

Assessment Of The Needs Of Pregnant Mothers In Psychological Well-Being During Covid-19 Pandemic: A Qualitative Study

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Abstract: Psychological well-being led to good maternal mental health during pregnancy. It was important to know the needs of pregnant mothers for their psychological well-being. This study aimed to understand pregnant mothers' needs to fulfill their psychological well-being during the COVID-19 pandemic. A qualitative descriptive study design with semi-structured interviews was adopted. The study was conducted at community health centers in the city of Tangerang, Indonesia. In-depth interviews were conducted with 22 mothers who were pregnant. Data were collected from June to August 2022. Interviews were conducted face to face, audio recorded, and transcribed verbatim. Data were analyzed thematically to develop major themes and subthemes. The initial findings revealed 198 codes, which were then reduced to 122 codes, 73 sub-categories, 30 categories, and 6 themes. There were six themes related to pregnant mothers' needs for psychological wellbeing during COVID-19, *i.e.*, understanding of psychological changes, awareness to accept their pregnancy, communication skills, good prenatal care, self-healing, and good planning. Care for pregnant mothers needs to develop between physical and psychological aspects. This will help the pregnant mother go through the stages of her pregnancy well, prepare for the delivery process, readiness for the puerperium phase, and minimize mental health problems.

1 INTRODUCTION

For women, pregnancy was a time of biological, psychological, and social transformation including identity changes and the transition to being a mother. This event maybe comes with joy and happiness but a lot of changes, social factors, community demands, and mothers' expectations can lead to new anxiety, stress, depression, and other emotional disturbance. World Health Organization (WHO) stated that before the Novel Coronavirus 2019 (COVID-19) 15.6% of pregnant mothers in developing countries have a risk of mental health disorders. After the COVID-19 pandemic research in Sweden, there was an increased prevalence

of antenatal depression until 43.2% of pregnant women have a high score on Edinburgh Postnatal Depression Scale (EPDS) (Ho-Fung et al., 2022). Another research in India explains that during the COVID-19 pandemic there was 12.5% of pregnant women have an anxiety disorder, 10.7% had panic disorder, 10.5% had a general anxiety disorder, 2.8% had major depression, and 2.6 % have depression (Jha et al., 2021). In Indonesia, before the COVID-19 pandemic, Maternal Mental Health (MMH) and Common Mental Disorders (CMD) during pregnancy had not been routinely screened. A lot of mothers have risk factors but have not

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identified that they have moderate to poor welfare as a determinant of mental health. Poor MMH can cause other physical health, such as dizziness, nausea, (Chou et al., 2008) decreased appetite, motivation to health care, and sleeplessness. A pregnant woman who has uncontrolled anxiety will increase the prevalence of hypertension in pregnancy and pre-eclampsia (Vianna et al., 2011; Yu et al., 2013), increasing the incidence of low birth weight, stunted fetal growth, and premature birth (Hidayat et al., 2019). WHO explains that mental health components should be included as an integral part of maternal health through the country's health policies, plans, and services. The mental health approach is simply integrated into ongoing maternal health services and requires strengthening of the basic health care system. There is a simple, reliable, and affordable tool for the recognition of mental health problems in women during pregnancy (Rahman et al., 2018).

Therefore, efforts to present good mental health during pregnancy require psychological preparation, social support, and appropriate care to accommodate the mother's preparation during pregnancy, facing the process of childbirth and the postpartum period (Alipour et al., 2018; Franks et al., 2017). One way is to improve psychological well-being, which is an important component to support the mental health status of pregnant women at a good level. Pregnant women who have good psychological well-being are expected to have better mental health and support better physical health as well. Huppert et al. (2009) explain that positive emotions that arise due to good psychological well-being will affect physical health and individual survival. Psychological well-being leads to good maternal mental health during pregnancy. Pregnant women who have good psychological well-being will have positive attitudes and emotions. This will encourage increased knowledge, attitudes, and behavior of mothers regarding health care during pregnancy (Duckworth et al., 2005; Huppert, 2009).

