



Emotional Challenges of Women Undergoing Second Trimester MTP Due to Fetal Anomalies

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Introduction

Because of recent advances in prenatal screening, alongside the rising trend in later motherhood, more women are faced with a diagnosis of fetal anomaly, generally in the second trimester of pregnancy.

The necessity to deciding on the fate of the fetus and the decision of MTP (Medical termination of pregnancy) complicates the emotions and mental health of the women leading to many psychological consequences [1].

Loss of self-regard due to a feeling of physical inadequacy in giving birth to a healthy child and the stress due to fear of social judgment led to greater vulnerability in these women [2].

Aims and Objectives

Primary Objective:

- To evaluate emotional responses such as post-traumatic stress, psychological distress, anxiety, depression and perinatal grief in women undergoing second trimester MTP for fetal anomalies.

Secondary Objectives:

- To study persistence of emotions one month after MTP
- To find a correlation between sociodemographic and obstetric factors with emotional response

Materials and Methods

Design: Prospective observational study

Setting: Department of Obstetrics and gynaecology, All India Institute of Medical Sciences, New Delhi

Sample Size: 120 women undergoing MTP for fetal anomalies between 14 and 24 weeks of gestation..

Intervention: Emotional responses were assessed using the Impact of Event Scale-Revised (IES-R), Kessler Psychological Distress Scale (K-10), Hospital Anxiety and Depression Scale (HADS), and Perinatal Grief Scale (PGS), both before and one month after MTP.

Results

Variables	N=120 n(%)
Age (years)	28.6±4.3 *
Planned pregnancy	Yes: 63 (52.5) No: 57(47.5)
POG at diagnosis (weeks)	17.94 ± 3.11*
POG at time of MTP (weeks)	20.54 ± 2.54*
Gravida	Primigravida: 46(38.3) Multigravida: 74(61.7)
Multigravida (n=74) with previous healthy child	Yes: 46 (62.2) No: 28 (37.8)
Previously affected pregnancy	Yes: 33 (27.5) No: 87 (72.5)
Type of anomaly	Structural: 88 (73.3) Genetics: 32 (26.7)

