# Cognitive behavioural stress management during pregnancy

Submission date	Recruitment status	<ul><li>Prospectively registered</li></ul>
07/10/2018	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
17/10/2018	Completed	Results
Last Edited	Condition category	Individual participant data
24/10/2018	Pregnancy and Childbirth	<ul><li>Record updated in last year</li></ul>

### Plain English summary of protocol

Background and study aims

Pregnancy is a stressful life event, and according to Social Readjustment Rating Scale, it has been ranked 12th of the 43 most stressful life events. Pregnancy stress is common and comes from a variety of pregnancy-specific problems, including physical symptoms and changes, changes in body image, medical problems, anxiety about delivery, and concerns about birth and the baby's health. Previous studies have examined the incidence and prevalence of stress levels during pregnancy. The impact of pregnancy stress on women and fetal health can lead to adverse outcomes, including miscarriage, premature labor and birth defects. Maternal psychological stress can also be responsible for any learning and cognitive developmental delays in the child. Many researchers have used cognitive behavioral therapy (CBT) to release stress. Elements of CBT include cognitive restructuring, raising awareness about stress, relaxation training, problem-solving training, self-management and adequate social support. Cognitive behavioral stress management has been applied successfully in many physical and emotional conditions, such as cancer, depression, insomnia and heroin-dependent individuals. However, cognitive behavioral stress management has not yet been fully applied to pregnant women in reducing their pregnancy stress. Thus, this study aims to examine the effects of cognitive behavioral stress management, with cognitive intervention, relaxation techniques, problemsolving training and social support, to reduce pregnancy stress among pregnant women.

### Who can participate?

Pregnant women (at early stage of pregnancy, i.e., 6 to 8 weeks of the pregnancy) aged 20-38 years, who are able to come to the hospital for antenatal examinations

### What does the study involve?

Participants will be asked to join this study while they came to the hospital obstetric outpatient clinic for antenatal examination. Participants must pass the screening to ensure that they meet the inclusion criteria. Participants will be randomly assigned to either the intervention group and the control group.

The control group receive routine antenatal examination and pregnancy health education instructions (including advice on diet, fetal monitoring and daily care during pregnancy) and the intervention group receive an extra seven cognitive behavior stress management sessions between weeks 8 and 38 of their pregnancy. Participants will be asked to complete a

questionnaire at the beginning and end of the study to assess the effectiveness of intervention in terms of reducing pregnancy stress levels.

What are the possible benefits and risks of participating?

The possible benefit of participating is that the intervention may help to reduce pregnancy stress, and the results may enable the improvement of the quality of antenatal care received by women in the future. There are no known risks to participants taking part in this study.

Where is the study run from?

The study is being run by Bengbu Medical College, Anhui, China and takes place in obstetrics of Obstetrics department of the First Affiliated Hospital of Bengbu Medical College, Anhui Prov, China

When is the study starting and how long is it expected to run for? November 2015 to December 2018

Who is funding the study? Educational Commission of Anhui Province of China (China)

Who is the main contact? Prof. Jin zhi Li lijinzhi@bbmc.edu.cn

### Contact information

### Type(s)

Scientific

#### Contact name

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### Additional identifiers

Protocol serial number SK2015A403

# Study information

### Scientific Title

Effective cognitive behavioural stress management to reduce pregnancy stress among pregnant women: a randomised controlled trial

### **Study objectives**

Pregnancy is a normal physiological process, but a stressful life event. The impact of maternal psychological stress during the pregnancy could lead to adverse health outcomes for both mother and child. Effective cognitive behavior stress management can reduce pregnancy stress among pregnant women.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Ethics Committee of Bengbu Medical College in China, 22/07/2015, SK2015A403

### Study design

Interventional randomised controlled trial

### Primary study design

Interventional

### Study type(s)

Other

### Health condition(s) or problem(s) studied

Pregnancy

### **Interventions**

All pregnant women were required to undergo 7 antenatal visits in accordance with the "Chinese Guidelines for pre-pregnancy and prenatal care" from 12 to 41 weeks of their pregnancy. 100 participants were randomly divided into the control group (N=50) and the intervention group (N=50) using a computerized random number generator.

The control group received routine antenatal care and pregnancy health education instruction (including advice on diet, fetal monitoring and daily care during pregnancy).

Participants in the intervention group underwent an extra 7 cognitive behavioural stress management sessions between weeks 8 and 38 of their pregnancy. The sessions covered information on the physiological and psychological changes in pregnancy, coping methods for pregnancy stress, relaxation techniques, and family support. Following each seminar, the facilitator invited participants to participate in group discussions to share their pregnancy experience, including their problem-solving strategies. The facilitator recorded the process but did not participate the discussion. At the end of the session the facilitator summarized the results of the group discussion and proposed strategies of reducing pregnancy stress to participants. Additionally, individual counseling was provided if the participants required this. The cognitive behavioral stress management was delivered mainly through face-to-face communication in the hospital, but in some cases, it was delivered via phone and e-mail. The whole process for each intervention lasted 40-60 minutes.

### Intervention Type

Behavioural

### Primary outcome(s)

Pregnancy stress level, assessed using the Pregnancy Pressure Scale (PPS) at the baseline and after 39 weeks of pregnancy

### Key secondary outcome(s))

N/A

### Completion date

30/12/2018

# **Eligibility**

### Key inclusion criteria

- 1. Pregnant
- 2. Able to communicate and understand Chinese
- 3. No severe medical conditions, including heart disease, diabetes and kidney disease
- 4. Aged 20-38 years

### Participant type(s)

**Patient** 

### Healthy volunteers allowed

No

### Age group

Adult

#### Sex

Female

### Key exclusion criteria

- 1. Pregnancy complications, such as incipient abortion
- 2. Pre-existing mental ilness, such as depression

### Date of first enrolment

01/04/2016

### Date of final enrolment

30/05/2017

# **Locations**

### Countries of recruitment

China

### Study participating centre

Department of obstetrics, The First Affiliated Hospital of Bengbu Medical College

No. 287, Changhuai Road, Bengbu City, Anhui Prov

# Sponsor information

### Organisation

Educational Commission of Anhui Province of China

# Funder(s)

### Funder type

Government

### **Funder Name**

Educational Commission of Anhui Province of China

# **Results and Publications**

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available.

## IPD sharing plan summary

Not expected to be made available

### **Study outputs**

Output type Details Date created Date added Peer reviewed? Patient-facing?

Participant information sheet 11/11/2025 No Yes