Indonesia has a very unique culture and life, so the psychological well-being needs of pregnant women have different needs from mothers in other countries. It was important to know the needs of pregnant mothers for their psychological well-being. This study aimed to understand pregnant mothers' needs to fulfill their psychological well-being during the COVID-19 pandemic

2 METHODS

The design of the study was a qualitative descriptive design with a semi-structured approach. The researcher as an instrument uses interview guidelines to collect the data. The researcher, who is a midwife and holds a master's degree in midwifery, has been working with mothers in the community and is competent in maternity care. This research was conducted in Public Health Centers (PHC) in the city of Tangerang, Banten, Indonesia. Researchers would like to understand what the needs of pregnant mothers in psychological well-being during COVID-19.

2.1 Settings

Data collection was conducted from August to September 2022. Purposive sampling was used to recruit and interview participants. Maximum variation sampling was done to select a small number of cases and maximize diversity relevant to the research question and sample characteristics.

2.2 Participants

Participants in this research are 22 pregnant mothers in the third trimester. They recruited with inclusion criteria. The inclusion criteria are mothers who are pregnant, able to talk fluently about physical and psychological experiences during pregnancy and state their willingness to participate in this study. Exclusion criteria were mothers who wants to stop the interview.

2.3 Collecting Data

The informed consent process was conducted before the interview and the participants provided their consent voluntarily. The interview was audio-recorded and the average duration of the interviews was about 40-60 minutes. Field notes were also used during the semi-structured interviews for recording the participant's expression, behavior, and nonverbal communication, such as gestures, eye contact, and body language. The interviews consisted of questions on their perception of psychological well-being, what they need to fulfill their

psychological well-being, and what they hope to have good psychological well-being.

2.4 Analysis data

After each interview with participants, the audio recording was immediately transcribed and the verbatim check was done several times to improve the accuracy and comprehensiveness. The transcriptions were then translated into English by a bilingual person, with full observance of grammatical, writing, and literary tips. Finally, the transcripts were edited by a translator. Data saturation was reached after interviewing 22 participants. Data saturation is a condition where there was no more new information or new codes, and the ability to obtain additional new information has been attained. The data were then analyzed by using thematic analysis (Braun & Clarke, 2019), consisting of (1) paying attention to the nature of the mother’s need for psychological well-being during COVID-19, (2) discovering a specific experience from mothers, (3) contemplating the essential themes that define the characteristics of the phenomenon, (4) describing the phenomenon by using the art of writing and rewriting, (5) establishing and maintaining a strong and conscious relationship with the phenomenon, (6) balancing the research context, considering the parts and the whole. After the data analysis process was finished, the themes were sent to the participants for comments or feedback.

The accuracy of the qualitative findings was determined by assessing the criteria of credibility, dependability, confirmability, and transferability (Miles & Huberman, 1994). To assess the credibility of the study, the transcripts were returned to the participants for them to read and comment, on and to confirm whether they agree with what has been conveyed.

Excerpts from the transcripts of the interviews were analyzed separately by them. In this study, an attempt has been made to ensure the confirmability of this research by an audit trail where the researcher provided details of the process of data collection, data analysis, and interpretation of the data. Dependability was assessed by participants and peer review analysis. As for transferability, the researcher tried to provide accurate and complete explanations of the research process.

2.5 Ethical Consideration

This research was granted ethical approval was obtained from The Research And Community Engagement Ethical Committee Faculty Of Public Health Universitas Indonesia Number: Ket 510/UN2.F10.D11/PPM.00.02/2022. A research permit was given by the Health Office and public health care center in Tangerang city number: 070/5424/SDK/VIII/2022. The researcher ensures the quality and integrity of the research, provided informed consent, respects the confidentiality and anonymity of participants

3 RESULTS

The initial findings revealed 198 codes, which were then reduced to 122 codes, 73 sub-categories, 30 categories, and 6 themes. There were six themes related to pregnant mothers needs for psychological well-being COVID-19, i.e., understanding psychological changes, awareness to accept their pregnancy, communication skills, quality prenatal care, self-healing, and prepared pregnancy. The characteristic of participants shows in the Table 1 and for the sub-categories, categories and themes show in the Table 2

Table 1: Characteristics of participant.

