



Life satisfaction in women with epilepsy during and after pregnancy

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ARTICLE INFO

Article history:

Received 4 May 2016

Revised 15 June 2016

Accepted 16 June 2016

Available online 9 August 2016

Keywords:

Gestation

Postpartum

Quality of life

Self-esteem

Relationship

The Norwegian Mother and Child Cohort Study

ABSTRACT

Objective: The aim of this study was to investigate life satisfaction in women with epilepsy during and after pregnancy.

Methods: The study was based on the Norwegian Mother and Child Cohort Study, including 102,265 women with and without epilepsy from the general population. Investigation took place at pregnancy weeks 15–19 and 6 and 18 months postpartum. Women with epilepsy were compared with a reference group without epilepsy.

Results: The proportion of women with epilepsy was 0.6–0.7% at all three time points. Women with epilepsy reported lower life satisfaction and self-esteem both during and after pregnancy compared with the references. Single parenting correlated negatively with life satisfaction in epilepsy during the whole study period. Epilepsy was associated with lower levels of relationship satisfaction and higher levels of work strain during pregnancy and lower levels of self-efficacy and satisfactory somatic health 18 months postpartum. Adverse life events, such as divorce, were more common in women with epilepsy compared with the references, and fewer women with epilepsy had a paid job 18 months postpartum.

Significance: Reduced life satisfaction associated with epilepsy during and after pregnancy showed that, even in a highly developed welfare society, women with epilepsy struggle. Mothers with epilepsy and their partners should be examined for emotional complaints and partnership satisfaction during and after pregnancy. Validated screening tools are available for such measures.

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1. Introduction

The prevalence of epilepsy varies between 0.7 and 1.3% in the general population [1], including women of fertile age. Emotional distress in pregnant women has negative effects on birth outcome [2], and birth anxiety and postpartum depression are more frequent in women with epilepsy [3]. They face the challenge of coping with antiepileptic drug (AED) treatment, balancing between risk of seizures and risk of teratogenicity [4]. Epilepsy can be stigmatizing, with a negative impact on emotional health and life satisfaction [5,6], adding to an already vulnerable situation during pregnancy. This has been demonstrated also for expecting fathers with epilepsy [7]. For most expecting parents, pregnancy is associated with positive anticipation and brings couples together with unique family ties. However, worries about the pregnancy,

birth complications, and the baby's health may cause stress and anxiety. Transition into parenthood changes everyday life, and budgets become tighter. Some may feel loss of freedom due to the commitment and responsibility that comes with a new child. This can affect the couple's relationship [8] and add to the burden of specific epilepsy-related challenges during pregnancy. Relationship satisfaction and support from the partner is important for emotional health in both the mother and father [9] and even more so if challenged by a chronic disorder such as epilepsy.

Although the quantity of research on mental health in relation to pregnancy in women with epilepsy is increasing, studies focusing specifically on life satisfaction are missing. In this study, we examined different aspects of life satisfaction and life conditions in young women with epilepsy during and after pregnancy compared with women without epilepsy. Our hypothesis was that epilepsy is associated with more adverse aspects and challenges in the vulnerable time during and after pregnancy. We postulated that this is an epilepsy-specific effect and that extra challenges faced by women with epilepsy during gestation lead to a delay in convalescence after pregnancy.

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2. Material and method

2.1. Data collection

This longitudinal study included version 8 of the quality-assured data files from the prospective population-based Norwegian Mother and Child Cohort Study (MoBa), conducted by the Norwegian Institute of Public Health and described in detail elsewhere [10]. Data in the present study were from pregnancy weeks 15–19 and 6 and 18 months postpartum (Fig. 1). The women answered detailed questionnaires on past and current health issues, socioeconomic conditions, and lifestyle. Each pregnancy and the corresponding questionnaires were registered by a unique identification number. Through this identification number, data files from the compulsory Medical Birth Registry of Norway were connected to the MoBa files to attain supplementary data on health issues. Women pregnant again at 18 months postpartum were excluded at that time point from the present study ($n = 10,648$, Fig. 1). The study population constituted 102,265, 88,090, and 64,443 women at pregnancy weeks 15–19 and 6 and 18 months postpartum, respectively (Fig. 1). The group with epilepsy was compared with a reference group consisting of all mothers in MoBa without epilepsy at all three survey time points.

