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Improving family coping during the second trimester of pregnancy

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Abstract

Background: The second trimester of pregnancy is a period of adaptation that requires families to prepare for physical, psychological, and social changes in pregnant women. Family readiness is very important in improving coping skills to support the health of mothers and pregnancies.

Purpose: This final nursing thesis aims to describe family nursing care with readiness to improve family coping skills in the second trimester.

Method: The method used was a case study with a family nursing process approach that included assessment, nursing diagnosis, planning, implementation, and evaluation. The nursing interventions provided were health education on the second trimester of pregnancy, demonstrations of pregnancy exercises, and efforts to improve family coping.

Results: The results of nursing care showed an increase in family knowledge and an increase in family coping skills in dealing with the second trimester of pregnancy.

Conclusion: The conclusion of this scientific paper is that family nursing care is effective in improving family coping skills during the second trimester of pregnancy and is expected to be a reference in the implementation of family nursing care for pregnant women and family members who are expected to always be actively involved in the care process.

Keywords: Family Coping; Family Nursing; Pregnant Women.

INTRODUCTION

The family is the smallest unit of society and an important component in maintaining health. The family is considered the foundation of society and the starting point for achieving optimal public health (WHO, 2003). One stage of family development is awaiting the birth of a child. Based on Duvall's theory, the main tasks in this stage include preparing to become parents, adapting to changes in family size, interactions among family members, sexual relations, daily activities, and maintaining the relationship between spouses to meet each other's emotional needs (Duvall & Miller, 1985; Rohana, Suhariyanti, Setiawan, & Suprapti, 2024).

The case discussed in this study is that of Mrs. R's family living in Trirenggo, which is an extended family living with her husband and parents. Mrs. R is a private

employee who works shifts. The family is currently awaiting the birth of their first child, as Mrs. R is in her second trimester. The effectiveness of early mobilization intervention on mobilization ability in post caesarean section patients of pregnancy. The results of the assessment show that Mrs. R and her family are exhibiting signs of ineffective coping. This is indicated by Mrs. R not being accompanied by her husband or parents during her pregnancy check-ups, resulting in a lack of support and self-management efforts to address Mrs. R's problems. Other data obtained indicate that Mrs. R has discomfort issues, namely difficulty sleeping, back pain, and increased vaginal discharge when tired. Mrs. R is worried about her current pregnancy because she has a history of

curettage in her previous pregnancy with indications of fetal development failure at 12 weeks of pregnancy.

Family support is not only material or logistical, but also includes emotional, informational, and social dimensions of support for decisions made by family members who are pregnant and when families show involvement in decision-making, mothers' perceptions of the importance of visiting health facilities will be stronger. This support creates a sense of security, increases the mother's self-efficacy in caring for her pregnancy, and strengthens her commitment to the health practices recommended by medical personnel (Syari, 2020). This is also in line with research conducted by Mane, Salunkhe, and Kakade, which shows that good family support during pregnancy can lead to better health conditions for the mother and fetus (Mane, Salunkhe, Kakade, Mane, Salunkhe, & Kakade, 2024).

Family nursing care during the second trimester of pregnancy aims to improve the family's ability to cope with the physical, psychological, and role changes experienced by pregnant women so that they can adapt well to these changes (Wijayarini, Anugerah, Bobak, Jensen, & Lowdermilk, 2012).

RESEARCH METHOD

This study is a case study with a family nursing care approach. Data were collected through interviews, observations, and documentation studies to evaluate Mrs. R's condition during pregnancy, her emotional response, level of knowledge, and the form of support provided by her family. Nursing care was provided through health education, counseling, and assistance involving family members as part of the main support system. The media used included posters, writing aids, and demonstrations of exercises for pregnant women. Interventions were carried out to increase the family's knowledge about the second trimester of pregnancy, strengthen emotional, informational, and instrumental support, and improve family coping. Evaluation is conducted by assessing improvements in family coping skills, family involvement in supporting pregnancy, and the family's adaptive response to changes that occur during the second trimester of pregnancy. The evaluation results are used to provide recommendations for strengthening family support so that pregnant women can undergo the second trimester of pregnancy in optimal health and families are better prepared to face similar health challenges in the future.

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RESEARCH RESULTS

The first visit to the family was to build mutual trust between the students and Mrs. R's family in Tirenggo. The students introduced themselves to the family, explained the purpose of the visit, and agreed on a schedule for the next visit. The student visit process used interviews and informal discussions to learn more about the characteristics and structure of the family. The family responded positively and accepted the students as their foster family. The results of the first visit were achieved, such as the formation of mutual trust, understanding of the purpose and objectives of the visit, and agreement on the schedule for the next meeting. The next stage was phase I assessment to evaluate the family's health condition.

