 2019	Survey	40 mothers who experienced preeclampsia
5.	What outcomes should researchers select, collect, and report in preeclampsia research? a qualitative study exploring the views of women with lived experience of preeclampsia	J. Duffy et al. / 2019	Qualitative	30 women had experienced preeclampsia in pregnancy

## 3) Screening

Screening programs increase anxiety without providing clear benefits (23) but concluded that mothers involved with blood pressure monitoring could reduce some stress during pregnancy (19). *International Federation of Gynecology and Obstetrics* (FIGO) recommends services that focus on public health, screening, routine screening in pregnancy, and preventive measures in cases of preeclampsia (42).

## 4) Empowered

Feel empowered in monitoring your blood pressure (19), and women are happy to participate in decisions about care and receive further information from health workers about preeclampsia (32).

## CONCLUSIONS

Pregnant women with preeclampsia need support, such as the presence of a spouse or family, friends, and attention from health workers. The availability of health workers and access to flexible information are maternal needs that need attention in cases of preeclampsia. Detailed information about the state of the mother, proper screening with routine monitoring is a priority for health workers in providing services for pregnant women with preeclampsia

6.	Exploring knowledge of preeclampsia and views on a potential screening test in women with type 1 diabetes	Wotherspoon et al. / 2017	Qualitative	11 pregnant women / postpartum type 1 diabetes with experience of preeclampsia in pregnancy
7.	Blood pressure self-monitoring in pregnancy (BuMP) feasibility study; a qualitative analysis of women's experiences of self-monitoring	Hinton et al. / 2017	Qualitative	Fifteen pregnant women are at high risk of preeclampsia.
8.	Risk of future cardiovascular disease in women With prior preeclampsia: a focus group study	Seely et al. / 2013	Qualitative	20 women with a history of preeclampsia
9.	Experience of Preeclampsia and Bed Rest: Mental Health Implications	Kehler et al. / 2016	Qualitative	Seven women with a history of preeclampsia in pregnancy
10.	An analysis of the meanings of preeclampsia for pregnant and postpartum women and health professionals in Rio Grande do Norte, Brazil	de Azevedo et al. / 2011	Qualitative	61 women (51 pregnant and ten postpartum) for the word association test Twenty women (18 pregnant and two postpartum) for semi-structured interviews.
11.	Women's experiences of having had, and recovered from, eclampsia at a tertiary hospital in Tanzania	Mukwenda et al. / 2017	Qualitative	Ten women with a history of preeclampsia in pregnancy
12.	Comparing Perceived Social Support and Perceived Stress in Healthy Pregnant Women and Pregnant Women with Preeclampsia	Sarmasti et al / 2019	Qualitative	50 pregnant women with preeclampsia and 50 normal pregnant women

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