

Emotional Response and Beliefs of a Sample of Women Attending Baghdad Teaching Hospital Regarding Miscarriage

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ABSTRACT:

BACKGROUND:

Although the cause of recurrent pregnancy loss is unknown in the majority of cases; advanced maternal age, chromosomal abnormalities, uterine abnormalities and infections could all be potential causes of miscarriage. Miscarriage is a common problem and could affect the women's psychological wellbeing in the short term and possibly in the long term.

OBJECTIVE:

To describe the awareness of women age (15-45) years old regarding beliefs and emotional impact of miscarriage.

SUBJECTS AND METHOD:

A descriptive cross-sectional study was carried out on the total of 393 women with age from 15-45 years old attending gynecology, obstetrics and family planning departments in Baghdad Teaching Hospital in Baghdad/Iraq during the period from 14th of January 2016 to 15th of April 2016.

RESULTS:

393 women have been or still pregnant, 171 of those 393 women had a history of miscarriage; giving the prevalence of (43.5%) for women reporting a history of miscarriage. The prevalence of miscarriage in women age 40-45 years old was (38.0%). In this study (63.7%) of women satisfied about the medical care they received after abortion. The beliefs of the respondent about the causes of miscarriage showed that a large number agreed that sexual intercourse during pregnancy (36.4%) and past use of oral contraception (33%) may all be causes for miscarriage, (81%) believed that stressful event was a cause of miscarriage, (58%) knew that pregnancy loss was the result of genetic abnormalities, (46.4%) believed that having had a sexually transmitted disease in the past was the cause of miscarriage, and (68.4%) of women who had experienced a miscarriage reported that they would find a miscarriage to be extremely upsetting, equivalent to the loss of a child.

CONCLUSION:

There are some misperceptions about the factors associated with miscarriage. Many women had emotional distress after miscarriage which was perceived as a loss of a child.

KEY WORDS: miscarriage, emotional, beliefs.

INTRODUCTION:

Miscarriage is the loss of a clinically recognized pregnancy before 20 weeks' gestation or <500g.⁽¹⁾ It is used to define a miscarriage as the loss of a pregnancy before week 28 because, until recently, a fetus that was less than 28 weeks old could not be regarded as viable. Now, due to new developments in science and technology, there are some babies

born at 26 weeks. There have even been a few cases of younger babies surviving to normal life, so the cut-point has been pushed back to 20 weeks.⁽²⁾

Despite extensive investigation of women with three or more miscarriages, the cause of recurrent pregnancy loss remains unknown in the majority of cases, advancing maternal age is associated with miscarriage, a history of alive birth followed by consecutive miscarriages does not reduce the risk of future miscarriage substantially, being both underweight and obese have been associated with recurrent miscarriage.⁽³⁾ It is a complex phenomenon that can have a tremendous effect on the life of the patient and

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it could affect the women's psychological wellbeing in the short term and possibly in the long term.⁽⁴⁾

Miscarriage is so common, and it is often underestimated as a source of emotional problems.⁽⁵⁾

THE AIM OF THE STUDY:

Is to describe the awareness of women age (15-45 years) regarding beliefs and emotional impact of miscarriage.

SUBJECTS AND METHOD:

A descriptive cross-sectional study was conducted in Obstetrics, gynecology and family planning outpatient departments in Baghdad Teaching Hospital from 14th of January 2016 to 15th of April 2016.

Data collection:- A convenient sample of 393 women who have been or still pregnant age from 15 to 45 years old were included in the study. A 15-item questionnaire was constructed to assess the response of reproductive age group women regarding beliefs and emotional impact of miscarriage⁽⁶⁾; additional 9 items (sub-questions for a total of 15) were specifically about emotional impact of miscarriage, and additional 18 items (sub-questions for a total of 15) were specifically about women beliefs about causes of miscarriage.

The study carried out by direct interview with women in the obstetrics, gynecology and family planning outpatient departments after taking permission from the hospital. All participants responded to the questions and were known by names. The purpose and benefit of the study was explained to each woman before starting the questionnaire.

The respondents were aware that the questionnaire was part of a research study and were informed that a family doctor was conducting it; they also informed that "This is a voluntary research study about miscarriage in Baghdad teaching hospital/medical city. All data will remain anonymous and confidential". Participants were able to choose to stop answering the questions at any time.

The questionnaire was reviewed by supervisor and revised by obstetrical and gynecological specialist. The designed questionnaire⁽⁶⁾ included questions about sociodemographic features, questions about the emotional feelings after miscarriage, and women beliefs about causes of miscarriage.

