COVID 19 AND ITS EFFECT ON THE MENTAL HEALTH OF PEOPLE IN THE COMMUNITY AND PREGNANT WOMEN SEPARATELY (A REVIEW OF EXISTING STUDIES)

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ABSTRACT

Background and Aim: The COVID-19 pandemic is a major health crisis affecting several nations, with over 34 million cases and 1 million confirmed deaths reported to date. Such widespread outbreaks are associated with adverse mental health consequences.

Methods: This is a systematic review. Studies using different combinations of keywords COVID-19, Anxiety, Depression, Stress, Mental health, Sleep disorder were retrieved from different scientific databases Google scholar, Elsevier, Pubmed, Science Direct, Web of Science Iranmedex, SID, Magiran, Scopus. These studies were published from 2019 to 2021. 33 studies out of 155 retrieved articles were evaluated and analyzed for data extraction.

Results: The analysis of studies revealed that the different types of psychological disorders like stress, anxiety, depression, post-traumatic stress disorder, mental distress, sleep disorders and sleep disturbances were recorded during COVID-19 crisis.

Conclusion: COVID-19 has led to high prevalence and a wide range of psychological disorders among individuals. It is essential to provide psychological assistance and training strategies to deal with a variety of these psychological disorders.

Keywords: COVID-19, Anxiety, Depression, Stress, Mental health, Sleep disorders, pregnant women.

I. INTRODUCTION

At the end of December 2019, an outbreak of a new infectious disease was reported in Wuhan, China, named by the World Health Organization as Covid 19 (1). Because of this epidemic has affected different countries of the world (3). The most common symptoms of COVID-19 are fever, fatigue, dry cough, myalgia, shortness of breath, etc., which may occur within 2 to 14 days after infection. Through respiratory droplets and close contact (4). To prevent the virus from spreading, governments are forced to quarantine people and prevent exploitation. Quarantine is the isolation and restriction of people who are potentially at risk of an infectious disease (6).

The COVID-19 pandemic had consequences such as family quarantine, closure of schools, companies and public places, changes in work routines that lead to feelings of helplessness. In addition, it can increase insecurity due to economic reasons (7). In addition, the widespread spread of infectious diseases such as Covid 19 is associated with the signs and symptoms of mental illness (8). Public health emergencies may be triggered here. Insecurity,
confusion, and emotional isolation in communities due to economic losses, closure of work and school, insufficient resources for medicine and lack of necessities, may lead to a wide range of emotional reactions and psychological conditions, unhealthy behaviors (such as substance abuse). And failure to comply with public health guidelines (such as house arrest and vaccinations) (9).

In addition to the physical threat to public health, this contagious disease in some cases causes death that can cause unbearable stress for the affected communities such as stress, anxiety, depression, unresolved grief and post-traumatic stress disorder (10). Jahani has stated that mental health during this period is equal to physical health (11). As the COVID-19 epidemic unfolds, the greatness of the devastation it has caused around the world is revealed. More than 181 million confirmed cases of SARS-CoV-2 infection and more than 3.9 million COVID-19 deaths have been reported in 213 countries (12). As a result of this epidemic, the world economy has been brutally affected, and as a result, a recession has occurred in many parts of the world (13).

To date, most efforts to curb the direct effects of the virus on health have been smooth; And we are slowly beginning to come to terms with the damage caused by Covid 19 in all aspects of our lives that have occurred both in response to the epidemic and in response to it (school and workplace closures, home restrictions, social restrictions). Restrictions on international and domestic travel, etc.) have occurred. Experts now predict a mental illness tsunami with the UN Secretary-General, the Director-General of the World Health Organization and the President-elect of the World Psychiatric Association in view of the impending mental health crisis. Although there is no definitive information, the rate of suicide, substance abuse disorders, home abuse, anxiety and depression is currently increasing worldwide (14).

As a result of the outbreak of Coronavirus 2019 (COVID-19) caused by a severe infection with Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in Wuhan, China, a socioeconomic crisis and deep psychological distress occurred rapidly around the world. Various psychological problems and important consequences for mental health, including stress, anxiety, depression, hopelessness, and uncertainty in the prevalence of COVID-19 gradually emerged (15).

