

Psychological Impact of High-risk Pregnancy and the Role of Nursing Interventions: An Integrative Review

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Abstract

Background: Pregnancy is generally regarded as a positive and transformative experience; however, when classified as high risk, it is often accompanied by significant psychological distress in addition to physical complications. Despite advances in obstetric care, psychological support remains inadequately addressed in routine antenatal services. **Objective:** To examine the psychological impact of high risk pregnancy and evaluate the effectiveness of nursing interventions in promoting emotional well-being and coping among affected women. **Methods:** An integrative review was conducted using a comprehensive search of major electronic databases for studies published between 2010 and 2025. Both qualitative and quantitative studies were included. Methodological quality was assessed using standard appraisal tools, and data were analyzed through thematic synthesis to identify key patterns and findings. **Results:** Women with high risk pregnancies consistently reported high levels of anxiety, depression, fear of adverse outcomes, and emotional vulnerability. Contributing factors included socioeconomic challenges, inadequate social support, and limited access to psychological care. Positive coping was associated with strong family support, effective communication, and supportive healthcare interactions. Nurse-led interventions – such as counselling, relaxation techniques, mindfulness-based strategies, structured education, and telehealth support – were found to significantly improve psychological well-being and maternal-fetal attachment. **Conclusion:** High risk pregnancy represents both a physiological and psychological challenge. Addressing emotional well-being is essential for improving maternal and fetal outcomes. **Recommendations:** Integration of structured psychosocial support and nurse-led interventions into routine antenatal care is recommended to enhance coping, emotional resilience, and quality of care.

Keywords: Anxiety, Coping, High risk pregnancy, Nursing interventions, Psychological well-being



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INTRODUCTION

Pregnancy is widely acknowledged as a significant developmental transition, encompassing complex physiological, emotional, and social adjustments. While often associated with positive anticipation, pregnancy may become considerably more demanding when complications arise, classifying it as high risk. From a psychological perspective, pregnancy represents a dynamic adaptive process, requiring women to continuously adjust to evolving bodily, emotional, and contextual changes (1).

A high-risk pregnancy is defined as a condition in which the probability of adverse maternal or fetal outcomes is substantially elevated. In India, national-level evidence indicates that high risk pregnancies constitute a considerable proportion of antenatal cases, reflecting the growing burden of maternal health vulnerabilities (2). The spectrum of high-risk pregnancy includes pre-existing medical disorders, pregnancy-induced complications, unfavorable obstetric histories, and fetal-related risks (3).

Globally, an estimated 20 million pregnancies are categorized as high risk each year, contributing to nearly 800 maternal deaths every day (4). Even pregnancies not formally classified as high risk may develop complications related to maternal age, pre-existing medical conditions, or pregnancy-induced disorders. Consequently, early identification and comprehensive management of these risk factors remain essential to ensuring safe motherhood and positive neonatal outcomes (2,5,6).

Worldwide, the incidence of high-risk pregnancies continues to rise due to increasing maternal age, the prevalence of non-communicable diseases such as hypertension and diabetes, and the growing use of assisted reproductive technologies. The emotional toll of these pregnancies, however, is less often acknowledged. Evidence indicates that women undergoing high risk pregnancies frequently experience shock, fear, isolation, guilt, sadness, and clinical levels of anxiety or depression (7). The burden is compounded by repeated hospitalizations, invasive medical procedures, and the uncertainty surrounding fetal and maternal outcomes (8).

Beyond the physical complications, the psychological strain associated with a high-risk pregnancy is profound. Many women report persistent feelings of anxiety, helplessness, and apprehension about their health and the well-being of their unborn child. Continuous monitoring, medical interventions, and frequent contact with healthcare environments can exacerbate distress and fatigue. Prolonged psychological stress has been shown to contribute to preterm birth, low birth weight, and postpartum depression (9). For many women, the emotional challenges can be as demanding as the physical ones, underscoring the need for holistic and compassionate care that addresses both mind and body (10).

