

Effect of Previous Miscarriage on the Maternal Birth Experience in the First Baby Study

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ABSTRACT

Objective: To determine whether a history of miscarriage is related to birth experience and/or maternal fear of an adverse birth outcome for self or infant during a subsequent delivery.

Design: Secondary analysis of a prospective cohort study, the First Baby Study.

Sample: Women age 18 to 35 who were expecting to deliver their first live-born infants in Pennsylvania between January 2009 and April 2011.

Participants: Four hundred fifty-three pregnant women who reported perinatal loss prior to 20 weeks gestation (miscarriage) in a previous pregnancy and 2401 pregnant women without a history of miscarriage were interviewed during pregnancy and again one month after their first live birth.

Methods: Maternal birth experience and fear of an adverse birth outcome measured via telephone interview were compared across groups.

Results: Maternal birth experience scores did not significantly differ between women with and without previous miscarriage. Women with a history of miscarriage reported that they feared an adverse birth outcome for themselves or their infants more frequently than women without a history of miscarriage (52.1% vs. 46.6%; $p = .033$), however, this relationship was not significant after adjustment for confounders.

Conclusion: Our findings indicate that there is no association between miscarriage history and birth experience. Additional research on this topic would be beneficial including an in-depth examination of fear of adverse outcome during birth. However, nurses and midwives may consider using therapeutic communication techniques to ensure that women with a history of miscarriage receive strong emotional support and reassurance during birth.

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According to the World Health Organization, spontaneous abortion, also known as miscarriage, is defined as the spontaneous loss of a pregnancy before completion of 20 weeks gestational age (Zegers-Hochschild et al., 2009). After miscarriage, women may experience intense grief and yearning for the lost future with the infant, with an emphasis on lost hopes and dreams (Brier, 2008). The effects of previous miscarriage on maternal emotional health during and after subsequent pregnancy are often studied in combination with women with a history of other types of perinatal loss including electively induced abortion, stillbirth, and neonatal death, or various combinations. Very few studies of the effects of previous miscarriage alone on subsequent pregnancy and birth are available.

Perinatal loss affects more than one million pregnant women annually (Ventura, Abma, Mosher, & Henshaw, 2004), and more than 85% of these women will become pregnant again within 18 months (Cuisinier, Janssen, de Graauw, Bakker, & Hoogduin, 1996). Previously, researchers have reported that women pregnant after perinatal loss have increased levels of depression, stress, and anxiety compared to women who have not experienced such loss (Armstrong, 2002, 2004; Armstrong, Hutti, & Myers, 2009; Cote-Arsenault, 2003, 2007; Couto et al., 2009; Franche & Mikail, 1999; Gong et al., 2013; Hamama, Rauch, Sperlich, Defever, & Seng, 2010; Lamb, 2002; Tsartsara & Johnson, 2006). Women who were pregnant after loss reported tremendous uncertainty (Cote-Arsenault, 2007) and a loss of control; they felt that

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they could not count on a positive pregnancy outcome (Cote-Arsenault & Morrison-Beedy, 2001). Even late into pregnancy they feared that the fetus or newborn could die (Cote-Arsenault & Marshall, 2000; Cote-Arsenault & Morrison-Beedy, 2001). Additionally, women experiencing pregnancy after loss have reported delayed bonding with the fetus (Cote-Arsenault & Donato, 2007) that can lead to maternal-infant bonding disorders and serious long-term effects on the mother/child relationship and child development (Brockington et al., 2001).

Although researchers (Brockington et al., 2001; Cote-Arsenault & Donato, 2007) have examined the effect of perinatal loss on subsequent pregnancy and parenting, little has been published on the birth experience for this subset of women. The term *birth experience* is used to describe a woman's subjective experience of labor and birth (Salmon & Drew, 1992). A woman's birth experience was initially operationalized as maternal satisfaction with childbirth but has since evolved to include a multidimensional phenomenon with four subdimensions: emotional adaptation, physical discomfort, fulfillment, and negative emotional experience (Salmon & Drew; Salmon, Miller, & Drew, 1990; Stadlmayr et al., 2001; Stadlmayr, Schneider, Amsler, Burgin, & Bitzer, 2004). The consequences of a negative birth experience not only affect the mother, but also may have immediate and enduring effects on her relationship with the newborn. A negative or traumatic birth experience has been associated with maternal postpartum depression (Ballard, Stanley, & Brockington, 1995; Reynolds, 1997; Righetti-Veltima, Conner-Perreard, Bousquet, & Manzano, 1998), difficulty resuming sexual activity (Reynolds), and a preference for future cesarean birth (Ryding, 1993). Furthermore, a traumatic birth experience is associated with an inability to breastfeed and impaired maternal-infant bonding (Reynolds). Conversely, a positive birth experience is associated with a sense of accomplishment and a positive long-term perception of the experience of becoming a mother (Simkin, 1991).

Although a history of perinatal loss is associated with increased levels of fear and anxiety during subsequent pregnancy, little is known about how a history of perinatal loss affects a woman's experience of giving birth to a healthy infant. In this study, the primary aim was to examine the relationship between miscarriage in a prior pregnancy and the maternal birth experience in women giving birth for the first time. Our hypothesis was that women with a history of miscarriage would report

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a more negative birth experience compared to women without a history of any type of perinatal loss. The secondary aim was to examine the relationship between a history of miscarriage and maternal fear of adverse outcome during birth. The secondary hypothesis was that women with a history of miscarriage would report fear of an adverse birth outcome with greater frequency than women without a history of perinatal loss. If this study's hypotheses are supported, continued exploration into factors contributing to birth experience and fear is warranted, as well as interventions to facilitate a positive birth experience and reduce fear for this population.

Methods

Participants

We completed a secondary analysis of data from the First Baby Study (FBS), a National Institutes of Health (NIH)-funded cohort study designed to examine mode of delivery for first childbirth and relationship to subsequent pregnancy and birth. In the FBS, women age 18 to 35 who were expecting their first live-born infants were recruited from physician's offices, childbirth classes, and other venues throughout Pennsylvania between January 2009 and April 2011. The FBS excluded women who did not speak English or Spanish, were carrying more than one fetus, had a previous stillbirth that occurred at more than 20 weeks gestation, had a previous cesarean delivery regardless of length of gestation, were a gestational or surrogate carrier, planned to give the newborn up for adoption, planned to have a tubal ligation while hospitalized for delivery, did not have a telephone, or were not able to commit to participation in the study for a period of 3 years. The study was approved by the Institutional Review Board at participating study hospitals, and written informed consent was obtained from each participant after they reached at least 24 weeks gestation. The FBS enrolled 3006 women who completed the baseline prenatal interview in the third trimester of pregnancy (at least 34 weeks gestation) and the 1-month postpartum interview. A more detailed description of the FBS recruitment and sampling plan is published elsewhere (Kjerulff et al., 2013).

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