

Attitudes Towards Pregnancy and Labour Among Polish and Italian Women Hospitalized for High-Risk Pregnancy

Alfred Reroń¹, Antonio Pachi², Anna Kopczyńska-Tyszkó¹, and Maria Di Giusto²

¹ Chair and Department of OB/GYN Collegium Medicum Jagiellonian University, Cracow, Poland. Head of Department: Prof. Z. Zdebski

² IV Chair and Department of OB/GYN University “La Sapienza” Rome, Italy. Head of Department: Prof. A. Pachi

Keywords: Attitudes towards pregnancy, Attitudes towards labour, Polish women, Italian women, High risk pregnancy

Abstract: Hospitalization in high-risk pregnancy makes a pregnant women face a number of problems strongly influencing the woman’s psychical functioning. An important role in the psychic harmony of a pregnant women is also played by conditions such as education, family and regional traditions, life standart and the type of work performed. The objective of this paper is a comparative evaluation of attitudes towards pregnancy and labour manifested by 100 women hospitalized for complicated pregnancy in two University Hospitals, in Rome and in Cracow.

The pregnant women from Rome, as compared to the patients from Cracow, demonstrated higher level of fear related to the course of pregnancy and labour, greater care about both own and the child’s health and more mature and deeper attitudes towards their future matherhood. Present in both groups was the feeling of guilt related to the complications occurring in pregnancy. It was more marked in the Polish group and its typical source was a history of past artificial abortion.

Zusammenfassung: *Einstellungen gegenüber Schwangerschaft und Geburt bei polnischen und italienischen Frauen, die wegen einer Risikoschwangerschaft aufgenommen wurden. Die stationäre Aufnahme wegen einer Risikoschwangerschaft konfrontiert die Schwangere mit zahlreichen Problemen, die eine psychische Belastung darstellen. Eine wichtige Rolle für das psychische Gleichgewicht einer schwangeren Frau ist durch verschiedene Bedingungen beeinflusst wie Erziehung, Familie, örtliche Traditionen, Lebensstandard und die Art des*

Correspondence to: Alfred Reroń, M.D., Ph.D., Head of Gynaecological Unit, OB/GYN Department, Collegium Medicum Jagiellonian University, Kopernika 23, 31-501 Cracow, Poland

Presented at the 11th International Congress of the International Society of Prenatal and Perinatal Psychology and Medicine (ISPPM) “A Time to Be Born”, Heidelberg, Germany, May 11–14, 1995

Arbeitsverhältnisses. Der Gegenstand dieser Arbeit ist eine vergleichende Bewertung der Einstellungen gegenüber der Schwangerschaft und der Geburt von 100 Frauen, die wegen Schwangerschaftskomplikationen in den Universitätskliniken in Rom und in Krakau aufgenommen wurden.

Die schwangeren Frauen in Rom zeigten vergleichsweise mehr ängstliche Besorgnis in bezug auf den Verlauf der Schwangerschaft und der Geburt, waren mehr über die eigene Gesundheit und die des Kindes besorgt und schienen in den Einstellungen ihrer künftigen Mutterrolle gegenüber reifer und entwickelter. Beiden Gruppen gemeinsam war ein Schuldgefühl in bezug auf die Komplikationen während der Schwangerschaft. Dies war jedoch bei der Gruppe der polnischen Frauen ausgeprägter und eine typische Ursache war eine frühere Abtreibung.

Introduction

Hospitalization in high risk pregnancy makes a pregnant woman face a number of problems strongly influencing the woman's psychical functioning. Today, it cannot be doubted that psychic factors play an important role in the course of pregnancy, often creating an etiological factor of its major complications. An example may be the occurrence of vomiting in pregnancy in neurotic women, women having labile vegetative system, oversensitive, immature and emotionally imbalanced [5,11].

Strong emotional stress as well as a sudden psychic trauma can cause both miscarriage and premature birth [3,8,9,10]. Also prolonged emotional strains, resulting from the pregnant woman's personality as well as from the conflicts existing in her marriage, unpleasant memories of previous hospital stays or other bad experiences e.g. at work, require detailed psychological analysis.

Negative experiences may accumulate in pregnant women and create a kind of a vicious circle of mutual negative psychosomatic and somatopsychic interrelations [2,3,4,5,9,10].