Despite increasing recognition of mental health as an essential component of maternal well-being, psychological support often remains secondary to clinical management. This represents a missed opportunity, as emotional well-being during high risk pregnancy directly influences treatment adherence, maternal-fetal bonding, and neonatal health outcomes (7). Nurses, who are often at the forefront of antenatal and intrapartum care, play a pivotal role in supporting women through such challenging pregnancies. Their empathetic communication, counselling, and education can help to reduce anxiety, foster coping, and strengthen resilience. It is therefore timely and crucial to explore the psychological experiences of women with high risk pregnancies and to examine nursing interventions that may alleviate distress and promote emotional well-being.

Although existing studies have extensively documented the psychological distress associated with high risk pregnancy, most research remains fragmented, focusing either on emotional outcomes or isolated interventions rather than providing a comprehensive synthesis. Furthermore, limited attention has been given to nurse-led and nursing-informed psychosocial interventions, particularly within low- and middle-income and Indian contexts. There is also a lack of integrative reviews that combine qualitative experiences with quantitative evidence to generate a holistic understanding of both psychological burden and effective coping strategies. Therefore, this integrative review

addresses this critical gap by synthesizing multidisciplinary evidence to evaluate psychological impacts alongside the effectiveness of nursing interventions in improving maternal well-being.

OBJECTIVE

The present integrative review seeks to synthesize existing empirical evidence on the psychological burden associated with high risk pregnancy and to identify and evaluate nursing-led or nursing-informed strategies aimed at improving psychological outcomes. To achieve this aim, the review is guided by the following research questions:

1. What are the common psychological impacts experienced by women diagnosed with high risk pregnancies?
2. What nursing interventions have been designed or implemented to support the psychological and emotional needs of these women?
3. How effective are these nursing interventions in improving psychological outcomes, coping mechanisms, and overall maternal mental health?

CONCEPTUAL / THEORETICAL FRAMEWORK

This integrative review is guided by Lazarus and Folkman's Stress and Coping Theory (1984), a well-established psychological framework that explains how individuals perceive, evaluate, and respond to stressful situations. The theory proposes that psychological stress arises when individuals appraise a situation as threatening or exceeding their coping resources. Coping, in turn, refers to the cognitive and behavioral efforts employed to manage internal or external demands that are perceived as challenging or overwhelming (11). Within the context of high-risk pregnancy, this framework provides a valuable lens through which to understand the complex emotional and psychological reactions experienced by women.

A high-risk diagnosis can act as a major stressor, triggering primary appraisal (perception of threat to self or fetus) and secondary appraisal (evaluation of coping abilities and available support). The balance – or imbalance – between perceived threat and

coping capacity largely determines the woman's emotional outcome, manifesting as anxiety, fear, depression, or adaptation.

Nurses, through their therapeutic relationships and supportive interventions, can directly influence both stages of this appraisal process. By providing accurate information, emotional reassurance, psychological counselling, and social support, nurses can help women reinterpret the high-risk condition as a manageable experience rather than an uncontrollable crisis. Interventions such as relaxation techniques, stress-management training, mindfulness, and supportive communication further enhance the individual's adaptive coping strategies.

The application of Lazarus and Folkman's theory thus facilitates an in-depth understanding of how nursing care strategies can reduce psychological distress and promote resilience during high risk pregnancy. It also supports the analytical process of this review by offering a conceptual structure for organizing findings – linking stressors (risk conditions), mediators (nursing interventions and social support), and outcomes (psychological well-being, coping effectiveness, and maternal-fetal attachment).

Overall, this theoretical grounding strengthens the interpretative framework of the review, ensuring that the synthesis of evidence remains anchored in a psychologically informed and nursing-relevant perspective.

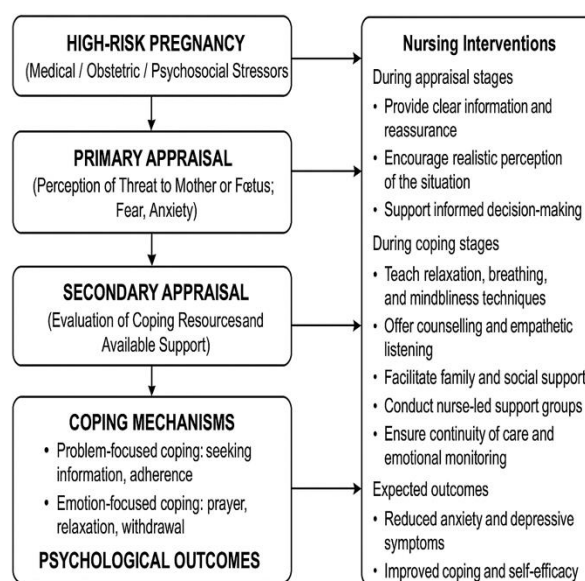


Figure 1 Conceptual framework based on Lazarus and Folkman's Stress and Coping theory