A particularly vulnerable group during an outbreak of the virus may be pregnant women. Mental disorders are a major cause of illness during pregnancy, with approximately 12% of women experiencing depression and up to 22% experiencing anxiety in late pregnancy (16-17). Pregnancy is one of the most stressful periods of a woman's life, and due to its association with physiological changes and adaptations and psychological adaptations, it requires special attention (18). The results of studies have shown that the prevalence of mood disorders during pregnancy is higher than other periods of women's lives and pregnancy and transition to parental stage cause major social and psychological changes that will be associated with increased anxiety and depression (19). Studies have shown that depression in pregnant women increases during the outbreak of COVID-19 (20).

Given the current crisis of COVID-19 disease, which has caused mental health problems in the community and puts additional stress on pregnant mothers, this study aims to comprehensively review current studies on the impact of COVID-19 infection on mental health in the general population and pregnant women. The reason for the importance of the issue has been done.

II. MATERIALS AND METHODS:

The present study was performed by systematic review. To access the desired articles from domestic and foreign databases such as Elsevier, Pubmed, Science Direct, Iranmedex, Magiran, SID, Scopus, Web of Science and google scholar. used. Search for articles using existing mental health studies on the Covid 19 pandemic using the keywords "new corona virus", "COVID-19", "nCoV", mental health, post-traumatic stress disorder, anxiety, depression Mental health and stress and General Papulation, Anxiety Depression, Post-traumatic disorder was performed in the period 2019 to 2021.

Research that has the desired keywords and in the field of COVID 19 disease and its impact on mental health in English and Persian, were studied. The articles of internal databases were also studied by review method from March to July 1400. In addition, the articles that were published online on the who site were also studied, and finally, 155 articles were reviewed.

Inclusion and exclusion criteria:
Articles that had the desired keyword and dealt with the effect of corona on mental health were included in the study. These articles were in full in Persian and English. Articles that were incomplete or part of newspapers and magazines or letters to the editor were excluded from the study after the removal of duplicate articles and articles on medical groups such as nurses and doctors and medical staff and articles on the elderly and children. Bund studied, finally 33 articles were reviewed and entered the research.

Table 1. The process of reviewing and selecting research articles

| Articles found in the database in question | 155-articles
| Remove duplicate-articles | 40-articles
| Select articles based on inclusion and exclusion criteria
| Full text articles | 33-articles reviewed in the research

Table 2. Summary of articles reviewed in the field of mental health in the Covid Pandemic.

<table>
<thead>
<tr>
<th>Study result</th>
<th>Study method</th>
<th>Research year</th>
<th>Article author</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety and depression, stress and disturbed sleep have been reported in studies related to</td>
<td>Review study</td>
<td>2020</td>
<td>Rajkumar, Ravi Philip</td>
<td>COVID-19 and mental health: A review of the existing literature.</td>
</tr>
<tr>
<td>The results of this study showed that problems related to depression.</td>
<td>Cross-sectional study</td>
<td>2020</td>
<td>MdZahirAhmeda*, Oli Ahmedb, Zhou Aibaoa, Sang Hanbina, Liu Siyu, AkbaruddinAhmadd</td>
<td>Epidemic of COVID-19 in China and associated Psychological Problems.</td>
</tr>
<tr>
<td>Year</td>
<td>Study Type</td>
<td>Author(s)</td>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>------</td>
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<td>-----------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>Cross-sectional</td>
<td>Wang, Cuiyan Pan, Riyu Wan, Xiaoyang Tan, Yilin Xu, Linkang Ho, Cyrus S Ho, Roger C</td>
<td>Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China.</td>
<td></td>
</tr>
</tbody>
</table>

Overall, 53.8% of respondents rated the psychological impact of the outbreak as moderate or severe. 16.5% reported moderate to severe depressive symptoms. 28.8% reported moderate to severe anxiety.
| Anxiety and stress in the Covid 19 pandemic reduce the quality of sleep. |
|---|---|---|
| Han Xiao* Yan Zhang* Desheng Kong Shiyue Li Ningxi Yang |
| The effect of social empowerment on sleep quality in people who were quarantined during COVD-19 outbreak in January 2020 in China |
| Cross-sectional study | 2020 | 5 |