Variables	Frequency (N)	Percentage (%)
Age		
<20 - >35 years old	5	22.7

20 - 35 years old	17	77.3
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Status		
Primigravida	11	50.0
Multigravida	11	50.0
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Occupation		
Housewife	15	68.2
Work	7	31.8
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Education		
Middle School	6	27.2
High School	16	72.8
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3.1 Understanding psychological changes

Understanding psychological changes was the first theme defined by the researcher based on five categories, there are “physical changes”, psychological changes”, “maternal role”, “psychological task”, and “reaction to changes”. Understanding of psychological changes was needed by pregnant mothers to keep their emotional and psychological well-being at a good level. By understanding the psychological changes during pregnancy, the mothers can stimulate a feeling of ability, cope with their stress and anxiety, improve their knowledge about the sign and symptoms that appear suddenly or gradually, are well supported, be satisfied with life, and be happy.

3.1.1 Physical change

Physical changes refer to subcategories “pregnancy discomfort”, “body changes”, and “changes risk pattern”. Almost all of the participants say that during pregnancy they feel some changes in the body, such as decreasing in appetite, vomiting and nausea, dizziness, and fatigue, affecting their feeling and reducing their joy in welcoming pregnancy. *“I was shocked, early in the pregnancy I felt a change in my diet, I could eat anything before pregnancy, but after, that I only could eat certain foods, this made me feel uncomfortable, I wanted to eat nutritious food for my body health and my baby, but throw up again...”* said a participant (P1)

3.1.2 Psychological changes

Psychological changes consist of sub-categories of “mood swings”, “fear of birth”, and “trauma”. Evenly all of the participants said that they were fearful of birth, although they have given birth before in multigravida mothers the delivery process requires considerable mental preparation to deal with it. *“I was more fear of facing labor because it was between life and death, hopefully, I want everything was running well, but I have to be prepared my mental with pray a lot to God”*, said one of the participants (P4)

3.1.3 Maternal role

Maternal role form by “cultural influences”, “maternal confidence”, “support system”, and “ideal mother image” as sub-categories. Almost every participants said that they feel both happier and more worried when fulfilling new tasks that lead to motherhood. *“This pregnancy teaches me a lot to become a mother, sometimes I was very happy but there was some feeling of worry that I would not be a good mother”*, said one of the participants (P19)

3.1.4 Psychological task

Sub-categories of “learning to be a mother”, “safe in pregnancy”, and “know about psychological disorder” defines as the psychological task of mothers to support their psychological well-being. Almost all of the participants don’t understand directly their growth themselves. The researcher defined participant activities support by codes and sub-categories as development tasks in the psychological of the participants. *“I hope this pregnancy running well, my*

body and my baby are safe, and have normal labor,” said one of the participants (P2)

3.1.5 Reaction to changes

Reaction to changes is defined as categories consisting of “denial of discomfort”, “psychological readiness”, and “personal characters” sub-categories. Reaction to changes supports understanding of psychological changes because a participant can start of acceptance from how they react to pregnancy discomfort and change of their body. *“the big changes that I feel from this pregnancy and affect my feelings are the inconvenience in the abdomen, there was a crack and itchy, this change makes me insecure”* said a participant (P7)

3.2 Awareness to accept their pregnancy

The second theme is awareness to accept their pregnancy, based on 16 sub-categories and five categories, there were “high bonding”, “timing pregnancy”, “reduce ambivalent”, “protect the pregnancy”, and “realistic expectation”. There was no change without understanding and awareness, so to form a good level of psychological well-being during pregnancy participant need to accept their pregnancy.