METHODS

This integrative review followed the methodological framework proposed by Whittimore and Knafl, which enables the inclusion and synthesis of diverse forms of evidence—quantitative, qualitative, and mixed-methods studies—to develop a comprehensive understanding of a phenomenon (12). The process comprised five systematic stages: problem identification, literature search, data evaluation, data analysis, and presentation of results. This approach was chosen for its flexibility and rigor in addressing complex nursing and psychosocial issues, particularly those that intersect emotional, behavioral, and clinical dimensions of care.

PROBLEM IDENTIFICATION

The problem was identified through a preliminary review of existing literature, which revealed that although high-risk pregnancy is widely studied in terms of clinical outcomes, its psychological dimensions remain underexplored and insufficiently addressed in routine antenatal care. Additionally, existing studies predominantly focus on isolated aspects of psychological distress without integrating evidence on effective nursing interventions. Clinical observations and reports also indicate that women with high-risk pregnancies frequently experience anxiety, fear, and emotional distress, which are often not systematically assessed or managed. This gap between clinical management and psychosocial care highlighted the need for a comprehensive integrative review to synthesize available evidence and identify effective nursing strategies to address psychological wellbeing.

Literature Search Strategy

A comprehensive literature search was conducted between April 2025 and August 2025 across six electronic databases: PubMed, CINAHL, Scopus, PsycINFO, Cochrane Library, and Google Scholar. The search strategy combined both Medical Subject Headings (MeSH) and free-text keywords, including “high risk pregnancy”, “psychological impact”, “mental health”,

“anxiety”, “depression”, “stress”, “coping”, “nursing care”, “nursing intervention”, and “maternal well-being”. Boolean operators (AND/OR) were applied to refine searches and capture the broadest relevant evidence. The review included peer-reviewed studies published in English, focusing on pregnant women clinically diagnosed with high risk conditions and describing psychological outcomes or nursing-led interventions. Editorials, commentaries, and studies lacking primary data were excluded.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram was employed to document the selection process, including the number of studies identified, screened, excluded, and retained for synthesis (13).

Data Evaluation

All included studies were critically appraised for methodological quality and relevance. Given the diversity of research designs, appropriate evaluation tools were used: CASP (Critical Appraisal Skills Programme) for qualitative studies, JBI checklists for quantitative and observational studies, and MMAT (Mixed Methods Appraisal Tool) for mixed-method designs (14-16).

Each study was independently assessed by two reviewers to minimise selection bias and enhance methodological rigour. The reviewers evaluated studies for credibility, methodological quality, and transparency using established appraisal tools (CASP, JBI, and MMAT). Discrepancies between reviewers were resolved through discussion and consensus, and where necessary, consultation with a third reviewer. Data were extracted using a structured matrix summarizing author, year, country, study design, population characteristics, psychological outcomes, nursing interventions, and key findings. (Table 1) Based on appraisal scores, studies were categorised as high, moderate, or low quality according to methodological soundness and clarity of reporting. (Table 2)

Data Analysis and Synthesis:

A thematic synthesis approach was adopted to integrate findings across diverse methodologies. The analysis involved Data Reduction: Identification and coding of

recurring psychological issues (e.g., anxiety, depression, stress, fear); Data Display: Grouping codes into broader conceptual categories representing emotional responses and coping mechanisms; Data Comparison: Examining similarities and variations across contexts (global, South Asian, and Indian settings); and Conclusion Drawing: Synthesizing empirical and theoretical insights to generate an integrated understanding of the psychological impact of high risk pregnancy and the effectiveness of nursing interventions. This iterative process ensured that both empirical rigor and contextual relevance were maintained, aligning with the humanistic philosophy of nursing that values emotional care as a core component of maternal health.