*Mean ± SD

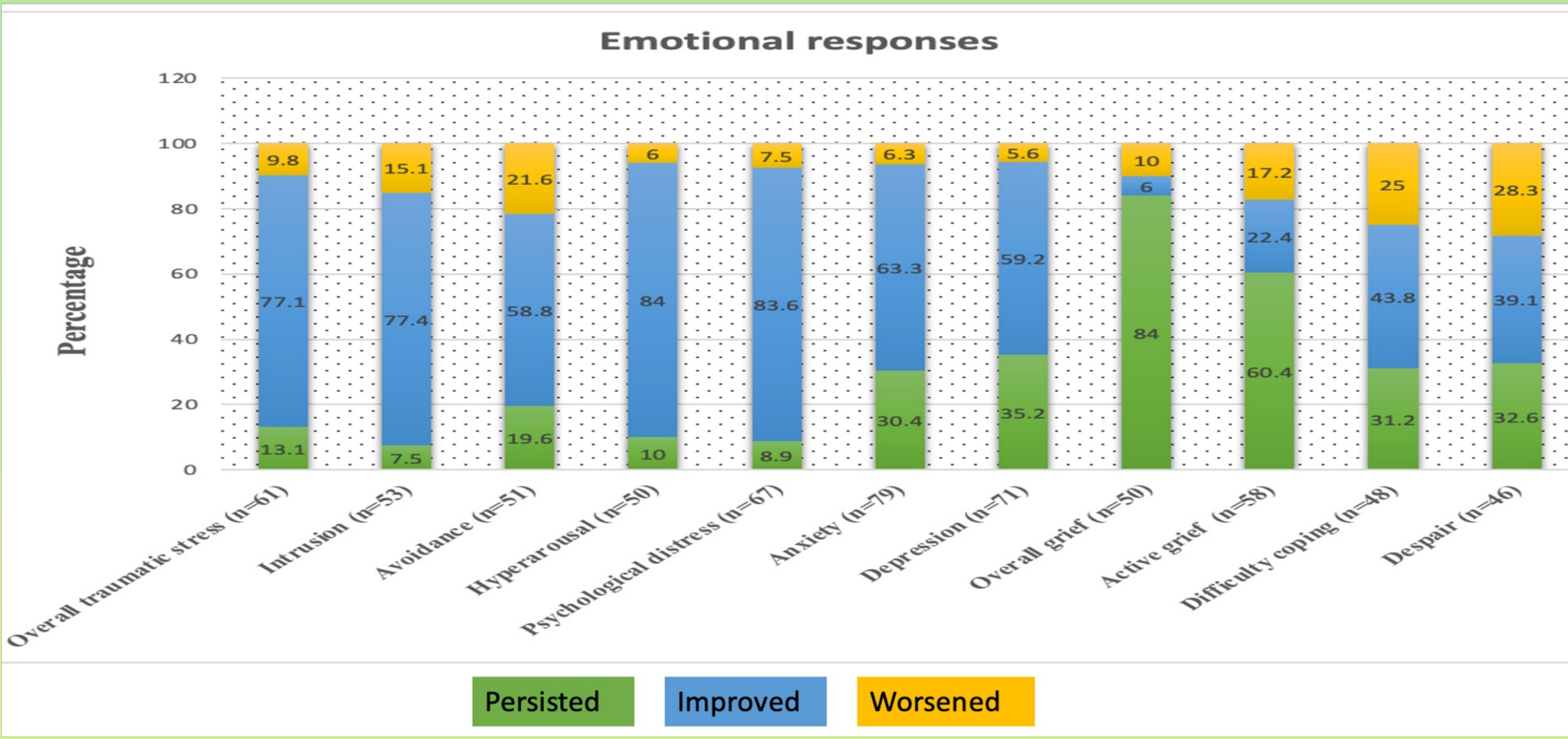
Sociodemographic variables

Scale	Emotional response (at the time of MTP)	Cut off scores	Mean ± SD	n(%)
IES-R	Overall traumatic stress	>24	25.9 ± 14.88	61 (50.8)
	Intrusion	-	10.29 ± 6.55	53 (44.2)
	Avoidance	-	10.14 ± 5.10	51 (42.5)
	Hyperarousal	-	5.71 ± 3.72	50 (41.7)
K-10	Psychological distress	>20	21.72 ± 6.87	67 (55.8)
HADS	Anxiety	>7	8.91 ± 4.53	79 (65.8)
	Depression	>7	7.80 ± 4.39	71 (59.2)
PGS	Overall grief	Higher score means higher grief	80.18 ± 14.0	50 (41.7)
	Active grief		31.63 ± 7.31	58 (48.3)
	Difficulty coping		23.68 ± 3.81	48 (40)
	Despair		24.06 ± 3.87	46 (38.3)

Primary outcome

Emotional response (Scale)	At time of MTP N=120 Mean ± SD	1 month follow up N=120 Mean ± SD	P-value
Overall traumatic stress (IES-R)	25.9 ± 14.88	10.45 ± 8.43	<0.0001
Intrusion	10.29 ± 6.55	4.00 ± 3.73	<0.0001
Avoidance	10.14 ± 5.10	4.81 ± 3.47	<0.0001
Hyperarousal	5.71 ± 3.72	1.64 ± 1.97	<0.0001
Psychological distress (K-10)	21.72 ± 6.87	13.50 ± 4.05	<0.0001
Anxiety (HADS)	8.91 ± 4.53	4.27+/-3.38	<0.0001
Depression (HADS)	7.80 ± 4.39	3.98+/-3.57	<0.0001
Overall grief (PGS)	80.18 ± 14.0	67.69 ± 5.63	<0.0001
Active grief (PGS)	31.63 ± 7.31	24.5 ± 3.81	<0.0001
Difficulty coping (PGS)	23.68 ± 3.81	21.1 ± 1.93	<0.0001
Despair (PGS)	24.06 ± 3.87	22.06 ± 1.29	<0.0001

Secondary outcome



Emotional trajectory

Potential correlation

Those women with age more than 30 years, gestational age more than 20 weeks at the time of MTP, previous affected child, foetus affected with genetic anomaly, low socioeconomic class and planned pregnancy were faced with more emotional challenges whereas those women with previous healthy child, primigravida and having higher education were less likely affected.

Conclusion

A significant number of women undergoing second trimester MTP experience emotional distress and mental health issues. Though it improves over time, symptoms persist in a small percentage of these women. Assessment of mental health in women undergoing MTP for fetal anomalies provides valuable insights into their grief trajectories. Identifying predictors of emotional response and mental health outcomes in these women is crucial for providing timely and effective care to promote psychological well-being.

Reference

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