3.2.1 High bonding

High bonding categories consist of “talk to baby”, “take care of baby’s health”, “considered baby’s condition”, and “expect health pregnancy” sub-categories. Evenly all the participants said that to help accepted the process of pregnancy they look or the sign of pregnancy, such as fetal movements or abdomen enlargement, and also talk to their baby. “

3.2.2 Timing pregnancy

Timing pregnancy formed by sub-categories were “right time”, “expected pregnancy”, and “couple readiness”. Almost all of the participants said that if the pregnancy comes at the right time, they feel more ready to accept it than happened suddenly. *“I was surprised when I was positive because this pregnancy was not planned, and also I couldn't believe it because of the lateness of using contraception,”* said participant (P14)

3.2.3 Reduce ambivalently

Reduce ambivalently consist of sub-categories “wish for both”, “appraisal of pregnancy”, and “blessing”. Almost all of the participants said that they experience ambivalence in the first trimester, this condition occurs in both primigravida and multigravida. The pregnancy was challenging for all mothers, joyful and anxious come together, and it can be different for every participant, but for the first time participant know they were pregnant, there was belief or not, and experienced rejection. *“actually, I'm not ready, I'm still want to free with my husband, we planned to delay a year, but it has been given, yes, I accepted, because this also gift from God”* said one of participant (P9)

3.2.4 Protecting the pregnancy

Protecting the pregnancy was defined as categories form by “prenatal care”, keeping baby healthy,” and “emotional regulation”. Evenly all of the participants said that to take care of their health during pregnancy they must be medically checked routinely and maintain their emotional wellbeing. *“Activities that I can do to maintain my pregnancy were visiting midwife to antenatal care every month, take care of my diet, exercise and emotions,”* said a participant (P11)

3.2.5 Realistic expectation

“Have safe pregnancy”, “health baby”, and “normal baby” were sub-categories from realistic expectations almost participants said that they expect their health and their baby’s health. *“I didn't have any expectations, hopefully, I was healthy, my baby's health, and give birth safely,”* said participation (P10)

3.3 Communication skills

Communication skills were defined as the theme and consisted of categories formed by “transcendental communication”, “intrapersonal communication”, “interpersonal communication”, “assertiveness”, and “emotional development”.

3.3.1 Transcendental communication

Transcendental communication consists of “praying activity”, “religious coping”, and “spiritual beliefs” as sub-categories. Evenly all of the participants said that getting closer to God is one of their ways to find peace,

whatever happens during pregnancy. *“I pray more, confide in God about what I’m going through, pray for health and safety for me, my baby, and my family,”* said a participant (P13)

3.3.2 Intrapersonal communication

Intrapersonal communication was formed by sub-categories that were “self-awareness”, “self-love”, and “adaptation ability”. Almost all participants said that to get a good level of their feeling they need understand themselves. *“Sometimes to reduce the confusedness I talk to myself, said that you would be okay, don’t worry,”* said one of the participants

3.3.3 Interpersonal communication

Interpersonal communication was defined as a category formed by “mother openness”, “barriers perception”, and “relationship”. Evenly all of the participants said that they need to communicate with their husband, their mothers, and friends to calm their minds. *“when I was worried, besides praying I would talk to my husband or my mother’s to be more relieved”* said a participant (P17)

3.3.4 Assertiveness

Assertiveness consists of “personal principles”, “level of education”, and “positive purpose” sub-categories. Most of the participants said they feel more relieved if they strengthen themselves. *“During this pregnancy, I feel more positive feelings if I believe what I do was part of my effort”* said a participant (P20)

3.3.5 Emotional development

Emotional development was defined as a category consisting of “patience”, “hope” and “happiness”. Almost all of the participants said that they feel better having positive feelings than negative feelings. *“this pregnancy tested my patience, from the beginning I had nausea and vomiting then this last pregnancy I experienced anemia, but I was patient for taking care of my health”* said a participant (P21)

3.4 Quality prenatal care

Quality prenatal care is the fourth theme that consists of categories “knowledge of prenatal care”, “attitude of

prenatal care”, “behavior of prenatal care”, “support health worker”, and “internal motivation”.