Ethical consideration

As this study involved the review and synthesis of previously published literature, no direct human participant involvement occurred; therefore, formal ethical approval was not required. Nevertheless, ethical principles were maintained by ensuring accurate representation of original findings, proper citation of sources, and adherence to standards of academic integrity and responsible reporting.

RESULTS

Included Studies: The included reviews, conducted between 2010 and 2025, collectively provide a comprehensive understanding of the psychological dimensions of high-risk pregnancies and the effectiveness of nursing and non-pharmacological interventions. Studies spanned diverse geographical regions—including South Africa, Australia, Iran, China, and South Korea—reflecting both global and regional perspectives. Most reviews were systematic in design, incorporating qualitative, quantitative, and mixed-method approaches, with sample sizes ranging from 15 to 31 studies. Common themes across the reviews highlight that women experiencing high risk pregnancies frequently endure heightened levels of fear, anxiety, depression, guilt, and emotional isolation, often intensified by hospitalization and uncertainty about pregnancy outcomes. Evidence consistently demonstrates that interventions such as cognitive behavioral therapy (CBT),

mindfulness, yoga, relaxation, and psychoeducation significantly reduce psychological distress and enhance maternal coping, self-efficacy, and well-being. Integrative and overview reviews further emphasized the importance of holistic, nurse-led approaches and culturally responsive care—particularly in low- and middle-income contexts—underscoring the vital role of nurses in providing emotional support and promoting mental resilience during high risk pregnancies (17-22).

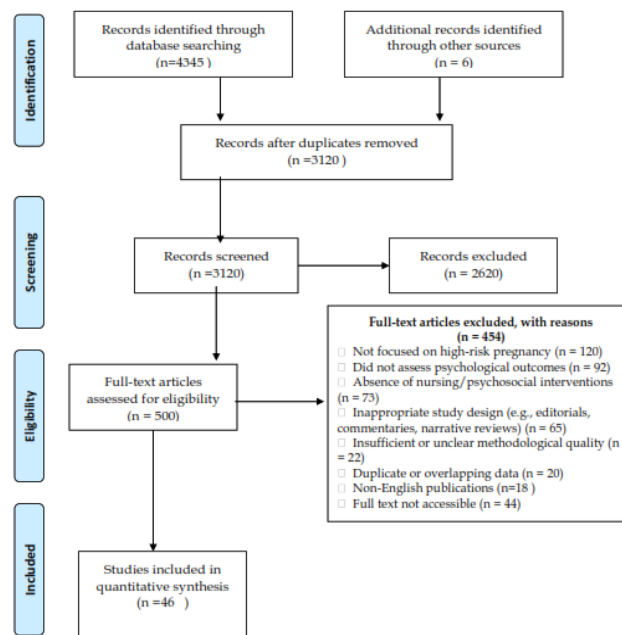


Figure 2: PRISMA Flow Diagram Illustrating the Study Selection Process

Emerging Themes

The findings of this integrative review were synthesised and organised into key thematic domains to provide a deeper analytical understanding of the psychological experiences associated with high-risk pregnancy and the role of nursing interventions. Through a systematic process of coding, comparison, and categorisation, four major themes emerged, reflecting common patterns across the included studies. These themes encompass psychological reactions, determinants of psychological distress, coping mechanisms, and nursing interventions.

A summary of these themes and their key components is presented in **Table 3**, which offers a structured and concise overview of the evidence, facilitating clarity and interpretation of the findings.

1) Psychological Reactions to High risk Pregnancy: Across the reviewed studies, high risk pregnancy was consistently associated with heightened levels of psychological distress, characterized by anxiety, fear, depression, guilt, and uncertainty regarding the well-being of the mother and fetus (1-3). Notably, this distress was not merely episodic but often persistent, suggesting that a high-risk pregnancy acts as a sustained psychological stressor rather than an acute emotional response. Women frequently expressed fear of fetal loss, premature delivery, or maternal complications, particularly when medical conditions such as pre-eclampsia, gestational diabetes, or placental abnormalities required continuous monitoring or hospitalization (23).

