THE LEVEL OF SUBJECTIVE SATISFACTION IN THE PERINATAL SETTING: CASE STUDY

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ABSTRACT

The quality of life connected to health (HRQL) is one of the most interesting areas of psychology applied to health. The patient's symptomatology and its levels of functionality in everyday life are important to know his life but the subjective satisfaction profile of the patient is fundamental to define the quality. The SAT-P is proposed as a tool to evaluate subjective satisfaction profile. In our case the patient is pregnant and is hospitalized with the diagnosis of intrahepatic cholestasis, a pathology of the pregnancy that can be risky for the baby. The objective is to see if the disease, and the long stay in the hospital has repercussions on the levels of functionality in daily life and if a reduction of the levels of functionality leads to a possible perinatal depression.
Tools: The pacient undergoes the SAT-P test of subjective satisfaction profile and the Edinburgh postpartum depression test, both test taken at the time of a hospitalization and one month after birth.
Results: If the subjective satisfaction profile is quite satisfactory in the first evaluation and the score in the depression test was 6 that indicates only a need for psychoeducation of the patient on postpartum depression symptoms, in the second evaluation we find a reduction of the score in all the factors of personal satisfaction and especially in the factor of psychological functionality and physical functionality, and in the postpartum depression test we find a score of 17 points that reveals a post partum depression.
Conclusions: The pregnant pathology and the hospitalization are factors that contribute to the establishment of a low subjective satisfaction profile, especially as regards the psychological and physical aspect and consequently the birth of a possible / depression.

Keywords: Subjective satisfaction profile, Postpartum depression, Functional factors.

INTRODUCTION

Health-related quality of life (HRQL) is one of the most interesting areas of psychology applied to health. The concept of HRQL refers to the way in which, in everyday life, the person or patient with his history, with his absolutely individual attitudes, interacts with the absolutely peculiar history and actuality of the microcosm and of the society in which he lives. More precisely, it refers to the quality of the product of this interaction. The patient's symptoms and their levels of functionality in everyday life are important to know his life, but the subjective satisfaction of the patient is fundamental for defining its quality.

SAT-P is proposed as a tool for evaluating subjective satisfaction profile. It can be used as a complementary tool, beside measures of objective variables, to give voice to the patient's subjective perception. On an operative level this allows the identification of problem areas in the objective and subjective areas on which to concentrate the therapeutic intervention. On the relational level it facilitates the communication between patient and health worker.

If happiness is an experience of an emotional-affective nature, of short duration, satisfaction can be defined as the result of a cognitive process that compares reality with the ideal. The level of satisfaction is linked to the distance that exists between the real and the ideal regardless of the absolute value of both. In answering questions about subjective and implicit satisfaction, reference is made to one's own socio-cultural context and personal history. The variable subjective satisfaction is in contradiction with the statistical concept of norm.

The areas of investigation of SAT-P are: psychological, physical, psychophysical, working and relational. The following aspects of daily life are taken into consideration: sleep, nutrition, physical activity, sexual activity, emotional state, coping ability, cognitive resources, work, leisure time, relational life and economic situation.

There are 32 items related to as many aspects of everyday life. For each of them the patient is invited to express their level of satisfaction in the last month. For the measurement scale was adapted the visual analogue, 10 cm horizontal presentation, with defined limits, on the left totally dissatisfied, on the right totally satisfied.

CASE STUDY

Our patient is hospitalized in the Obstetric and Gynecological University Hospital "Koco Gliozheni" for health problems. She is at the twenty-eighth week of pregnancy. It all started with intense itching: at first she thought it was a simple allergy erythema, but since it did not pass, she underwent laboratory tests that showed a hyper-dosing of the bile salts. The gynecologist diagnosed a gravidic collestase due to the support on the bile ducts of the fetus, which hindered the debt depletion. Recent studies have shown that cholestasis, if neglected, can also cause serious harm to the child, such as fetal suffering, endouterine death, neonatal asphyxia or neonatal death

The patient remains hospitalized in the pathology department of pregnancy for about a month and after the preterm birth of her baby is transferred to the maternity ward 2, where are recovered women who give birth in a natural way. Instead, the baby is recovered in the neonatal intensive care unit in the same hospital. The patient is 30 years old. She works as a teacher in a high school, is happily married and this is a desired pregnancy.
She has self-esteem of herself and describes herself as a valid person with qualities. She reports that has a fairly satisfactory social support, that she has not had anxiety and other psychological problems during pregnancy or even before.

