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Psychological profiles of mothers after preterm birth: A research conducted in Cameroon

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INTRODUCTION

Studies showed that mothers of preterm babies are more likely to experience trauma, anxiety, depression, and comorbidity in postpartum period than mothers of full-term infant. Preterm birth is therefore an event that increases the risk of psychopathological disorders in postpartum mothers *(De Paula Eduardo et al., 2019 ; Mutua et al., 2020)*. Further, postpartum disorders are are likely to impair or inhibit maternal care of the baby *(Lovejoy, M.C., et al. 2000)*.

An approach in psychopathology suggests that we should focus on the psychological processes that mediate the effect of biological and social factors on psychopathological symptoms *(Kinderman, 2005)*.

Previous Studies showed that anhedonia and repetitive negative thinking (rumination and worry) among the psychological processes that predict trauma, anxiety, and depression symptoms *(Lokshina et al., 2021; Moulds et al., 2020; Stanton et al., 2019; Wu et al., 2017)*.

Aims: The study aimed firstly to determine the prevalence of trauma, anxiety, and depression in a sample of mothers of preterm babies living in Cameroon. Secondly, the study aimed to examine the relationship of mothers' symptoms with anhedonia and repetitive negative thinking (rumination and worry).

METHODS

In two hospitals of Douala, and Between Mach 2021 and February 2022, 106 mothers between 21 and 45 years were invited to participate in the study within the first 10 days after their preterm delivery. They completed standardized questionnaires measuring symptoms and psychological processes.

Psychopathological symptom assessment
➢ Trauma : PCL-5 *(Ashbaugh et al., 2016)*
➢ Anxiety : HADS-A *(Bocéréan & Dupret, 2014)*
➢ Depression : HADS-D *(Bocéréan & Dupret, 2014)*

Psychological processes assessment
➢ Anhedonia : SBI *(Golay et al., 2018)*
➢ Ruminations : Mini-CERTS *(Douilliez et al., 2014)*
➢ Worry : PSWQ *(Gosselin et al., 2001)*

Statistical procedures
➢ Descriptive statistic
➢ Multiple linear regression

RESULTS
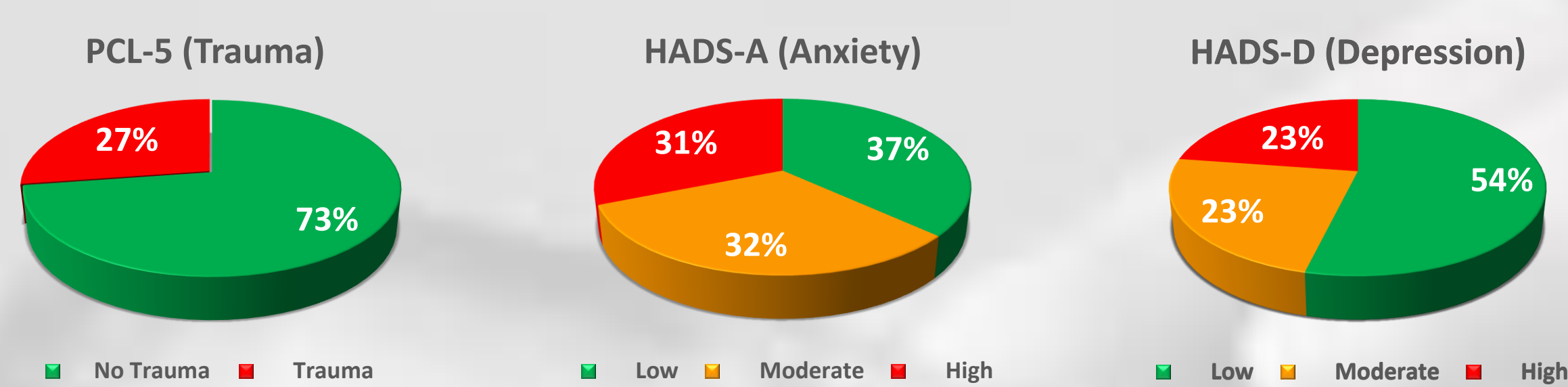
Graphs: *Distribution according to symptom intensity*