This indicates that the perceived severity and unpredictability of medical conditions function as key amplifiers of emotional distress. The experience of being confined to hospital settings often intensified emotional strain, with many women reporting feelings of helplessness, isolation, and loss of autonomy (8,24). This reflects a transition from patient-centered autonomy to medically controlled environments, which may undermine psychological well-being. Persistent medical surveillance and dependency on healthcare providers were found to disrupt the women's sense of normalcy and control, leading to psychological exhaustion and diminished self-efficacy (25). Collectively, these findings suggest that loss of control and uncertainty are central mechanisms driving psychological distress in high-risk pregnancy.

2) Determinants of Psychological Distress: The analysis revealed that the determinants of psychological distress among women with high risk pregnancies were multifaceted, encompassing demographic, obstetric, and socio-environmental factors. Importantly, these determinants appear to interact synergistically rather than independently, compounding vulnerability among certain groups of women. Younger or advanced maternal age, limited educational attainment, low socioeconomic status, and lack of prior childbirth experience were recurrently linked with higher anxiety and depressive scores (26,28). These findings highlight the role of both informational deficits and socioeconomic disadvantage in shaping

psychological outcomes. Women with previous obstetric complications or those facing prolonged bed rest were particularly vulnerable to heightened stress levels (29,30). This suggests that prior negative reproductive experiences and physical restrictions act as reinforcing factors for anticipatory anxiety. Social and cultural expectations surrounding motherhood also played a significant role—particularly in collectivist societies—where perceived failure to fulfil maternal roles evoked guilt and shame (31,32). This underscores the influence of sociocultural norms in internalizing distress and shaping emotional responses. Limited spousal involvement, domestic conflict, and inadequate emotional or financial support further exacerbated psychological vulnerability (33-35). Overall, the evidence indicates that lack of social support functions as a critical determinant, potentially moderating or mediating the relationship between clinical risk and psychological distress.

3) Coping Mechanisms and Support Systems: Coping responses to the challenges of high-risk pregnancy varied widely across individuals and cultural contexts. The variation in coping strategies reflects differences in psychosocial resources, cultural beliefs, and accessibility to support systems. Many women adopted adaptive coping strategies, including prayer, positive reframing, emotional expression, and reliance on family or healthcare support (36-38). These strategies were associated with better emotional adjustment, suggesting their protective role against distress. Conversely, maladaptive responses such as denial, withdrawal, or fatalistic acceptance were more common among those with poor psychosocial resources or limited access to supportive care (39,40). This indicates that ineffective coping may not only reflect distress but also perpetuate it, creating a negative feedback loop. The role of the partner and family emerged as pivotal in buffering emotional distress—spousal reassurance, active involvement, and shared decision-making contributed to better coping outcomes (41). Similarly, empathetic engagement by nurses and midwives provided a sense of security and continuity of care, enabling women to express fears openly and develop emotional resilience (42,43). **These findings emphasise that interpersonal support systems act as key resilience-building factors,**

mitigating the psychological burden of high-risk pregnancy.

4)Nursing Interventions Identified: The review identified a diverse range of nurse-led interventions designed to alleviate psychological distress and promote maternal well-being. Importantly, these interventions addressed both informational and emotional needs, reflecting a holistic care approach. Structured counselling and individualized psychological support were among the most frequently implemented strategies, addressing emotional regulation and adjustment to pregnancy-related challenges (44,45). These interventions directly targeted emotional regulation and cognitive appraisal of pregnancy-related risks. Mindfulness and relaxation therapies, including guided imagery, yoga, and breathing exercises, demonstrated effectiveness in reducing anxiety and improving mood stability (46). Such interventions suggest that physiological relaxation techniques can modulate psychological stress responses. Educational and informational interventions, delivered through nurse-facilitated sessions, empowered women with knowledge about their condition, treatment options, and coping skills (47-50). Furthermore, nurse-led support groups fostered peer connection and mutual encouragement. In contrast, telehealth and continuous digital support systems extended access to psychological assistance, particularly for women unable to attend regular antenatal visits (51,52). This highlights the critical role of knowledge in reducing uncertainty and enhancing perceived control.

