

Posttraumatic Growth (PTG) Related to Experiences of COVID-19 Pandemic Distress in Perinatal Women

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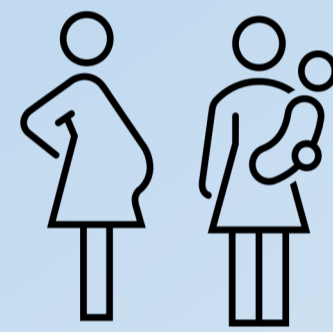
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Introduction: Significant rates of anxiety, depression, and PTSD symptoms in perinatal women were reported during the COVID-19 pandemic. To provide a balanced evidence base to inform policy and clinical practice, positive consequences of pandemics should also be considered. This study used posttraumatic growth (PTG) as a framework for examining potential positive outcomes of the COVID-19 pandemic for perinatal mothers.

Objective: Prevalence rates and potential predictors of PTG in perinatal mothers in the UK were examined.

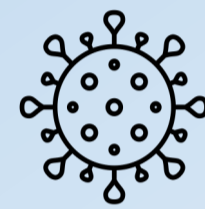
Potential traumatic event: Covid-19 Pandemic

Measures & Hypothesis:



Personal Factors:

- ↓ Age
- ↓ Anxiety symptoms (GAD-7)
- ↓ Depression symptoms (PHQ-9)
- ↑ PTSD symptoms (ITQ)
- + Accessing MH services



COVID-19 Losses & Distress

- ↑ COVID-19 related losses
- ↑ COVID-19 distress re: healthcare restrictions

Systemic Factors

- ↑ Social support (MSPSS)
- ↑ Number of health services difficulty accessing
- ↑ Felt supported by health services



↑ Worries & Rumination about COVID-19

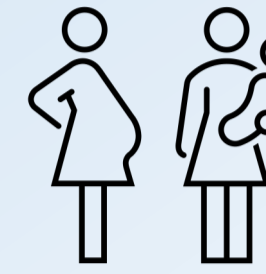
Posttraumatic Growth (PTGI-SF)



- Relating to Others
- Appreciating Life
- New Possibilities
- Spiritual Change
- Personal Strength

Participants:

- 382 mothers (99 pregnant; 283 postpartum)
- Age = 18 to 47 (M 32.5 years, SD = 5.0)
- 97.8% White Caucasian
- 94.6% married or living with partner
- 84.2% employed
- 78.5% at least a higher education



Procedure: Recruited via NHS Health Board (specialist perinatal mental health or midwifery services) & social media adverts. Experts with relevant lived experience helped design the MWMHLE study. Questionnaires were accessed via the NCMH website. Ethical approval granted by Wales Research Ethics Committee and NHS Health Research Authority (REC reference: 16/WA/0323).

Results: The majority of the sample reported experiencing COVID-19 related distress, with two-thirds experiencing some PTG. The PTGI-SF total score (M = 16.0, SD=10.7) was less than comparative perinatal samples during the COVID-19 pandemic.

