

Emotional State of Women in Preterm Delivery

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Introduction

Preterm delivery is still an important problem in obstetrics. The rate of preterm deliveries in different parts of the world varies between 5–10%. In Poland approximately 75 000 preterm deliveries are registered each year.

According to WHO definition, preterm delivery is pregnancy which ends between the 23rd and 37th week of gestation. Pregnancy termination preterm is the single most important factor causing biological losses and is statistically manifested by a significantly higher rate of perinatal mortality than compared to pregnancy carried to term (25% to 75%). It needs to be emphasized that over the past several years this difference has been decreasing and is directly correlated with improvements in neonatal care. Respiratory failure occurs more frequently with early pregnancy termination and, apart from intrauterine death, is a leading cause of mortality. Needless to say, the sooner pregnancy ends, the higher the danger of neonatal death.

The etiology of preterm delivery has not been successfully elucidated though there are many factors contributing to its occurrence. A few of the more important factors are cervical insufficiency, PROM and multiple pregnancy and, most recently, ecological factors have been implicated as well as greater importance attached to them.

Birth of a healthy baby is the most important stage in formation of maternal attitude. Delivering a healthy, normally developed child provides the mother with feelings of happiness and pride. The first minutes following delivery present mother and child with opportunity for optimal preparation in synchronizing their behaviour. There then are a series of mutual interactions beginning the process of affection¹.

Preterm delivery always creates a frustrating situation for the mother and her premature baby. The mother's inability to nurse the child, feed it, and lack of information regarding her child due to isolation to benefit the child's chances of

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survival, contribute to the formation of the fear mechanism, which is the main etiological factor causing disturbances in maternal attitude².

Our aim was to examine the emotional state of women that deliver prematurely and our research is of an exploratory nature.

Material and Methods

A group of 30 women giving birth to babies between the 28th–37th week of gestation were studied in 1988 in the Ob/Gyn Institute in Cracow during their hospitalization. Evaluation took place during the third 24 hour period and consisted of utilizing both Eysenck personality and Spielberg questionnaires as well as oral conversational interview. General characteristics of women studied is shown in Tables 1 and 2. All were between the ages of 21 and 32 years and were currently married. 12% had elementary education, 52% secondary education and 36% university education. 68% were urban inhabitants and 32% resided rural areas.

Table 1. General characteristics of the material

	Mean	SD
Age (yr)	27.3	5.1
Gestational age	32.4	5.5
Day of evaluation after delivery	3	–

Table 2. General characteristics of the material

Trait	%
Married	100
Education:	
Elementary	12
Secondary	52
University	36
Place of residence:	
Urban	68
Rural	32

Results and Comments

Analysis of the data obtained showed that the women displayed numerous emotional disturbances. Utilizing the Spielberg self-evaluation questionnaire, it was revealed that fear as a state was displayed in 60% of women on a high level, 2% displayed average fear level while 28% displayed a low level.

Fear level as a trait revealed that 72% of women displayed a high fear level and 28% an average one (Table 3). It was noticed that in women with a high fear level as a trait, that an increase in fear level as a state occurred more frequently than those women displaying a low fear level as a trait; resulting most likely from the tendency to perceive more situations as being dangerous and threatening. People with a high fear level as a trait are more liable to react by increasing their fear level as a state in interpersonal situations, which are a type of threat.

The analysis of Eysenck questionnaire revealed that 56% women were extroverts and 44% introverts.

Table 3. Spielberg self-evaluation questionnaire of fear level

Trait	%
Fear as a state	
High level	60
Average level	12
Low level	28
Fear as a trait	
High level	72
Average level	28
Low level	0

Table 4. Analysis of Eysenck questionnaire

Trait	%
Extroverts	56
Introverts	44

The level of neuroticism is shown in Table 5. 64% of women displayed a high level of neuroticism and 35% a low level of neuroticism.

Analysis of the lie scale demonstrated a high level in 24% of women (Table 6). In all probability it results from the possession of strong personality defense mechanisms and women who desire to be portrayed in a positive way.

The qualitative analysis of the interview made it possible to distinguish basic emotional disturbances and are shown in Table 7. Fear, as a state, occurred most frequently inasmuch the women were anxious about the further development of their child (45.2%). In each case fear level increased with immediate separation of mother and child after birth.

Very common were utterances of the type: 'I would love to work as a ward attendant or a nurse's aid in the neonatal department, in this way I could be with my baby'.

Studied women declared, that only after some time after birth (usually during the second 24 hour period) had they had the feeling that the baby belonged to them. Other statements included 'I'm looking intently at my child and I'd like to unwrap it, to see it all, but it's so fragile, I wonder if it's really mine'. Other statements as 'It's such a strange feeling, you're looking at the child as if at something strange, but then it changes and only one thing matters – may it survive' were also heard.

Table 5. Level of neuroticism determining Eysenck questionnaire

	%
Level of neuroticism:	
High	64
Low	36

Table 6. Analysis of the lie scale

Trait	%
High level	24
Low level	76

Table 7. Qualitative analysis of interviews

Emotional state	%
Fear	45.2
Depressive mood	29.8
Tearfulness	16.8
Irritation	15.3
Anger	10.7
Internal tension	19.2
Good mood	3.8

Women giving birth to premature babies is very difficult from a psychological point of view. It must be taken into account that disturbances in their maternal attitude may exist, inducing the danger of assuming an overly-protective attitude towards the child. Hence, it seemed worthwhile to create a series of psychotherapeutic activities for this group of women. Basic, verbal psychotherapy consisted in free conversation between the women and their psychotherapist about the baby. Providing fully detailed information and making it possible for her to be

in direct contact with the child by means of encouraging frequent visits in the neonatal department was advocated. Psychotherapy based on visualization was also introduced over a period of time.

Having applied the above-mentioned methods to this group we obtained good results reducing fear which resulted from the existing frustrating situation of giving birth to a premature infant.

References

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