Effectiveness of Nursing Interventions: Evidence across the included studies confirmed that nursing interventions significantly improved psychological outcomes among women experiencing high risk pregnancies. Notably, the effectiveness of these interventions was consistently observed across diverse settings and delivery modes, strengthening the robustness of the findings. Reductions in anxiety and depression scores, enhanced maternal-fetal attachment, and improved coping and satisfaction levels were consistently reported following interventions that combined education, counselling, and relaxation training

(53-58). This suggests that multi-component interventions are more effective than single-strategy approaches. Women receiving sustained emotional support from nurses exhibited greater confidence, optimism, and engagement with self-care practices (59-60). This indicates that continuity of care and therapeutic relationships are central to intervention success. Interventions delivered through multiple modalities – face-to-face, group-based, or telehealth platforms – proved equally beneficial when founded on empathy, trust, and continuity of care (61-62). **The findings reinforce that the effectiveness of interventions is less dependent on the mode of delivery and more on the quality of interpersonal engagement and holistic care.** Overall, these findings reinforce the central role of nursing in delivering holistic, person-centered, and emotionally supportive maternity care that addresses both physiological and psychological dimensions of high-risk pregnancy.

DISCUSSION

The findings of this integrative review reaffirm that high risk pregnancy is not merely a biomedical condition but a complex biopsychosocial experience that profoundly influences a woman's emotional, psychological, and social well-being.² Across diverse cultural and clinical contexts, women consistently reported anxiety, fear, guilt, and uncertainty as dominant emotional responses, particularly when confronted with the unpredictability of pregnancy outcomes or the need for hospitalization and medical monitoring (60). Such emotional strain, if unaddressed, can disrupt maternal-fetal bonding, impair adherence to treatment, and elevate the risk of adverse perinatal outcomes (61).

The determinants of psychological distress highlighted in the review – such as socioeconomic disadvantage, lack of social support, and prior obstetric complications – underscore the interconnectedness between social determinants of health and mental well-being during pregnancy (33,34). In settings with limited healthcare resources, these factors often compound the stress associated with a high-risk diagnosis, leaving women feeling isolated and powerless (35). Hence, recognizing and addressing these determinants through early

screening and targeted psychosocial support should form an integral part of routine antenatal care.

Coping mechanisms observed among women varied from adaptive strategies—such as seeking social support, practicing spirituality, and maintaining optimism—to maladaptive behaviors, including avoidance and withdrawal (62). The review findings reinforce the essential role of nursing professionals as emotional anchors within the maternity care continuum. Through therapeutic communication, empathetic listening, and consistent presence, nurses help women reframe their fears, regain self-confidence, and develop resilience in coping with pregnancy-related challenges.

Nursing interventions—particularly structured counselling, relaxation therapy, mindfulness-based progra, and educational support—demonstrated measurable improvements in psychological outcomes (54,56). These interventions not only reduced anxiety and depression but also fostered positive maternal-fetal attachment and strengthened women's trust in the healthcare system. The growing use of telehealth and digital nursing interventions represents a promising avenue to extend psychosocial support beyond hospital settings, particularly for women in rural or resource-limited areas (57).

Strengths and Limitations

This integrative review possesses notable strengths that enhance its credibility and contribution to nursing scholarship. It is grounded in the rigorous Whittemore and Knafl (2005) framework (12), ensuring methodological transparency and systematic synthesis of diverse evidence. By incorporating qualitative, quantitative, and mixed-method studies from global, South Asian, and Indian contexts, the review provides a comprehensive and culturally relevant understanding of the psychological burden associated with high risk pregnancy.

The inclusion of nursing-led and nursing-informed interventions further strengthens its practical applicability, offering clear directions for holistic and evidence-based nursing care. Moreover, the review humanizes the discourse on high risk pregnancy,

highlighting emotional experiences often overlooked in clinical literature.