An important role in the psychic harmony of a pregnant woman is also played by conditions such as education, family and regional traditions, life standard and the type of work performed [4,5,7].

Not without influence on the general feeling of a woman hospitalized for complications in pregnancy is also the scope of information she receives from doctors on the particular problem for which she stays in hospital as well as prognosis as to the future satisfactory course of pregnancy and labour. As R. Klimek says "Fear can be eliminated by eliminating obstetrician's secrets" [5].

The objective of this paper is a comparative evaluation of attitudes towards pregnancy and labour manifested by women hospitalized for complicated pregnancy in two University Hospitals, in Rome and in Cracow.

Material and Methods

The prospective study covered two groups of women, each consisting of 50 pregnant patients hospitalized at the OB/GYN Departments of University Hospitals in Cracow and in Rome from 1992-09-01 to 1993-10-01 for complications in pregnancy during 2nd and 3rd trimesters.

In both groups under study indications for hospitalization were shown in Table 1. The average age in the whole group under study was 29.4 ± 4.1 years, ranging

Table 1. Indication for hospitalization.

Indication for hospitalization of pregnant women	from Rome	from Cracow
1. Arterial hypertension	12 cases	15 cases
2. Threatening preterm labour	10 cases	11 cases
3. IUGR	8 cases	7 cases
4. Diabetes	8 cases	7 cases
5. Infertilitas	7 cases	6 cases
6. Others	5 cases	4 cases

from 18 to 44, in which for Polish women it was 28.2 ± 3.8 ranging from 19 to 42 and for Italian women 31.3 ± 4.1 ranging from 18 to 44. Sixty five (65%) per cent of the whole group under study were office workers, and 71% lived in urban areas. They stayed at the Departments for 5–90 days and a mean durations of stay was 17.66 days (In Rome - 19.72 days, in Cracow – 15.60 days).

The basic study method was a standardised psychological interview consisting of 40 categories – identical for both groups. Each category described the tested behaviour in five possible variants.

Taken for data analysis were these categories of the interview which concerned of patients their attitudes towards the existing pregnancy and the approaching labour.

The standardised psychological interview used in the studies promoted good contact with the pregnant women, which considering the intimate problems involved ensured collecting of genuine and valuable material.

Results and Discussion

Prior to hospitalization in majority of the tested pregnant women, both Polish – 58% and Italian – 88%, the course of pregnancy did not show any symptoms suggesting risk. The remaining pregnant women reported such discomforts as: nausea persisting for several weeks in the 1st trimester, and sometimes vomiting, mild pain in the lower part of abdomen, discharge and minor bleeding. The differences in the frequency of occurrence of such symptoms prior to hospitalization in the tested Polish and Italian women proved to be statistically significant ($\chi^2 = 20.84$, $p < 0.01$).

In spite of frequent occurrence of pathologic symptoms prior to hospitalization, Polish pregnant women (90%) as compared to their Italian counterparts described their general feeling in pregnancy optimistically and as good, while 66% of Italian women described their psychic condition as changable, full of contradicting moods, strains and anxiety.

This significant difference ($\chi^2 = 33.46$, $p < 0.001$) in assessment of own psychic condition in pregnancy between the two studied groups can be explained, among others, by increased (in comparison with Polish women) concentration of pregnant women from Rome on their bodies, the course of pregnancy and the physiological changes connected with this condition and on the increased level of fear manifested in this group. Also the more frequent check-ups of Italian women when compared to Polish women ($\chi^2 = 13.46$, $p < 0.01$) during pregnancy

confirm the above interpretation. This difference may be the evidence of more mature attitudes of patients from Rome towards their own health and the health of the still unborn child. Of some importance can be also the fact that the studied Italian women were on the average 3 years older than the Polish women and their education level was higher: 38 pregnant women from Rome were high school or university educated while in the Polish group there were only 27 women at this level. One can assume that the higher education level in the Italian group affected their general medical knowledge. The results obtained could have also been caused by higher level of general medical education – according to the data obtained, it is higher in Italy than in Poland.

In both tested groups the pregnancy was fully accepted (Cracow – 90%, Rome – 83%) and moreover, for 52% of Italian women it was a planned pregnancy. The majority of studied women (90% Polish and 98% Italian) described their relationship with the husband – the father of the unborn child, as based on love, trust and partnership, which undoubtedly strengthened the patients in their readiness to have this child and in the decision to maintain the pregnancy. However, the acceptance of pregnancy on the side of the husbands of the hospitalized pregnant women was markedly lower (Cracow – 55%, Rome – 54%).

