



Original article

Couples and Miscarriage: The Influence of Gender and Reproductive Factors on the Impact of Miscarriage



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Article history: Received 11 June 2014; Received in revised form 6 April 2015; Accepted 10 April 2015

ABSTRACT

Objective: We sought to understand the effect of gender, age, mental health history, and reproductive factors on the appraisal of miscarriage in couples.

Design: We conducted a secondary analysis of data from the Couples Miscarriage Healing Project.

Sample: We analyzed data from 341 couples who had miscarried within 3 months of the original study recruitment.

Method: Multifactorial analysis of variance was used to analyze baseline effects of gender, age, mental health history, infertility, number of miscarriages, living children, and gestational age on the impact of miscarriage as measured by the three subscales of the Revised Impact of Miscarriage Scale: Isolation/Guilt, Devastating Event, and Loss of Baby.

Results: Women scored significantly higher than men on all measures. Younger couples in whom either member had been previously treated for anxiety, depression, or grief were more likely to feel guilt and isolation over their miscarriage than those with no such history (13.30 vs. 11.64; $p < .0001$) and older couples with and without a mental health treatment history. Younger couples were also more likely to identify miscarriage as the “loss of a baby” and feel more devastated than older couples. Couples with infertility were more devastated (14.30 vs. 11.20; $p < .01$) and felt more isolation/guilt related to miscarriage (13.59 vs. 12.72; $p < .05$).

Conclusions: In general, couples experiencing miscarriage after 8 weeks gestation were more impacted than when the miscarriage occurred before 8 weeks. Recommendations for future practice and research are discussed.

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Miscarriage or the spontaneous loss of a pregnancy is a common occurrence. The risk of miscarriage rises with advancing maternal age from 7% to 15% in women under the age of 30 to 34% to 52% in women over the age of 40 (Hassold & Chiu, 1985; Maroulis, 1991; Warburto, Kline, Stein, & Stobino, 1986 as cited in Fritz & Speroff, 2011). Although miscarriage is a relatively common experience, it can represent a significant loss for the woman and her partner (Carter, Misri, & Tomfohr, 2007; Swanson, Karmali, Powell, & Pulvermakher, 2003). There can be significant grief and/or depressive responses after miscarriage (Beutel, Deckardt, von Rad, & Weiner, 1995; Cumming et al., 2007; Kong, Chung, Lai, & Lok, 2010; Lok, Yip, Lee, Sahota, &

Chung, 2010; Neugebauer et al., 1992a; Swanson, Chen, Graham, Wojnar, & Petras, 2009). Moreover, psychological morbidity can be present for several months to over a year after the event (Cumming et al., 2007; Lok et al., 2010; Swanson et al., 2009). There is also evidence that women with a miscarriage may experience increased stress and anxiety in a subsequent pregnancy (Blackmore et al., 2011; Côté-Arsenault, 2007; Fertl, Bergner, Beyer, Klapp, & Rauchfuss, 2009; Geller, Kerns, & Klier, 2004; Woods-Giscombe, Lobel, & Crandell, 2010). In addition, although men have been studied far less than women, men seem to struggle with the loss while also trying to support their partner (Beutel, Willner, Deckardt, Von Rad, & Weiner, 1996; Franche, 2001; Johnson & Baker, 2004; Kagami et al., 2012; Murphy, 1998; Puddifoot & Johnson, 1997; Stinson, Lasker, Lohmann, & Toedter, 1992; Swanson et al., 2009). Knowing that miscarriage can have a significant impact on one's emotional state, knowledge of factors that may impact how one responds to

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a miscarriage would be of benefit to medical providers (physicians, midwives, nurse practitioners, physician assistants) who initially evaluate women for pregnancy loss. This information could be used to ensure that couples are provided the resources and care necessary to successfully cope with the loss. Using the framework of stress and coping theory (Lazarus & Folkman, 1984), this study seeks to identify contextual and obstetrical factors that may impact how a couple appraises the loss of a pregnancy while highlighting gender differences.