During the second visit, students conducted phase I assessment to collect data including general data, family history and developmental stages, environment, and family structure. The family provided complete and open information, which served as an important basis for determining further intervention. No nursing problems were identified at this stage. The students and Mrs. R's family agreed to conduct a third visit to examine the physical condition of all family members to support a more accurate and comprehensive analysis of nursing problems.

The results of this second visit revealed that Mrs. R's family is an extended family living with her husband and parents. They are of Javanese ethnicity, Muslim, and belong to the middle socioeconomic category. Mrs. R's family goes on a weekly outing to Klaten to enjoy culinary delights. The family is currently in the preparatory stage of awaiting the birth of their first child. There is no history of chronic or infectious diseases in the family. The house where they currently live is an inherited property. It is neat, clean, and well-lit, located in a strategic neighborhood with good access to public facilities such as schools, health centers, and clinics. The family is active in community activities such as community service, neighborhood associations, and religious gatherings, and has good social relationships with family, relatives, and neighbors. Effective communication is conducted in Javanese, with democratic decision-making within the family. Cultural values and norms are not an issue, as the family shares the same customs and belief in Allah SWT.

The third visit focused on physical examinations of all family members. These physical examinations included vital signs such as blood pressure, respiration,

pulse, and temperature. The purpose of these examinations was to obtain an overview of the family's physical health, detect risk factors, and serve as a basis for preventing more serious health problems in the future.

The assessment was conducted using standard medical equipment and assessment forms. In addition to vital signs, students also conducted head-to-toe assessments from head to toe. Examination of Mrs. R's reproductive organs revealed excessive vaginal discharge, and during posterior examination, Mrs. R complained of frequent back pain. This data became a point of concern in subsequent assessments.

The results of the third visit went smoothly overall, and from the general examination results, Mrs. R's entire family showed vital signs within normal limits, and Mrs. R's discomfort issues became important data to support the intervention that would be carried out. The fourth visit was the second stage of the students' assessment, which focused on exploring family issues, especially the problem experienced by Mrs. R, who did not understand whether vaginal discharge was normal or not in the second trimester.

The student visit process used interviews and discussions to explore Mrs. R's health issues and family support in greater depth. This activity included establishing a nursing diagnosis based on systematically collected data and conducting an evaluation.

The results of the fourth visit showed that Mrs. R did not understand the discomforts of the second trimester and was found to be concerned about the risks of pregnancy because she had previously undergone a curettage due to fetal development failure at 12 weeks of pregnancy. The family had not yet made any efforts to reduce Mrs. R's complaints due to a lack of knowledge and a lack of information from her husband and parents, who rarely accompanied her to pregnancy checkups or antenatal care (ANC). This indicates a potential information deficit that has resulted in ineffective family coping. Based on the results of this Phase II assessment, the student established one nursing diagnosis: readiness to improve family coping (D.0090). Subsequently, it was agreed with Mrs. R's family to develop a more specific intervention strategy to build the family's capacity to become the primary agents in maintaining Mrs. R's pregnancy.

The fifth visit discussed the problems experienced by Mrs. R and her family by presenting the results of

the first to fourth visits, thereby reaching a mutual agreement to resolve the problems experienced by Mrs. R. The visit process involved interviews and discussions with the family. At this stage, the family actively participated in determining the issues to be raised, with the students discussing the results of the assessment up to the scoring of the family's nursing problems.

The outcome of this fifth visit was an agreement on nursing issues related to improving family coping (D.0090) and implementation in the form of education related to the pregnancy process and risks in the second trimester, demonstration of pregnancy exercises, and education for families on the importance of emotional, informational, and instrumental support in supporting the health of pregnant women. This fifth visit also included an agreement on the timeline for implementing these interventions to ensure that all families can participate, thereby ensuring the effectiveness of resolving Mrs. R's issues.

The sixth visit was to provide education and demonstrations that had been agreed upon together. This visit involved interviews, discussions, and demonstrations. The media used were posters, writing instruments, and exercise mats. This stage was carried out in three stages over 30 minutes, namely education on the process and risks of pregnancy in the second trimester and education related to family support on the importance of emotional, informational, and instrumental support, demonstrations of pregnancy exercises, and question and answer sessions.

The results of this sixth visit showed that Mrs. R and her family understood the pregnancy process and the discomfort experienced by Mrs. R, as well as the signs of pregnancy risks that all family members needed to be aware of so that Mrs. R felt safe and comfortable during her pregnancy. Mrs. R could do pregnancy exercises according to her physical condition. This indicates that the sixth visit was successful, as evidenced by the family's attendance throughout the entire session. Mrs. R and her family were able to answer the students' questions and were cooperative during the implementation. Mrs. R was able to perform six of the eight prenatal exercise movements due to her physical condition. This implementation still needs to be evaluated on the following day to ensure that the family's coping skills have been successfully improved. This meeting concluded with scheduling the next appointment to

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evaluate the implementation that has been carried out.