<p>| Paranoid thoughts with 61.2%, anxiety with 60.4%, physical complaints with 55.6% and psychosis 52.8% are the most common, and obsessive-compulsive |
|---|---|---|
| Arsalanlraji Rad |
| Evaluation of the psychological effects of Covid virus 19 in the staff of the Agricultural Research, Education and Extension Organization during quarantine |
| Cross-sectional study | 2020 | 6 |</p>
<table>
<thead>
<tr>
<th>Study Type</th>
<th>Year</th>
<th>Authors</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-sectional</td>
<td>2020</td>
<td>Rodolfo Rossi1, Valentina Socci2*, Dalila Talevi 2, Sonia Menisi3, Cinzia Niolu1,4, Francesca Pacitti 2, Antinisa Di Marco5, Alessandro Rossi2, Alberto Siracusano1,4 and Giorgio Di Lorenzo1</td>
<td>The Covid epidemic 19 and its impact on mental health among the general population in Italy.</td>
</tr>
</tbody>
</table>
About 72% are concerned about themselves and their loved ones, 75% agree on the need for mental health care. More than 80% of participants felt the need for professional care.

Three studies have shown that prolonged quarantine in the Covid-19 epidemic is psychologically detrimental.

During the initial stage and four weeks later during the COVID-19 epidemic in China, there was no statistically significant difference.
<table>
<thead>
<tr>
<th>Year</th>
<th>Methodology</th>
<th>Authors</th>
<th>Title</th>
<th>Prevalence of stress, anxiety, and depression among the general population during COVID-19 epidemic.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>Meta-analysis (review)</td>
<td>Nader Salari, Amin Hosseinian-Far, Rostam Jalali, Aliakbar Vaisi-Raygani, Shn Rasoulpoor, Masoud Mohammadi*, Shabnam Rasoulpoor* and Behnam Khaledi-Paveh</td>
<td>The prevalence of stress in 5 studies was 29.6%.</td>
<td>1</td>
</tr>
<tr>
<td>2020</td>
<td>Online poll 2 weeks after quarantine</td>
<td>Fullana, Miquel A Hidalgo-Mazzei, Diego Vieta, Eduard Radua, Joaquim</td>
<td>The prevalence of anxiety in 17 studies was 31.9%.</td>
<td>1</td>
</tr>
<tr>
<td>2020</td>
<td>Review study</td>
<td>Kaushal Shah, Dhwani Kamrai, Hema Mekala, Birinder Mann, Krishna Desai, Rikinkumar S. Patel</td>
<td>COVID-19 pandemic causes fear, anxiety, emotional distress and post</td>
<td>1</td>
</tr>
<tr>
<td>Study Type</td>
<td>Year</td>
<td>Authors</td>
<td>Title</td>
<td>Pages</td>
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</tr>
<tr>
<td>Cross-sectional study</td>
<td>2020</td>
<td>Yeen Huangab Ning Zhao</td>
<td>Generalized anxiety disorder, depressive symptoms and sleep quality during the outbreak of COVID-19 in China.</td>
<td>1</td>
</tr>
<tr>
<td>Review study</td>
<td>2021</td>
<td>F. Bagheri Sheykhangafshe</td>
<td>Mental Health of Medical Students during the Coronavirus 2019 Epidemic (COVID-19)</td>
<td>1</td>
</tr>
<tr>
<td>Title</td>
<td>Authors</td>
<td>Year</td>
<td>Journal</td>
<td></td>
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<tr>
<td>Investigating the effects of the prevalence of covid-19 disease on the mental health of public and private sector employees in Mashhad.</td>
<td>Ali Khastar, Hamidreza Farzin, Majid Jamshidian-Mojaver</td>
<td>2021</td>
<td>Turkish Journal of Physiotherapy and Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Evaluation of Stress, Anxiety, Depression, and Sleep Disorders in Medical Students of Hamadan University of Medical Sciences, Iran, during the COVID-19 Pandemic.</td>
<td>Zahra Miri, Zahra Razavi Shaghayegh Mohammadi</td>
<td>2021</td>
<td>Turkish Journal of Physiotherapy and Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Study Title</td>
<td>Author(s)</td>
<td>Year</td>
<td>Summary</td>
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<tr>
<td>The Mediation Roles of Alexithymia and Coronavirus Anxiety in the Relationship between Resilience and Marital Conflicts during Quarantine</td>
<td>Alireza Kakavand, Farhad Shir Mohamadi, Asal Jafari Jozani, Samira Hajiomidi</td>
<td>2021</td>
<td>Coronary Emotions and Anxiety Between Couples' Marital Conflicts and resilience plays a mediating role.</td>
<td></td>
</tr>
</tbody>
</table>
The Role of COVID-19 anxiety, worry, and negative metacognitive beliefs in predicting learning anxiety of students in the COVID-19 epidemic

