Psychosocial Stress, Anxiety and Pregnancy Complications: Issues for Public Policy

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Abstract: None available.

Full Text: Headnote ABSTRACT: A review of the literature regarding the relationship between psychosocial stress, anxiety, and occupation on pregnancy complications reveals several interesting patterns. Specifically, emotional reactions during pregnancy (McDonald 1968; Joffe, 1969; Spielberger &Jacobs, 1976) and stress before pregnancy (Gorsuch, 1974) have been associated with a larger number of pregnancy complications such as miscarriages, prolonged labor, breech births, and premature births. With approximately 63% of women over the age of 16 working (U.S. Bureau of Labor Statistics, 1984), public policy changes may be needed to ensure the safety of the fetus. This paper will review the literature and provide suggestions for ameliorating stress for working women who become pregnant. Preventative programs may include disseminating information, granting pregnancy leaves, reducing work loads, and providing supportive work environments. Summary A review of the literature regarding the relationship between psychosocial stress, anxiety, and occupation on pregnancy complications reveals several interesting patterns. With regard to psychosocial stress, several authors describe pregnant women's reactions to stressful events and their relationships to pregnancy complications. Rofe and Goldberg (1983) report that pregnant women seem to be quite sensitive to stressful events. Specifically, emotional reactions during pregnancy have been found to be associated with miscarriages, prolonged labor, breech births, and premature births (McDonald, 1968; Joffe, 1969; Spielberger and Jacobs, 1976). Gorusch (1974) found that stress six months before pregnancy or during the second or third trimester is associated with a larger number of pregnancy complications. One of the findings of Norbeck and Tilden (1983) also indicates that one psychosocial variable, high life stress from the prior year, was significantly related to overall complications, including predictions of gestation complications; also, high emotional disequilibrium predicted infant condition complications. High levels of self-reported anxiety have also been found to cause pregnancy complications. For example, McDonald (1968) indicated that a major psychological difference found in samples of women with pregnancy complications versus normal pregnancies was a higher level of self-reported anxiety in the samples with complications. Weil (1981) described how the emotional state of the pregnant woman can induce labor. Kaffman, Elizur, and Harpazy (1982) reported several spontaneous abortions in an Israeli kibbutz due to an anxiety-evoking superstition resulting in emotional conflict and anxiety. It appears that there is an interaction between the emotional state of pregnant women caused by psychosocial stress and the pregnancy complications which may ensue. Holmes and Masuda (1974), in a well publicized study, argued that stress is directly related to major illness and Holmes suggested that his scale of major life events could be used to predict when an individual would be most likely to suffer from a severe illness. He predicted that if major life stress was severe enough during a one year period, that an individual would run a high risk of a major illness during the following year. liem and liem (1976) found that undesirable changes were more likely than desirable changes to result in physical illness. Recently, Lazarus (1981) examined the effects of everyday events such as hassles (irritating, frustrating, distressing events) and uplifts (small pleasures such as completing a task, visiting or telephoning a friend, and feeling healthy). Lazarus (1981) found that hassles were much better predictors of psychological and physical health than major life events. For women, uplifts also had a negative effect on emotions and mental health. Therefore, Lazarus's work supports the position that change itself can be stressful and can contribute to physical illness. Although change is stressful, three factors appear to exacerbate stress: unpredictability, lack of control, and conflict. These factors appear to be important for future studies to analyze when employed women become pregnant in order to determine the effects of stress and role conflict on

pregnancy complications because they have not been studied very closely in the past. Regarding occupations, this researcher found only one group of researchers (Hemminki, Kyyronen, Nieme, Koskinen, Sallmen, and Vainio, 1983) who analyzed spontaneous abortions in an industrialized Finnish community according to occupation and workforce of both spouses. Economically active women, particularly those working in industry, were hospitalized because of spontaneous abortions twice as often (16.1%) as nonworking women (8.0%). When husbands working in the metallurgical industry factory married women who worked in a particular textile factory, the rate of spontaneous abortions exceeded 30%; therefore, there was an interactional effect. Regarding the effects of children and employment, studies appear to give contradictory findings. Many studies have indicated that stress from having a parental role, in addition to employment, may be detrimental for women rather than men (Cooper, 1983; Gove and Geerken, 1977; Haynes and Feinlab, 1980; and Woods, 1978). Other studies suggest having a family role (spouse, parent) although associated with interrole conflict, may be linked to individual's better physical health (Cooke and Rousseau, 1984). Further research clarifying the role of psychosocial stress and occupational factors in pregnancy complications needs to be performed in the future. While conclusions regarding the relationship between occupation and pregnancy complications may be premature, the evidence strongly suggests that as anxiety and psychosocial stress increase, pregnancy complications increase. Social organizations may be able to play an advocacy role in recommending programs to employers or governmental agencies. These programs may include employers approving females' maternity leaves early in the pregnancy or for the duration of the pregnancy in high risk cases, reducing the work schedule, workload or work pace for women who choose to continue working, and/or providing a more supportive work environment. The focus for social change can be to implement preventative care programs, organizations, or systems to disseminate information on reducing psychological stress to women prior to and during pregnancy. This preventative action will assist women who wish to take a positive role in stabilizing their environment (if possible) to reduce the detrimental effects of psychosocial stress during pregnancy. For women unable to stabilize their environment, psychotherapy may be indicated. With approximately 63% of women over the age of 16 working (U.S. Bureau of Labor Statistics, 1984), public policy changes may be needed to ensure the safety of the fetus. Public policy changes may need to be implemented at the state and then national level if employers are not responsive to the issues of psychosocial stress, anxiety, and occupation and their role in contributing to pregnancy complications. Sidebar Presented at the American Psychological Association Convention, Washington, D.C., August 1986. References References Cooke, R. A., &Rousseau, D. M. (1981). Problems of complex systems; a model of systems problem solving applied to schools. Educational Administration Quarterly, 17, 15-41. Cooper, C. L. (1983). Problem areas for future stress research; Cancer and working women. In Cooper (Ed.), Stress research: Issues for the eighties, (pp. 103-119). New York: Wiley. Gorusch, R. L. (1974). Abnormalities of pregnancy as a function of anxiety and life stress. Psychosomatic Medicine, 36, 352-362. Gove, W. R., &Geerken, M. R. (1977). The effect of children and employment on the mental health of married men and women. Social Forces, 56, 66-76. Haynes, S. G., &Feinlab, M. (1980). Women, work and coronary heart disease; Prospective findings from the Framingham heart study. American Journal of Public Health, 70, 133-141. Hemminki, K., Kyyronen, P., Niemi, M., Koskinen, K., Stallmen, M., &Vainio, H. (1983). Spontaneous abortions in an industrialized Community in Finland. American Journal of Public Health, 73, No. 1, 32-37. Holmes, T., &Masuda, M. (1974). Life changes and illness susceptibility. In B. Dohrenwend and B. Dohrenwend (Eds.) Stressful life events; Their nature and effects. New York: Wiley. Joffe, J. M. (1969). Prenatal determinants of behavior. New York: Pergamon Press. Kaffman, M., Elizur, J., &Harpazy, L. (1982). An epidemic of spontaneous abortion; Psychosocial factors. Israeli Journal of Psychiatry Related Science, 19, No. 3, 239-246. Lazarus, R. (1981). Little hassles can be hazardous to your health. Psychology Today, July. Liem, J., &Liem, R. (1976). Life events, social supports, and physical and psychological well being. Paper presented at the American Psychological Association meeting, Washington, D.C. McDonald, R. L. (1968). The role of emotional factors in obstetric complications: A review. Psychosomatic Medicine, 30, 222-

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