Women's Health

Risk Groups for Cardiovascular Disease in a Multiethnic Group of Midlife Women

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Keywords
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Poster Presentation

Objective

To identify the clusters of midlife women by cardiovascular symptoms to identify high-risk groups and to examine racial/ethnic differences in cardiovascular symptoms in each cluster.

Design

A secondary analysis of the data from two national Internet survey studies.

Setting

Internet communities/groups for midlife women and Internet communities/groups for ethnic minorities including African Americans, Hispanics, and Asian Americans.

Sample

The data from multiethnic groups of 1,054 midlife women in the two national Internet survey studies.

Methods

Only the data from the questions on background characteristics, perceived health, menopausal status, and the Cardiovascular Symptom Index for Midlife Women were used for this secondary analysis. The data were analyzed using factor analysis, hierarchical cluster analysis, and multinomial logistic analysis.

Results

Forty-five percent of the participants were categorized into Cluster 1 (high vasomotor symptoms and low cardiorespiratory symptoms); more than 38% were categorized into Cluster 2 (low vasomotor symptoms, high cardiorespiratory symptoms, and high discomfort/pain), and more than 16% were categorized into Cluster 3 (high discomfort/pain and high indigestion symptoms). Those who were not African American, had insufficient family income, had a diagnosed disease, and had no access to health care were at risk for cardiovascular diseases (CVDs). Cluster 1 represented another unique risk group within midlife women because high vasomotor symptoms could be associated with high CVD risks. There were significant differences in age, family income, ethnicity, self-reported health, and menopausal status among the clusters ($p < .05$). Also, there were significant racial/ethnic differences in cardiovascular symptoms in each cluster ($p < .01$).

Conclusion/Implications for Nursing Practice

Although the risk groups need to be confirmed with further studies, the findings specifically indicate certain characteristics of midlife women that need to be considered and targeted in future preventive and/or treatment interventions for CVDs. Thus, health care providers need to consider these characteristics of midlife women in their future preventive and/or treatment interventions.

Informing Future Interventions for Physical Activity and Depression Symptoms After Stillbirth

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Keywords
perinatal loss
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Poster Presentation*

Objective

Women with stillbirths have a threefold greater risk of developing depression symptoms than women with live births. Depression symptoms may contribute to negative health outcomes for the mother and infant born subsequent to loss. Physical activity may improve depression symptoms in these women, and the purpose of this descriptive exploratory study was to explore acceptable physical activity interventions for women after stillbirth.

Design

Descriptive exploratory study that used a convenient sample.

Setting

The setting was an online survey that was free and available to eligible participants nationally.

Sample

Women age 19 to 45 years, who resided in the United States, spoke and understood English, and had experienced stillbirth within one year were recruited for this study. The sample was recruited nationally through collaboration with nonprofit stillbirth organizations, posting flyers at hospitals and physician clinics, snowball sampling, and social media (e.g., Facebook, Twitter).

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Methods

The survey used for this study was conducted online and included questions related to pregnancy and family (e.g., time since loss, weight gain during pregnancy, number of other children), physical activity, symptoms of depression, and demographics.

Results

One hundred seventy five women participated in the study (M age = 31.26 ± 5.52 years). Women reported participating in regular physical activity (at least 150 minutes of moderate activity weekly) before (60%) and during (47%) their pregnancies after stillbirth (61%). Only 37% were currently meeting physical activity recommendations. Using physical activity to cope with depression symptoms was reported by 38%. Reasons for participating in physical activity included help with depression symptoms (58%), weight loss (55%), and better overall physical health (52%). Women used walking (67%), jogging (35%), and yoga (23%) as activities to cope with loss. Women who participated in physical activity since their loss reported significantly lower levels of depression symptoms (M = 15.10, SD = 5.32) than women who did not participate in physical activity (M = 18.06, SD = 5.57; t = −3.45, p = .001).

Conclusion/Implications for Nursing Practice

Physical activity may serve as a unique opportunity to help bereaved women cope with the multiple mental and physical sequelae after stillbirth. This study provides data to inform health care providers about the potential role of physical activity in bereavement and recovery for women after stillbirth.

Use of Reproductive Life Plans among Men and Women of Childbearing Age

Objective

To describe knowledge, attitudes, and use of reproductive life plans (RLPs) and preconception care (PCC).

Design

Qualitative descriptive using a semistructured interview guide.

Setting

A large public, urban, college campus.

Sample

Male and female college students (N = 12) between ages 18 and 30.

Methods

Face-to-face interviews conducted by two researchers over an 8-month period until saturation was achieved.

Results

Although the majority of participants in this study thought about and developed loosely structured plans about their reproductive future, there were many identified gaps in knowledge and utilization of RLPs. Four themes emerged from the gathered data: a formalized plan was an unfamiliar concept, initiation of a more formalized conceptualization was age dependent, developmental skills affected attitudes and use of RLPs, and sources of information (knowledge) were not based on evidence.

Conclusion/Implications for Nursing Practice

Findings suggest that knowledge, attitudes and use of RLPs are uncertain, at best. Clarifying the concept of RLPs is crucial to the development of health care interventions to promote knowledge and use of RLPs. Further studies should be conducted to assess the effect of RLPs on use of PCC and the reduction of unintended pregnancy. The RLP is a valid concept, but education and policy issues must be addressed to improve rates of use.

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