The Pregnancy-related Anxiety Scale: Initial development and validation.

Researchers
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Synopsis

Increasingly researchers are acknowledging anxiety in pregnancy (Pregnancy-related Anxiety) as a distinct syndrome. Prevalence rates indicate that Pregnancy-related Anxiety may be a common occurrence in pregnant women. Pregnancy-related Anxiety has been associated with many negative outcomes such as preterm birth and physical defects in the child and increased nausea and substance abuse in mothers. Furthermore, Pregnancy-related Anxiety has been identified as a significant predictor of postnatal depression. These negative outcomes not only demonstrate the need for routine antenatal screening but also provide an opportunity to identify women most at risk of developing postnatal depression.

Pregnant women may be at increased risk of developing anxiety due to the conflux of physiological, physical, and psychological changes during pregnancy. Moreover, these changes may potentially confound existing measures of anxiety, which fail to address the unique characteristics of this syndrome. Indeed existing measures not only lack pregnancy specific items, but also some of the items may be ambiguous for pregnant women thus contributing to an overall lack of validity.

Therefore, the need for a specific scale to screen for Pregnancy-related Anxiety exists. The objective of this research is to develop and validate the Pregnancy Related Anxiety Scale. The development and validation will be completed over three studies with this synopsis detailing Study One. The purpose of Study One is to develop the initial item pool; assess internal consistency reliability and the scale’s multidimensionality. Upon completion of this study, the results will be submitted to a suitable journal for publication.

Personnel

The principal researcher has the responsibility of conducting and managing the entire research study. This study forms parts of the principal researchers PhD requirements for the university. The associate researchers provide additional expertise to the principal researcher in areas relating to the project.

Ethics

In addition to the ethics approval granted through Greater Western Human Research Ethics Committee (GW HREC), Charles Sturt University ethics approval is also held (protocol number 2015/135). This approval covers those sites not covered by GW HREC (i.e. websites and online forums).

Study Design

The purpose of this study is to define Pregnancy-related Anxiety, develop the item pool, and assess the internal consistency reliability and multidimensionality of the scale. The Pregnancy-Related Anxiety Scale
will be developed using Classical Test Theory as the overarching paradigm in scale construction. Integral to Study One is the Expert Review Panel (ERP) which will review and comment on the item pool as well as the overall content and face validity of the items. The ERP will consist of researchers, Obstetricians/Gynaecologists, General Practitioners providing antenatal care and perinatal psychiatrists.

The first part of the study involving the ERP has now been completed. Secondary to this is the piloting of the scale, which is now underway. The pilot will enable fine tuning of the item pool (currently n=108) and assess the reliability and dimensionality of the scale. For this part of the study pregnant women will be approached through identified sites (i.e. antenatal clinics, doctor’s surgeries, online forums) and asked to complete a questionnaire consisting of the newly formed Pregnancy-Related Anxiety Scale. In addition the women will be asked to complete standard demographic information (i.e. age, marital status, education) Information in regards to pregnancy will be collected on the number of weeks of gestation and number of existing children.

Participation will be open to any pregnant women over the age of 18 years. Participants will be sourced from a variety of avenues such as prenatal clinics at NSW hospitals and health services. In addition, other Non Government Organisations will be approached such as doctor’s surgeries, OB/GYNS, antenatal groups and other internet sources including parenting blogs and forums. For Study One, a sample of approximately 250 will be required for the initial item pool pilot (based on recommended sample sizes for factor analysis).