3.4.1 Knowledge of prenatal care

Sub-categories from knowledge of prenatal care needs by participants were “dietary habits”, “taking supplements”, and “healthy lifestyle”. Almost all participants said that actually, they will be more well-being if they pay attention to what they consume, do more regular exercise and get enough rest. *“to lead a healthy life during pregnancy is tricky, yes, we actually know that we have to take care of our food, get enough rest and not be too stressed, but there is always a feeling of laziness to do everything”* said a participant (P16)

3.4.2 The attitude of prenatal care

The attitude of prenatal care formed by sub-categories was “positive attitude”, “positive experience”, and “peer support”. Almost all of the participants said that if they do antenatal care they can add the knowledge and are willing to accept the health education delivered during the visit by a midwife or doctor. *“I know to have healthy pregnancy we must visit the midwife to do the examination. But I visit just only if there any problem and complaint in my pregnancy,”* said a participant (P5)

3.4.3 The behavior of prenatal care

The behavior of prenatal care consists of sub-categories “behavior change”, “positive habits”, and “routine examination”. Evenly almost all participants said that to achieve good psychological well-being during pregnancy they have to change their negative behavior and supported good prenatal care. *“During this pregnancy, I didn’t exercise, I still often drank cold water, and ate meatballs, I should have reduced it,”* said a participant (P8)

3.4.4 Support health worker

Sub-categories were “midwife support”, “health education”, and “birth preparedness” which formed the support health worker category. Almost all of the participants said that support from health workers means a lot to them. *“I was always happy when the*

midwives remind me to pay attention to my health, get enough rest and nutrition, I think we need their support,” said a participant (P19)

3.4.5 Internal motivation

Sub-categories “internal drive”, “pregnancy challenge”, and “environmental stimulates” form which internal motivation as a category. The participants mainly said that all of the needs to increase their psychological well-being will depend on their motivation to make it works. *“you have to start from yourself first, if we want and motivated to live a healthy life then our pregnancies will also be healthy,”* said a participant (P12)

3.5 Self-healing

Self-healing is the fifth theme which consists of “positive thinking”, “coping mechanism”, “healing activities”, “balance in physical and psychological” and “resilience”. During pregnancy all participant has their problems and complaints, every participant will be different so each of them needs to have self-healing abilities that are simple, directed, and clear. This ability can be informed to pregnant mothers when they do antenatal care so that they have the basic knowledge to help themselves.

3.5.1 Positive thinking

Positive thinking was defined as categories formed by sub-categories “learning positive”, “wisdom”, and “healthy thinking”. Almost all of the participants said that a simple way to relieve their anxiety and stress was positive thinking. *“the easiest thing to help me not think too much about worrying about pregnancy and everyday problems is just positive thinking,”* said a participant (P20).

3.5.2 Coping mechanism

Coping mechanisms formed by sub-categories were “forgiveness”, “social support”, and “recreation”. Most of the participants say that there are several actions to support the improvement of psychological well-being during pregnancy including forgiving, getting support from people around, and traveling. *“sometimes if my*

feelings were too bad, I ask my husband to take me for a walk around the house” said a participant (P9).

3.5.3 Positive activities

Positive activities consist of sub-categories “relaxation”, “take a rest”, and “physical activities”. Evenly all the participants say that after exercise, taking some rest and learning breathing techniques can decrease their anxiety and stress. *“my midwife once told me that if I was feeling something uncomfortable with my emotional state, then relaxation was the best way to relieve it”* said a participant (P1)

3.5.4 Balance in physical and psychological

Balance in physical and psychological consists of sub-categories “maintenance of positive vibes”, “maintaining physical health”, and “grateful”. Almost all participants know that to get a good life there must be a balance, a good life same as good psychological well-being. *“indeed, so that we are healthy, there must be a balance, between body and mind. If you are stressed, it will affect the health of your baby”* said a participant (P4).

3.5.5 Resilience

Resilience has some the categories such as “control negative emotion”, “optimism”, and “family connection”. All participants said that they feel safer and more comfortable if they know that all members of the family give them positive vibes and love them more. This support makes they were strong even they face discomfort during pregnancy. *“Luckily, many people pay attention to this pregnancy, my husband's family, my sister-in-law, even my older sister also pays attention to my pregnancy, and it makes me feel better, not alone,”* said a participant (P12)

3.6 Prepared pregnancy

Prepared pregnancy is the sixth theme which is formed by categories that were “adequate information”, “healthy lifestyle”, “psychological readiness”, and “straight intention”. A pregnancy that has been prepared will make the couple more ready to accept the positive and negative conditions they will face. Even though there will be assistance from health workers later, in everyday life, pregnant women and their

partners need to independently carry out care and health needs during their pregnancy. This will help the mother achieve optimal psychological well-being.

