



Longitudinal study of emotional experiences, grief and depressive symptoms in women and men after miscarriage

Helena Volgsten, Midwife, PhD^{a,b}, Caroline Jansson, Midwife^a,
Agneta Skoog Svanberg, Midwife, PhD, Professor^a, Elisabeth Darj, MD, PhD, Professor^{a,c,d},
Anneli Stavreus-Evers, PhD, Professor^{a,*}

^a Department of Women's and Children's Health, Uppsala University, 751 85 Uppsala, Sweden

^b Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden

^c Department of Public Health and Nursing, NTNU, Norwegian University of Science and Technology, Trondheim, Norway

^d Department of Obstetrics and Gynecology, St Olav's Hospital, Trondheim, Norway

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ABSTRACT

Objective: Although miscarriage is common and affects up to 20% of pregnant women, little is known about these couples' short term and long term experiences after miscarriage. The aim of the present study was to study emotional experience, grief and depressive symptoms in women and men, one week and four months after miscarriage.

Research design /setting: Women, ($n = 103$), and their male partner ($n = 78$), were recruited at the gynecological clinic after miscarriage. Control women were recruited from the general population. Three validated questionnaires concerning psychological wellbeing and mental health, RIMS, PGS and MADRS-S were answered by the participants one week and four months after the miscarriage.

Findings: It was shown that for women, the emotional experiences of miscarriage, grief and depressive symptoms were more pronounced than for their male partners. Grief and depressive symptoms were reduced with time, which was not the case for the emotional experiences of miscarriage. Previous children was favorable for emotional experience while previous miscarriage or infertility treatment made the emotional experience worse.

Conclusion: Grief and depressive symptoms is reduced over time while emotional experiences such as isolation, loss of baby and a devastating event persist for longer time than four months. Lack of previous children, previous miscarriage and infertility diagnosis could increase negative emotional experiences after miscarriage, this was especially pronounced for grief reaction. The questionnaires could be used both clinically and in research to understand the emotional experiences after miscarriage.

Introduction

The incidence of miscarriage is common in early pregnancy and has been estimated to be as high as 15% to 20%, generally occurring before 12 weeks of gestation (Regan and Rai, 2000). The etiology of miscarriage is most commonly genetic abnormalities, but other causes such as anatomical abnormalities infections and endocrine, autoimmune and thrombotic disorders have also been described (Regan and Rai, 2000). However, the causes of miscarriage are seldom investigated and therefore often remain unknown.

Miscarriage is an emotionally stressful experience for both the woman and her partner. The loss of a desired pregnancy can lead to both immediate and long-term stress reactions such as guilt, grief, and depressive reactions (Robinson, 2014). Men experience the loss of an

expected baby in the same way as the women (Turton et al., 2006), but this is shown less openly (Beutel et al., 1996).

The experiences after miscarriage have been measured in couples using the revised impact of miscarriage scale (RIMS), and it was shown that experiences included feelings of isolation, guilt, loss of baby and a devastating event (Huffman et al., 2014). However, there are, as far as we know, no studies on long-term experiences of women and men in Sweden.

Grief is common in both women and men after miscarriage (Beutel et al., 1995; Kersting and Wagner, 2012; Kong et al., 2013). Depression and grief are more commonly reported for women suffering from miscarriage (Lok and Neugebauer, 2007; Brier, 2008; Swanson et al., 2009), the depressive symptoms in women remain elevated for at least 6 months after the miscarriage (Neugebauer et al., 1992). Less is known about the emotional experience in men after their partners

* Corresponding author.

E-mail address: anneli.stavreus-evers@kbh.uu.se (A. Stavreus-Evers).

