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Attitudes of Pregnant Women Treated for Threatening Premature Delivery Towards Sex, Pregnancy and Labour

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Abstract

Premature delivery is a clinical problem of great practical importance, mainly because of high mortality rate among premature babies, making 70 per cent of the total neonatal mortality rate, even though premature births occur only in 6–8% of the total number of births. The study involved 50 pregnant women treated because of threatening premature delivery. The basic study method was a standardised psychological interview consisting of 42 categories supplemented with selected information from Levy and Sacks test and Fitts self-concept scale. The study has confirmed that the ability to conceive and give birth to a child significantly influences the level of self-evaluation of the studied women.

In the studied group sex is closely related to reproduction and subordinated to this function.

Emotional attitudes towards sex and the level of sexual satisfaction achieved influence the course of pregnancy.

Introduction

Premature delivery is a clinical problem of great practical importance, mainly because of high mortality rate among premature babies, making 70 per cent of the total neonatal mortality rate, even though premature births occur only in 6–8% of the total number of births [1,4,9].

Getting to know the reasons for premature deliveries may contribute not only to the more effective treatment, but also to develop proper preventive measures, thereby limiting the number of premature births.

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Though labour pains depend on a variety of factors, the psychical condition of a pregnant woman and mainly the stresses and upsetting situations experienced by her in pregnancy may stimulate labour pains through cortical, subcortical and hypothalamic stimuli[4].

The aim of this study is to determine the attitudes of pregnant patients, treated for the threateneing preterm delivery towards sex, pregnancy and nearing labour.

Material and Method

The study involved 50 pregnant women treated at the Department of Gynaecology and Obstetrics, University School of Medicine in Cracow for threatening premature delivery. The mean age of patients was 28.62±3.2 and their ages ranged from 19 to 43. They stayed at the hospital for 3–36 days and a mean durations of stay was 9.96 days. Seventy per cent (70%) of the group under study were office workers and 68% lived in urban areas. In spite of the tocolytic treatment applied, 6 patients had premature delivery. In the remaining 44 cases the treatment results were successful in inhibiting the uterine contractions.

The basic study method was a standardised psychological interview consisting of 42 categories. Each category described the tested behaviour in five possible variants. Taken for data analysis were these categories of the interview which concerned psycho-sexual development of patients and their attitudes towards the existing pregnancy and the approaching labour.

The data from the interview were supplemented with selected information from Levy and Sacks test, and Fitt's self-concept scale.

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

Results and Discussion

Premarital sexual experiences of the studied patients were scarce and poor (70% patients). They were mainly limited to the behaviours connected with introductory love play. Only 14% of patients had sexual intercourses in the period preceeding marriage. At the same time, the majority of pregnant patients (62%) declared that sex was something natural, but at the same time brought about ambivalent emotions, even fear and a feeling of guilt. This idea was connected with the low level of sexual needs of patients, and with the pain they were experiencing when they had sex. The connection described led to a supposition that sexual needs were modified by cultural and social factores. There is also a high probability that the attitudes of patients towards sex were the rationalization of their low level of sexual needs, which had been pointed out by Hart[3].

Pain felt during sexual intercourses, reported by 54% of the studied patients, may be explained by the low level of sexual needs ($\chi^2 = 36.2$, $\alpha < 0.05$).

Pain would then appear as a symptom in patients forcing themselves to have sex for which they had no need, as this pain correlated with low and medium lev-

els of sexual satisfaction achieved by as many as 72% of the women under study. It was easier to understand that low level of sexual satisfaction in the studied group if we consider the significant factor of motivation, which governed their choice of a husband. The dominating elements of this motivation were emotions such as, e.g. fear of loneliness and staying single (12%), pressure of other people (24%) or physical attraction of a partner (20%) – total 56% of the studied patients. Only some of them (42%) were telling about their love for their partner and future husband as the main reason for marriage. This dependence conforms the thesis that successful sexual life occurs when it is a natural complementation of a positive, mature, emotional link between two people, as has been proved by Francoeur's studies [2].