3.6.1 Adequate information

Adequate information was categories which consist of “lack of knowledge in pregnancy”, “promote health pregnancy”, “parenting education”, “history of the degenerative disease” and “complication preventive”. Almost all of the participants said that actually if their pregnancy is well prepared with adequate information, they will have systematic planning for this. But sometimes they were missing this information because they forget to take contraception gradually, for the new couple have shame and does not dare to ask about pregnancy. “I wanted my pregnancy because after marriage I hoped I would get pregnant, but I didn't expect it to be this fast”, said a participant (P7).

3.6.2 Healthy lifestyle

A healthy lifestyle category consists of “nutritional food”, “exercise”, and “sleep pattern”. Almost all the participant says that their pregnancy will be healthy if they consume nutritious food, have enough sleep, and light exercise. “We understand that if you are pregnant you have to eat nutritious food, get enough sleep, and be diligent in light exercise, but sometimes we are too lazy to do it,” said a participant (P15)

3.6.3 Psychological readiness

Psychological readiness categorized which consists of “couple readiness”, “avoid unhealthy talk”, and “preparing mind”. Almost all of the participants said that pregnant women must be prevented from negative things because it can affect their baby, such as forbidding them to talk about things that are not by cultural norms. “pregnant women have many taboos, they cannot say anything carelessly, sometimes they have to make a lot of forgiveness so that they are safe from being disturbed by all kinds of things”, said a participant (P22)

3.6.4 Straight intention

The straight intention is categorized as consisting of “knowing the risk”, “couple responsibility”, and “improving family function”. Evenly all the participants say that to be mothers and fathers they must have the straight intention to take care of their pregnancy baby’s healthy. “I have made a commitment to my partner, if I get pregnant, my husband must also help, right for some daily household chores I cannot do alone, therefore before I became pregnant I asked my husband, would you like to help me later?” said a participant (P16)

Table 2: Themes and Categories of the needs of pregnant mothers in psychological well being

Themes	Categories	Sub-Categories
Understanding of psychological changes	Physical changes	Pregnancy discomfort
		Body changes
		Change rest pattern
	Psychological changes	Mood swings
		Fear of birth
		Trauma
		Cultural influences
	Maternal role	Maternal confidence
		Support system
		Ideal mother image
	Psychological task	Learning to be a mother
		Safe in pregnancy
Know about psychological disorder		
Reaction to changes	Denial of discomfort	

		Psychological readiness
		Personal characters
Awareness to accept pregnancy	Bonding	Talk to the baby
		Take care of the baby's health
		Considering the baby's condition
		Expect health pregnancy
	Timing pregnancy	Right time
		Expected pregnancy
		Couple readiness
	Reduce ambivalently	Wish for both
		Appraisal of pregnancy
		Blessing
	Protect the pregnancy	Prenatal care
		Keep baby's health
		Emotion regulation
	Realistic expectation	Have safe pregnancy
		Health's baby
		Normal birth
Communication skills	Transcendental communication	Praying activity
		Religious coping
		Spiritual beliefs
	Intrapersonal communication	Self-awareness
		Self-love
		Adaptation ability
	Interpersonal communication	Mothers openness
		Barriers perception
		Relationship
	Assertiveness	Personal principles
		Level of education
		Positive purpose
	Emotional development	Patience
		Hope
		Happiness
Quality prenatal care	Knowledge of prenatal care	Dietary habits
		Take a supplements