OBJECTIVE

The pathology in pregnancy and the long hospitalization can destabilize the mental health of the woman leading to reduction of subjective functioning levels and the latter lead to the development of a possible postpartum depression.

METHODOLOGY AND TOOLS

The patient undergoes the study one day after hospitalization. The patient is asked to fill in the SAT-P subjective satisfaction test.
The SAT-P is structured to provide a satisfaction profile: this makes the calculation of a total score unfounded. SAT-P scoring can be done with two methods:
- analytical scoring: 32 scores, one for each item

-scoring by factors: 5 scores, one per factor
The score range is 0-100 where 0 corresponds to total dissatisfaction and 100 to total satisfaction. The satisfaction level is calculated by measuring in millimeters the distance between the left extreme point (totally dissatisfied) and the point marked by the patient.
For each factor the score corresponds to the average of the scores related to the items that makes it up.

After completing the above mentioned test, she is asked to fill out the Edinburgh Postpartum Depression Score test which evaluates the risk of having postpartum depressions symptoms. It can also be used during pregnancy as reported by the existing literature. The total score ranges from between a minimum of 0 and a maximum of 30. Mothers who score above 10 are more likely to be suffering from a depressive illness of varying severity.
The two tests mentioned above are also completed one month after delivery.

RESULTS

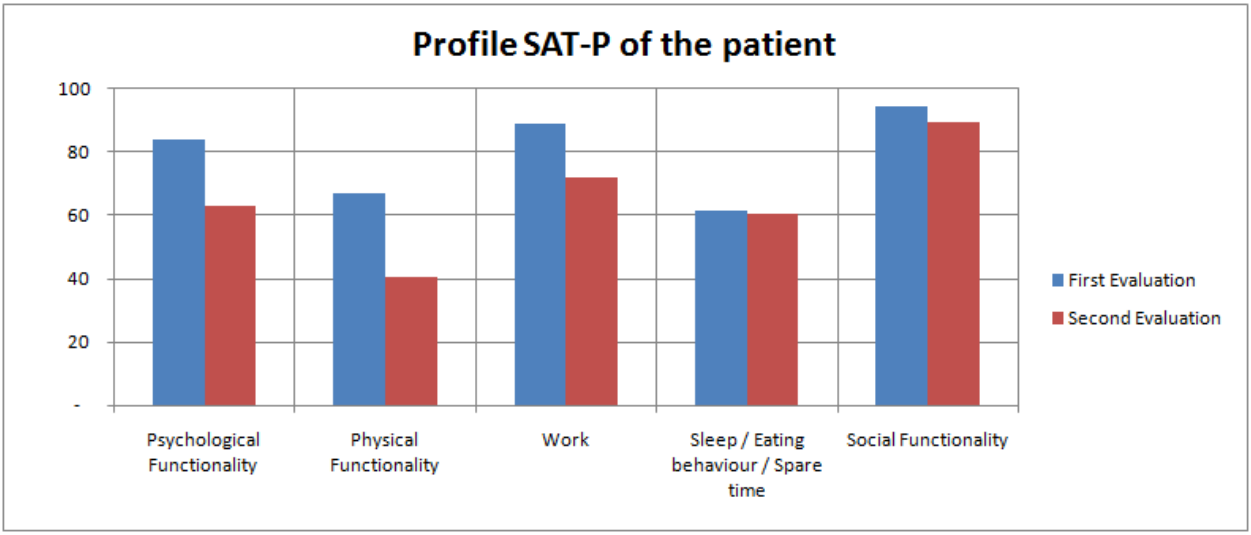
Table 1: SAT-P first evaluation
Table 2: SAT-P second evaluation
Table 3: EPDS Score
Graph 1: Profile SAT-P of the patient : score factors