Inclusions criteria:- Women of reproductive age group from 15 to 45 years old regardless of educational, socioeconomic status.

Statistical analysis:- Analysis of data was carried out using the available statistical package of SPSS-22 (Statistical Packages for Social Sciences-version 22).

Data were presented in simple measures of frequency and percentage.

RESULTS:

In this study there were 171 out of 393 women have been pregnant or still pregnant had a history of miscarriage, giving a rate of 43.5 for women reporting a history of miscarriage and 56.5% for women have been or still pregnant and without history of miscarriage. Figure 1.

Of those women who had experienced a miscarriage, (55.6%) reported that they received adequate emotional support from those they told (relatives and friends), More than half (63.1%) of women with history of miscarriage reported that they had adequate emotional support from the husband, (44.4%) reported that the medical establishment provided adequate medical support, one third (38.6%) reported that they received adequate emotional support from the medical establishment, (32.2%) reported feeling guilty, (38.6%) reported feeling alone, (21.6%) reported feeling ashamed, (24.0%) reported feeling that they did something wrong, and (17.0%) felt that they could have prevented the miscarriage. Table 1.

The majority of participants believed that a stressful event (81%) or longstanding stress (69.8%) were causes of miscarriage. Many participants knew that pregnancy loss was most commonly the result of genetic abnormalities (58%), while others believed that having had a sexually transmitted disease in the past (46.4%), having had an abortion in the past (63.4%) or past use of an intrauterine device (16.2%) may causes miscarriage, while (58.6%) knew that the age of the mother was the cause. Majority of participants knew that medical causes (80.2%), and lifestyle choices (72.4%) such as drug, alcohol, or tobacco use during pregnancy are the most common cause of miscarriage. Table 2.

More than one half of those who had experienced a pregnancy loss (68.4%), reported that they would find a miscarriage to be extremely upsetting, equivalent to the loss of a child. Many of participants (62%) would want to know the cause of the miscarriage if there is something that they

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could do to prevent it from happening in the future. In addition, many of respondents (60.2%) would the miscarriage even if there was nothing they could do to prevent the miscarriage from happening in the future. Table 3.

DISCUSSION:

This study found some observed gaps in some of the factors associated with miscarriage. The frequency of miscarriage among pregnant women in this study is 43.5% pregnancies end with miscarriage, is almost similar to a study in Nigeria by Abiola, et al in 2013 in which 1 in 3.7 pregnancies was miscarried,⁽⁴⁾ also similar to studies in Turkey by Eroglu, et al in 2014 in which the prevalence of recurrent pregnancy loss was 33.1%,⁽⁷⁾ but is higher than the worldwide levels of 15-20%⁽⁸⁾, also is higher than a study in U.S.A (United State of America) by Bardos, et al in 2015 where the prevalence of miscarriage was 15%.⁽⁶⁾

Half of the participants (59.1%) who experienced miscarriage felt that they had received adequate emotional support from the medical community; this emotional burden may be underappreciated by health care professionals and the community at large. These results unlike a study in U.S.A by Brier. in 1999 in which surveys of patient satisfaction following miscarriage indicated a high percentage of anger and dissatisfaction with the medical care received mainly due to lack of opportunity to discuss the personal significance of the loss with the physician,⁽⁹⁾ also unlike a study in Australia by Edwards S, et al in 2016 in which women reported a lower level of satisfaction with the care provided in the emergency department.⁽¹⁰⁾ This study showed that 32.2% of women with history of miscarriage felt guilty after miscarriage, 38.6% felt alone and 21.6% felt ashamed, these results resemble a study in U.S.A by Bardos, et al in 2015.⁽⁶⁾ This study also showed that only 24% of women reporting history of miscarriage felt that they did something wrong which caused the miscarriage and only 17% felt that they could have prevented the miscarriage, these results unlike a study in U.S.A by Bardos, et al in 2015.⁽⁶⁾

