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Coping styles of pregnant women after prenatal ultrasound screening for fetal malformation.

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OBJECTIVE: Ultrasound is a widespread noninvasive method of prenatal diagnosis. The detection of fetal abnormalities can provoke anxiety, which needs coping. The coping process of pregnant women with different risk conditions for fetal abnormality were studied in a longitudinal design and compared with a nonrisk control group of women with healthy uncomplicated pregnancies.

METHODS: The coping strategies of women (n=664) during the second trimester were assessed with a questionnaire [Heim E, Augustiny KF, Blaser A, Schaffner L. Berner Bewältigungsformen (BEFO) Handbuch. Bern: Huber, 1991]. Data were collected at three points in time: immediately before the ultrasound scanning for fetal malformation, at 5-6 and 10-12 weeks after the prenatal ultrasound examination. Questionnaires were also used to collect information about sociodemographic data, anxiety, pregnancy data and personality.

RESULTS: The analysis of the coping strategies of women with high-risk pregnancies (n=497) and as well of these with no-risk conditions in the control group (n=167) revealed three different factors of coping: Factor I: positive emotional attitude/distance, Factor II: negative emotional attitude/disapproval and Factor III: active coping. At all three points in time, Factor I correlated significantly with anxiety decrease, Factor II with increase and Factor III did not correlate with anxiety at all.

CONCLUSIONS: Women with risk-pregnancies used coping strategies similar to those women in the control-group. Different spectrums of coping strategies corresponded significantly to increasing or decreasing anxiety. These women with high levels of anxiety, especially, should be offered sensitive care or psychotherapeutic counseling, as their coping processes did not lead to successful coping in the form of a reduction in anxiety.