Table 3. Summary of articles reviewed in the field of mental health of pregnant women in Povandi COVID-19

<table>
<thead>
<tr>
<th>Study result</th>
<th>Study method</th>
<th>Research year</th>
<th>Article author</th>
<th>Title</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased prevalence of depression 29.6% vs. 26% before the COVID-19 epidemic. Increased prevalence of self-harm in pregnant women</td>
<td>Cross-sectional study</td>
<td>2020</td>
<td>Yanting Wu et al</td>
<td>Perinatal depressive and anxiety symptoms of pregnant women during the coronavirus disease 2019 outbreak in China</td>
<td>1</td>
</tr>
<tr>
<td>Pregnant women are most concerned about older relatives, then their children, followed by their unborn child.</td>
<td>Cross-sectional study</td>
<td>2020</td>
<td>Gillian A. Corbett, Sarah J. Milne, Mark P. Hehir, Stephen W. Lindow, and Michael P. O’connell</td>
<td>Health anxiety and behavioural changes of pregnant women during the COVID-19 pandemic</td>
<td>2</td>
</tr>
<tr>
<td>Study</td>
<td>Title</td>
<td>Authors</td>
<td>Year</td>
<td>Method</td>
<td>Result</td>
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<td>--------</td>
</tr>
<tr>
<td>4</td>
<td>Relationship between Social Support and Anxiety caused by COVID-19 in Pregnant Women</td>
<td>Leila Karimi, Somayeh Makvandi, Mitra Mahdavian, Robabe Khalili</td>
<td>2020</td>
<td>Cross-sectional study</td>
<td>There was a significant inverse relationship between the level of anxiety caused by the Covid-19 epidemic and the amount of social support received by pregnant women.</td>
</tr>
<tr>
<td>5</td>
<td>Distress and anxiety associated with COVID-19 among Jewish and Arab pregnant women in Israel</td>
<td>Orit Taubman – Ben-Ari, Miriam Chasson, Salam Abu Sharkia &amp; Efrat Weiss</td>
<td>2020</td>
<td>Cross-sectional study</td>
<td>Regardless of the anxiety and stress in pregnant women during COVID-19 epidemic, and the need for special attention of cultural minorities</td>
</tr>
<tr>
<td>6</td>
<td>Uptrend in distress and psychiatric symptomatology in pregnant women during the coronavirus disease 2019 pandemic</td>
<td>Nicolas Berthelot, Roxanne Lemieux, Julia Garon-Bissonnette, Christine Drouin-Maziade, Élodie Martel, Michel Maziade</td>
<td>2020</td>
<td>Cross-sectional study</td>
<td>Depressive and anxiety symptoms (ES = 0.57), dissociative symptoms (ES = 0.22 and ES = 0.25), symptoms of post-traumatic stress disorder (ES = 0.19), and negative affectivity (ES = 0.96), and less positive affectivity (ES = 0.95) than the pre-COVID-19</td>
</tr>
</tbody>
</table>

Table 2 summarizes information on 7 articles reviewed on the effects of corona on mental health. Which includes information such as the title of the article, the names of the authors and the year of research, study method and study result. All studies were on the mental health of individuals during the corona epidemic.

The findings of the 23 reviewed articles are as follows: In a study by Raj Kumar et al., Stress, depression, anxiety, and disturbed sleep were reported in connection with the Covid epidemic (3). In a study by Ahmad Zahir
et al., Which was studied in the Quid 19 epidemic in China, the results of this study showed that problems related to depression, anxiety, substance and alcohol abuse, and low psychological well-being were observed in the subjects (21).

In the study of Khudabakhshi et al., The development of negative feelings of depression and pessimism, the development of obsessive-compulsive disorder around the body and washing, mental concerns about endangering the health of the family. Economic worries and fears of tomorrow's corona release reported (22). Which is consistent with the above studies in this field. In their study, Wang et al., 53.8% of the respondents rated the psychological impact of the outbreak as moderate or severe. 16.5% reported moderate to severe depressive symptoms. 28.8% reported moderate to severe anxiety symptoms; And reported 8.1% of moderate to severe stress levels (23). Also, Han Ziao et al. In their study stated that the quality of sleep decreases with anxiety and stress (24).