Many participants erroneously believed that past use of birth control, use of an intrauterine device, or even lifting a heavy object may result in a miscarriage. Moreover, this study found (81%) of women believed that a stressful event may cause a miscarriage, this is similar to the finding in a study carried out in USA by Bardos, et al in 2015 where more than three-fourths (76%) of women believed

still want to know the cause of

stress could cause a bad pregnancy outcome⁽⁶⁾, and disagrees with a study done in Nigeria by Abiola, et al in 2013 where only (6.8%) of the respondents believed that stress may be a factor responsible for miscarriage.⁽⁴⁾ In this study a high percentage of respondents (46.4) believed that sexually transmitted diseases is a cause of miscarriage, while a study done in Finland by Rantsi, et al in 2016 showed no association between sexually transmitted diseases and miscarriage.⁽¹¹⁾ In this study approximately 72.4% of the respondents believed that lifestyle could be a cause of miscarriage, this is consistent with a study in Nigeria by Abiola, et al in 2013.⁽⁴⁾ This study showed that 58% knew that genetic abnormalities of the fetus could be a cause of miscarriage, this is consistent with a study in U.S.A by Bardos, et al in 2015,⁽⁶⁾ and in this study 63.4% believed that having had an abortion in the past could be the cause of miscarriage, this is higher than a study in U.S.A by Bardos, et al in 2015.⁽⁶⁾

The present study found that the respondents that have had experienced miscarriage had statistically significant emotional distress, showing that the emotional and psychological effect on the woman can be perceived as the loss of a child in (68.4%) of women, this is consistent with studies in Babylon-Iraq by Liqa. Hasan in 2012 where a prospective study found that there were high scores in the perceived stress after miscarriage⁽¹²⁾, in U.K. by Nikcevic, et al in 1998 that have found increased levels of anxiety and depression in the months after a miscarriage⁽¹³⁾, and in U.S.A by Brier. in 2004 in which a significant percentage of women experience elevated levels of anxiety after a miscarriage until about 6 months post-miscarriage.⁽¹⁴⁾ But is higher than a study in U.S.A by Bardos, et al in 2015,⁽⁶⁾ and a study in Nigeria by Abiola, et al in 2013.⁽⁴⁾

CONCLUSION:

More than one half of the women who have had experienced miscarriage satisfied with the medical care they received.

There are some misperceptions about the factors associated with miscarriage. These beliefs may lead patients to a false sense of responsibility and contribute to the widespread sense of guilt felt after a miscarriage. Many women had emotional distress which was perceived as a loss of a child in the months after miscarriage.

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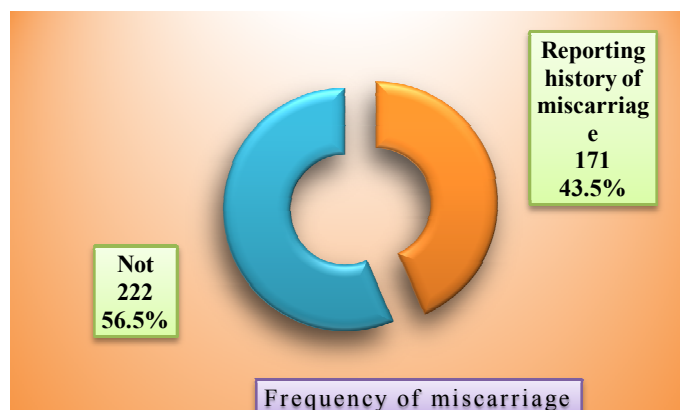


Figure 1: The of history of miscarriage in the women who had been pregnant (n=393).

Table 1: Distribution of the women with history of miscarriage according to their emotional response after experiencing a miscarriage. (n=171).

Emotional response after miscarriage		Women reporting past miscarriage (n=171)	
		No	%
Received adequate emotional support from those she told	Strongly Disagree	10	5.8
	Disagree	9	5.3
	Undecided	26	15.2
	Agree	31	18.1
	Strongly Agree	95	55.6
Received adequate emotional support from the husband	Strongly Disagree	9	5.3
	Disagree	5	2.9
	Undecided	14	8.2
	Agree	35	20.5
	Strongly Agree	108	63.1
The medical establishment provided adequate medical support	Strongly Disagree	34	19.9
	Disagree	7	4.1
	Undecided	21	12.3
	Agree	33	19.3
	Strongly Agree	76	44.4
The medical establishment provided adequate emotional support	Strongly Disagree	39	22.8
	Disagree	8	4.6
	Undecided	23	13.5
	Agree	35	20.5
	Strongly Agree	66	38.6
Felt guilty	Strongly Disagree	70	40.9
	Disagree	14	8.2
	Undecided	10	5.8
	Agree	22	12.9
	Strongly Agree	55	32.2
Felt alone	Strongly Disagree	50	29.2
	Disagree	19	11.1
	Undecided	12	7.1
	Agree	24	14.0
	Strongly Agree	66	38.6
Felt ashamed	Strongly Disagree	74	43.3
	Disagree	22	12.9
	Undecided	14	8.2

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Feeling did something wrong which caused the miscarriage	Agree	24	14.0
	Strongly Agree	37	21.6
	Strongly Disagree	86	50.3
	Disagree	18	10.5
	Undecided	10	5.8
feeling that could have prevented the miscarriage	Agree	16	9.4
	Strongly Agree	41	24.0
	Strongly Disagree	81	47.4
	Disagree	24	14.0
	Undecided	11	6.4
	Agree	26	15.2
	Strongly Agree	29	17.0

Table 2. Distribution of the studied sample according to their beliefs about the causes of miscarriage. (N=393).