Table 1: SAT-P first evaluation

	Item	Score		Item	Score
1	Amount of sleep	81	17	Problem solving ability	90
2	Quality of sleep	76	18	Psychological autonomy	88
3	Quality of food	42	19	Self-control	85
4	Eating behaviour	36	20	Type of work	92
5	Resistance to physical fatigue	62	21	Organization of work	90
6	Physical wellbeing	69	22	Professional role	100
7	Physical appearance	92	23	Work productivity	89
8	Physical mobility	86	24	Amount of spare time	72
9	Level of physical activity	82	25	Leisure activities	83
10	Frequency of sexual intercourse	21	26	Social image	84
11	Quality of sexual intercourse	19	27	Couple relationship	95
12	Resistance to stress	89	28	Family role	93
13	Mood	81	29	Relationship with other members of family	95
14	Mental efficiency	92	30	Relationship with your friends	93
15	Emotional stability	76	31	Relationship with your colleagues	95
16	Self confidence	52	32	Financial situation	72
	Factor 1	84		Psychological Functionality	
	Factor 2	67		Physical Functionality	
	Factor 3	89		Work	
	Factor 4	61		Sleep / Eating behaviour / Spare time	
	Factor 5	94		Social Functionality	

Table 2: SAT-P second evaluation

	Item	Score		Item	Score
1	Amount of sleep	49	17	Problem solving ability	81
2	Quality of sleep	41	18	Psychological autonomy	72
3	Quality of food	85	19	Self-control	66
4	Eating behaviour	78	20	Type of work	84
5	Resistance to physical fatigue	86	21	Organization of work	71
6	Physical wellbeing	61	22	Professional role	90
7	Physical appearance	73	23	Work productivity	81
8	Physical mobility	39	24	Amount of spare time	49
9	Level of physical activity	22	25	Leisure activities	41
10	Frequency of sexual intercourse	0	26	Social image	79
11	Quality of sexual intercourse	0	27	Couple relationship	72
12	Resistance to stress	42	28	Family role	90
13	Mood	33	29	Relationship with other members of family	90
14	Mental efficiency	54	30	Relationship with your friends	82
15	Emotional stability	51	31	Relationship with your colleagues	96
16	Self confidence	31	32	Financial situation	33
	Factor 1	63		Psychological Functionality	
	Factor 2	40		Physical Functionality	
	Factor 3	72		Work	
	Factor 4	60		Sleep / Eating behaviour / Spare time	
	Factor 5	89		Social Functionality	



- in the graph, are presented the scores relative to the factors in the first and second evaluation

Table 3: EPDS Score											
No. of Questions	1	2	3	4	5	6	7	8	9	10	Score
Test	0	0	1	2	1	1	0	1	0	0	6
Re-Test	1	2	2	2	2	2	2	2	2	0	17

DISCUSSION

First evaluatio

In the psychological functional factor we find quite high scores in all the items apart from the item 16 on self-confidence that is low. The patient explains that she is a person who usually does not trust in herself even though the situations that lives in daily life show the opposite to what she refers.

In the physical function factor there are low scores for the frequency and quality of sexual relations explained by the fact that she and her husband have suspended every intercourse since she became pregnant.

In the labor factor we have high scores in almost all the items apart from the economic situation which is slightly lower than the other items.

In the sleep / feeding / free time factor we find low scores only in the items of the quality of food and eating behavior, explained by the patient with the fact that pregnancy was a bit problematic from this point of view.

In the items of the factor of Social Functionality we find fairly high scores.
In the second evaluation almost two months from the first evaluation and one month after the birth of her baby who was born preterm and has been in intensive neonatal therapy for a long period we find:

In the psychological functional factor we see a very low score compared to the first evaluation, respectively in the item of emotional stability, mental efficiency and emotional stability. Self confidence is lowered even more. This reduction is explained by the patient with the concern for the health of her baby, and with the long stay in hospital.

In the physical function factor we see a slightly higher score in the item of physical fatigue resistance and very low levels compared to the first physical mobility, physical activity level, resistance to stress and leisure time activity. The patient reports that she feels like in a prison, that the only activity that she does, is get off and go up one floor to see the baby and at most get a coffee at the bar under the hospital.

Regarding the work factor we do not have significant scoring differences. The patient is on maternity leave. This affects only the economic situation.

