



HAL
open science

Emergency C-section, maternal satisfaction and emotion regulation strategies: effects on PTSD and postpartum depression symptoms

Julie Deninotti, Anne Denis, Émilie Berdoulat

► To cite this version:

Julie Deninotti, Anne Denis, Émilie Berdoulat. Emergency C-section, maternal satisfaction and emotion regulation strategies: effects on PTSD and postpartum depression symptoms. EABCT, Sep 2018, Sofia, Bulgaria. hal-03204157

HAL Id: hal-03204157

<https://hal.science/hal-03204157>

Submitted on 21 Apr 2021

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Julie Deninotti, Anne Denis*, & Émilie Berdoulat

*Author for correspondance: USMB, Laboratoire InterUniversitaire de Psychologie (LIP/PC2S), Chambéry, France
Contact: anne.denis@univ-smb.fr / +33 (0)4 79 75 84 63

1- Background

- The World Health Organization recommends a caesarean section rate of 10 to 15% in each country. France: 21%
- C-section may generate dissatisfaction with childbirth (Chalmers et al., 2010): 76% of women consider it as a traumatic event (Ryding, Wijma, & Wijma, 1997).
- Moreover, as the baby's health is considered a priority in this situation, mothers have fewer opportunities to express their needs and emotions (Lipson, 1982).
- Main risks of dissatisfaction with childbirth:
 - Anger, fear, sadness towards childbirth (Waldenström et al., 1996)
 - Posttraumatic stress reactions (Ayers, 2007)
 - PTSD (Ayers, 2007)
 - Postpartum depression (Ayers, 2007)

2- Objectives

- ☞ Perhaps emotion regulation strategies influence satisfaction with childbirth:
 - ☞ **Cognitive reappraisal**, an antecedent-focused strategy
⇒ Selecting a way of seeing a situation, in order to experience more or less emotions (Gross, 1998).
 - ☞ **Expressive suppression**, a response-focused strategy
⇒ Inhibiting the expression of emotions in order not to communicate informations about one's emotional state (Gross, 1998).

Main objective:

- ☞ Investigate the relationship between a mother's emotion regulation strategy (antecedent-focused vs. response-focused), her satisfaction with childbirth, and posttraumatic and/or depressive symptoms after unplanned C-section.

3- Methods

a- Participants

50 French women, mean age 27 (S.D. = 3.99) participated in this study.

b- Measures

Tool	Measure type	Item example	Precisions
General Information Questionnaire	Description of childbirth, age, educational level	« How many pregnancies have you had ? » « How old are you ? »	-
Emotion Regulation Questionnaire	Measures emotion regulation	« I keep my emotions to myself »	Two emotion regulation strategies (cognitive reappraisal, expressive suppression)
Questionnaire Measuring Attitudes About Labour and Delivery	Measures satisfaction with childbirth	« Did you feel confident during labour ? »	-
Edinburgh Postnatal Depression Scale	Measures postnatal depression symptoms	« In the past 7 days, I have been anxious or worried for no good reason »	Score > 12.5 = Depressed
Posttraumatic Stress Disorder Checklist Scale	Measures posttraumatic stress symptoms	« In the past months, did you experience repeated, disturbing memories, thoughts or images of the stressful experience ? »	Score > 44 = PTSD

- ⇒ Recruited on social networking groups about C-section and completed self-report measures online, up to two years after childbirth.
- ⇒ All of them had an unplanned C-section under local anaesthesia.
- ⇒ They were at least 18 and gave birth to a living child.

3- Results

a- Emotion regulation and satisfaction:

- ☞ Cognitive reappraisal was not correlated to childbirth satisfaction ($r=0.101$, $p=0.487$).
- ☞ Expressive suppression was moderately correlated with childbirth satisfaction ($r= -0.314$, $p<0.05$).

b – Emotion regulation and satisfaction on postpartum depression symptoms

- ☞ 76% of the participants scored over 12.5 in the EPDS, and therefore suffered from postpartum depression.
- ☞ Emotion regulation combined with maternal satisfaction could predict the posttraumatic stress score: $R^2=0.201$, $p=0.01$.

c- Emotion regulation and satisfaction on posttraumatic stress symptoms

- ☞ Emotion regulation combined with maternal satisfaction could predict the posttraumatic stress score: $R^2=0.151$, $p<0.05$.

4- Discussion / Conclusion

a- Discussion

- ☞ Mothers who used expressive suppression, a response-focused strategy, were less satisfied with childbirth. It was shown in previous literature that this strategy tends to decrease positive experience (Gross & John, 2003).
- ☞ Emotion regulation strategy and maternal (dis)satisfaction were predictors for posttraumatic stress and depression symptoms.
- ☞ Maternal satisfaction was the best predictor for both posttraumatic stress and depression symptoms.
- ☞ It can be hypothesized that expressive suppression affects maternal satisfaction, which leads to posttraumatic stress and depression symptoms.
- ☞ From theoretical elements, we can suppose that the "suppressive" mother expresses less expectations towards social support, therefore she receives less (Butler et al., 2003)

b- Conclusion and perspectives

- ☞ These results imply that the expression of emotions should be encouraged during labour and delivery, especially by providing as much social support as possible, and promoting more personal control in maternal care.

Anne Denis

MCF Psychopathologie Clinique
Psychologue clinicienne

USMB / LIPPC2S
Chambéry - France

