Posttraumatic Growth after High Risk Pregnancy

Ju Young Ha¹, Bo Yun Sim¹

¹ College of Nursing, Pusan National University, Busandaehak-ro 49, Yangsan-si, 626-870, Gyungsannamdo, Korea

jyha1028@pusan.ac.kr

Abstract. The aim of this study was to investigate the posttraumatic growth (PTG) after high risk pregnancy. Data were collected from 183 women who had obstetrical high risk using self-administered questionnaire including scales of Korean-Posttraumatic Growth Inventory (K-PTGI). Women were recruited from nine hospitals in P city, U city, and K-do in Korea. Women reported PTG in a moderate to great degree following childbirth with risk. Our results showed that PTG presented mostly in the domain of Changed Perception of Self and indicated that PTG significantly differed according to age, religion, number of children, newborn’s health status and postpartum pain. These findings suggest that when promoting PTG program for high risk pregnancies, healthcare providers should assist women to improve their positive change considering related variables.

Keywords: Trauma, Growth, High Risk, Pregnancy

1 Introduction

Posttraumatic growth (PTG) is defined as a positive psychological change in one’s belief or functioning change experienced as a result of the struggle with highly challenging life circumstances [1]. These positive changes are often reflected in personal strength, relational intimacy, sense of spirituality, appreciation of life and new possibilities [2]. Up to recently research in this area focused on posttraumatic growth following typically traumatic events, such as cancer, war, disasters or accident [1-3]. However, research on positive changes following childbirth is limited. Especially, the growth after childbirth among women who had obstetrical complications has not been explored. The majority of research on childbirth has focused on negative outcomes, such as depression, anxiety disorders and more recently posttraumatic stress disorder [4]. However, research related to childbirth suggests that positive changes can be experienced following traumatic experiences. Cross-sectional studies of women after childbirth found that women who reported positive changes following the labor had growth than women who reported general traumatic women [5-6]. Examining psychological outcomes such as growth allows a more comprehensive account of psychological reactions following labor to be developed, which can inform post-natal screening and interventions.
The purpose of this study is to explore the posttraumatic growth in women who underwent obstetrical prenatal high risk.

2 Method

2.1 Setting and Samples

This was a retrospective, cross-sectional, and self-report study. Ethical approval was obtained by the university Institutional Review Board. High risk pregnant women were recruited to participate through advertisement of nine hospitals in P city, U city and K-do in Korea, from February 2014 to December, 2014. This study was carried out in compliance with ethical standards. When women agreed to participate this research, they were given consent forms and questionnaires. The investigator introduced the purpose of the study, described procedures, and explained the confidentiality of records to each participant. Of the 220 eligible women approached, only 183 (83.2%) actually completed the questionnaire.

2.2 Measures

Posttraumatic Growth

The original Posttraumatic Growth Inventory (PTGI) [1] is a 21-item scale that measures the degree of reported positive change arising from the struggle with a traumatic event. Considering cultural differences between East and West, a 16-item Korean version of Posttraumatic Growth Inventory was used to obtain data. It was translated in Korean by Song et al. [7]. K-PTGI consists of four subscales: Changed Perception of Self, Relating to Others, New Possibilities, and Spiritual Change. Each item is rated by the respondent on a six-point Likert scale from 0 (“I did not experience this change at all”) to 5 (“I experienced this change to a very great degree”). The internal consistency of the 16-item inventory evaluated by Cronbach’s alpha, was 0.91 [1]. In present study, Cronbach’s alpha was 0.89.

