

Study looks at depression, stress in both parents after detection of fetal anomalies

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Prospective parents experience heightened levels of depression and traumatic stress after the detection of fetal anomalies leading to termination of pregnancy, according to a study [published](#) online June 20

in *BJOG: An International Journal of Obstetrics and Gynaecology*.

Mona Bekkhus, Ph.D., from the University of Oslo in Norway, and colleagues conducted a prospective observational study to examine acute and [long-term stress](#) in men and women after detection of fetal anomalies leading to pregnancy termination.

A total of 87 of 180 [pregnant women](#) with a fetal anomaly detected by ultrasound examination terminated their pregnancy; 72 partners were included in the sample. A comparison group of 93 women and their 81 partners who did not terminate the pregnancy following a diagnosis were also included. Participants completed the Edinburgh Postnatal Depression Scale and the Impact of Events Scale (IES).

The researchers found that higher symptom levels of depression, but not traumatic stress, were reported prior to the termination by women who underwent pregnancy termination compared with women who chose not to terminate their pregnancy.

Among men, depression and all subscales of traumatic stress differed (e.g., IES intrusion; mean difference, 5.31). Over time, women experienced significantly more [depressive symptoms](#) than men ($\beta = 4.33$) and had higher symptom levels of all subscales of [traumatic stress](#) (e.g., IES intrusion; $\beta = 5.27$).

"Understanding the shared and unique experiences of women and men during this period can guide practitioners in providing clear communication, nonjudgmental support, and timely access to counseling services," the authors write.

More information: Mona Bekkhus et al, Acute symptoms of depression and traumatic stress in men and women who terminate pregnancy after the detection of fetal anomaly: A prospective

observational study, *BJOG: An International Journal of Obstetrics & Gynaecology* (2024). [DOI: 10.1111/1471-0528.17884](https://doi.org/10.1111/1471-0528.17884)

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