Grief after pregnancy loss was predicted by length of pregnancy, neuroticism, psychiatric symptoms, and absence of other children


Objective
To determine the factors that predict grief intensity in women who have a pregnancy loss.

Design
Inception cohort of women followed for 18 months after a pregnancy loss.

Setting
The Netherlands.

Patients
2140 recently pregnant women recruited through a notice in a popular family magazine provided information on coping with normal pregnancy, delivery, and complications. 221 of the 227 women (10.6%) who subsequently reported spontaneous loss of the pregnancy were studied. 91% of the losses occurred at < 20 weeks of pregnancy, 97% of the women were married or in stable relationships.

Main results
All factors except previous pregnancy loss predicted grief intensity on univariate analysis. Multivariate analysis showed that grief intensity was higher for women who had been pregnant longer (P < 0.001), had preloss neuroticism (P < 0.001), had preloss psychiatric symptoms (P = 0.02), and did not have other living children (P = 0.01). The subscales of grief intensity showed similar results for these same risk factors (P < 0.02), except for the association between active grief and preloss psychiatric symptoms (P = 0.1). Grief intensity, active grief, difficulty coping, and despair decreased with time (P < 0.001).

Conclusion
Stronger grief responses in women who had a pregnancy loss were associated with a longer pregnancy, a more neurotic personality before the loss, preloss psychiatric symptoms, and the absence of other living children.

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References

Author's response
Our finding of a stronger response with increasing duration of gestation at loss both makes sense and endorses findings from previous retrospective studies. We do not think that Dr. Gilbert's alternative explanation (shorter time before completing questionnaire) is plausible because the interaction effect between time since loss and length of pregnancy at loss were not statistically significant.

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