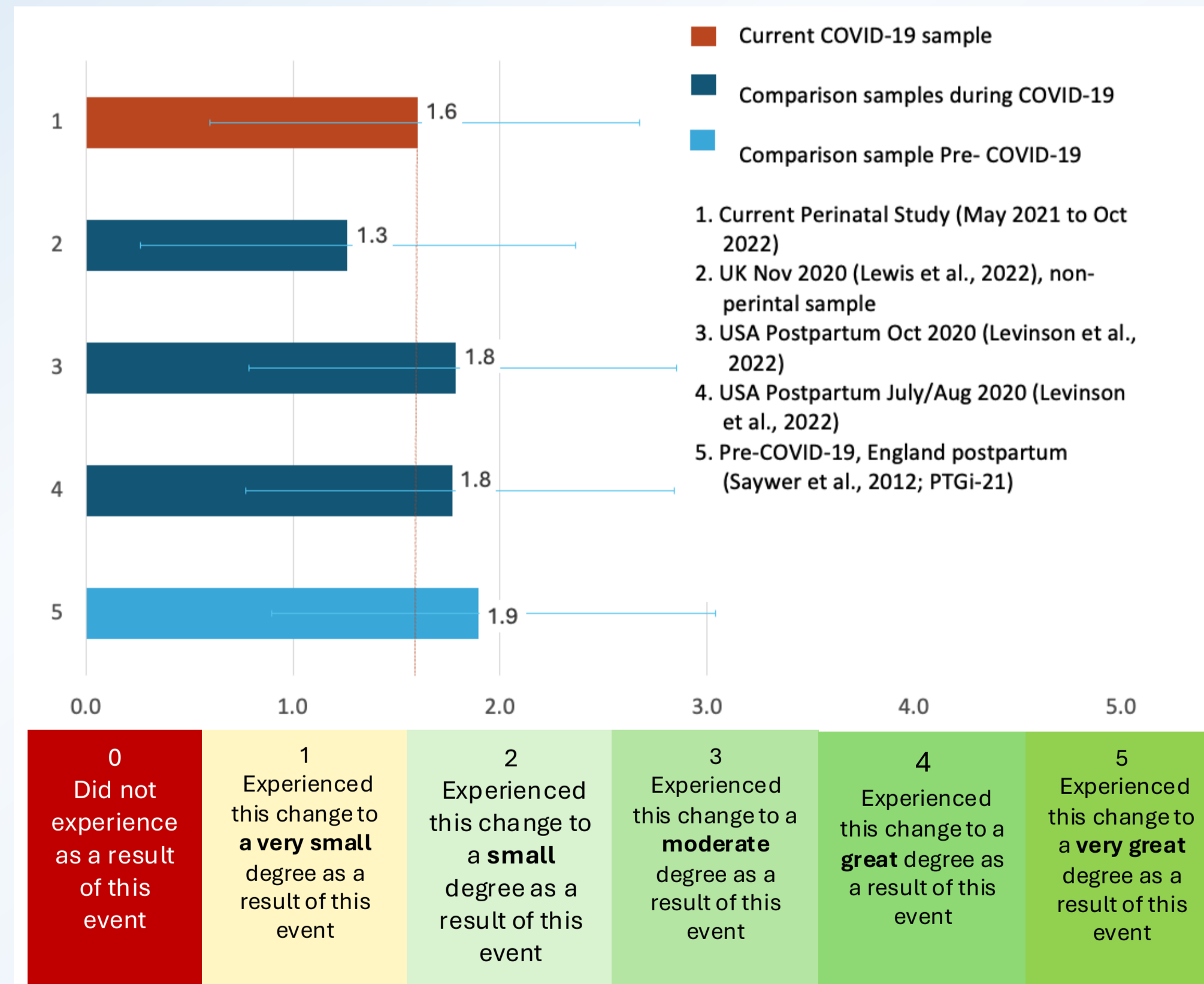


Figure 1. PTGI item means of current study (in orange) compared to three published studies. The item means of the current sample are significantly different than the other samples.

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Correlations & Multiple Regression: Higher scores on the PTGI-SF were significantly associated with higher COVID-19 worry and rumination (b = .31), higher levels of perceived social support (b = .12) and lower levels of depression (b = -0.24), accounting for 12.6% of the variance in PTG alongside COVID-19 losses, COVID-19 distress, and PTSD symptoms (Table 2).

Table 1. Correlations between the outcome and predictor variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. PTGI-SF	-	.27***	.11**	.04	.14**	-.02	.02	.12*	.01	.03	-.11*	-.05	.05
2. COVID Worry & Rumination		-	.31***	.27***	.42***	.26***	-.16**	-.16**	.06	.31***	.35***	.36***	-.03*
3. COVID Losses			-	.19***	.19***	.11**	-.22***	-.19***	-.15**	.22***	.25***	.27***	.11
4. Number of services, difficulty accessing				-	.35***	.16**	-.47***	-.22***	-.06	.20***	.19***	.16**	.14**
5. Experienced distress, restrictions on healthcare appt					-	.16**	-.32***	-.03	.02	.20***	.18***	.18***	.13**
6. Accessed at least one mental health service						-	-.06***	-.22	-.06***	.37***	.36***	.40***	.19***
7. Felt Supported by the Health System							-	.19***	.04	-.12**	-.18***	-.20***	.02
8. Social support								-	.02	-.35***	-.40***	-.34***	-.05
9. Age									-	-.10**	-.20***	-.13**	.02
10. PTSD Symptoms										-	.52***	.58***	.04
11. Depressive Symptoms											-	.79***	.09*
12. Anxiety Symptoms												-	.11*
13. Pregnancy Status													-

Note: PTGI-SH = Posttraumatic Growth Inventory -Short Form; MSPSS = Multidimensional Scale of Perceived Social Support; ITQ = International Trauma Questionnaire; PHQ9 = Patient Health Questionnaire-9; GAD7 = Generalized Anxiety Disorder-7. Accessed at least one mental health service: 0 = no; 1 = yes; Pregnancy status: 0 = pregnant, 1 = postpartum.
* p < .05, ** p < .01, *** p < .001

Table 2. Results of regression analysis for PTG

Variables	Unstandardized Coefficients	Standardized Coefficients	Confidence Interval	p		
	B	SE	β	LB	UB	
COVID worry & rumination	.915	.167	.313	.588	1.243	<.001
COVID losses	.978	.678	.074	-.355	2.311	.150
Distressed by restrictions to healthcare appointments due to COVID-19 Pandemic	.193	.397	.026	-.588	.973	.627
Social support	1.006	.468	.115	.086	1.926	.032
Depressive symptoms	-.429	.107	-.241	-.639	-.219	<.001
PTSD symptoms	-.138	.102	-.079	-.062	.338	.177

B = Unstandardized B; β = Standardized Beta; SE = Standard Error; LB = Lower Bound; UB = Upper Bound

Conclusions

- The majority of this sample reported some COVID-19 related PTG
- For PTG to occur, it appears that there needs to be a greater level of worry and rumination related to the specific trauma exposure (COVID-19) alongside increased social support, and lower levels of general depression

Limitations

- Sample did not represent the ethnic diversity of the UK population, nor those most likely to be impacted by the COVID-19 pandemic
- Did not control for specific variations in COVID-19 restrictions

Recommendations & Future Research

- A considered approach is needed to recruit a more diverse sample
- Longitudinal studies to capture changes in PTG over time
- Interventions aimed at increasing social support & treating depression may lead to increases in PTG

Key References

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Methods: Cross-sectional design. Participants who experienced the COVID-19 pandemic during the perinatal period and had babies born between May 2020 and December 2022 completed online questionnaires between May 2021 and October 2023 as part of the Maternal Wellbeing, Mental Health and Life Experiences (MWMHLE) study led by the National Centre for Mental Health (NCMH).