

Maternal Coping with Prematurity & Depressive Symptoms 7 years postpartum: A Follow-up in a prospective longitudinal study

Walter, C., Sieber, S., Kern, C. & Brisch, K.H.

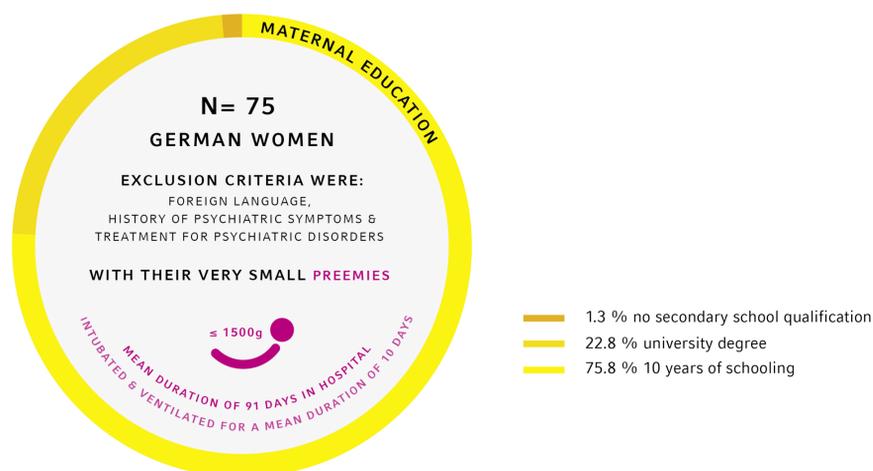
University Hospital of Munich | Dr. von Hauner Children's Hospital | Department of Pediatric Psychosomatic Medicine and Psychotherapy

INTRODUCTION

Premature birth disrupts the normative transition to motherhood often several months earlier than expected. Mothers' anticipated joy is often replaced by the fear for their infant's future. They perceive feelings of loss, guilt and grief (Davis et al., 2003), which sometimes persist for months after the infant's NICU discharge and women are at risk to experience prematurity as a trauma (Shaw et al., 2006).

OBJECTIVES

To investigate, whether mothers of former very small premature born children have been able to resolve the crisis of prematurity and whether their depressive symptoms differ seven years postpartum. We hypothesized that mothers with unresolved loss or trauma have higher depressive symptoms compared with women who have resolved their infant's preterm delivery.



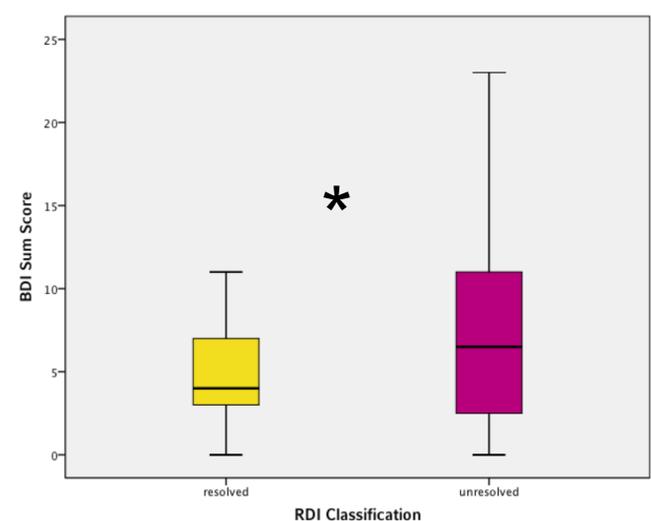
SAMPLE & METHOD

The sample consisted of N= 75 German women ($M_{age} = 37.8$ years, range= 26-49 years) with former very low birth weight premature born high risk children ($\leq 1.500g$; $M_{weeks\ of\ gestation} = 27.6$, range= 24-35 weeks of gestation).

Resolution/ lack of resolution of the loss or trauma after a preterm delivery was examined with the »Reaction to Diagnosis Interview« (RDI; Marvin & Pianta, 1996). The questions probe the mother's thoughts and feelings about the child's premature birth, the process leading to delivery as well as changes in those thoughts.

Depressive symptoms were assessed with the »Becks Depression Inventory« (Beck et al., 1961; German Version), a self-report questionnaire.

CORRESPONDENCE: Carmen.Walter@med.uni-muenchen.de



RESULTS

Evaluation of the RDI indicates that more than 70% of the women are still »unresolved« regarding their experiences with prematurity. Further, an independent sample t-test revealed that the difference in depressive symptoms between the group of women who were classified as »resolved« ($n = 22$, $M = 4.77$, $SD = 3.38$) and the group of »unresolved« women ($n = 53$, $M = 7.89$, $SD = 6.87$) was statistically significant, $t_{(70,761)} = -2.622$, $p = .01$ (two tailed) with an effect size of $d = .58$ (medium effect). Thus, women who have resolved the crisis of prematurity have lower depressive symptoms than women who did not cope with their experiences 7 years afterwards.

RDI Classification	BDI 7 years postpartum		
	N	Mean	SD
un-resolved	53	7.89	6.87
resolved	22	4.77	3.38
total	75	6.97	6.20

DISCUSSION

These findings stress the urgent need for the provision of nationwide, professional and institutional care for preterm survivors and their families that continue during childhood (i.e. resources to support mothers integrate their experiences of loss with their ongoing maternal role).

Additional research is needed to explore the factors which contribute to the mother's resolution of loss after a preterm delivery as well as to determine whether resolution of loss/trauma and the factors influencing maternal adaption to preterm birth can be explored optimally in the context of long-lasting follow-ups.