2.3 Data analysis

To study the prevalence of PTG of participants, we used Schroevers and Teo’s method [8] where PTGI items were dichotomized into: 0 for those between ‘not at all’ and ‘small degree’ (answer rating 0, 1 or 2) and 1 for those between ‘moderate degree’ and ‘very great degree’ (answer rating 3, 4 or)5. This score was used only for descriptive purpose. The collected data was analyzed with PASW win 18.0 program and p<0.5 was considered statistically significant.
3 Results

3.1 Participant Characteristics

Participants were 183 women who had obstetrical high risk. Women were aged between 20 and 52 (M=32.76, SD=4.68). In case of religion, 86 (47.0%) people answered ‘none’, ‘Buddhists’ were 64 (35%), and ‘Christians’ were 23 (12.6%). Number of children ranged from 0 to 3 (M=1.50, SD=0.77). Gestational age ranged from 25 to 42 weeks (M=36.79, SD=3.81). In case of delivery type, 86 (47.0%) people answered ‘normal vaginal delivery’, and 97 (53.0%) people answered ‘Caesarean section’. Sixty-two (33.9%) women perceived labor as traumatic experience. Mean score of labor pain was 7.20 out of 10 and that of postpartum pain was 5.37 out of 10.

3.2 Posttraumatic Growth

Women who had obstetrical high risk reported K-PTGI in a moderate to high degree frequently (M=56.05, SD=11.55; total range 2-80), with an average item score of 3.50. Mean scores on the subscales were as follows: Changed Perception of Self (M=22.56, SD=4.67, range from 0 to 30, with an average item score of 3.76), Relating to Others (M=17.92, SD=3.88, range from 0 to 25, with an average item score of 3.58), New Possibilities (M=11.17, SD=2.86, range from 1 to 15, with an average item score of 2.81), and Spiritual Change (M=4.40, SD=2.87, range from 0 to 10, with an average item score of 2.20). Table 1 shows the prevalence of posttraumatic growth. Top four most frequently reported growth experiences were ‘I can better appreciate each day (95.1%)’, ‘I am better able to accept the way things work out (93.4%)’, ‘I know better that I can handle difficulties (92.9%)’ and ‘I am able to do better things with my life (92.9%)’. Top two of the least frequently reported growth experiences were ‘I have a stronger religious faith (48.1%)’, and ‘I have a better understanding of spiritual matters (60.7%)’.

Table 1. The prevalence of posttraumatic growth among subjects

<table>
<thead>
<tr>
<th>Variable</th>
<th>Prevalence</th>
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<tbody>
<tr>
<td>1. I changed my priorities about what is important in life</td>
<td>83.1%</td>
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<tr>
<td>2. I developed new interest</td>
<td>84.7%</td>
</tr>
<tr>
<td>3. I have a better understanding of spiritual matters</td>
<td>60.7%</td>
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<td>4. I more clearly see that I can count on people in times of trouble</td>
<td>85.2%</td>
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<td>5. I established a new path for my life</td>
<td>91.8%</td>
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<tr>
<td>6. I have a greater sense of closeness with others</td>
<td>84.7%</td>
</tr>
<tr>
<td>7. I know better that I can handle difficulties</td>
<td>92.9%</td>
</tr>
<tr>
<td>8. I am able to do things better with my life</td>
<td>92.9%</td>
</tr>
<tr>
<td>9. I am better able to accept the way things work out</td>
<td>93.4%</td>
</tr>
<tr>
<td>10. I can better appreciate each day</td>
<td>95.1%</td>
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<tr>
<td>11. I have more compassion for others</td>
<td>92.3%</td>
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</table>
12. I put more efforts into my relationships 90.2%
13. I am more likely to try to change things which need changing 90.2%
14. I have stronger religious faith 48.1%
15. I discovered that I’m stronger than I thought I was 88.0%
16. I better accept needing others 86.9%

3.3 Posttraumatic Growth depend on General and Obstetrical Characteristics

There were significant differences between posttraumatic growth and age ($t=-2.54$, $p=.012$), religion ($F=4.55$, $p=.002$), number of children ($F=4.19$, $p=.007$) newborn’s health status ($t=2.38$, $p=.019$) and postpartum pain ($F=2.56$, $p=.040$).

4 Conclusion

This research showed that posttraumatic growth (PTG) presented mostly in the domain of Changed Perception of Self and indicated that PTG significantly differed according to age, religion, number of children among women who had obstetrical prenatal high risk. These findings suggest that, promoting PTG program for high risk pregnant women should be considered relating factors. Also, clinical working with women who had prenatal complications should pay to attention to increase the growth in all dimensions of PTG.

References