The psychological impact on women who accepted an amniocentesis for Down's syndrome diagnosis while waiting for the test results

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Introduction

Amniocentesis, traditionally performed in the second trimester of pregnancy, is the most used method of clarifying suspicions of Down syndrome, obtained as a result achieved through the increased risk screening. The suspicion itself, the invasive procedure and the waiting period for the result may disturb maternal psychological equilibrium and can associate negative psycho-emotional feelings. Most often the diagnostic result of the screening is most likely to infirm the screening and will most probably reinstall the psycho-emotional stability, but mother's already anxious attitude may have already affected the child's future emotional development and behavior.



Conclusion

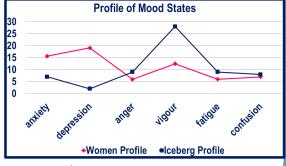
Two-thirds of women experienced anxiety and the Profile of Mood States shows very different from the Iceberg Profile which means that the women had more negative mood feelings. The mean of knowledge about prenatal testing was . too low for having an informed choice. Psychological stress could be minimized by widening maternal-fetal care team and other specialists' inclusion in providing information and psychological support, including the time spent awaiting the results of diagnoses. Monitoring pregnant women should not be directed only toward physical status but also to emotional status especially during the period between achieving a risk result at screening and final output after invasive procedure.

Methods

Forty pregnant women who performed amniocentesis took part in the study. Before having the results, they completed the Profile Mood of States test and a questionnaire that provided demographic data. Statistical analysis was performed using SPSS version 20.0.

Results

- The mean age was 32.7 years (SD 5.7, min22-max 45)
 60% of the total were under the age of 35 years.
- For 67.5% the reason for amniocentesis was an increased risk at the screening, for 15% the age over 35 years, for 12.5% the family history and 5% performed this procedure at their request.
- 80% came from the urban area and 20% from the countryside
- 65% had high education, 32.5% averages and 12.5% low
- 62.5% were primiparas, 22.5% had a child and 15% had ≥2 children
- 37.5% lost at least 2 pregnancies and 62.5% had no miscarriage
- 62.5% experienced anxiety, 20% depression, 32.5% anger and confusion
- 15% experienced total distress.
- The mean of the total scores of knowledge was, 18.95 (SD=5,5, range 4 to 31) out of 33 possible.



*Iceberg profile reflects positive mental health