In spite of the relatively low sexual satisfaction the pregnant women defined their marriages as successful (70%), which may point to their treating sex as a less important value. Of prime importance for patients under study – at their present stage of life – were such values as: successful maternity and a healthy, happy family [5–8].

The studied women expressed a relatively high self-evaluation in their roles as wifes and sexual partners (58%) and were convinced that their sexual attraction despite the low level of sexual needs – could have been confirmed in contact with other partners.

Lack of full satisfaction in sex and at the same time relatively high self-evaluation as a sexual partner as well as low level of sexual needs suggest that the studied women tended to make their partners responsible for failure in achievement of sexual satisfaction [2].

The level of self-evaluation of the studied patients is also significantly influenced by the fact of their being pregnant ($\alpha < 0.05$).

The relation described proves that patients have the feeling of full realization in their sexual roles through the ability to conceive and bear a child. Therefore, in the group under study sex is closely related to reproduction and maternity, and maternity itself is regarded as the prime value, the essence of a woman's life.

The positive attitude of the studied women towards pregnancy and the unborn babies had been, among others, determined by the previously discussed attitude towards sex.

According to that attitude sex is natural in marriage and should serve reproduction. In other circumstances it can be regarded as a sin and bring about shame or even a feeling of guilt. Pregnancy and giving birth to a child would be then a special kind of justification and an excuse for sex. The complications in pregnancy stay in relationship with lack of sexual satisfaction and a low level of sexual needs ($\chi^2 = 18.6$).

It can be therefore said, that the quality and frequency of sex and the way a woman experiences it emotionally, could be the factors determining, in an indirect way, the course of pregnancy.

In spite of complications in pregnancy 62% of studied women defined their psychic condition as good and expressed hope for success in treatment and successful birth of a child. The pregnancy was planned and wanted in 70% of studied

women. The patient's partners also fully approved the fact that they would become fathers (72%).

Discomfort and pain experienced in pregnancy and the prospects of pain at labour did not cause patients' anxiety. They evaluated their endurance of pain as high (78%). A half of the total number of studied patients believed that their problems were due to defective reproduction organs or earlier health problems. Some patients (20%) saw the source of their complications in the abortions they had in the past, and 18% blamed former difficult emotional problems for the complications.

A majority of studied patients (86%) were concentrated on the activity of the unborn child. All the signs of life of their child yet evoked in patients positive emotions (concern, tenderness, affection, etc.), but only a half ot the total number of studied patients considered the birth of a child as their most important goal in life.

In 34% of tested patients – despite the risk of pregnancy – the most important values were professional, financial or social ambitions (Levy and Sacks test). Despite this, in the prevailing number of patients (84%) pregnancy made the women feel properly valued which justified their high self-estimation in the aspect of "me" ($\chi^2 = 34.65$; $\alpha < 0.01$). The high level of self-evaluation of the studied patients in their role of woman, made it easier for them to accept pregnancy along with the existing complications. Some patients (28%) saw in their unborn child a possibility of indirect fulfillment of all the goals and ambitions which they had not managed to achieve. The remaining (28%) decided to have a child under the influence of close relatives or in order to improve their relationship with the partner (12%).

The most stressing experience for the patients was the approaching labour (72%). The patients were mostly afraid of complications such as: Caesarean section, breech delivery, haemmorhage, which in effect could endanger their own and their children's lives (59%).

Some patients (49%) reported fear of losing the child at delivery. The women were also afraid of giving birth to weak, crippled children, or children having some congenital defects (40%). As a danger to themselves the patients saw a possibility of damage or disfiguration of their bodies (20%) and severe loss of health (16%) which might make it impossible for them to become pregnant and to give birth to another child in the future.

Conclusions

1. The ability to conceive and give birth to a child significantly influences the level of self-evaluation of the studied women.
2. In the studied group sex is closely related to reproduction and subordinated to this function.
3. Emotional attitude towards sex and the level of sexual satisfaction achieved influence the course of pregnancy.

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