Several studies have sought to answer the question of who is more likely to suffer negative emotional consequences from pregnancy loss through identification of personality traits and interpersonal resources (Barr, 2004; Engelhard, van den out, & Kindt, 2006; Franche, 2001; Janssen, Cuisinier, de Graauw, & Hoogduin, 1997). However, assessing personality traits or resources is not generally addressed by obstetrical care providers at the time of miscarriage or at follow-up. Identification of factors that impact the response to miscarriage and that are within the scope of assessment for the medical clinician may prove useful. A history of depression or other psychiatric illness has been found consistently to have a negative impact on adjustment after miscarriage (Beutel et al., 1995; Mann, McKeown, Bacon, Vesselinov, & Bush, 2008; Neugebauer et al., 1997). Studies have also identified certain physical/contextual factors that may influence the emotional impact of the miscarriage. These factors include fertility status (Cheung, Chan, & Ng, 2013; Freda, Devine, & Semelsberger, 2003), previous miscarriage history (Swanson, 2000; Thapar & Thapar, 1992), age of the mother (Janssen et al., 1997; Swanson, 2000), presence of living children (Adolfsson, Bertero, & Larsson, 2006; Janssen et al., 1997; Swanson, 2000), and gestational age at loss (Janssen et al., 1997; Neugebauer et al., 1992b). Studies have found inconsistent effects with these physical/contextual factors; few studies have included men, and many studies have not explored interaction effects. Most studies have relied on instruments designed to measure emotional symptomatology (grief, depression, anxiety).

Lazarus and Folkman (1984) theorized that how an event is cognitively appraised (harmful, threatening, benign–positive), also known as primary appraisal, is related to the meaning of the event to the individual. This initial appraisal and the person's secondary appraisal of what, if anything, can be done contribute to the outcome of an event from both a physiological and a psychological perspective. Differences in the appraisal process are thought to contribute to the individual variation in how one copes with the event and the psychological and physical responses. Thus, measures that are designed to index the impact of the event on the individual may be more beneficial in predicting those for whom coping may become most challenging. The purpose of this study, therefore, was to assess the influence of previously identified contextual and obstetrical factors on the impact of miscarriage as measured by the Revised Impact of Miscarriage Scale (RIMS; Huffman, Swanson, & Lynn, 2014), an instrument designed to measure the impact of miscarriage. Items for the measure were originally derived through a phenomenological study of the meaning of miscarriage with emic statements taken from the narrative texts of twenty women who had miscarried (Swanson, 1999). The specific research questions addressed were: what are the effects of mental health history (previous treatment for depression, anxiety, and grief), fertility status, prior miscarriages, number of living children, age, and gestational age at loss on the impact of miscarriage in 1) men, 2) women, and 3) couples?

Materials and Methods

Design

This cross-sectional comparative study used RIMS data gathered at baseline for all participants from the Couples Miscarriage Healing Project (CMHP), a randomized, controlled clinical trial assessing the effects of three theory-based interventions on grief and depression as experienced by couples during the first year after a miscarriage (Swanson et al., 2009). Approval for this secondary analysis was obtained from the University of North Carolina at Chapel Hill Institutional Review Board.

Sample

Only English-speaking, heterosexual couples, 18 or older, were recruited for the CMHP. Each member of the couple was instructed to complete all mailed surveys independent of their partner. Baseline data were collected within 3 months of miscarriage in 341 couples and before randomization to experimental treatment conditions. Only data from couples where both the male and female returned the baseline forms were included. Demographic data are presented in Table 1.

Measures

The original Impact of Miscarriage Scale (IMS; Swanson, 1999) contains 24 emic statements from a phenomenological study of women who had experienced a miscarriage. The original IMS was completed by couples in the CMHP. Factor analysis of their IMS data led to the current version, the RIMS (Huffman et al., 2014). For this study, data gathered via the RIMS (Huffman et al., 2014) were analyzed. The RIMS is a 16-item, Likert-type scale designed to measure the impact of miscarriage as experienced by the individual. The subscales in the RIMS are: 1) isolation/guilt (I/G), or how alone or guilty an individual feels after miscarriage, having a maximum score of 24; 2) losing a baby (LB), or how strongly the miscarriage is identified as the loss of a baby/person, having a maximum score of 20; and 3) devastating event (DE), or the degree of hopelessness the miscarriage engendered, having a maximum score of 20. The RIMS was administered to both women and men in the CMHP.

Table 1
Demographic Characteristics of CMHP

	Women (n = 341), n (%)	Men (n = 341), n (%)
Education		
≤12 years	32 (9.3)	43 (12.6)
Some college/college	205 (60.1)	213 (62.4)
Graduate degree	104 (30.5)	84 (24.6)
Missing	—	1 (0.3)
Employed	236 (69.2)	296 (86.8)
Race		
Native American	7 (2.0)	2 (0.6)
Black	13 (3.8)	16 (4.7)
Asian/Pacific Islander	21 (6.2)	19 (5.6)
Hispanic	11 (3.2)	11 (3.2)
White	287 (84.2)	292 (85.6)
Missing	2 (0.6)	1 (0.3)
Income (U.S.\$)		
0–20,000	39 (11.4)	38 (11.1)
21,000–50,000	76 (22.2)	78 (22.9)
51,000–90,000	130 (38.1)	118 (34.6)
≥91,000	95 (27.8)	105 (30.8)
Missing	1 (0.3)	2 (0.6)

Note. Percentages may not sum to 100% owing to rounding.

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