Respondents beliefs about the causes of miscarriage		Women reporting past miscarriage (n=171)		Women not reporting miscarriage (n=329)	
		No.	%	No.	%
Punishment from God	Agree	50	29.3	85	25.8
	Disagree	90	52.6	164	49.9
	I don't know	31	18.1	80	24.3
Getting into an argument	Agree	73	42.7	143	43.4
	Disagree	86	50.3	146	44.4
	I don't know	12	7.0	40	12.2
Lifting heavy objects	Agree	151	88.3	279	84.8
	Disagree	18	10.5	39	11.9
	I don't know	2	1.2	11	3.3
Woman not wanting the pregnancy	Agree	50	29.2	91	27.6
	Disagree	108	63.2	192	58.4
	I don't know	13	7.6	46	14.0
Sexual intercourse during pregnancy	Agree	79	46.2	103	31.3
	Disagree	78	45.6	131	39.8
	I don't know	14	8.2	95	28.9
Past use of oral contraceptive pills	Agree	66	38.6	99	30.0
	Disagree	64	37.4	115	35.0
	I don't know	41	24.0	115	35.0
Jealousy	Agree	56	32.7	107	32.5
	Disagree	94	55.0	168	51.1
	I don't know	21	12.3	54	16.4
Longstanding stress	Agree	128	74.8	221	67.1
	Disagree	27	15.8	69	21.0
	I don't know	16	9.4	39	11.9
A stressful event	Agree	141	82.5	264	80.3
	Disagree	22	12.9	31	9.4
	I don't know	8	4.6	34	10.3
Genetic abnormalities of the fetus	Agree	106	62.0	184	55.9
	Disagree	44	25.7	96	29.2
	I don't know	21	12.3	49	14.9
Moderate exercise (equivalent of 20 minutes on the treadmill)	Agree	48	28.1	73	22.2
	Disagree	112	65.5	211	64.1
	I don't know	11	6.4	45	13.7

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Having had a sexually transmitted disease in the past	Agree	81	47.3	151	45.9
	Disagree	41	24.0	65	19.8
	I don't know	49	28.7	113	34.3
Having had an abortion in the past	Agree	122	71.3	195	59.3
	Disagree	35	20.5	76	23.1
	I don't know	14	8.2	58	17.6
Past use of an IUD (Intrauterine Device)	Agree	29	17.0	52	15.8
	Disagree	80	46.8	131	39.8
	I don't know	62	36.2	146	44.4
Spiritual causes such as destiny or fate	Agree	124	72.5	209	63.5
	Disagree	28	16.4	63	19.2
	I don't know	19	11.1	57	17.3
Age of the mother (very young, very old)	Agree	97	56.7	196	59.6
	Disagree	53	31.0	96	29.2
	I don't know	21	12.3	37	11.2
Medical problems (example: hypothyroidism)	Agree	136	79.6	265	80.5
	Disagree	17	9.9	23	7.0
	I don't know	18	10.5	41	12.5
Lifestyle (example: smoking)	Agree	121	70.7	241	73.2
	Disagree	29	17.0	43	13.1
	I don't know	21	12.3	45	13.7

Table 3: Distribution of the studied sample according to emotional meaning of miscarriage. (n=171).

Emotional meaning of miscarriage		Women reporting miscarriage (n=171)	
		No	%
What would a miscarriage mean emotionally?	Extremely upsetting: Like the loss of a child	117	68.4
	Highly upsetting	9	5.3
	Moderately upsetting	22	12.9
	Minimally upsetting	6	3.5
	Not upsetting, only an inconvenience	17	9.9
Want to know the cause of the miscarriage if there was something she could do to prevent the miscarriage from happening in the future	Strongly not like to know	12	7.0
	Would not like to know	10	5.9
	Unsure	12	7.0
	Would like to know	31	18.1
	Strongly like to know	106	62.0
Want to know the cause of the miscarriage even if there was NOthing she could do to prevent the miscarriage from happening in the future	Strongly not like to know	11	6.4
	Would not like to know	13	7.6
	Unsure	14	8.2
	Would like to know	30	17.6
	Strongly like to know	103	60.2

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