However, certain limitations must be acknowledged. The reliance on studies published in English and within the 2010–2025 period may have excluded relevant research in other languages or older seminal works. Variability in study quality, measurement tools, and intervention designs limited direct comparisons and meta-analyses. Additionally, publication bias may have led to the underrepresentation of studies reporting non-significant psychological outcomes. Despite these constraints, the review's methodological integrity, breadth of evidence, and focus on nursing implications provide a robust and authoritative synthesis that meaningfully advances understanding and practice in maternal mental health within high risk pregnancies.

Recommendations and future directions:

The findings of this review underscore an urgent need to reposition psychological well-being as a core dimension of maternal health, particularly within the context of high-risk pregnancies. Future research must move beyond descriptive exploration towards interventional and longitudinal designs that evaluate the sustained effects of nurse-led psychosocial interventions on maternal and neonatal outcomes. Establishing robust causal links between psychological support and clinical outcomes will not only enrich nursing science but also strengthen the evidence base for integrated maternal mental health policies.

Further, there is a pressing requirement to develop and validate context-specific assessment tools for evaluating psychological distress during high risk pregnancy. Instruments that reflect cultural sensitivities, literacy levels, and family dynamics, particularly in South Asian and Indian settings, would ensure more accurate identification of women at risk. Standardized measures would also facilitate comparison across studies and support meta-analytical synthesis in future reviews.

Expanding research on digital and tele-nursing interventions offers another promising avenue. Mobile-based counselling, virtual mindfulness sessions, and online peer-support groups have the potential to bridge gaps in

accessibility, particularly in rural and low-resource regions. Evaluating the acceptability, feasibility, and cost-effectiveness of these digital approaches could revolutionize maternal care delivery, ensuring emotional support reaches every woman irrespective of geography. Lastly, future inquiry must focus on capacity-building within the nursing workforce. Research should explore innovative models for embedding psychological care competencies into undergraduate and continuing education curricula. Collaborative, multi-centre trials involving nurses, psychologists, obstetricians, and public health experts could yield powerful insights into interdisciplinary approaches that normalize mental health care within the antenatal framework. By strengthening research-practice linkages, the nursing profession can take a leading role in transforming high risk pregnancy care from a purely biomedical model to one that truly embodies compassionate, holistic, and human-centred practice.

Clinical significance: The review highlights the need for a holistic, person-centred approach to caring for women with high risk pregnancies. Nurses should routinely integrate psychological assessment into antenatal care using validated screening tools for anxiety and depression. Early identification of distress allows for timely intervention and referral to mental health services. Building a therapeutic nurse-patient relationship grounded in empathy, confidentiality, and trust remains vital in fostering emotional security and adherence to care plans.

Moreover, developing and implementing nurse-led psychoeducational programmes can empower women with knowledge and self-management strategies that promote psychological well-being and enhance pregnancy outcomes. Educational curricula for nursing and midwifery students should emphasize the integration of mental health and obstetric care, highlighting the psychological dimensions of high-risk pregnancy. Training should include communication skills, counselling techniques, and culturally sensitive approaches to supporting women in distress.

Simulation-based learning, case-based discussions, and role-playing exercises can strengthen students' competence and

confidence in managing emotional crises. Faculty should also encourage critical reflection and interprofessional collaboration to prepare nurses for holistic maternal care in real-world clinical settings. The review underscores significant research gaps in longitudinal and interventional studies evaluating the long-term psychological effects of high-risk pregnancy and the sustained impact of nursing-led interventions. Future research should focus on developing standardized frameworks to assess psychological well-being, integrating both quantitative and qualitative methodologies.

Additionally, exploring the role of digital health technologies—including mobile apps, virtual counselling, and telemonitoring—in delivering continuous psychosocial support represents an emerging field of inquiry. Culturally contextualized studies are essential to ensure interventions are acceptable, accessible, and effective across diverse populations.

Conclusion

High risk pregnancy is both a physiological and psychological experience, frequently accompanied by anxiety, fear, and emotional distress. This review emphasises that psychological well-being remains an essential yet often under-addressed aspect of maternal care, despite its clear influence on coping, maternal experiences, and outcomes.

The findings highlight the pivotal role of nurses in reducing distress through supportive communication and targeted psychosocial interventions. Integrating structured emotional support within routine antenatal care is crucial to promoting resilience, adaptive coping, and holistic maternity care.

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