In sleep / feeding / free time factor we find low scores in terms of quality and amount of sleep. The lowest level in free time is explained by the fact that she has no more time for herself because the baby takes up all of her time and even if she has more free hours than

before mentally she is not free. Inversely to the first evaluation we find a high score on nutrition explained by the fact that now she has to eat because she has to breastfeed the baby. No substantial changes were recorded in the social function factor.

As conclusion at the second evaluation we have a lower score in almost all the factors of Sat-P.

In the second phase the EPDS test was given to the patient.
In the first evaluation the patient makes a score of 6 where the cut-off is 12 points.
In the second evaluation one month after delivery, the patient makes a score of 17 definitely indicative of a possible postpartum depression.

CONCLUSIONS

In this case study we wanted to see if the pregnant pathology, the preterm birth and the long hospitalization led to a low profile of subjective satisfaction and if the latter could lead to a possible postpartum depression.

This case demonstrates that pregnancy is already in itself a delicate period for the woman, but a pregnancy with problems leads to a possible postpartum depression and a low profile of personal satisfaction. For this we must pay attention to all the factors that could destabilize a peaceful pregnancy and above all we must support the mother in every aspect of her functionality. The post-partum depression phenomenon in Albania is highly underestimated. There are no good statistics for this phenomenon. The psychological service in maternity is regularly implemented since 5 years. Patients are still not happy about the psychological support. There is still the mentality that asking for psychological help means being crazy. On top of these limitations, adds the fact that a child's birth is a joyful event and should not bring any kind of problem, and therefore new mothers have difficulty in expressing and showing their problems. Even when maternity personnel faced such problems, is the mother herself or her family members who try to minimize the problem, not pay attention, even to refuse psychological support or even when they accept it they are not at all cooperative. At the women recovered for the pathology of pregnancy we find anxiety and concern for the health of their children, and little attention to the needs of pregnant women, this by themselves. This leads to a dissatisfaction of the woman towards the recognition of their psychological symptoms and consequently do not require and do not receive adequate help to better cope with these situations. The subjective satisfaction test is easily applicable and has found the approval of women and their curiosity about knowing a psychological profile and the functional factors of their quality of life.

REFERENCE

1- Ammaniti, S.,Cimino C. (2007) . Quando le madri non sono felici. Il pensieri scientifico, Trentini
2- Austin, M.P. (2004). Antenatal screening and early intervention for “perinatal” distress, depression and anxiety: where to from here? Arch Womens Ment Health, 7(1): pp 1-6.
3- Austin, M.P., Priest, S.R. (2005). Clinical issue in perinatal mental health: new developments in the detection and treatment of perinatal mood and anxiety disorders, Acta Psychiatry Scand, 112(2). pp 97-104
4 – Cox, J., Holden, J. Maternità e psicopatologia, guida all’uso dell’Edinburgh Postnatal Depression Scale, a cura di Grussu P. e Quatraro R.M. Centro Studi Erikson, 2008.

5 - Donna E. Stewart. Donna.E., Robertson,E.,Phil,M., Cindy-Lee Dennis., Sherry L. Grace., Tamara Wallington. (2003). Postpartum depression : Literature review of risk factors and interventions. University Health Network Women's Health Program 2003.
6 - Edited by Vivtoria, Hendrick. (2006) .Psychiatric Disorders in Pregnancy and the Postpartum: Principles and Treatment.
7 – Henshaw, C., Elliott, S.(2005). Screening for perinatal depression, Ed. jkp, 2005 (schemi/flow chart tratti da pagg 58 e 67).
8 - Kendall-Tackett, K. A. (1993). Postpartum depression: a comprehensive approach for nurses. Newbury Park, Calif: Sage Publications.
9 - Majani, G.,Callegari,S.,Pierobon,A.,Giardini,A.,Vidotto,G. (1997) Il profile di soddisfazione (SAT-P) : Un nuovo strumento di valutazione in ambito clinica, Psicoterapia Cognitiva e Comportamentale , nr.3, pp27-41
10-Majani,G.,Callegari,S. (1998). SAT-P Satisfaction profile.Soddisfazione soggettiva e qualita della vita. Edizioni Ericson
11 – Muzik, M., et al. (2009). When Depression complicates childbearing: guidelines for screening and treatment during antenatal and postpartum obstetric care. Obstet Gynecol Clin. N. Am, 36, pp. 771-788.