Stress and Coping: Reproduction and Pregnancy
Issues for Women

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Abstract

This presentation, based upon a literature analysis discusses women’s issues surrounding reproduction and pregnancy, associated risks, coping skills, and resources required to manage the stressors using the Richard Lazarus' primary and secondary appraisal methodology and adaptive and maladaptive strategies. The purpose is to discuss how women of child bearing years may appraise various situations. The topics presented include the pressure on women to conceive, infertility stresses, miscarriage stresses, and stresses endured during pregnancy.
Objectives & Purpose

At the end of this presentation, colleagues should be able to:

▪ Describe the appraisal model of psychological stress
▪ Discuss the stresses associated with women’s reproductive issues
▪ Assess stress and coping mechanisms associated with these stressors
▪ Identify gaps in research
Appraisal Model of Psychological Stress

Lovallo, 2004
Appraisal Model of Psychological Stress

Primary appraisal process
- Beliefs and commitments
- Threat or a challenge, benign or irrelevant

Secondary appraisal process
- Reflective response to primary appraisal process
- Coping behavior is selected
Biological Response to Stress

- The body and the mind are connected
- Responses to stress are individualized
- The body deviates from homeostasis during stress
- The hypothalamus triggers autonomic and endocrine responses
- Cortisone is released and coping response (secondary appraisal process) is chosen
Conception and Pregnancy Pressures

Social pressures

- Women are supposed to want to have babies
- Women often do not seek out counsel when the experiencing stress related to reproductive issues

Distress about ability to conceive

- Infertility and miscarriage causes long-term stress
- Contraceptives (IUDs) also are associated with some levels of stress
One in six couples experience infertility

Unsuccessfully trying to conceive causes further stress which adds to the cycle of infertility

Stress may stop the menstrual cycle
Infertility Treatment

- Treatments may further stress
- Social networks are beneficial
- Possible reduction in self-esteem and possible decrease in overall health may be associated with unsuccessful in vitro fertilizations
- Increased stress for women versus men as women during infertility treatment process
Miscarriage

- 10-25% of pregnancies end in miscarriage
- Primary beliefs and commitments about pregnancy may change
- Risks and stress are both physical and psychological
- Depression and loss may change appraisal process for future pregnancies
Pregnancy

Depression and stress related issues

- Depression and fatigue are common
- The symptoms often escalate during pregnancy
- Biomedical treatment is usually not provided due to risk of birth defect
- Psychological support is often not sought out due to shame
- Poverty and lack of social support are related to depression
- Depression and stress related disorders in pregnant women can have an effect on the mental health of the child
External and Environmental Stressors During Pregnancy

Alcohol abuse

- Fetal Alcohol Syndrome – children born with birth defects resulting from alcohol abuse by their mother during pregnancy
- 15-25% of women drink excessively during pregnancy
- Intervention and alternate coping strategies should be pursued immediately
Drug abuse

- Substance abuse disrupts the ability for the mother and unborn child to have proper nutrition
- Fetal tissue cannot metabolize the drugs and therefore damage easier
- Mothers are often prosecuted for harming their unborn child
- Early identification and the introduction of new coping skills would benefit these mothers
External and Environmental Stressors During Pregnancy

Tobacco abuse

- The severe effects on the fetus are not highly publicized, smoking is not an effective coping strategy
- 20.4% of women smoke during pregnancy
- Smoking is associated with SIDS – 4,800 average deaths per year due to maternal smoking
- Smoking is associated with low birth rate – 26,000 infants per year born to mothers who smoke need neonatal care
External and Environmental Stressors During Pregnancy

Physical abuse

- Pregnant women are abused more often than non-pregnant women
- Abused women, who do not lose their child from violence, have lower birth weights on average
- Abuse deteriorates a woman’s coping skills
- Depression, anxiety, or post-traumatic stress disorders replace healthy coping behaviors
Maladaptive Strategies

- Feeling helpless or hopeless with reproductive and pregnancy issues
- Loss of self-esteem or self-image
- Loss of gratification in role as a mother and woman
- Blending emotions from the past with the present, such as forecasting inability to conceive, having a miscarriage, or depression and poor coping skills from previous situation onto a new pregnancy
- Focusing on a desire to give up from the past rather than using adaptive coping strategies
Adaptive Strategy Recommendations

- Relaxation therapy
- Exercising
- Accepting physical changes
- Risk analysis of reproductive process
- Education
  Use education to determine if stress is a normative transition or unexpected
- Report any unexpected stressors to social support system, physician, or psychologist
Recommendations for Further Research

- Gaps exist in peer-reviewed literature regarding stress, coping, and women’s reproductive issues
- Evidence exists in other bodies of knowledge that negative emotions are associated with psychopathology but this has not been effectively proven for this topic
- Coping strategies to assist women during the reproductive phase of life is not well documented or made readily available to those who could benefit most from it


References


References


