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Snyder's Hope Theory-based psychological intervention on post-traumatic growth in Chinese women experiencing perinatal loss

Submission date	Recruitment status	[ ] Prospectively registered
25/02/2026	No longer recruiting	[ ] Protocol
Registration date	**Overall study status**	[ ] Statistical analysis plan
28/02/2026	Completed	[ ] Results
Last Edited	**Condition category**	[ ] Individual participant data
27/02/2026	Mental and Behavioural Disorders	[X] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Public, Scientific, Principal investigator

Contact name
Dr Shaochuan Chen

Contact details
No 1617 of Riyue Avenue, Qingyang District
Chengdu
China
611731
+86 (0)18581553237
chen_shaochuan25@163.com

Additional identifiers

Study information

Scientific Title
The effect of Snyder's Hope Theory-based psychological intervention on post-traumatic growth in Chinese women experiencing perinatal loss

Study objectives

This study aimed to evaluate the effectiveness of a psychological intervention based on Snyder's Hope Theory in promoting post-traumatic growth (PTG) among women who experienced perinatal loss.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 01/10/2023, Ethics Committee of Chengdu Women's and Children's Central Hospital (No 1617 of Riyue Avenue, Qingyang District, Chengdu, 611731, China; +86 (0)28 61866015; lunliwyh@163.com), ref: KYLS2024(83)

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Blinded (masking used)

Control
Active

Assignment
Parallel

Purpose
Supportive care

Study type(s)

Health condition(s) or problem(s) studied
Post-traumatic growth in women experiencing perinatal loss

Interventions
Participants are randomly allocated to the intervention or control group in a 1:1 ratio using computer-generated random numbers. Allocation concealment is ensured through the use of sequentially numbered, opaque and sealed envelopes prepared by an independent researcher.

Control group:
The control group will receive standard care comprising:
1. Explanation of medical reasons for perinatal loss
2. Procedural information about hospitalization and discharge
3. Postpartum recovery education
4. Routine 1-month follow-up appointment
Psychological support is limited to brief emotional validation and referral information if requested.

Intervention group:
In addition to standard care, the intervention group will receive the Snyder Hope Theory-based intervention program. The program development will follow a systematic process including:
1. Literature review of hope theory applications and perinatal loss interventions
2. Expert consultation with psychologists, obstetricians, and grief counselors
3. Focus groups with women who had experienced perinatal loss
4. Pilot testing with 10 participants for feasibility refinement
The final intervention will consist of four weekly individual sessions (30-60 minutes each) delivered by trained psychological counselors with certification in grief counseling. Session content is structured around hope theory's core components: Session 1 - Hope Instillation and Goal Setting (Week 1): This initial session will focus on establishing therapeutic rapport and introducing hope concepts. Session 2 - Pathway Thinking Development (Week 2): Building on identified goals, this session will emphasize generating multiple pathways toward goal achievement. Session 3 - Agency Enhancement (Week 3): This session will target motivation and self-efficacy beliefs. Session 4 - Integration and Future Orientation (Week 4): The final session will consolidate learning and prepare for autonomous hope maintenance.

Intervention Type
Other

Primary outcome(s)
1. Post-traumatic growth measured using Chinese Post-Traumatic Growth Inventory (C-PTGI) at T0 (baseline, within 1 week post-loss), T1 (immediately post-intervention/4 weeks post-loss), and T2 (follow-up/8 weeks post-loss)

Key secondary outcome(s)
1. Grief following perinatal loss measured using Perinatal Grief Scale (PGS) at T0 (baseline, within 1 week post-loss), T1 (immediately post-intervention/4 weeks post-loss), and T2 (follow-up/8 weeks post-loss)

2. Hope measured using Herth Hope Index (HHI) at T0 (baseline, within 1 week post-loss), T1 (immediately post-intervention/4 weeks post-loss), and T2 (follow-up/8 weeks post-loss)

3. Post-traumatic stress symptoms measured using Impact of Event Scale-Revised (IES-R) at T0 (baseline, within 1 week post-loss), T1 (immediately post-intervention/4 weeks post-loss), and T2 (follow-up/8 weeks post-loss)

Completion date
12/09/2025

Eligibility

Key inclusion criteria
1. Pregnancy ≥20 weeks terminated due to confirmed foetal anomalies or foetal death or neonatal death within 28 days postpartum
2. Age ≥20 years
3. Ability to read and understand Chinese
4. No psychological treatment during pregnancy
5. Absence of severe pregnancy complications (e.g., heart failure or severe preeclampsia)
6. Voluntary participation with written informed consent

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
20 Years

Upper age limit
60 Years

Sex
Female

Total final enrolment
140

Key exclusion criteria
1. History of psychiatric disorders or current psychological treatment
2. Previous experiences of foetal anomaly, stillbirth or neonatal death
3. Cognitive impairment affecting comprehension of intervention content
4. Ongoing substance abuse

Date of first enrolment
16/10/2023

Date of final enrolment
30/05/2025

Locations

Countries of recruitment
China

Sponsor information

Organisation
Chengdu Women's and Children's Central Hospital

ROR
https://ror.org/008x2am79

Funder(s)

Funder type

Funder Name
Health Commission of Chengdu Municipality

Alternative Name(s)
Chengdu Municipal Health Commission, Health Commission of Chengdu,

Funding Body Type
Government organisation

Funding Body Subtype
Local government

Location
China

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available