For majority of Polish women (61%) a significant motivation for pregnancy was the wish to get a replica of their own self in their child, to realize own ambitions through this child and to make this child an additional bond in the relationship with their husbands. The tested Italian women (83%), on the other hand, decided to give birth to a child mostly to realize themselves in the role of a mother and to satisfy their maternal feelings. This attitude is fully understandable, because motherhood is for a woman an extremely important medium of self-realization and all obstacles on the road to motherhood make pregnant woman experience fear, feeling of guilt, changes in the image of they have of themselves in terms of deficiency, weakening of interest in other people, that is formation of the so called social distance [1,5,6,7].

The above described differences between the studied groups ($\chi^2 = 60.96$, $p < 0.001$) reveal more definite and more mature motivation for pregnancy in patients from Rome than in Polish women. One can then think that attitudes towards motherhood demonstrated by the Italian women, would promote, better than in the observed Polish patients, psychic development of their children. The attitudes of tested Polish women point to their own emotional problems which may develop into a neurogenic factor in the upbringing process of their children.

Despite of risk to pregnancy, majority of the tested Polish women (81%) believed that they would carry their children to term and with medical assistance give natural birth to healthy offspring. In the Italian group there were more women (22%) who doubted the possibility to maintain pregnancy and give birth to a healthy child. Also in the later group nearly a half of the tested patients had ambivalent feelings towards the further course of pregnancy and to the labour itself. The statistically significant, in the above described aspect, differences between the tested groups ($\chi^2 = 10.16$, $p < 0.05$) confirm the earlier conclusion on the higher level of fear, feeling of danger and depression among the studied Italian patients. Polish women, in comparison with Italian women, can better cope with the risk,

in which they are perhaps assisted by stronger defensive mechanisms (expulsion, suppression, regression or aggression).

In both groups women were very careful and concerned about all symptoms connected with the child's movements and other signs of its life (49% of Polish and 85% of Italian women). Still, in the Polish group, as compared to the Italian group, there were many more women who tried to turn their attention away from pregnancy and such who observed the signs of life of their child solely in respect of possible dangers ($\chi^2 = 21.63$, $p < 0.001$).

The above presented data prove the existence of more mature and emotionally deeper attitudes towards motherhood among the tested Italian women when compared to their Polish counterparts. This attitude allowed syntonic contact of the mother with her yet unborn child. Such attitude was not disturbed by higher level of fear as to the further course of pregnancy observed in Italian women in comparison with Polish women. The lower ability to take joy from the signs of the child's life and partial withdrawal from contact with the child visible in the Polish group in comparison with the Italian might have been, among others, the result of the activity of defensive mechanisms (turning away from pregnancy and its risks, lowering of the level of fear). The defensive attitude of the tested Polish women should most probably be also associated with the observed in this group, in much wider scope than in the Italian women, seeming light-heartedness of behaviour, optimism and little concern about medical aspects of the current situation. The Italian women, in comparison, were more aware of their position and reacted without the help of defensive mechanisms.

Very characteristic were the opinions given by the pregnant women in relation to the causes of the existing complications of pregnancy. The majority of tested patients in both groups (51% – Polish, 87% – Italian) thought that the problems with maintaining pregnancy resulted from faulty structure of their reproductive organ or too late age for pregnancy.

Moreover, among the tested Polish women there were considerably more women who related their current problems to earlier abortions and strong stresses they experienced in life, including family conflicts ($\chi^2 = 12.55$, $p < 0.05$).

Both groups manifested the feeling of guilt. Nevertheless, when analysing its sources it seems that the Polish women are more burdened with this feeling which may have been influenced by more common in this group history of abortions. One may then think that in case of Polish women, the present situation brought back the past trauma which affected their here described reactions and emotions.

Majority of women from Cracow (62%) reported that their family showed them care and interest meeting their needs and expectations. Similar feelings were shared by women in Rome (70%). Also in this group there were more women who considered interest on the side of their family as exaggerated and tiresome ($\chi^2 = 17.46$, $p < 0.01$). Therefore, the behaviour of family towards the pregnant women from Rome intensified fear and increased concentration on possible danger in these patients.