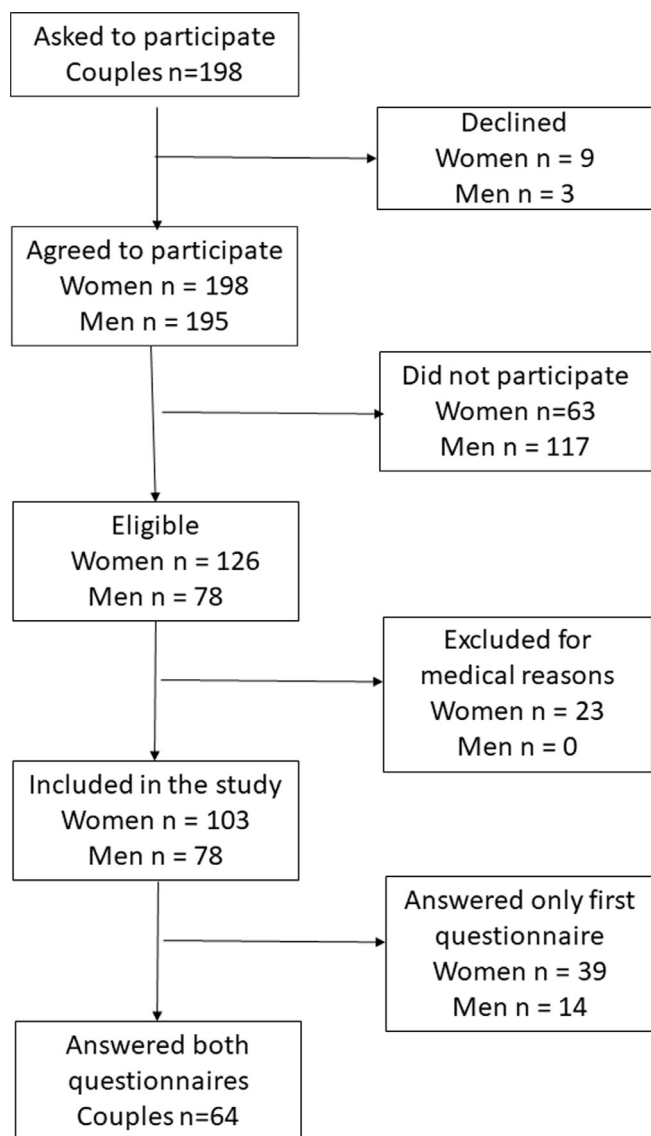


Fig. 1. The figure show the number of participants and drop out.

miscarriage, but feelings of loss, sadness and helplessness has been described (Puddifoot and Johnson, 1997; Murphy, 1998). However, men seem to be less distressed and depressed than women (Kong et al., 2010). Most studies show immediate reaction, less is known about longitudinal grief and depressive symptoms in women and men. The perinatal grief scale (PGS) has commonly been used for women after miscarriage, and is designed to quantify grief based on self-reported levels of emotional response in men and women (Johnson and Puddifoot, 1996; Cumming et al., 2007).

The purpose of this longitudinal study was to describe Swedish women's and men's emotional experience, grief and depressive symptoms one week and four months after miscarriage.

Methods

Study subjects

For the present longitudinal study, 198 couples were randomly asked to participate. Of these, 103 women, (52%) and 78 men (39%) were included (Fig. 1). All study subjects were recruited between January 2013 and December 2014.

The included women had experienced a miscarriage up to 21+6 weeks of pregnancy. Women experiencing intrauterine fetal death pregnancy in week 22 or later were excluded from the study. Other exclusion criteria were recurrent pregnancy loss, defined as three or more consecutive pregnancy losses, ectopic pregnancy, molar pregnancy, and not enough language skills in Swedish or English.

Control women, between 25–40 years of age, were selected from the Swedish Population registry and invited by letter, ($n=93$). These women were included in the study to compare the results of the depression scale of women with miscarriage with women of the same age from the general population. Exclusion criteria were ongoing grief, experience of miscarriage without having giving birth after the miscarriage.

Questionnaires

The participants answered questionnaires at two occasions, the first one week after the miscarriage was completed and the second four months later. The first questionnaire was answered either at home or at a follow-up visit to the clinic. The second questionnaire was sent by letter to the participants to be answered at home. Reminders were sent once or twice. For the control women, invitation to be included in the study was sent to the participants by letter, the questionnaire was answered at home and returned.

The questionnaires included four parts. The first part was general questions on socio-demographics data, such as health, lifestyle factors, and fertility. The second part was revised impact of miscarriage factor (RIMS), the third part was Perinatal Grief Scale (PGS) and the fourth part was Montgomery Åsberg Depression Rating (MADRS-S). The questionnaires for men were slightly adjusted to suit the men where it was needed. The control women answered the first general questionnaire and MADRS-S.

The RIMS consisted of 16 questions and the scores and responses on how they felt at the time of answer were (1) "Definitely true for me", (2) "Quite true for me", (3) "Rarely true for me" and (4) "Definitely not true for me". The items in RIMS were analyzed by reverse coding, higher scores represented higher significance and meaning as previously described (Huffman et al., 2014). The responses were divided into three factors, "Isolation/guilt", "Loss of baby" and "Devastating event". RIMS was recently validated for Swedish conditions (Jansson et al., 2017).

The short version of PGS included 33 questions, the scores and responses on how they felt at the time of answer were (1) "strongly agree", (2) "agree", (3) "neither disagree or agree" (4) "disagree" (5) "strongly disagree", The three subscales consisted of the sum of the scores of 11 items each, with possible range of 11 to 55. The scores were analyzed by reverse coding except for two items where a higher score represented greater significance or meaning of grief (Toedter et al., 1988). PGS has previously been translated and used in Sweden (Adolfsson and Larsson, 2006)

Montgomery Åsberg Depression Rating (MADRS-S) is a validated questionnaire, originally developed in Sweden and UK (Montgomery and Asberg, 1979), including nine questions, each with six scale responses. The purpose of this form was to give a detailed picture of the current state of mood. The score of each question are between 0–6, higher scores indicating more depressive symptoms. Depending on the total score, the answers are divided in four different emotional states; 0–12 points indicates untroubled, 13–19 points indicates mild depression, 20–34 points indicates moderate depression, >34 points severe depression (Montgomery and Asberg, 1979).

Ethics approval

The Regional Ethics Committee approved the study. All participating couples gave oral and written informed consent before entering the study.

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