PCL-5 (Trauma)
27% Trauma / 73% No Trauma

HADS-A (Anxiety)
31% High / 32% Moderate / 37% Low

HADS-D (Depression)
23% High / 23% Moderate / 54% Low

Table 1: *Linear regression to explain symptoms by psychological processes*

	R	R²	F	df1	df2	p
Trauma	0.483	0.233	5.02	6	99	**< 0.001**
Anxiety	0.500	0.250	5.50	6	99	**< 0.001**
Depression	0.465	0.216	4.55	6	99	**< 0.001**

Table 2: *Significant predictors of the multiple linear regressions for every symptom*

Variables	Predictor	Estimate	SE	t	P
PCL-5 (Trauma)	RP	0.1830	0.178	1.027	0.307
	CP	-0.3927	0.234	-1.679	0.096
	AP	-0.0437	0.205	-0.213	0.832
	AAT	**0.9806**	**0.402**	**2.437**	**0.017 ***
	CET	-0.1866	0.392	-0.477	0.635
	PSWQ	**0.3195**	**0.154**	**2.079**	**0.040 ***
HADS-A (Anxiety)	**RP**	**0.1040**	**0.0442**	**2.354**	**0.021 ***
	CP	**-0.1366**	**0.0580**	**-2.354**	**0.021 ***
	AP	-0.0577	0.0508	-1.135	0.259
	AAT	0.0784	0.0998	0.786	0.434
	CET	0.0110	0.0971	0.113	0.910
	PSWQ	**0.1103**	**0.0381**	**2.893**	**0.005 ** **
HADS-D (Depression)	RP	0.0544	0.0504	1.080	0.283
	CP	**-0.1742**	**0.0661**	**-2.635**	**0.010 ***
	AP	-0.0557	0.0579	-0.962	0.338
	AAT	0.0558	0.1137	0.491	0.625
	CET	-0.0725	0.1106	-0.655	0.514
	PSWQ	**0.0902**	**0.0434**	**2.078**	**0.040 ***

*Significance at p < 0,05 and **Significance at p < 0,01
PCL-5, Posttraumatic Check List for DSM-5; **HADS**, Hospital Anxiety and Depression Scale; **RP**, Reminiscence Pleasure; **CP**, Consummatory Pleasure; **AP**, Anticipatory Pleasure; **AAT**, Abstract Analytic Thinking; **CET**, Concrete Experiential Thinking; **PSWQ**, Penn State Worry Questionnaire.

DISCUSSION & CONCLUSION

The 3 psychological processes explain **23%** of the variance of **trauma symptoms** with rumination and worry as significant predictors. They explain **25%** of the variance of **anxiety symptoms** with reminiscence pleasure, deficit of consummatory pleasure and worry as significant predictors. They explain **22%** of the variance of **depressive symptoms** with a deficit of consummatory pleasure and worry as significant predictors. The relationship found are consistent with those observe in literature *(Moulds et al., 2020; Moulds et al., 2022; Spinhoven et al., 2015; Spinhoven et al., 2018; Stanton et al., 2019; Wu et al., 2017)*. The results show that reminiscence pleasure seems to favour an aggravation of anxiety symptoms. Based on clinical experience we can suggest that this is due to a comparison by mothers of their current situation related to preterm birth, which is stressful, with their past situation before preterm birth where there was no or less stress.

These results show that preterm birth in Cameroon is a major threat to the mental health in mothers. Further, these mothers are early involved in the care of their newborns. Which shows that this situation also constitutes an important threat to the survival and well-being of premature newborns. Early systematic screening for symptoms of trauma, anxiety, and depression and for processes of anhedonia and repetitive negative thinking in mothers after preterm birth is therefore important to identify mothers in distress. Psychological interventions targeting the psychological processes of anhedonia and repetitive negative thinking can help reduce the psychological distress of mothers and thus improve their well-being and care for their preterm newborns.

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