Majority of Polish women (88%) and Italian women (70%) had optimistic attitude towards the expected labour. However, in the Italian group, as compared with the Polish group, more frequent was fear of pain and possible complications in the course of labour ($\chi^2 = 8.17$, $p < 0.05$). The two groups differed significantly in

respect of pain tolerance, especially the pain connected with labour ($\chi^2 = 53.99$ $p < 0.001$) 62% of Polish women assessed their pain tolerance as very high, while among the Italian women only 14% were convinced that they had good tolerance of pain. The other tested women valued their pain tolerance as low or medium.

Conclusions

1. The tested pregnant women in both groups manifested good general psychic feeling, predominance of optimistic attitudes in view of the risks of pregnancy and the expected labour. Such behaviour was intensified by emotional support of family members, desire to have a child and strong maternal feelings.
2. The pregnant women from Rome, as compared to the patients from Cracow, demonstrated higher level of fear related to the course of pregnancy and labour, greater care about both own and the child's health (more frequent visits to doctors) and more intensified concentration on own body and own self. Connected with such reactions of Italian patients were, among others, overprotective attitudes on the side of their closest relatives.
3. Psychological analysis of reactions of the tested women shows that Polish women, in comparison with Italian women, more often coped with the perceived danger using the mechanisms of expulsion, denial and suppressing the danger of loss of pregnancy. The pregnant Italian patients had therefore better insight into the objective situation and were better aware of the existing dangers.
4. In comparison with the Polish women, the tested Italian women showed more mature and deeper attitudes towards their future motherhood. In this group stronger emotional bonds was observed between mothers and their yet unborn children.
5. Present in both groups was the feeling of guilt related to the complications occurring in pregnancy. It was more marked in the Polish group and its typical source was a history of past abortion.

References

1. Chalmers, B. and Meyer, D. (1994). Preparing Women for Pregnancy and Parenthood: A Cross Cultural Study. *Int. J. Prenatal and Perinatal Psychology and Medicine* 6, 27–42
2. Curr, M.A. and Snell, B.J. (1983). *Effects of long term antenatal hospitalization on maternal behaviour*. Seventh International Congress of Psychosomatics in Obstetrics and Gynecology, Dublin, Ireland
3. Delucca, A., Messini, S., Moroder, W., Bortolotti, D.P., and Cavosi, M.T. (1989). Hospitalization for preterm labour: implications in the bonding process, a pilot study. *Int. J. Prenatal and Perinatal Studies* 1, 67–74
4. Jarosz, M. (1988). *Psychologia Lekarska (Medical psychology)*. PZWL, p. 422
5. Klimek, R.: Psychologiczne aspekty położnictwa. w: *Położnictwo*. red. R. Klimek (Psychological aspects of obstetrics. In: Klimek, R. (ed.) *Obstetrics*), PZWL, Warszawa, p. 650
6. Kopczyńska-Tyszko, A., Reroń, A., Zdebski, Z., Klimek, M., and Olszańska, M. (1991). A Psychological Profile of Pregnant Women Treated for Premature Delivery. *Int. J. Prenatal and Perinatal Psychology and Medicine* 3, 145–148

7. Koremblit E. (1994). An Obstetrician's Reflections. *Int. J. Prenatal and Perinatal Psychology and Medicine* **6**, 3–9
8. Reroń, A. (1989). Wpływ instrumentalnego rozpoznawania ciąży i płci dziecka na stan psychiczny kobiety ciężarnej (The influence of instrumental diagnosis of pregnancy and determination of the child's sex on the psychical state of pregnant women). *Ann. Acad. Med. Siles.* p. 197
9. Reroń, A., Kopczyńska-Tyszko, A., Zdebski, Z., and Olszańska, M. (1991). Attitudes of Pregnant Women Treated for Threatening Premature Delivery Towards Sex, Pregnancy and Labour. *Int. J. Prenatal and Perinatal Studies* **3**, 139–143
10. Reroń, A., Tomaszczyk, J., and Zdebski, Z. (1992). Psycho-Gynecological remarks on pregnant women with first trimester complications. In: Klimek, R. (ed.) *Pre- and Perinatal Psycho-Medicine*. DReAM, Cracow, p. 167
11. Reykowski, J. (1966). *Funkcjonowanie osobowości w warunkach stresu psychologicznego* (Functioning of the personality in conditions of psychological stress). PWN, Warszawa