Irji Rad also stated in his study that paranoid thoughts with 61.2%, anxiety 60.4%, physical complaints with 55.6% and psychosis with 52.8% prevalence, obsessive-compulsive disorder with 52.3%, the most common disorders. Are psychologically updated (25). Ornell et al. In their study also increased emotional responses such as fear and uncertainty. Insomnia anxiety, anger, extreme fear of illness even in people who are not at risk, dangerous health behaviors (increased alcohol and tobacco use, social isolation), mental health disorders, post-traumatic stress disorder, anxiety disorders were reported in their study (7).

In their study of the general population, Rossi et al. Reported severe depression in participants at 17.3%, post-traumatic stress, 22/9%, anxiety, 7.3%, severe insomnia, 21.8% of participants (26). In the study of Jiagi et al., Anxiety 6.33 to 50.9, post-accident stress 7 to 53.8, mental disorder 33.43 to 38%, stress 8.1 to 81.9% in the general population in China, Spain, Italy, Iran, USA, Turkey, Nepal and Denmark have been reported in the COVID-19 epidemic (27).

In a study by Roy et al. In India, about 72% of participants said they were concerned about themselves and their loved ones during the epidemic, 75% about the need for mental health care for people in the midst of an epidemic. They agreed. More than 80% of participants in this epidemic felt the need for professional help from mental health professionals to deal with emotional and other psychological issues (28).

Brooke et al., Who studied the psychological effects of quarantine, reported in their study that three studies found that prolonged quarantine in the COVID-19 epidemic was associated with poorer mental health, post-traumatic stress symptoms, avoidant behaviors, and anger. Participants in eight studies reported fears about their health or fear of infecting others (29). In the study of Wang et al., During the initial stage and four weeks later during the COVID-19 epidemic in China, there was no statistically significant reduction in psychological impact. No significant changes in stress, anxiety and depression were observed between the first and second surveys (23). (Which did not agree with the studies.) Salari et al. In their study reported the prevalence of stress in 5 studies 29.6% the prevalence of anxiety in 17 studies 31.9% the prevalence of depression in 14 studies 31.7% ovCOVID-19, They also stated in their study Covidium 19 not only causes physical health concerns but also leads to a number of psychological disorders. The spread of coronavirus can affect the mental health of people in different communities. Therefore, it is essential to maintain the mental health of individuals and to develop psychological interventions that can improve the mental health of vulnerable groups during COVID-19 (30). Fulana et al. Also reported the following results in their study. Sixty-five percent of the samples reported symptoms of anxiety or depression. Following a healthy / balanced diet and not reading COVID-19 news and updates were often the best predictors of lower anxiety symptoms. Follow a healthy / balanced diet, follow a regular schedule, don't read COVID-19 news and updates too often, take the opportunity to have fun and stay outdoors or see the best rate predictor Symptoms of depression were lower (anxiety: 39% mild, 11% moderate, 4% severe; depression: 29% mild, 9% moderate, 6% severe (31). In a study by Safa et al. Students experienced varying levels of anxiety, of which 27.3% were mild, 29.8% moderate, and 11.8% severe. On the other hand, 49.9% of medical students had depressive symptoms and 3.3% of students suffered from severe depression (32). Shah and colleagues also reported fear, anxiety, emotional distress, and post-accident stress in epidemics. The unpreparedness of nations, even with advanced medical science and resources, has failed to address the mental health aspect of the population, as all efforts are made to understand the epidemiology, clinical features, transmission patterns and management of COVID19 (33).

These studies are consistent with the studies of Raj Kumar (3) and Zahir (22) and Khudabakhshi 18) and Fulana (32). In the study by Hong et al., Which was conducted among the general population in China, the symptoms of
anxiety and depression and the quality of sleep were 35.1%, 20.1% and 18.2%, respectively. Younger people reported a significantly higher prevalence of anxiety and depressive symptoms than older people (34).

The results of studies by Khastar et al. showed that 47.16% had high fear, 23.14% had high fear among 160 employees of companies and public and private sector departments, and 32.47% reported that they had many behavioral disorders (35). Miri et al.'s study showed that 4.28% of students were depressed, 17.1% were stressed, 21.8% were anxious and 20.6% had sleep disorders, and psychological complications included Anxiety, stress, depression and insomnia are high in medical students of Hamadan University of Medical Sciences during the corona epidemic (36).

