2004

Psychological Implications of Informed Decisions in Prenatal Genetic Screening

Heather Rowe

Jane Fisher

Julie A. Quinlivan

University of Notre Dame Australia, juliequinlivan@nd.edu.au

Follow this and additional works at: https://researchonline.nd.edu.au/med_conference

This conference paper was originally published as:
Psychological Implications of Informed Decisions in Prenatal Genetic Screening

Heather Rowe*, Jane Fisher*, and Julie Quinlivan**

*Key Centre for Women’s Health in Society, School of Population Health, University of Melbourne

**Department of Obstetrics and Gynaecology, Faculty of Medicine Dentistry and Health Sciences, University of Melbourne

email: h.rowe@unimelb.edu.au

Objectives

Prenatal genetic screening for Down Syndrome through second trimester maternal serum screening is becoming part of routine care in Australia. Public health policy emphasises the need for decisions to participate in screening programs to be informed. There is little evidence regarding the influence of emotional factors such as anxiety on women’s capacity to comprehend complex information required to exercise informed choice. This may be especially pertinent for younger women who may have no reason to regard themselves as at risk of having a baby with Down Syndrome. Furthermore such decision making occurs in the context of growing attachment to the unborn baby, but systematic investigation of the potential that prenatal screening has to disrupt this relationship is lacking.

This study is investigating these psychological implications of informed decisions in prenatal screening. Results reported here describe the suitability of the published, validated Multidimensional Measure of Informed Choice (MMIC)( Marteau et al 2001) in a population of women attending for antenatal care in Australia.

Methods

Women were recruited during their first antenatal visit and completed a questionnaire containing the MMIC and measures of maternal mood and attachment to the unborn baby.

Results

Pilot data of 20 participants indicate that this sample scored consistently low on the knowledge dimension of the MMIC (mean (SD)=3.93 (1.90) out of a possible score of 8), but had on average very positive attitudes toward the MSS test (mean (SD)=23.29 (5.11) out of a possible score of 28).

Conclusions

Results confirm previous findings that screening tests provided as part of routine care have high acceptability and rates of uptake in the presence of poor knowledge of either the test or its possible consequences. The MMIC appears to be acceptable to Australian women. Further findings will contribute to understanding of pregnancy psychology in an era of increased antenatal surveillance.

YOUNG WOMEN’S SEXUAL HEALTH: PREGNANCY AND BEYOND