2.2. Variables

Different aspects for measuring life satisfaction are presented in Table 1 and included one specific item on global life satisfaction/quality of life, one item on relationship satisfaction, one item on self-esteem, one item on work strain, one item on quality of somatic health, and one item on general self-efficacy. All instruments and single questions used to assess the various aspects of life satisfaction in Table 1 are further elucidated and presented in Table S1. Global life satisfaction at pregnancy weeks 15–19 and six months postpartum was evaluated by

the 5-item Satisfaction With Life Scale, a psychometric scale suitable for different age groups and cross-culturally [11]. Not all variables were consistently available at the three time points. This concerned, among others, the Satisfaction With Life Scale, which was not available 18 months postpartum. Since our study was conducted after the inclusion period in MoBa, we had no influence on the formulation of the questionnaires, and we do not know why the Norwegian Institute of Public Health chose not to include the same variables at each time point. Instead of the Satisfaction With Life Scale, we used an available screening question on quality of life from the World Health Organization's Quality of Life Instrument – Short Version to assess global life satisfaction 18 months postpartum. This instrument has been thoroughly evaluated and is used worldwide, and therefore is regarded as suitable for epidemiological studies [12,13]. Both the Satisfaction With Life Scale and the World Health Organization's instrument are described in Table S1. From the World Health Organization's instrument, we also used a single question to assess Quality of Somatic Health 18 months postpartum. Self-esteem was evaluated through a 4-item short version of the original 10-item Rosenberg's Self-Esteem Scale [14], with a 0.95 correlation degree between the short and original scales [15]. The Relationship Satisfaction Scale, with 10 items constructed for MoBa, was used to assess partner support. The Relationship Satisfaction Scale is based on previously evaluated scales for marital and relationship satisfaction [16] and has showed good psychometric properties [17]. Work strain was constructed from 6 questions describing daily work situation (Table S1). This is not a formally validated instrument, and Cronbach's alpha (CA) was 0.59. The General Self-Efficacy Scale with 5 items was used to assess self-evaluation of coping with challenging and stressful situations. The scale is validated as a robust screening tool used cross-culturally [18] and has previously been used in the MoBa population [19]. At pregnancy weeks 15–19 and 6 and 18 months postpartum, CA was 0.75, 0.79, and 0.77 for the Rosenberg Self-Esteem Scale, and it was 0.91, 0.92, and 0.93 for the Relationship

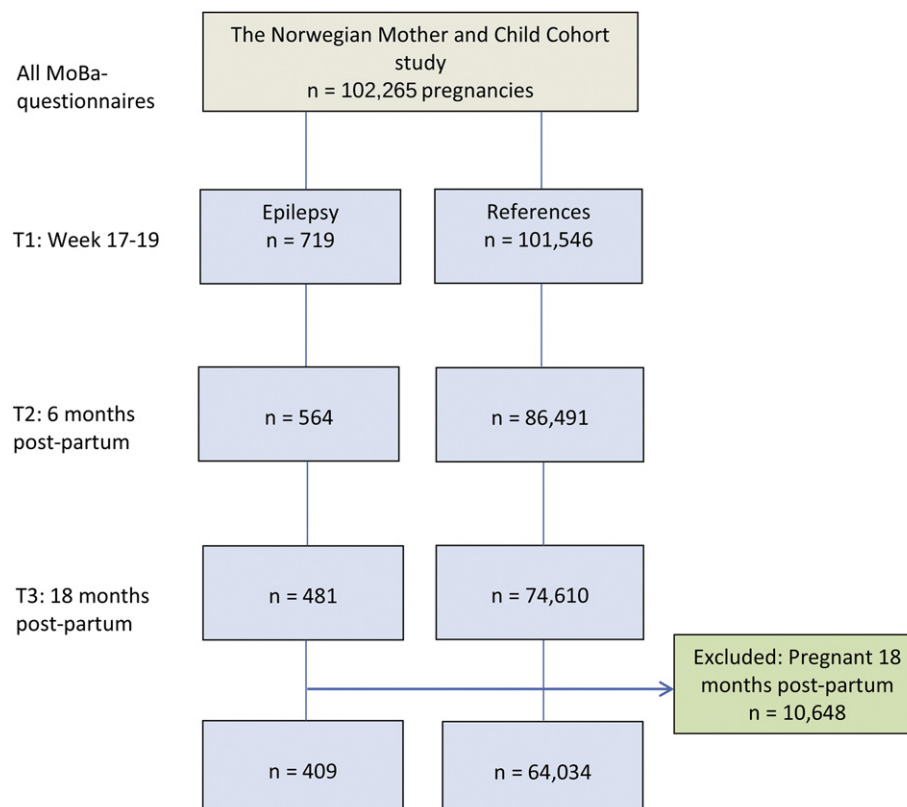


Fig. 1. Flow chart for study population based on the Norwegian Mother and Child Cohort Study (MoBa).

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