The seventh visit was to evaluate Mrs. R's family to determine whether the implementation carried out by the students was effective in helping Mrs. R and her family in their coping readiness and support during the waiting period for the birth.

The process was carried out through interviews and discussions, by asking about previous education and whether the family had played an active role in supporting Mrs. R during her pregnancy. Prenatal exercises were carried out twice a week, consisting of eight movements, which reduced her back pain. Mrs. R's family's knowledge level had improved from adequate to good. The family, especially the husband, has been accompanying her during antenatal care (ANC) visits. The seventh visit went smoothly, with the family being cooperative. Further independent intervention is still needed, reminding them of the importance of monthly pregnancy check-ups as instructed by the doctor and seeking immediate medical attention at a healthcare facility if any signs of pregnancy risks arise.

DISCUSSION

The results of Mrs. R's family nursing care show that one family member, Mrs. R, experienced discomfort in the form of vaginal discharge and back pain and was worried due to a lack of information and support related to pregnancy. Based on a comprehensive assessment in stages I and II, it was found that Mrs. R. did not have an understanding of the discomfort she was experiencing and the risks of pregnancy. This is in line with previous findings who stated that pregnancy, childbirth, postpartum, and neonates are physiological conditions that may threaten the life of the mother and baby and even cause death (Aliviani, 2023). Another study stated that the prevalence of lower back pain in pregnant women is quite high and the pattern of complaints is influenced by physiological factors and the characteristics of the mother during pregnancy (Sari, Larasati, & Destiana, 2025). and research conducted by Dewi, Ernawati, and Septiani shows that there is a relationship between the level of knowledge of pregnant women and personal hygiene with the incidence of vaginal discharge, where pregnant women with less knowledge and personal hygiene practices have a higher risk of experiencing vaginal discharge (Dewi & Astuti, 2021).

Education conducted in the form of demonstrations of non-pharmacological techniques such as pregnancy exercises to reduce back pain in Mrs. R was effective in reducing symptoms. This aligns with previous research which stated that before prenatal exercise was performed, the average score for back pain complaints was 90.67. After practicing prenatal exercise, the average score for complaints decreased to 15.67. Prenatal exercise is a form of complementary care that is beneficial for reducing pain during pregnancy, especially back pain (Muzayyana, Alhidayah, Saleh, Agustin, Hamzah, & Supu, 2024). Another study proved that regular prenatal exercise can reduce the intensity of lower back pain in pregnant women in their second and third trimesters. Prenatal exercise movements help stretch and strengthen the back, abdominal, and pelvic muscles, thereby improving posture and reducing excessive pressure on the spine due to changes in the center of gravity during pregnancy (Tarigan, Sembiring, & Gurning, 2025). Prenatal exercise improves blood circulation and oxygen supply to tissues, reduces muscle tension and pain sensations, and psychologically reduces anxiety and stress (Pinem, Sinaga, Surbakti, & Julianti, 2022). Improving family coping is very important so that families are able to make decisions, reduce stress, and provide continuous emotional and instrumental support to pregnant women. This is in line with previous research which states that there is a significant relationship between family support and fetal well-being at the Bahagia Community Health Center with a p- value of 0.036. Most respondents with high compliance levels (53.3%) received support from their families (45.7%) and had good fetal well-being (53.3%) (Sari & Chalid (2022).

Support from family, especially Mrs. R's husband, is very important in helping pregnant women attend antenatal care (ANC) visits regularly. Other research shows that pregnant women who receive good family support usually attend ANC visits more regularly (Dewi & Astuti, 2021). This finding is in line with theory, which states that family care aims to improve the family's ability to perform health care functions in accordance with the stages of life (Setiadi, 2008). including providing support and assistance to pregnant women so that they can maintain optimal pregnancy health Previous research shows that family support affects the anxiety levels of pregnant women in the second and third trimesters. Pregnant women who receive

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sufficient family support usually feel calmer and have lower anxiety levels compared to pregnant women who do not receive family support (Rahayu & Lestari, 2023)

Improved family coping occurs when families are able to assess stressors realistically (appraisal), choose appropriate coping strategies that focus on both problems and emotions, and continuously reevaluate the results of these strategies. Improved family coping in family nursing means the family's ability to adapt positively, maintain family functioning, and make appropriate decisions in dealing with health problems (Lazarus, 1984). Social support, especially from family, plays a role in shaping the coping methods of pregnant women during pregnancy. Although the study shows that the stress levels of pregnant women are not always directly influenced by coping methods, strengthening social support from family has been proven to play a role in shaping more adaptive coping mechanisms (Nuryati & Amira, 2023).

CONCLUSION

Based on the results and discussion, it appears that improving family coping is an important aspect in supporting pregnancy, strengthening emotional and instrumental support, thereby helping to create a supportive family, increasing a sense of security, reducing stress, and supporting the well-being of mothers during pregnancy.

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