Parental Psychological Distress after Prenatal versus Postnatal Diagnosis of Congenital Heart Disease.

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Introduction
A diagnosis of congenital heart disease (CHD) in a fetus or in a newborn triggers increased levels of psychological distress in parents. Results of previous studies have been inconsistent regarding the impact of pre- versus postnatal diagnosis in this respect. The purpose of this study was to investigate this and to compare with a group with uncomplicated pregnancies.

Method
Participants were recruited from three hospitals in the western part of Sweden. They were divided into three groups; G1: pregnant women with a fetus diagnosed with CHD and their partners, G2: parents of children with postnatally diagnosed CHD and G3: pregnant women with an uncomplicated pregnancy and their partners. Data was collected during pregnancy within one month of inclusion (T1) and 2-6 months after delivery (T2). The instruments used were questionnaire measures: The Hospital Anxiety and Depression scale (HAD), Sense of Coherence (SOC-13) and Life Satisfaction (LiSat 11).

Results
In total, 28 participants in G1 and 152 in G3 completed the questionnaire at T1: G1 scored lower on Sense of coherence (mean 66.6±9.6) compared to G3 (mean 70.8±9.1;p=0.044). At T2, 15 participants in G1, 30 in G2 and 80 in G3 were included: G1 scored lower on Sense of coherence (mean 59.6±12.6) compared to G2 (mean 72.5±7.5) and G3 (mean 70.4±2.5; G1 vs G2 p=0.001; G1 vs G3 p=0.001). Both G1 and G2 had higher levels of anxiety compared to G3 (G1 mean 7.6 ±4.69, G2 mean 8.18±4.16 and G3 mean 5.05±3.15; G1 vs G3 p=0.025; G2 vs G3 p=0.003). G1 and G2 scored higher on depression (G1 mean 5.73±4.18; G2 mean 4.37±3.36) compared to G3 (mean 2.93±2.57; G1 vs G3 p=0.0018; G2 vs G3 p=0.048). Life satisfaction at T2 was lower in G1 (mean 44.9±9.9) compared to G2 (mean 56.5±5.0;p=<0.0001) and G3 (mean 52.4±6.2;p=0.0004).

Conclusion
A prenatal diagnosis of congenital heart disease was associated with a lower level of sense of coherence and life satisfaction, compared with postnatal diagnosis. This motivates further efforts to improve counseling and support in ongoing pregnancies after a prenatal diagnosis.