Coronavirus 2019 (COVID-19) has also created major challenges and dramatic social changes throughout the sports world. Consecutive delays in official and international competitions have become a common concern of competitive athletes (36). The results of Bordbar et al. And undeveloped is positively correlated. Defense mechanisms also predicted 58% of coronary anxiety (37). Research has also shown that coronary anxiety has a positive effect on marital conflicts and negative metacognitive beliefs, and coronary anxiety has a positive effect on students' learning anxiety (38-39).

Table 3, summarizes information on 23 articles reviewed on the effects of corona on the mental health of pregnant women. Which includes information such as the title of the article, the names of the authors and the year of research, study method and study result.

In the study by Yanting et al., The findings show a significant increase in the prevalence of depressive and anxiety symptoms after the announcement of the COVID-19 epidemic. Moderate and full-time employment are at risk of increasing depressive symptoms during the outbreak of COVID-19. The percentage of women who think about self-harm has increased (40). In a study by Jillian et al., Most women (83.1%; 71/59) previously did not often worry about their health. In epidemics, more than half of women (50.7%, 36/71) are often or always concerned about their health. Pregnant women were more anxious about the health of older relatives (83.3% or 66.55). This was followed by concerns about their other children (66.7% or 28.42) and then the unborn baby (63.4%, 45.71) (41). In Abedzadeh et al. study, emphasizing the increase in anxiety during pregnancy, showed that a person's job, problems during pregnancy, history of childbirth, coronary heart disease and concern for the consequences of the disease for themselves and the baby affect the perceived stress of pregnant women (42). All levels of anxiety related to COVID-19 were very high (very high or very high), mostly related to public places and transportation (87.5, 70, respectively), followed by follow-up on the possibility of banning other families and Fetal health (71.7%, 70%, respectively), pregnancy examinations (68.7%), infect yourself and childbirth (59.2, 4.55%, respectively) (43). If anxiety is related to COVID-19, it is common with pregnant women with very small community-population variables with very slight differences, but Arab women are more anxious about each problem than Jewish women (44). Which was also confirmed by the X Liu.et al and Ferit Durankuş.et al study (45-46-47). Berthelot.et al study reported higher levels of depressive and anxiety symptoms (ES = 0.57), dissociative symptoms (ES = 0.22 and ES = 0.25), symptoms of post-traumatic stress disorder (ES = 0.19), and negative affectivity (ES = 0.96), and less positive affectivity (ES = 0.95) than the pre-COVID-19 (48).

### III. DISCUSSION:

#### Anxiety

Anxiety was the most common mental health problem among studies (10). The fact is that during an outbreak of a disease such as coronary heart disease, fear of disease and fear of death, along with the disruption of daily activities, cause people to become involved with disease anxiety (15). Anxiety is common in Covid 19 and seems to be due more to the fact that people are unfamiliar and confused about the virus. Fear of the unknown reduces the perception of safety in humans and has always been anxious for humans. About Covid 19 still - this lack of scientific information also exacerbates this anxiety. At this time, people are looking for more information to relieve their anxiety (49). Anxiety caused by the fear of being in the community causes people not to enter shopping centers, students not to enter educational centers and workers and tourists do not enter work and leisure institutions, and these cases lead to feelings of reduced independence and stress and worries about income and job security. And other cases have led to psychological problems, with governments in China, Singapore, and Australia expressing concern about the psychological side effects of Covid 19 and the long-term effects of this isolation and fear on society as serious threats to mental health. People have known (50). Anxiety in pregnant
women causes preterm labor, which in turn leads to weight loss and poor growth of the baby (51). Unwilling to be pregnant among anxious mothers it was more significant than non-anxious mothers. And this lack of desire of the mother to conceive, psychologically, it affects his responsibility which may interfere with the child's development (51). On the other hand, these emotional and psychological changes cause higher cortisol secretion (52) and problem transform the baby (53).

**Depression**

Physical activity is less associated with the prevalence of depression and anxiety, and physical activity decreases during quarantine (54).

The emergence of epidemics at the international level also reduces economic activity. Thus, governments should minimize the prevalence of infection and prevent its spread. It occurs between young and old, possibly related to the interaction of mental and immune disorders (38).