		Healthy lifestyle
	The attitude of prenatal care	Positive attitude
		Positive experience
		Peer support
	The behavior of prenatal care	Behavior change
		Positive habits
		Routinely examination
	Support Health worker	Midwife support
		Health education
		Birth preparedness
	Internal motivation	Internal drive
		Pregnancy challenge
		Environmental stimulates
Self-healing	Positive thinking	Learning positive
		Wisdom
		Healthy Thinking
	Coping mechanism	Forgiveness
		Social support
		Recreation
	Positive activities	Relaxation
		Take a rest
		Physical activities
	Balance in physical and psychological	Maintenance positive vibes
		Maintenance physical health
		Grateful
	Resilience	Control negative emotion
		Optimism
		Family connections
Prepared pregnancy	Adequate information	Lack of knowledge in pregnancy
		Promote healthy pregnancy
		Parenting education
		History of degenerative disease
		Complication preventive
	Healthy lifestyle	Nutritional food
		Exercise
		Sleep pattern
	Psychological readiness	Couple readiness
		Avoid unhealthy talk
		Preparing mind
	Straight intention	Knowing the risk
		Couple responsibility
		Improving family function

4 DISCUSSION

The finding explains that six themes related to pregnant mothers' needs for psychological well-being COVID-19, i.e., understanding psychological changes, awareness to accept their pregnancy, communication

skills, quality prenatal care, self-healing, and prepared pregnancy was similar to another research held in the United Kingdom that explain how peer support affects mothers', containing the subthemes "social connection", "being heard", "building confidence", "empowerment", "feeling valued", "reducing stress through practical support" and "the significance of

mental health” peer experiences (McLeish & Redshaw, 2017). During the COVID-19 pandemic, mothers face more stressful events compared to before the pandemic. It causes the need of pregnant mothers to take care of their psychological well-being to increase with other themes such as “quality prenatal care”, “self-healing” and “prepared pregnancy”.

Another research in Iran about psychosocial factors associated positively with pregnancy life healthy style consists of nutrition, physical activity, health responsibility, stress management, interpersonal relationships, and self-actualization. At the same time state and trait anxieties, pregnancy-specific stress, and marital dissatisfaction have a negative association (Omidvar et al., 2018). To lead good psychological well-being for pregnant mothers integration between physical and psychosocial aspects balancing in their life. The hierarchy of needs developed by Maslow explains that humans need physiological needs, safety needs, love, and belonging needs, esteem needs, and self-actualization needs. For pregnant mothers individual physiological, safety, and love belonging needs are more important to fulfil that esteem needs and self-actualization (Mcleod, 2018).

These findings support by research in South Africa which explains that the process of adapting and life changes during pregnancy was very difficult, even if the pregnancy was planned and involved emotional, spiritual, psychological, and social factors that need a mother, husband, and midwife awareness. A pregnant woman and family should be assisted to recognize and incorporate discomfort, emotional changes, and their needs into her self-image, social network, and her lifestyle. When the pregnancy is unplanned, the psychosocial changes may be more profound and lead to uncertainty, anxiety, and depression (Mmabojalwa Mathibe-Neke & Suzan Masitenyane, 2019).

Ryff’s theory explains that psychological well-being can build in six dimensions, there was self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth, but for pregnant mothers, it can have modification and additional physical aspects such as quality prenatal care, and it can complete each other (Ryff, 2014; Ryff & Singerb, 1996). From the culture and unique things of Indonesia which was a developing country, social economic and welfare still have a big effect on psychological well-being levels.

The limitation of this research was researcher only captured the needs of mothers from their perceptions

without involving the perceptions of health workers or experts in the field of obstetrics and gynaecology. Their perception is greatly influenced by their socioeconomic status, education, and knowledge.

5 CONCLUSION

Care for pregnant mothers needs to develop between physical and psychological aspects. This will help the pregnant mother go through the stages of her pregnancy well, prepare for the delivery process, readiness for the puerperium phase, and minimize mental health problems. The implication of this research was the need for health workers to work together with psychologists and psychiatrists to guard the mother's health as a whole and thoroughly from the physical, psychological and social aspects.

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APPENDIX

CMD : Common Mental Disorders
 COVID-19 : Novel Corona Virus 2019
 EPDS : Edinburgh Postnatal Depression Scale
 MMH : Maternal Mental Health
 PHC : Public Health Center
 WHO : World Health Organizations