**Sleep disorders**

Sleep disorders are characterized by poor sleep quality and insomnia during the corona epidemic. (49) Anxiety and stress are associated with decreased sleep quality. Equal to the effect of mood in sleep (55). Importantly, because sleep plays a key role in regulating emotions, sleep disorders can have direct consequences on emotional performance the next day (56). Low levels of activity (either due to depression or confinement) negatively affect sleep, as well as high levels of activity (for example due to stress or overtime) negatively affect sleep. Physical activity during the day (but not late at night) improves sleep quality (54) and (57). In the study of German et al., Insomnia was significantly associated with a higher risk of post-traumatic stress disorder, depression and anxiety (58).

**Post-accident stress**

Post-traumatic stress disorder is a stress-related psychological problem that occurs in people who experience life-threatening conditions. According to available sources, the experience of life-threatening physical illnesses such as Covid 19 can be a cause of symptoms of PTSD (59). In addition, people who have been quarantined lose social connections and this is a stressful phenomenon (6). Previous insomnia is also a major risk factor for post-traumatic stress disorder (PTSD) when exposed to a major stressors (60). On the other hand, stress can cause common mental disorders, such as anxiety and depression. From these points, it can be concluded that psychological interventions in the face of such crises are part of the health care system in the field of public health emergencies (61) and premature delivery, birth weight, infant height and head circumference, respiratory distress and neonatal jaundice are significantly associated with perceived maternal stress during pregnancy (62).

**Other psychological problems**

Due to the prevalence of COVID-19, it has been reported that widespread reductions in both economic supply and demand have been forced by governments at the international level (63). Uncertainty and fear caused by the spread of the virus, along with widespread lockdowns and recession, have been predicted to increase suicide as well as suicide-related mental disorders (33).

Previous epidemics in recent years have reported widespread socio-psychological effects on individuals at the individual, community and international levels during the outbreak of infection (64). Because the economic costs associated with mental disorders are high, improving mental health treatment strategies can lead to physical and economic health benefits. In addition to a pronounced fear of death, COVID-19 also affects other areas: family organization, school closures, companies and public places, changes in work routine, isolation, leading to feelings of helplessness and abandonment. In addition, it can increase insecurity due to the economic and social consequences of this great catastrophe (8). As the general population becomes increasingly vulnerable to Covid 19, anxiety-related issues related to the emergence of this health and socio-economic crisis must be identified promptly (65).

**IV. CONCLUSION:**

Covid 19 disease has caused a worldwide emergency due to the rapid spread of the virus. Not only does the disease affect the physical health of people, but also non-patients suffer from fear and anxiety and mental health disorders due to economic and social conditions and concerns. Due to the high prevalence of some mental disorders such as depression and anxiety in pregnancy (66). And the aggravation of these conditions in the
COVID-19 crisis, obviously in these conditions, maintaining the mental health of people, especially pregnant women, which will directly affect the health of themselves and their babies, is an important and necessary thing. In order to provide appropriate solutions to maintain the mental health of people in such benefits.

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Conflict of interest:
The authors state that there is no conflict of interest in the present study.

REFERENCES:
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CONSORT 2010 Flow Diagram

Fig. 1 CONSORT flowchart of inclusion and exclusion of the study participants

- Enrollment
  - Assessed for eligibility (n=90)
    - Excluded (n=0)
      - Not meeting inclusion criteria (n=0)
      - Declined to participate (n=0)
      - Other reasons (n=0)
  - Randomized (n=90)

- Allocation
  - Allocated to intervention (S. marianum) (n=45)
    - Received allocated intervention (n=45)
    - Did not receive allocated intervention (give reasons) (n=0)
  - Allocated to intervention (placebo) (n=45)
    - Received allocated intervention (n=45)
    - Did not receive allocated intervention (give reasons) (n=0)

- Follow-Up
  - Lost to follow-up (give reasons) (n=1)
  - Discontinued intervention (give reasons) (n=1)
  - Lost to follow-up (give reasons) (n=2)
  - Discontinued intervention (give reasons) (n=2)

- Analysis
  - Analysed (n=44)
    - Excluded from analysis (give reasons) (n=1)
  - Analysed (n=43)
    - Excluded from analysis (give reasons) (n=2)